



Date:

TO:

Address:

Dear:

The State of Delaware, Delaware Emergency Management Agency conducted a sub-grant monitoring visit of _____ on _____ pursuant to Federal OMB Circular A-133 to determine compliance with federal guidelines. The attached form contains the overall findings and recommended corrective actions in blocks one (1) and two (2) as a result of that visit. Blocks three (3) and four (4) must be completed by the sub-grant recipient and returned to DEMA no later than _____. Failure to provide this information by the date requested could result in non-reimbursement for future sub-grant expenditures. Thank you.

Please contact _____ at _____ if you have any questions.

James E. Turner, III
Director, Delaware Emergency Management Agency

Attach 1: Sub-Grant Monitoring Visit Findings

**DELAWARE EMERGENCY MANAGEMENT AGENCY
HOMELAND SECURITY GRANT PROGRAM
SUB-GRANT RECIPIENT MONITORING VISIT**

Location:		
Date:		
Point of Contact:		
Sub-Grant #		
1. Overall Findings		
2. Recommended Corrective Actions:		
3. Corrective Action Taken:		
4. Sub-recipient Signature:	Title:	Date: