# FAMILY CAREGIVER SUPPORT PROGRAM

Provider Monitoring Tool
FY 2026

|  |  |
| --- | --- |
| Local Provider: |       |
| Review Date: |       |
| AAA Monitor Name(s)/Title(s): |       |
| Type of Monitoring | [ ] Full Programmatic [ ] Fiscal/Unit Verification  |

**Phone/Video Conference (Desk Review Follow-Up):**

|  |  |
| --- | --- |
| Date/Time: |       |
| Meeting Held Via: | [ ] Phone [ ] Video |
| Participants: |       |
| Notes: |       |

**Instructions:**

**Complete the FCSP Programmatic Monitoring Tool as appropriate. Attach Attachments A, B, and/or C for each funded service.**

**\*\*\*Reminder:** **If Programmatic Monitoring is being conducted, the Consumer Contributions Monitoring Tool must also be completed.**

**SECTION I. Provider and Subcontractor Monitoring**

*AAA Monitor: Indicate all FCSP services reimbursed by DAAS for this Provider. Also indicate if any grant requirements have been outsourced to a subcontractor.* [AAA Policy and Procedures Manual Section 308, DAAS Administrative Letter 14-14]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **√ if funded** | **OAA Codes** | **Service Description** | **Is service delivered by Provider or Subcontractor?** | **Name of Subcontractor** |
|[ ]  811 | Community and Program Planning | Provider [ ]  Subcontractor [ ]  |       |
|[ ]  812 | Informational/Education Programs/Community Events | Provider [ ]  Subcontractor [ ]  |       |
|[ ]  814 | Program Promotion and Public Information | Provider [ ]  Subcontractor [ ]  |       |
|[ ]  821 | Community and Program Planning | Provider [ ]  Subcontractor [ ]  |       |
|[ ]  822 | Information & Assistance(unregistered) | Provider [ ]  Subcontractor [ ]  |       |
|[ ]  823 | Caregiver Resource Consultation | Provider [ ]  Subcontractor [ ]  |       |
|[ ]  824 | Develop Caregiver Emergency Plan | Provider [ ]  Subcontractor [ ]  |       |
|[ ]  831 | Community and Program Administration | Provider [ ]  Subcontractor [ ]  |       |
|[ ]  832 | Caregiver Counseling | Provider [ ]  Subcontractor [ ]  |       |
|[ ]  833 | Support Groups | Provider [ ]  Subcontractor [ ]  |       |
|[ ]  835 | Caregiver Training Programs | Provider [ ]  Subcontractor [ ]  |       |
|[ ]  841 | Community and Program Administration | Provider [ ]  Subcontractor [ ]  |       |
|[ ]  842 | In-Home Respite | Provider [ ]  Subcontractor [ ]  |       |
|[ ]  843 | Community Respite | Provider [ ]  Subcontractor [ ]  |       |
|[ ]  844 | Caregiver Directed Vouchers | Provider [ ]  Subcontractor [ ]  |       |
|[ ]  846 | Residential Facility Respite | Provider [ ]  Subcontractor [ ]  |       |
|[ ]  847 | Older Relative Caregiver Respite (Day) | Provider [ ]  Subcontractor [ ]  |       |
|[ ]  848 | Older Relative Caregiver Respite (Hourly) | Provider [ ]  Subcontractor [ ]  |       |
|[ ]  849 | Other Respite Approved by DAAS | Provider [ ]  Subcontractor [ ]  |       |
|[ ]  851 | Community and Program Admin. | Provider [ ]  Subcontractor [ ]  |       |
|[ ]  853 | Handyman/Yardwork | Provider [ ]  Subcontractor [ ]  |       |
|[ ]  854 | Assistive Technologies | Provider [ ]  Subcontractor [ ]  |       |
|[ ]  855 | Home Modification/Accessibility | Provider [ ]  Subcontractor [ ]  |       |
|[ ]  856 | Personal Emergency Response/ Alarm System | Provider [ ]  Subcontractor [ ]  |       |
|[ ]  857 | Incontinence Supplies | Provider [ ]  Subcontractor [ ]  |       |
|[ ]  859 | Liquid Nutritional Supplements | Provider [ ]  Subcontractor [ ]  |       |
|[ ]  860 | Home Delivered Meals (temp) | Provider [ ]  Subcontractor [ ]  |       |
|[ ]  861 | Legal Assistance | Provider [ ]  Subcontractor [ ]  |       |
|[ ]  862 | Other Supplemental as Approved by DAAS | Provider [ ]  Subcontractor [ ]  |       |
|[ ]  863 | Transportation | Provider [ ]  Subcontractor [ ]  |       |

*For FCSP service delivery subcontracted by the Provider to another agency, the Provider will submit copies of the subcontracts to the Area Agency on Aging, per Sec. 308.2 (A)****~~.~~***

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| 1. Did AAA Monitor receive copies of provider subcontracts to review?  | [ ] Yes[ ] No[ ]  N/A | List documentation used to verify compliance:      |
| 2. Does AAA Monitor attest that the subcontractor monitoring was completed, as required by AAA Policy & Procedures, Section 308?  | [ ] Yes[ ] No[ ]  N/A | List documentation used to verify compliance:       |
| Additional notes and/or comments:  |

***Please complete the Contract Review Form for each subcontract identified above as applicable. See Attachment A.***

**SECTION II. Confirmation of Current License or Certification for Respite Services**

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| 1. Does the Provider utilize a licensed or certified subcontractor for respite services (e.g., home care agency, adult day care/health center, or residential respite facility)? | [ ] Yes[ ] No[ ]  N/A | List of documentation used to verify compliance:        |
| 2. If yes, did the AAA Monitor review copies of the license or certification as appropriate? | [ ] Yes[ ] No[ ]  N/A | List the license # if appropriate     List the expiration date of credentials as app       |
| Additional comments and/or notes:       |

**SECTION III. Data Tracking and Reporting**

[FCSP Program Manual, Revision 2020; Section V—Service Provision, Part E, pages 22-25; DAAS Administrative Letter 14-08; DAAS Administrative Letter 20-14; DAAS Administrative Letter 22-06]

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| **Program Data Collection for Categories I, II, and III** |
| 1. For each of the following Service Codes, can AAA Monitor attest that Provider was compliant in collecting and entering required service data? Note: Per new reporting requirements in Administrative Letter 22-06, 812, 814,should now be reported as # hours, not # sessions. | 812 | [ ] Yes[ ] No[ ] N/A | As evidenced by accurate and updated entries in ARMS, verified by:       |
| 814 | [ ] Yes[ ] No[ ] N/A | As evidenced by accurate and updated entries in ARMS, verified by:       |
| 822 | [ ] Yes[ ] No[ ] N/A | As evidenced by accurate and updated entries in ARMS, verified by:       |
| 823 | [ ] Yes[ ] No[ ] N/A | As evidenced by accurate and updated entries in ARMS, verified by:       |
| 824 | [ ] Yes[ ] No[ ] N/A | As evidenced by accurate and updated entries in ARMS, verified by:       |
| 833 | [ ] Yes[ ] No[ ] N/A | As evidenced by accurate and updated entries in ARMS, verified by:       |
| 835 | [ ] Yes[ ] No[ ] N/A | As evidenced by accurate and updated entries in ARMS, verified by:       |

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| **Program Data Collection for Categories IV and V** |
| 2. For Category IV and V service codes, can AAA Monitor attest that Provider was compliant in collecting and entering required service data? Reminder: Category IV codes must be reported as # hours, not # days or other units. | [ ] Yes[ ] No[ ] N/A | As evidenced by accurate and updated entries in ARMS, verified by:       |
| **Older Relative Caregiver Identification for reporting number of events and audience size (code 812, 814)** |
| 3.Did the Provider enter data appropriately in Site/Route/Worker codes to indicate events specifically for older relatives as caregivers, i.e.: * + Number of events specifically for older relatives as caregivers
	+ Estimated audience size for events specifically for older relatives as caregivers
 | [ ] Yes[ ] No[ ] N/A | As evidenced by accurate and updated entries in ARMS, verified by:       |
| **Overage Reporting of 812, 814, 822**  |
| 4. For all entries after July 2020, did the Provider enter outreach and audience totals to the accurate digit, including those in excess of 999?  | [ ] Yes[ ] No[ ] N/A | As evidenced by accurate and updated entries in ARMS, verified by:       |

**SECTION IV. Title III-E and Project C.A.R.E. $2500 Respite Cap Compliance and Compliance with 20% Supplemental Cap**

[FCSP Program Manual, Revision 2020; Section V—Service Provision, Part C, page 14.]

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| 1. For regular respite provided by FCSP and/or Project C.A.R.E., can AAA Monitor attest that Provider did not exceed the annual respite cap of $2,500 for a single client during the fiscal year reviewed? | [ ] Yes[ ] No[ ] N/A | List of documentation used to verify compliance:         |
| 2. If cap was exceeded, can Provider produce documentation showing authorization was obtained from NC Division of Aging prior to the excess respite being provided? | [ ] Yes[ ] No[ ] N/A | List of documentation used to verify compliance:        |
| 3. Was respite availability verified with Project C.A.R.E program to ensure the cap is not exceeded? | [ ] Yes[ ] No[ ] N/A | List of documentation used to verify compliance:        |
| 4. Did expenditures for Category V—Supplemental Services exceed 20% of total FCSP budget? | [ ] Yes[ ] No[ ] N/A | List of documentation used to verify compliance:        |
| Additional comments and/or notes: Click or tap here to enter text. |

**SECTION V. Program Integrity**

[DAAS Administrative Letter 01-01, DAAS Administrative Letter 16-11]

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| **Administration** |
| 1. Do Provider records show that services provided adhere to expectations outlined in contract with Area Agency on Aging? | [ ] Yes[ ] No | List of documentation used to verify compliance:      *(list records reviewed that draw this conclusion)*       |
| 2. Do Provider records show that FCSP funds were used to supplant existing services? | [ ] Yes[ ] No | List of documentation used to verify compliance:            |
| 3. Do Provider records show that there is an established and maintained systems for record-keeping of persons served, expenditures, and unmet needs?  | [ ] Yes[ ] No | List of documentation used to verify compliance:        |
| **Privacy and Confidentiality** |
| 4. Do Provider records and documentation indicate there is a policy for maintaining client confidentiality? | [ ] Yes[ ] No | List of documentation used to verify compliance:        |
| 5. Does Provider give clients a written Assurance of Confidentiality?  | [ ] Yes[ ] No | List of documentation used to verify compliance:        |
| **Grievance and Appeals** |
| 6. Does Provider have a policy in place for applicant/client appeals and/or grievances?  | [ ]  Yes[ ] No | List of documentation used to verify compliance:        |
| 7. Does Provider make clients aware of this right?  | [ ] Yes[ ]  No | List of documentation used to verify compliance:        |
| **Consumer Contributions** |
| 8. Does the Provider have policy in place for Consumer Contributions? | [ ] Yes[ ]  No | List of documentation used to verify compliance:        |
| 9. Is there documentation indicating that clients received the opportunity to participate in Consumer Contributions? | [ ] Yes[ ] No | List of documentation used to verify compliance:        |
| Additional evidence of compliance or comments:       |

***\*\*\*Reminder- Please complete the Consumer Contributions Monitoring Tool if applicable.\*\*\****

**SECTION VII. Fiscal Verification**

[Older Americans Act, Title III, Section E, Older Americans Act, Section 1321.67; DAAS Administrative Letters 01-6, 10-19, 22-02]

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| **Budgeting and Reporting**  |
| 1. Did Provider submit annual budget for expenditures charged to the Family Caregiver Support Program?  | [ ] Yes[ ] No | List documentation used to verify compliance:       |
| 2. Did Provider submit budget revisions with justifications for approval before reallocating funds within the program?  | [ ] Yes[ ]  No | List documentation used to verify compliance:       |
| 3. Based on ARMS Report ZGA370-12, do Provider’s expenditures spent to date agree with ARMS entries? | [ ] Yes[ ]  No | List documentation used to verify compliance:        |
| Additional comments and notes regarding fiscal monitoring:       |

***Please complete the Attachment B: Client Record Review and Unit Verification Worksheet as well as Attachment C: Non-Unit Tracking Expenditures Worksheet.***

**ATTACHMENT A: Contract Review Form *(make additional digital or paper copies as needed)* PAGE\_\_\_ OF \_**

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| --- |
| Contract Reviewed for Monitoring Visit: Contract Period: Amount Contracted: Services Contracted:  |
| **GENERAL CONTRACT REQUIREMENTS**  |
| Contracts are in writing and in one instrument with terms and conditions.  | [ ] Yes[ ] No |
| Signature lines and date lines are provided for authorized representatives. | [ ] Yes[ ]  No |
| The names and addresses of sub-recipient and contractor (AAA) are listed. | [ ] Yes[ ]  No |
| Geographic service area is listed. | [ ] Yes[ ] No |
| Provisions for termination of the contract defined as either by mutual consent or by 30 days written notice to the other party. The termination clause should include provisions that in the event reimbursement to the Contractor (AAA) is reduced or terminated, the same reduction or termination will follow to the subrecipient. | [ ] Yes[ ] No |
| Contract includes a provision for amending the contract should change be required by the contractor. Examples of changes include—change in scope of service, amount of funding, etc. | [ ] Yes[ ] No |
| All applicable audit requirements are met, as specified on the Fiscal Monitoring Tool. | [ ] Yes[ ] No |
| Monitor attests that ALL of the following provisions are included in the contract:1. Assurance of civil rights compliance
2. Confidentiality safeguards
3. Compliance with the Americans with Disabilities Act (1990)
4. Compliance with Section 504 of the Rehabilitation Act (1973)
5. Access to records
6. Terms of subcontracting
7. Liabilities
8. Conflict of interest, if applicable
9. Insurance requirements
10. Care of property, if applicable
 | [ ] Yes[ ] No |
| Lobbying, Debarment, Drug Free Workplace and Conflict of Interest Policy forms for signature, if applicable.**Note: Lobbying, Debarment, and Drug Free Workplace forms are required for all providers except federal agencies.** **Note: The Conflict of Interest form is required for all private and non-profit agencies, regardless of funding source.**  | [ ] Yes[ ] No |
| Tax exempt status letters from the IRS.**Note: This is a requirement for all non-profit agencies**.  | [ ] Yes[ ] No |
| **SERVICE PROVISION DETAIL REQUIRED IN CONTRACT** |
| The contract defines the beginning and ending date coinciding with the period of the funding allocation. **Note: This should not exceed a 12-month period.** | [ ] Yes[ ] No |
| Funding source is appropriately cited.  | [ ] Yes[ ] No |
| The total amount to be reimbursed under the contract as well as billing and reimbursement procedures, any reporting requirements and the required match are specified. | [ ] Yes[ ] No |
| If required, a line-item budget is attached to the contract. | [ ] Yes[ ] No |
| Targeted population is specified.  | [ ] Yes[ ] No |
| Eligibility criteria is specified.  | [ ] Yes[ ] No |
| For Category IV (Respite Services) and Category V (Supplemental Services) it is specified that recipients of these service categories meet the OAA definition of frail. **Note: Definition of frail must be listed.**  | [ ] Yes[ ] No |
| Service category is defined.  | [ ] Yes[ ] No |
| Contract must detail how service will be delivered. | [ ] Yes[ ] No |
| Objectives and goals of program service are included. | [ ] Yes[ ]  No |
| Includes references to Family Caregiver Support Program Manual, DAAS service standards, and AAA or other service provision authorities and how standards will be monitored. | [ ] Yes[ ] No |
| **REPORTING AND REIMBURSEMENT REQUIREMENTS**  |
| Contract explains how funds will be drawn down, as evidenced by all of the following details being specified—1. Definitions of reporting “units” or “hours” for reimbursement (i.e.—by hour, by daily rate, by expense, etc.)
2. Acceptable proofs of reimbursement (i.e., receipts for purchase, time sheets, etc.)
3. When items for reimbursement are due
4. When items for reimbursement will be paid
 | [ ] Yes[ ] No |
| Reporting requirements—such as client data needed, frequency of submission, and means of submission) are detailed. | [ ] Yes[ ] No |
| Details how consumer contributions are to be recorded and utilized by the provider.  | [ ] Yes[ ] No |
| **REQUESTS FOR PROPOSAL, MEMORANDUMS OF AGREEMENT, AND PURCHASE OF SERVICE** |
| If any of the following documents are referenced in the contract (or in place of the contract), are they attached and available for review in addition to and in lieu of contract?1. Request for Proposal (RFP) – **Note: It is required for RFP to be attached to Contract for review during monitoring**.
2. Memorandums of Agreement
3. Purchase of Service
 | [ ] Yes[ ] No |
| Comments and Notes:       |

**ATTACHMENT B: Client Record Review and Unit Verification Worksheet PAGE\_\_\_ OF \_****\_**

**Local Provider**:       **Review Date**:

**Family Caregiver Support Program, Service Code Reviewed:**

AAA Monitor should select a random sample based on the total number of clients served by service. This verification process must be done for a sample of clients for each service code checked as funded in Section I of this FCSP Monitoring Tool.

Note that there are some codes with a non-unit reimbursement that also have reporting requirements for clients and units. Attachment B will review the client and unit information, but Attachment C will be used to verify a sample month of non-unit reimbursements and assure that reimbursements align with actual expenses.

**Make as many digital or paper copies of the Attachment B worksheets as appropriate to cover all funded codes. Note: Attachments A, B, and C are also posted as separate files to make it easier to do digital data entry for each funded code.**

The sample size required is as follows:

1-10 clients: Review all clients

11-100 clients: Review a minimum of 10 clients

101-250 clients: Review a minimum of 10% of clients

251-500 clients: Review a minimum of 7% of clients

If deemed appropriate by the monitor or if 10% of the total units reviewed in the Base Sample are found to be ineligible, the sample must be expanded by 15 new names. For more specific information refer to Section 308, Monitoring of Community Service Providers, of the AAA Policies and Procedures Manual.

* Attach to this worksheet the ZGA-542 Units of Service Verification Report used to select the sample of clients and units. Identify on this report the persons sampled and the month(s) reviewed for FCSP services
* Identify the clients and specific dates for which units could not be verified, if applicable. Provide this information to the agency during the exit interview if unverified units are found and costs will be disallowed in the monitoring report.

|  |
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| Comments and Notes:      |
| Signature of AAA Monitor (s):                  | Date:        |

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| --- | --- |
| Service Code Sampled:  | Time Frame Sampled:  |

| **FIELD NAME:** | **Client Name****Client Age** | **DAAS 101****Completion and Updates** | **Care Recipient Name** | **Older Relative Caregivers** | **Category IV and Category V Services*****To Meet Frail Eligibility, the care recipient must:******1). Be age 60 or older******AND******2). Have 2 or more ADL impairments OR a Cognitive Impairment*** | **Unit Verification*****Use the ZGA542 to select sample (or the ARPA Excel tracking spreadsheet if appropriate)*** |
| --- | --- | --- | --- | --- | --- | --- |
| **Age** | **ADL Impairment** | **Cognitive Impairment** | **Units Reported** | **Units Verified** | **Variance** |
| **INSTRUCTIONS** | Enter the name of the clientEnter the age of the client | Is the client’s DAAS 101 complete? Y/N Enter date of most recent DAAS 101.MM/DD/YYYYIs client’s DAAS-101 reviewed and updated at least every 12 months (annually)? Y/N | Enter care recipient(s) name(s) in the box. | Is care recipient a child or adult with disability? Y/NEnter the age of the child or adult with disability:AAA Monitor verifies caregiver and care recipient reside in same home:Y/N | Is the participant age 60 or older? Y/N Enter birthdate listed on the DAAS-101 | Does care recipient have ADL impairments? Y/NIf yes, enter # of ADL impairments listed on the DAAS 101?  | Does participant have a cognitive impairment? Y/NIf yes, Is the cognitive impairment or dementia evidenced?  | # of units in ARMS. | # of units from client record review | Difference between Reported and Verified.  |
| **1** |       | [ ] **Yes** [ ] **No**     [ ] **Yes** [ ]  **No** |       | [ ] **Yes** [ ] **No**     [ ] **Yes** [ ]  **No** | [ ] **Yes** [ ] **No**      | [ ] **Yes** [ ] **No**      | [ ] **Yes** [ ] **No**      |       |       |       |
| **2** |       | [ ] **Yes** [ ] **No**     [ ] **Yes** [ ]  **No** |       | [ ] **Yes** [ ] **No**     [ ] **Yes** [ ]  **No** | [ ] **Yes** [ ] **No**      | [ ] **Yes** [ ] **No**      | [ ] **Yes** [ ] **No**      |       |       |       |
| **3** |       | [ ] **Yes** [ ] **No**     [ ] **Yes** [ ]  **No** |       | [ ] **Yes** [ ] **No**     [ ] **Yes** [ ]  **No** | [ ] **Yes** [ ] **No**      | [ ] **Yes** [ ] **No**      | [ ] **Yes** [ ] **No**      |       |       |       |
| **4** |       | [ ] **Yes** [ ] **No**     [ ] **Yes** [ ]  **No** |       | [ ] **Yes** [ ] **No**     [ ] **Yes** [ ]  **No** | [ ] **Yes** [ ] **No**      | [ ] **Yes** [ ] **No**      | [ ] **Yes** [ ] **No**      |       |       |       |
| **5** |       | [ ] **Yes** [ ] **No**     [ ] **Yes** [ ]  **No** |       | [ ] **Yes** [ ] **No**     [ ] **Yes** [ ]  **No** | [ ] **Yes** [ ] **No**      | [ ] **Yes** [ ] **No**      | [ ] **Yes** [ ] **No**      |       |       |       |
| **6** |       | [ ] **Yes** [ ] **No**     [ ] **Yes** [ ]  **No** |       | [ ] **Yes** [ ] **No**     [ ] **Yes** [ ]  **No** | [ ] **Yes** [ ] **No**      | [ ] **Yes** [ ] **No**      | [ ] **Yes** [ ] **No**      |       |       |       |
| **7** |       | [ ] **Yes** [ ] **No**     [ ] **Yes** [ ]  **No** |       | [ ] **Yes** [ ] **No**     [ ] **Yes** [ ]  **No** | [ ] **Yes** [ ] **No**      | [ ] **Yes** [ ] **No**      | [ ] **Yes** [ ] **No**      |       |       |       |
| **8** |       | [ ] **Yes** [ ] **No**     [ ] **Yes** [ ]  **No** |       | [ ] **Yes** [ ] **No**     [ ] **Yes** [ ]  **No** | [ ] **Yes** [ ] **No**      | [ ] **Yes** [ ] **No**      | [ ] **Yes** [ ] **No**      |       |       |       |
| **9** |       | [ ] **Yes** [ ] **No**     [ ] **Yes** [ ]  **No** |       | [ ] **Yes** [ ] **No**     [ ] **Yes** [ ]  **No** | [ ] **Yes** [ ] **No**      | [ ] **Yes** [ ] **No**      | [ ] **Yes** [ ] **No**      |       |       |       |
| **10** |       | [ ] **Yes** [ ] **No**     [ ] **Yes** [ ]  **No** |       | [ ] **Yes** [ ] **No**     [ ] **Yes** [ ]  **No** | [ ] **Yes** [ ] **No**      | [ ] **Yes** [ ] **No**      | [ ] **Yes** [ ] **No**      |       |       |       |

**ATTACHMENT C: Non-Unit Fiscal Verification *(make additional digital or paper copies as needed)***

*AAA Monitors: For expenses related to non-unit codes, select a sample month of reimbursement in ARMS for each FCSP code.*

* *Verify that reimbursement correlates with actual expenses/data reported (source documentation, e.g., payments documented in the provider’s general ledger or receipts and other proof of purchases, etc.).*

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| **ARMS CODE** | **MONTH****SAMPLED** | **AMOUNT REPORTED IN ARMS** | **DOCUMENTATION REVIEWED** | **COMMENTS/DESCRIPTION OF FINDINGS/UNVERIFIED EXPENDITURES** | **DISALLOWED COSTS/ REQUIRED ADJUSTMENTS** |
|       |       |       |       |       |       |
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