**2023-2024 AMERICORPS PROGRAM MONITORING TOOL**

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| **PROGRAM YEAR 2023-2024** | |
| **LEGAL APPLICANT:** |  |
| **PROGRAM NAME:** |  |
| **DATE OF VISIT:** |  |
| **PROGRAM POINT OF CONTACT:** |  |
| **MCSC STAFF PERFORMING MONITORING:** |  |
| **DATE OF MONITORING CLOSEOUT:** |  |

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| **MONITORING TOOL OVERVIEW** | |
|  | Reporting and Communication |
|  | Programmatic Policies and Procedures |
|  | Fiscal Policy |
|  | Member Documentation |
|  | Staff Documentation |
|  | Host Site Visit |
|  | Member Interview |
|  | Monitoring Summary |
|  | Disallowed Costs/Corrective Action |

Monitoring Approval/Completion (to be signed after all corrective actions completed and disallowed costs are recouped):

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| Program Officer Signature: |  | Date: |  |
| Executive Director Signature: |  | Date: |  |

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| **MODULE A. REPORTING AND COMMUNICATION** | | | | | | | | | | | | | | | | | | | | |
| **1.** | **Member enrollment and attrition (based on data from eGrants and OnCorps)** | | | | | | | | | | | | | | | | | | | |
| MSY awarded: | | Number of Members awarded in agreement: | | | | | | | | MSY enrolled: | | Number of Members currently enrolled: | | | | | | | | |
| FT | TQT | HT | RHT | QT | MT | AT | | FT | TQT | HT | | RHT | QT | | MT | AT |
|  | |  |  |  |  |  |  |  | |  | |  |  |  | |  |  | |  |  |
| Number enrolled since start of program: | | | | | | | | | | | | | | |  | | | | | |
| Total slots awarded: | | | | | | | | | | | | | | |  | | | | | |
| Enrollment Rate % (Enrolled/Slots Awarded):  *(Note: enrollment rate should be at least 85%)* | | | | | | | | | | | | | | | % | | | | | |
| Number of Members currently serving | | | | | | | | | | | | | | |  | | | | | |
| Number of Members exited | | | | | | | | | | | | | | |  | | | | | |
| Number of Members who earned an ed. award | | | | | | | | | | | | | | |  | | | | | |
| Number of Members who did not earn ed. award | | | | | | | | | | | | | | |  | | | | | |
| Retention Rate (Enrolled/(Members exited w/ award + Members serving)) | | | | | | | | | | | | | | | % | | | | | |
| **2.** | **Progress Reports** | | | | | | | | | | | **Notes** | | | | | | | | |
| Does program submit progress reports by MCSC deadlines? | | | | | | | | | Yes  No | |  | | | | | | | | | |
| Does program produce accurate reports? | | | | | | | | | Yes  No | |  | | | | | | | | | |
| Does program respond to feedback within specified deadline? | | | | | | | | | Yes  No | |  | | | | | | | | | |
| **3.** | **Periodic Expense Reports** | | | | | | | | | | | | | | | | | | | |
| Does program submit PERs by the monthly due date? | | | | | | | | | Yes  No | |  | | | | | | | | | |
| Does program produce accurate and acceptable PERs? | | | | | | | | | Yes  No | |  | | | | | | | | | |
| Does program respond to feedback within specified deadline? | | | | | | | | | Yes  No | |  | | | | | | | | | |
| **4.** | **Timesheets** | | | | | | | | | | | | | | | | | | | |
| Does the program submit time sheets regularly in OnCorps or program specific portal? | | | | | | | | | Yes  No | |  | | | | | | | | | |
| Does it appear that all Members will complete their term of service? | | | | | | | | | Yes  No | |  | | | | | | | | | |
| **5.** | **Member Enrollment/Exit/Status change** | | | | | | | | | | | | | | | | | | | |
| Member enrollments completed within 8 days? | | | | | | | | | Yes  No | | *If no, how many were not?* | | | | | | |  | | |
| Member exits completed within 30 days? | | | | | | | | | Yes  No  N/A | | *If no, how many were not?* | | | | | | |  | | |
| Change of Status completed within 30 days? (Transfer, Suspension, Reinstatement) | | | | | | | | | Yes  No  N/A | |  | | | | | | | | | |

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| Change of Term completed within 30 days? | | Yes  No  N/A |  | |
| **6.** | **Other** | | | |
| Does program obtain approval of changes in program design from MCSC? | | Yes  No  N/A |  | |
| Does program respond in a timely manner to emails, phone calls, etc. from MCSC? | | Yes  No |  | |
| Did program staff participate in all monthly meetings/calls? | | Yes  No | *Which months were missed?* |  |
| Have there been any complaints or calls of concern from Members, public, etc. to MCSC? | | Yes  No |  | |
| Did program participate in annual program director training? | | Yes  No |  | |
| Did program participate in annual Opening Day? | | Yes  No |  | |
| Did program participate in annual Missouri Day? | | Yes  No |  | |
| Did program participate in required days of service? | | Yes  No | *Which days were missed?* |  |
| Did program participate in all other required events/trainings? | | Yes  No | *Which were missed?* |  |
| Has at least one program staff member completed the annual fiscal training? | | Yes  No | *Which staff?* |  |
| Has at least two program staff members completed the annual CNCS National Service Criminal History Check (NSCHC) training? | | Yes  No | *Which staff?* |  |

\*Any checked no must have accompanied notes

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| **MODULE B. PROGRAMMATIC POLICY AND PROCEDURES** | | | |
| **1.** | **Policy And Procedures Manual** | | **Notes** |
|  | Does the program have a policy and procedures manual that is specific to AmeriCorps Members? | Yes No |  |
|  | Is the policy and procedures manual kept where everyone can have access to it? | Yes No |  |
| **2.** | **Displacement of employees** | | |
|  | Does the program have a policy that ensures it does not supplant/duplicate services or displace employees/volunteers? | Yes No |  |
| **3.** | **Recruitment Plan** | | |
|  | Does the program have a local recruitment plan that encourages diversity and inclusion? | Yes No |  |
|  | Does the program have a policy that ensure AmeriCorps Members are selected in a fair and non-discriminatory manner? | Yes No |  |
| **4.** | **Orientation** | | |
|  | Does the program utilize the mandatory Member Service Agreement for all Members? | Yes No |  |
|  | Does the program ensure that orientation is designed around the Member Service Agreement and other programmatic requirements? | Yes No |  |
|  | Does the program review all policy and procedures during Member orientation? | Yes No |  |
| **5.** | **Ongoing Training** | | |
|  | Does the program have a plan to provide on-going training that ensures Members are adequately skilled to perform their service? (i.e. Life after AmeriCorps, Civic Engagement/Reflection, disability inclusion, etc.) | Yes No |  |
|  | Does the Program ensure that support is provided to Members who are completing terms of service and transition to other educational career opportunities? | Yes No |  |
| **6.** | **Disability Inclusion** | | |
|  | Does the program note on their Member application/position postings that they are seeking people of all abilities? | Yes No |  |
|  | Does the program have a policy in place to provide reasonable accommodations for Members with disabilities? | Yes No |  |
| **7.** | **Prohibited Activities** | | |
|  | Does the program have a policy which ensures that Members are aware of and do not engage in prohibited activities? | Yes No |  |

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| **8.** | **Host Site Agreements** | | |
|  | Does the program have a completed host site agreement for each of its sites where Members are hosted? | Yes No |  |
|  | Does the program ensure that each host site is aware of the requirements outlined in the host site agreement? | Yes No |  |
|  | Does the program ensure that Members are primarily engaged in activities as described in the host site agreement? | Yes No |  |
| **9.** | **Host Site Supervision** | | |
|  | Does the program have a policy which ensures that supervisors are appropriately trained and knowledgeable about AmeriCorps policies and procedures? | Yes No |  |
|  | Are supervisors trained regarding prohibited activities? | Yes No |  |
|  | Are the prohibited activities prominently displayed at the host site? |  |  |
|  | Are Members provided appropriate daily supervision by qualified supervisors in accordance with the programs approved grant application? | Yes No |  |
| **10.** | **Tutoring** | | |
|  | Does the program meet the qualifications for Members serving as tutors under CFR2522.910 through 2522.940? | Yes No |  |
|  | If so, does the program meet all tutoring requirements required in the CFR sections noted above? | Yes No  N/A |  |
| **11.** | **AmeriCorps Logo/Branding** | | |
|  | Does the program ensure that Members are wearing the AmeriCorps logo at all times while logging hours? | Yes No |  |
|  | Does the program ensure that they incorporate AmeriCorps signage in their office(s)? | Yes No |  |
|  | Does the program ensure that AmeriCorps signage is visible at all host sites? | Yes No |  |
|  | Does the program utilize the MCSC and AmeriCorps logos on public facing websites? | Yes No |  |
| **12.** | **Safety** | | |
|  | Does the program institute appropriate safety precautions for Members? | Yes No |  |
|  | Does the program report serious injuries and death to their Program Officer? | YesNo |  |
| **13.** | **Drug Free Workplace Act** | | |
|  | Does the program apply service release and resumption polices appropriately in compliance with the Drug Free Workplace Act? | Yes No |  |

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| **14.** | **Voting** | | |
|  | Does the program have a policy that encourages, but does not require, Members to vote and allows Members time to vote with no penalty? | Yes No |  |
| **15.** | **Jury Duty** | | |
|  | Does the program have a policy that allows Members to serve on a jury with no penalty? | Yes No |  |
| **16.** | **Military Service** | | |
|  | Does the program have a policy that allows Members to serve in the armed forces with no penalty and allows for time away in accordance with AmeriCorps policies and procedures? | Yes No |  |
| **17.** | **Education** | | |
|  | Does the program have a policy that ensures the availability of support services to Members earning a GED or Diploma during their AmeriCorps service? | Yes No |  |
| **18.** | **Program Objectives/Performance Measures** | | |
|  | Does the program have policies and procedures that track progress and shows achievement toward program objectives? | Yes No |  |
|  | Does the program produce reports that accurately capture program accomplishments? | Yes No |  |
| **19.** | **Volunteers** | | |
|  | Does the program recruit and utilize community volunteers in accordance with MCSC policies? | Yes No |  |
|  | Does the program have a tracking system that shows number of volunteers and hours served? | Yes No |  |
| **20.** | **Commission Approval** | | |
|  | Does the program obtain written approval from MCSC prior to any significant programmatic changes? | Yes No |  |
| **21.** | **Member Files/Staff Files** | | |
|  | Are Member and staff files stored in a secured/locked area? If they are digital, are they secured on a password protected server? | Yes No |  |
|  | Do all staff listed in Section 1 of the grant budget have complete criminal history checks? | Yes No |  |
| **22.** | **Grievance Procedures** | | |
|  | Does the program have a grievance procedure specific to AmeriCorps Members? | Yes No |  |
|  | Is that procedure outlined in the Member Service Agreement and the Member policies and procedures manual? | Yes No |  |
| **23.** | **Enhanced Whistleblower Protection** | | |
|  | Does the program have whistleblower protections outlined in the Member policies and procedures manual? | Yes No |  |

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| **24.** | **Travel Policies** | | |
|  | Do the program’s travel policies conform to Missouri policies? If the program utilizes a federal rate that is higher than Missouri’s, are those expenditures charged solely to the grantee share? | Yes No |  |
| **25.** | **Criminal History Background Checks** | | |
|  | Does the program have a policy in place that aligns with CNCS and MCSC National Service Criminal History Check (NSCHC) requirements? | Yes No |  |

\*Any checked no must have accompanied notes

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| **MODULE C. FISCAL POLICY** | | | |
| **1.** | **Periodic Expense Reports** | | **Notes** |
|  | Were all periodic expense reports submitted by the due date? | Yes No |  |
|  | Were the periodic expense reports accurate? | Yes No |  |
|  | Is the program compliant with match requirements? | Yes No |  |
|  | Does the program keep administrative costs charged to the grant within the 5.26% limit? | Yes No |  |
| **2.** | **Fiscal Documentation and Tracking** | | |
|  | Does the program have signed staff time and attendance records indicating time spent on various activities, i.e. AmeriCorps activities, other projects, etc.?  (Completed timesheet or time and effort report) | Yes No |  |
|  | Does the program have a policy that requires at least 2 signatures for all payments? | Yes No |  |
|  | Does the program accurately document and track cash matching contributions? | Yes No N/A |  |
|  | Does the program accurately document and track in-kind matching contributions? | Yes No N/A |  |
|  | Does the program accurately track and monitor expenditures by budget line item?  (general ledger) | Yes No |  |
|  | Does the program withhold personal income tax from the Member living allowance? (paystub) | Yes No |  |
|  | Does the program withhold FICA from the Member living allowance? (paystub) | Yes No |  |
|  | Does the program have any sub-contracts? | Yes No N/A |  |
|  | If so, does the program maintain appropriate sub-contract agreements? | Yes No N/A |  |
|  | Does the program sign and indicate payment on invoices and vouchers? | Yes No |  |
|  | Does the program obtain written approval from MCSC prior to significant budgetary changes that are over 5% of their total grant budget? (includes grantee and grantee share) | Yes No |  |

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| **3.** | **Fiscal Sampling (For the following question, randomly select two periodic expense reports and randomly select to expenditures on each expense report)** | | |
|  | For each sampled expenditure, does the program have all required documentation based on the AmeriCorps State & National Improper Payments Assessment Documentation Tool?  Months Sampled:  Expenditures Sampled: | Yes No |  |

\*Any checked no must have accompanied notes

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| **MODULE D. MEMBER DOCUMENTATION** |

A random sample of 10% of Member files or ten Member files, whichever is greater, will be reviewed. If a program has less than ten Members, all current Member files will be reviewed. Complete this module for each file reviewed.

\*If two or more Member files are found to have non-compliant criminal history records, all current program year Member files must be reviewed.

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| **Member Name:** | |  | | | | | | | | | |
| **Start Date:** | |  | | **End Date (anticipated, if still serving):** | | | | |  | | |
| **Slot Type:** | |  | **Hours Served:** | | |  | | **Term Number:** | | |  |
|  | **Are the following items in the file?** | | | | | | **Notes** | | | | |
| **1.** | **Member application, enrollment form, and service agreement** | | | | | | | | | | |
|  | AmeriCorps application | | | | Yes No | |  | | | | |
|  | Member Service Agreement (must be signed and dated by the Member prior to first day of service) | | | | Yes No | |  | | | | |
|  | Member position description (may be included in the Member Service Agreement) | | | | Yes No | |  | | | | |
|  | Member enrollment certification (printout from eGrants) | | | | Yes No | |  | | | | |
|  | Was the Member enrollment completed within 8 days of service start? | | | | Yes No | |  | | | | |
| **2.** | **Proof of Education** | | | | | | | | | | |
|  | File includes either:  -copy of Diploma/GED,  -copy of Certification of Completion (persons with disabilities),  -self-identification on the Member application, or -a statement that the Member agrees to earn a GED or diploma before they can utilize their education award | | | | Yes No | | Which option was included? | | |  | |
| **3.** | **Proof of age and citizenship** | | | | | | | | | | |
|  | Written parental consent (if Member is 17) | | | | Yes No  N/A | |  | | | | |
|  | Citizenship and SSN verification from eGrants (printout from eGrants) | | | | Yes No | |  | | | | |
|  | If additional documentation was requested from eGrants to verify citizenship or SSN, are those documents in the file? | | | | Yes No  N/A | |  | | | | |
|  | Photo ID that includes the Member’s photo, residency, and birth date | | | | Yes No | |  | | | | |
| **4.** | **Criminal History Checks** | | | | | | | | | | |
|  | MCSC Criminal History Check Authorization and Results Form completed and in file | | | | Yes No | |  | | | | |
|  | Missouri State Highway Patrol (MSHP) clearance form (required for programs that use MSHP as a repository) | | | | Yes No  N/A | |  | | | | |
|  | National Sex Offender Registry Check (all states/territories included in the check with a date prior to service start) | | | | Yes No | |  | | | | |
|  | If the National Sex Offender Registry Check returns hits, has the program noted that the hits were not the Member? | | | | Yes No  N/A | |  | | | | |
|  | FBI fingerprint check (results dated prior to service start) | | | | Yes No | |  | | | | |
|  | Missouri state check (results dated prior to service start) | | | | Yes No | |  | | | | |
|  | Other state check (if Member’s state of residency is not Missouri and the Member is not a full time student at a Missouri college/university)  (results dated prior to service start) | | | | Yes No  N/A | |  | | | | |
|  | Are all hits adjudicated? (documentation should be present that shows the programmed reviewed all hits prior to service start) | | | | Yes No  N/A | |  | | | | |
| **5.** | **Benefits** | | | | | | | | | | |
|  | Health insurance documentation or waiver (if Member is full time) | | | | Yes No  N/A | |  | | | | |
|  | Enrollment in child care documentation (if Member is eligible) | | | | Yes No  N/A | |  | | | | |
| **5.** | **Taxes and Withholdings** | | | | | | | | | | |
|  | Federal W-4 form | | | | Yes No  N/A | |  | | | | |
|  | State W-4 form | | | | Yes No  N/A | |  | | | | |
|  | W-2 form | | | | Yes No  N/A | |  | | | | |
| **6.** | **Certification of Training** | | | | | | | | | | |
|  | First aid | | | | Yes No | |  | | | | |
|  | CPR | | | | Yes No | |  | | | | |
|  | Disaster response | | | | Yes No | |  | | | | |
|  | Sexual harassment, non-discrimination, and anti-bullying training | | | | Yes No | |  | | | | |
|  | Citizenship | | | | Yes No | |  | | | | |
| **7.** | **Timesheets** | | | | | | | | | | |
|  | Member has completed timesheets that are signed by the Member and a supervisor | | | | Yes No | |  | | | | |
|  | Timesheet delineates between service, training, and fundraising hours | | | | Yes No | |  | | | | |
| **8.** | **Performance Reviews** | | | | | | | | | | |
|  | Midterm evaluation includes hours completed, notes on the Members track to completion, etc. (if applicable) | | | | Yes No  N/A | |  | | | | |
|  | End-of-term evaluation includes hours completed, notes on completed assignments, etc. (if applicable) | | | | Yes No  N/A | |  | | | | |
| **9.** | **Member Exits** | | | | | | | | | | |
|  | Member exit form (printout from eGrants) | | | | Yes No  N/A | |  | | | | |
|  | Was the Member exit completed within 30 days of the file day of service? | | | | Yes No  N/A | |  | | | | |
|  | Change of Status/ Early Exit Request Form (if applicable) | | | | Yes No  N/A | |  | | | | |
|  | Documentation of compelling personal circumstances exit (if applicable) | | | | Yes No  N/A | |  | | | | |

\*Any checked no must have accompanied notes

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| **MODULE E. STAFF DOCUMENTATION** |

A random sample of one Section 1 (of grant budget) staff file will be reviewed. Complete this module for each file reviewed.

\*If the sampled staff file is found to have non-compliant criminal history records, all current program year staff files must be reviewed.

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| **Staff Name:** | |  | | | | |
| **Start Date:** | |  | **End Date (N/A, if still employed):** | | |  |
|  | **Are the following items in the file?** | | | | **Notes** | |
| **1.** | **Proof of age and citizenship** | | | | | |
|  | Photo ID that includes the staff person’s photo, residency, and birth date | | | Yes No |  | |
|  | Citizenship verification (passport, birth certificate, naturalization documentation) | | | Yes No |  | |
| **2.** | **Criminal History Checks** | | | | | |
|  | MCSC Criminal History Check Authorization and Results Form completed and in file | | | Yes No |  | |
|  | MSHP clearance form (required for programs that use MSHP as a repository) | | | Yes No  N/A |  | |
|  | National Sex Offender Registry Check (all states/territories included in the check with a date prior to employment start (unless employed prior to the requirement, then dated once requirement became applicable)) | | | Yes No |  | |
|  | If the National Sex Offender Registry Check returns hits, has the program noted that the hits were not the Staff person? | | | Yes No  N/A |  | |
|  | FBI fingerprint check (results dated prior to employment start (unless employed prior to the requirement, then dated once requirement became applicable)) | | | Yes No |  | |
|  | Missouri state check (results dated prior to employment start (unless employed prior to the requirement, then dated once requirement became applicable)) | | | Yes No |  | |
|  | Other state check (if staff person’s state of residency is not Missouri and the staff person is not a full time student at a Missouri college/university)  (results dated prior to employment start (unless employed prior to the requirement, then dated once requirement became applicable)) | | | Yes No  N/A |  | |

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|  | Are all hits adjudicated? (documentation should be present that shows the programmed reviewed all hits prior to employment (unless employed prior to the requirement, then dated once requirement became applicable)) | Yes No  N/A |  |

\*Any checked no must have accompanied notes

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| **MODULE F. HOST SITE VISIT** | | | | |
|  | **Site Visited (name and Address):** |  | | |
|  |  | | | **Notes** |
| 1. | Are AmeriCorps Members on site during the visit? (note how many) | | Yes No |  |
| 2. | Are the AmeriCorps Members performing prohibited activities? | | Yes No |  |
| 3. | Are AmeriCorps Members wearing gear with the AmeriCorps logo? | | Yes No N/A |  |
| 4. | Is the AmeriCorps logo visible at the host site (preferably at the front entrance) | | Yes No |  |
| 5. | Do the host site supervisors have regular contact with the program director? | | Yes No |  |
| 6. | Is the program director regularly available with the host site supervisors have questions? | | Yes No |  |
| 7. | Do the host site supervisors have training sessions/meetings with the program director (or other program staff)  (note how many trainings/meetings per year) | | Yes No |  |
| 8. | Is a copy of the program’s policy and procedure manual available at the host site? | | Yes No |  |
| 9. | Does the host site supervisor readily know the list of prohibited activities? | | Yes No |  |
| 10. | Does the host site supervisor have regular contact with the AmeriCorps Member(s) at the site?  (Note how many times per week) | | Yes No |  |

\*Any checked no must have accompanied notes

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| **MODULE G. Member Interview** | | | | |
|  | **List of Member’s present:** |  | | |
|  |  | | | **Notes** |
| 1. | Do Members have regular contact with the program director (or program staff) | | Yes No |  |
| 2. | Do Members have regular contact with their host site supervisors? | | Yes No |  |
| 3. | Do the Members feel they have a supervisor that is readily available when they have questions/concerns? | | Yes No |  |
| 4. | Do the Members have regular professional development/training opportunities? | | Yes No |  |
| 5. | Do the Members feel they were adequately trained, and receive additional training as needed? | | Yes No |  |
| 6. | Do the Members regularly meet with other Members in their program that may not be at their site? | | Yes No |  |
| 7. | Do the Members know where they can access a copy of the program’s policy and procedures manual? | | Yes No |  |
| 8. | Do the Members readily know the list of prohibited activities? | | Yes No |  |
| 9. | Are the Members wearing service gear with the AmeriCorps logo? | | Yes No |  |
| 10. | Are the Members satisfied with their service experience? | | Yes No |  |
| 11. | If given the opportunity, would the Members serve again? | | Yes No |  |
| 12. | How would the Members change the program in order to make it a better experience for others? | | |  |

\*Any checked no must have accompanied notes

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| **MODULE H. MONITORING SUMMARY** |
| **Summarize any best practices that can be shared with other programs:** |
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| **Summarize any findings that require corrective action:** |
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| **List any remaining questions or comments:** |
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| **MODULE I. DISALLOWED COSTS/CORRECTIVE ACTION** |

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| **Disallowed Cost (include any associated with disallowed hours):** | | | | | |
|  | Finding (note module and item for each): | Disallowed Cost | | | Notes |
| Federal | Match | Ed. Award |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
|  | Total: |  |  |  |  |

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| **Disallowed Hours:** | | | |
|  | Member name (note module and item for each): | Total Hours Disallowed | Notes |
| 1. |  |  |  |
| 2. |  |  |  |
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| **Disallowed Cost recovery** | **Date** | **Notes** |
| Notice of disallowed costs letter sent to program: |  |  |
| Disallowed costs returned the MCSC: |  |  |
| Disallowed costs returned to CNCS/Trust: |  |  |

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| --- | --- | --- |
| **Corrective Action:** | **Date Due:** | **Date Completed:** |
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