

## Sample Financial Reconciliation Summary

Date:

To: Grantee Primary Contact  
Grantee Entity

From: Name/Title of Grant Specialist  
Name/Title of Authorized Representative

Re: Financial Reconciliation  
Grant Name and Grant ID #

This communication is a follow up to the **[Agency, Division, Unit]** financial reconciliation of the above-referenced grant. We appreciate the attention that you and your organization gave to the process **[can customize, add, or edit]**.

The documents were received on **[add date]**.

**[Choose one of the options below, blend, edit, or customize:]**

### Option I

- The responses and supporting documentation provided details for confirming financial oversight and compliance with the grant requirements. This includes reviewing the internal controls in place for administering grant funds, including policies and procedures. No additional action is required at this time.
- **[Agency, Division, Unit]** reviewed supporting documentation for the expenditure reporting period of **[add dates]**. Sufficient documentation was provided to support the reported expenditures. No additional action is required at this time.

### Option II

- Prior review of the internal controls for administering the grants funds was conducted on **[add date]** and found that policies and procedures are in place to meet the fiscal oversight requirements of the grant award. No additional action is required at this time.
- **[Agency, Division, Unit]** reviewed supporting documentation for the expenditure reporting period of **[add dates]**. Sufficient documentation was provided to support the reported expenditures. No additional action is required at this time.

## Option III

- **[Agency, Division, Unit]** reviewed the internal controls for administering the grant funds and recommend that policies and procedures should be strengthened to meet the fiscal oversight requirements of the grant award.
  - **[Describe topic or areas of follow-up here]**
- **[Agency, Division, Unit]** reviewed supporting documentation for the expenditure reporting period of **[add dates]**. Based on review of the documentation, the following items and areas demonstrate that follow-up is needed:
  - **[Describe topic or areas of follow-up here]**

**[If and as applicable, can choose to include the language below if Option III is chosen. Delete if not needed]:**

- **[Agency, Division, Unit]** would like to discuss the recommendations and items that require follow-up through scheduling a follow-up phone monitoring visit.
  - **[Customize and offer options for dates and times here]**
  - Please respond by **[list date here]** with the date and time that work for your team.
  - If you need any further information or technical assistance, please contact **[customize information here]**.

**[If and as applicable, can choose to include the language below depending upon the situation. Delete if not needed]:**

- **[Agency, Division, Unit]** has the following recommendations to support strong internal controls:
  - **Recommendation #1.** Ensure that **[add grantee name]** follows the **[reference topic here]** in order to meet the applicable **[customize and reference requirement(s) here]**.
  - **Recommendation #2.** **[Delete or add more as necessary]**

## Closing

Thank you and your staff for the cooperation extended to us during this financial reconciliation process. We look forward to our ongoing partnership and work together.

cc (via e-mail):

**[Customize appropriate Agency, Division, Unit, and team member roles here]**