

Fiscal Monitoring 2006

Supplement: W-2 Consortiums Consisting of County Agency Members

Consortium Name: _____

Lead Agency: _____

County Members _____

	Yes/No	W/p	By	Date
<u>Subawards with Member Agencies</u>				
1) Does lead agency have a sub award document with one or more member agencies?	_____	_____	_____	_____
2) Are member agency duties listed?	_____	_____	_____	_____
3) Are reimbursement methods/rates to member agencies listed?	_____	_____	_____	_____
4) Is lead agency cost reporting in accord with DWS policy for Direct Cost? Shared IM/W-2 Cost? AMSO Cost?	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
5) Is member agency cost reporting in accord with DWS policy for Direct Cost? Shared IM/W-2 Cost? AMSO Cost?	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
6) Does amount billed by member agencies equal amount paid to member agencies?	_____	_____	_____	_____
7) Do combined member agency billings equal total to DWS?	_____	_____	_____	_____
<u>Lead Agency</u>				
8) Are the lead agency's duties described in writing? Where?	_____	_____	_____	_____
9) Does the lead agency perform these duties?				
A. Execute and distribute sub award documents to the member agencies?	_____	_____	_____	_____
B. Obtain monthly expense reports from the member agencies?	_____	_____	_____	_____
C. Submit combined monthly CORE reports to DWS? (Do member totals = DWS total?)	_____	_____	_____	_____
D. Compare the submitted CORE data from DWS to its own data?	_____	_____	_____	_____
E. Compare the submitted expense data of lead to its member agencies? (Has lead remitted all cash to members?)	_____	_____	_____	_____
F. Submit and receive cash request amounts from DWS?	_____	_____	_____	_____
G. Manage cash receipts: Agency deposit or remit to member agencies?	_____	_____	_____	_____

	Yes/No	W/p	By	Date
H. Reconcile all cash and expense accounts between lead and member agencies?	_____	_____	_____	_____
I. Perform desk reviews of all activity? Describe activity, when, how performed.	_____	_____	_____	_____
J. Describe any resulting action or reports due to #I.	_____	_____	_____	_____
K. Perform on site reviews of all activity? Describe activity, when, how performed.	_____	_____	_____	_____
L. Describe any resulting action or reports due to #K.	_____	_____	_____	_____
M. For I & K, list what is reviewed: program, performance, fiscal	_____	_____	_____	_____
10) Are cost variances reviewed (actual vs budget)?	_____	_____	_____	_____
11) Are Administrative and Program efficiencies planned?	_____	_____	_____	_____
12) Are all member agency Administrative costs coded properly?	_____	_____	_____	_____
13) Are all TANF eligibility costs coded to Administration?	_____	_____	_____	_____
14) Are all Child Care eligibility costs coded to Program?	_____	_____	_____	_____
15) Describe 'no' replies; also list Best Practices.	_____	_____	_____	_____

DRAFT