



2016 – 2017
MISSOURI COMMUNITY SERVICE COMMISSION
DESK REVIEW GRANT REIMBURSEMENT APPROVAL FORM

Program Information	
Grantee Name:	
Vendor Number:	
Accounting Distribution:	419-3051-0197-2184-3412
Reporting Category (Check One):	<input type="checkbox"/> 14AC <input type="checkbox"/> 14AF <input type="checkbox"/> 15ES
Type of Request (Check One):	<input type="checkbox"/> Reimbursement <input type="checkbox"/> Other
Month/Year:	
Amount Requested:	\$

Fiscal Review	Y	N	Comments
Match Met at _____% YTD _____%			
On track to meet budgeted match? Budgeted _____%			
Section III A: costs 4% or under?			
Section III B: cost 5.26% or under?			
All Sections within Budget?			
Required back-up received & reconciled?			
AFR's current & accurate?			

Programmatic Review	Y	N	Comments
Quarterly Progress Reporting is timely?			
Reporting is original? (<i>no copy/paste of previous</i>)			
Progress is acceptable?			
Member enrollment and exits within 30 days?			
Member time sheets current? (< 200 hrs)			
Members on track for completion? (< 45 hrs/wk FT; 25 hrs/wk PT)			

Compliance Review	Y	N	Comments
Appropriate program staff participates in required events?			
Does program staff provide timely communication?			
Date last site visit:			/ /
Unresolved issues from site visit?			
Unresolved Member management issues?			
Other unresolved compliance issues?			

Comments	
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Approval and/or Notification		
<i>Fill in this section if payment is being held. Attach notice immediately behind this form.</i>	Date:	Notification Method:
	Reason:	
Field Program Officer Approval	Date:	Signature:
Executive Director Approval	Date:	Signature: