**EXHIBIT B**

**DELIVERABLES OR MILESTONES**

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| **Task** | **Staff Position Responsible** | **Date Completed** |
| Submit draft subawards to ICJIA |  |  |
| Execute subawards |  |  |
| Review subaward periodic fiscal reports |  |  |
| Process payments to subrecipients |  |  |
| Review subaward periodic data reports |  |  |
| Provide ongoing technical assistance to subrecipients |  |  |
| Conduct subaward site visits |  |  |
| Submit quarterly Periodic Performance Report to ICJIA |  |  |
| Distribute subaward closeout report materials reports |  |  |
| Submit final fiscal and data reports to ICJIA |  |  |

**Exhibit E**

**PERFORMANCE MEASURES**

**Passthrough Entity**

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| **GOAL:** Through the oversight of subawards,provide XXXXX | |
| **Objectives** | **Process Performance Measures** |
| Detail the plan for monitoring subrecipient performance, including submission of periodic data reports and periodic fiscal reports | * Submit agency plan for monitoring of sub-awards * Percentage of subrecipients submitting periodic fiscal reports on time |
| Review accuracy of subrecipient data reports | * Number of subaward data reports received and reviewed * Percentage of subrecipients submitting quarterly data reports on time |
| Review accuracy of subrecipient fiscal reports | * Number of subaward fiscal reports received and reviewed * Percentage of subrecipients submitting quarterly fiscal reports on time |
| Provide fiscal and programmatic technical assistance to all subrecipients as needed. | * Number of subrecipients receiving technical assistance. |
| Perform site visits with \_\_\_\_\_ % of subrecipients during award period. | * Submit subaward site visit schedule to ICJIA * Number of subaward visits conducted |
| Submit site visit reports to ICJIA within \_\_\_ days of visit | * Number of subaward site visit reports submitted to ICJIA * Number of subaward site visit reports submitted to ICJIA within \_\_\_ days |
| Provide a Corrective Action Plan for all subrecipients with identified as needing formal corrective action. | * Number of subrecipients identified as requiring corrective action. * Number notified and provided with a Plan of Corrective Action |
| Verify subrecipient completion of Corrective Action Plan within specified timeframe. | * Percentage of subrecipients completing Corrective Action Plan requirements within specified timeframe |
| Provide fiscal and programmatic technical assistance to all subrecipients that request such assistance. | * Number of subrecipients requiring fiscal and technical assistance * Number of subrecipients receiving such assistance |