**Individual NSCHC Disallowance Form**

**Date of Monitoring Activity:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grant Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reviewer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email/Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program Type:**  □**ASN** □ **AmeriCorps Seniors** □ **VISTA**

□ **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Individual Category:** □ **Staff** □ **Non-staff**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NSPID (if applicable):** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Start Date on Grant**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Note****: NSOPW, State* ***AND*** *FBI checks must be conducted, reviewed, and an eligibility determination made by the grant recipient or subrecipient based on the results of the National Service Criminal History Check before a person begins to work or serve in a position specified in 45 CFR § 2540.201(a).*

|  |  |  |  |
| --- | --- | --- | --- |
| **NSCHC**  | **Date Eligibility Determination Made**  | **Missing**  |  **Not Applicable**  |
| **NSOPW** |  |  |  |
| **State Check: Service**  |   |   |   |
| **State Check: Residence**  |   |   |   |
| **FBI**  |   |   |   |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Total Disallowed Costs by Category** | **Staff Salaries** | **Staff FICA** | **Member Living Allowance** | **Member FICA** | **Volunteer Stipend** |
| **Federal Share** |   |   |   |   |   |
| **Match/Grantee Share** |  |  |  |  |  |
| **Grand Total Disallowance:** |  |  |

**Date file brought into full compliance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**