

**NHDOE Federal Funds Monitoring
Corrective Action Plan**

(Use a separate form for each Corrective Action Item)

Subrecipient contact: Katie Hannan

Subrecipient: Amherst School District

Action Item: Finding #01

Description: Time & Effort reporting

Date: September 10, 2021

Please check the box that most appropriately matches the District’s status in implementing the Corrective Action Plan (CAP). Please also provide any documentation that supports the District’s assertion that the CAP has been fully implemented.

- (1) Partially implemented
- (2) Revised CAP being implemented
- (3) Fully implemented
- (4) No further action required (provide detailed explanation below):

Katie Hannan, Director of Finance, SAU #39
Name of person completing this form

10/8/2021
Date

If options (1) or (2) are selected, please explain the implementation status &/or how the CAP was revised as well as the anticipated completion date in the space below:

Corrective Action Plan Update or other explanation as necessary, (status date: 10/08/21) We thought our existing time sheet and stipend forms fulfilled the requirements but those lacked a certifying statement. If option (3) is selected, please explain how this was implemented in the space below:

Upon notification from the Compliance Auditor that our Time & Effort reporting for hourly and stipended activities was insufficient, we immediately implemented a revised hourly timesheet for use on grant activities, and a log to track for stipend work to be used going forward. (attached)

Please return to the Bureau of Federal Compliance within 30 days of receipt.

Grant Time and Effort Reporting

Employee Name	
Title	
District/School	
School	
Reason for Submission	

I certify that this report is an accurate representation of the total activity expended during these days, and that the hours listed below represent time spent working solely on:

Grant Activity/description:

Grant Program Name:

Account:

Date	Time In/Out	No. of Hours	Rate Office Use	Amount Office Use
Sunday __/__/____				
Monday __/__/____				
Tuesday __/__/____				
Wednesday __/__/____				
Thursday __/__/____				
Friday __/__/____				
Saturday __/__/____				
Total =				

Employee's Signature _____ Date _____

Supervisor's Signature _____ Date _____

Time and Effort Reporting for Stipends

Employee Name	
Title	
District	
School	
Assignment	

I certify that this report is an accurate representation of the total activity expended during these days, and that the hours listed below represent time spent working solely on:

Grant Activity/Description:

Grant Program Name:

Account Number:

Date	Task

Employee's Signature _____ Date _____

Supervisor's Signature _____ Date _____