Sub-recipient Monitoring CAMPUS_____

BUDGET CONTROL CHECKLIST

Covering the period_____ to _____

1. Does the Sub-recipient have a detailed budget? Yes_____ No____
2. Are all persons with the ability to obligate funds aware of the budget? Yes___ No____
3. How frequently is the budget reviewed? _____
4. Who is responsible for the budget? Name: _____. Title_____
5. Describe the budget review process: _____
   _____
   _____
   _____
6. Is there a planned vs. actual budget review process in place?
7. Who does this? Name _____ Title_____
8. Are changes to the budget clearly conveyed to persons that can impact/control expenditures?
9. Describe this process: _____
   _____
   _____
   _____

Other observations:

_____
_____
_____

Based on observations made during this review the corrective action as described in the Policy & Procedures for Sub-Recipient Monitoring will be followed. The results of this review will be provided to the Sub-recipient upon completion of the evaluation.

Review performed by_____ _____

Name Date