

Northwest Florida Area Agency on Aging SPA Contract Module Review Checklist

Item #	CONTRACT MODULE ITEM	YES	NO	N/A	PAGE
II.B.1.	Personnel Allocations Worksheet				
1.	The Personnel Allocations Worksheet submitted lists all agency staff and the available hours for each staff member. Review the worksheet to ensure all appropriate information is included in sufficient detail. Check the calculations on the worksheet to ensure accuracy.				
2.	Check the worksheet to ensure all Agency-wide staff positions are included (regardless of fund source).				
3.	Review the worksheet to ensure all appropriate service categories are utilized, including the two cost pools and the "Non-DOEA Services & Activities" and "Fundraising and Unallowable Activities" categories (if appropriate).				
4.	Check the staff time allocations to ensure they are allocated to the appropriate positions (i.e. homemaker positions charged 100% to the homemaker service category).				
5.	Review the information provided under the following columns for accuracy: a) Gross available hours, b) Holiday hours, c) Sick leave, d) Annual leave, and e) Other non-billable time. Note all questionable items (i.e. excessive non-billable time).				
II.B.2.	Unit Cost Worksheet				
1.	Review the worksheet to ensure the appropriate Personnel information linked over from the Personnel Allocations Worksheet. Compare the total wage columns on the Personnel Allocations Worksheet to the "Wages" line item on the Unit Cost Worksheet. Check the calculations on the worksheet to ensure accuracy.				
2.	Review the worksheet to ensure all appropriate service categories are utilized, including the two cost pools and the "Non-DOEA Services & Activities" and "Fundraising and Unallowable Activities" categories (if appropriate).				
3.	Review the "Fringe" line item expense. Note all questionable items (i.e. excessive expense).				
4.	Check the worksheet to ensure all Agency-wide expenses (costs) are included (regardless of fund source) and all costs seem reasonable and only acceptable costs are included.				
5.	Review the Service Subcontract Allowance information to ensure proper completion.				
6.	Review the Management and General Cost allocations to ensure proper distribution of costs				
7.	Review the Reallocation of Facilities and Maintenance (Space) cost to ensure proper distribution of costs.				
8.	Review the Budgeted In-Kind Valuation information for accuracy and appropriateness. Also, review the applicable in-kind documentation sheets to ensure these pages match the amount shown on the Unit Cost Worksheet.				

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9.	Check the worksheet to ensure the Agency-wide estimated units of service are included (regardless of fund source). This information should correlate with the achievable units based on the personnel budgeted for the direct service workers. Additionally, subcontract information should be checked to the estimated unit total to ensure proper inclusion.				
10.	Check the unit cost calculations (for both actual costs and actual cost less in-kind support) to ensure accurate unit cost calculations for all service categories.				
11.	Do the proposed unit costs seem reasonable for the scope of services proposed? Note comments.				
III.B.3.	Supporting Budget Schedule Worksheet				
1.	Ensure the Total Cost Per Unit of Service information (item 2a) agrees with the unit cost shown on the Unit Cost Worksheet.				
2.	Ensure the total budgeted units (line 2) times the total cost per unit (line 2a) equate to total budgeted costs (line 1b).				
3.	Check the "Less NSIP" category (item 3) to ensure the appropriate amount has been budgeted. Review this amount with historical NSIP reimbursement.				
4.	Review the "Less Cash Match" category (item 4) to ensure the item is appropriately budgeted and matches the "Commitment of Cash Donation" page.				
5.	Review the "Less In-kind Match" category (item 5) to ensure the item is appropriately budgeted and matches the appropriate "Commitment of In-kind" page(s).				
6.	CCE Only: Review the "Less Co-Pay Used as Match" for appropriateness.				
7.	Review the "Sub-Total Match" to ensure the amount is at least 10% of the "Adjusted Budgeted Costs" (item 9).				
8.	Review the "Less Program Income" (item 7) and "Less Co-Pay Not Used as Match" (item 7.a.) for accuracy based on historical Program Income and Co-Pay data and information provided in the SPA Program Module (Service Delivery page) projected Program Income information.				
9.	Review the "Less Other Non-Matching Cash" (item 8). After the reduction of items 3 -7.(a), the amount further reduced by this category should leave the appropriate Federal or State funded balance in the "Adjusted Budgeted Costs" (item 9).				
10.	Review the "Adjusted Budgeted Costs" category (item 9), this should equal the approved Federal or State allocation of funds.				

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11.	Review the "Adjusted Cost Per Unit of Service" (item 10) for appropriate calculation (line 9 divided by line 2), and determine if the rates are reasonable and within the required limits.				
12.	Review the "Estimated Number of Unduplicated Clients" (line 11) with historical client data and for reasonableness.				
II.B.4.	Commitment of Cash Donation				
1.	Review the form to ensure proper completion, including calculations.				
2.	The form must be signed and dated by the appropriate Agency representative.				
II.B.5.	Commitment of Donation of Building Space				
1.	Review the form to ensure proper completion, including calculations.				
2.	The form must be signed and dated by the appropriate Agency representative.				
II.B.6.	Commitment of In-Kind Contr. of Supplies				
1.	Review the form to ensure proper completion, including calculations.				
2.	The form must be signed and dated by the appropriate Agency representative.				
II.B.7.	Commitment of In-Kind Contr. of Equipment				
1.	Review the form to ensure proper completion, including calculations.				
2.	The form must be signed and dated by the appropriate Agency representative.				
II.B.8.	Commitment of In-Kind Contr. of Services				
1.	Review the form to ensure proper completion, including calculations.				
2.	The form must be signed and dated by the appropriate Agency representative.				
II.B.9.	Commitment of In-Kind Vol. Personnel and Travel				
1.	Review the form to ensure proper completion, including calculations.				
2.	The form must be signed and dated by the appropriate Agency representative.				
II.B.10.	Availability of Documents				
1.	The form must be signed and dated by the appropriate Agency representative.				
II.B.11.	Contract Module Checklist				
1.	The Lead Agency Contract Module Checklist indicates if each item is included.				
2.	The Lead Agency Contract Module Checklist identifies the page location(s) of the items.				