

# Monitoring History Report

Agency Name \_\_\_\_\_

**1) Has your Agency been the recipient or subrecipient of any Federal or State Awards within the last 5 years?**

☐ Yes

☐ No

IF YES, COMPLETE THE TABLE BELOW

1a) Please list the contracting Agency, Start and End Date, and the contract budget below. If your Agency is the recipient of more than 5 federal or state contracts, please list the largest 5.

	Funder (Acronyms are OK)	Start (YYYY)	End (YYYY)	Total award
1				\$
2				\$
3				\$
4				\$
5				\$

**2) Is your Agency subject to the Single Financial Audit (SFA) requirements of 2 CFR 200, Subpart F?**

☐ Yes

☐ No

*IF YES, PLEASE ANSWER THE QUESTIONS BELOW*

2a) If your Agency is subject to SFA, has your Agency made any late submissions within the last 5 years?

☐ Yes

☐ No

**3) Has your Agency had any funds recaptured within the last 5 years? Do not include any Pandemic Relief Funds that have been recaptured.**

IF YES, COMPLETE THE TABLE BELOW

3a) For any funds recaptured within the last 5 years, please list the funding source, start and end date for the grant, total grant award, and the amount of funding recaptured. If your agency had funds recaptured more than 5 times over the past 5 years, please list only the 5 largest recapture amounts. Do not include any Pandemic Relief Funds that have been recaptured.

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	Funder (Acronyms are OK)	Start Date (YYYY)	End Date (YYYY)	Total award	Amount recaptured
1				\$	\$
2				\$	\$
3				\$	\$
4				\$	\$
5				\$	\$

**4) Has your Agency been monitored by any Federal or State Agency within the last three years?**

IF YES, COMPLETE THE TABLE BELOW

4a) Please list the monitoring Agency, start and end date of the visit, and findings.

	Agency (Acronyms are OK)	Year (YYYY)	Findings Y/N	
1			<input type="checkbox"/> Y	<input type="checkbox"/> N
2			<input type="checkbox"/> Y	<input type="checkbox"/> N
3			<input type="checkbox"/> Y	<input type="checkbox"/> N
4			<input type="checkbox"/> Y	<input type="checkbox"/> N
5			<input type="checkbox"/> Y	<input type="checkbox"/> N

Please attach a copy of any monitoring report from the last 3 years if that monitoring resulted in a finding.

**By completing the boxes below, I am affirming that the information in this form is true and correct to the best of my knowledge.**

Date	Authorized Applicant Representative