CONTRA COSTA CONSORTIUM
COMMUNITY DEVELOPMENT BLOCK GRANT
PROGRAM MONITORING FORM

I.   PROGRAM INFORMATION

Jurisdiction Name: _____

Date of Visit: _____

Contract Period: _____   Contract Amount: _____

Program Name/#: _____

Subrecipient Name: _____

Subrecipient Staff Interviewed: Name/Title   Responsibilities

_____   _____

_____   _____

_____   _____

_____   _____

Evaluator Name: _____

Signature of Evaluator: _____   Date: _____

II.   EVALUATOR REVIEWED

☐ Funding Application   ☐ Program Files   ☐ Audit
☐ Program Agreement/Budget   ☐ Client Files   ☐ Demands/Invoices
☐ Quarterly Reports/Backup   ☐ Personnel/Volunteer Files   ☐ Current Budget/Sources & Uses
☐ Correspondence   ☐ Accounting Files & Procedures
☐ Previous Monitoring Reports ☐ Marketing Materials

III.   PROGRAM ELIGIBILITY

National Objective met by program:

☐ Benefit to low-income and moderate-income persons   (N/A)

    ☐ Area Benefit (Census Tract #: _____)

    ☐ Presumed Beneficiary (Specify: _____)

    ☐ 51% Low / Mod

☐ Prevention or elimination of slums or blight

☐ Urgent Need

How is the National Objective documented? (e.g. income verification, program mission limiting services to presumed beneficiaries, etc.) _____

_____

Consolidated Plan Priority: _____

_____

Describe service provided by program: _____

_____

IV. PROGRAM PERFORMANCE

Describe the program's intake and service delivery process: _____

_____

_____

_____

List program contracted goals:

<u>Objective</u>   <u>Performance</u> (as of _____)

     1.

     2.

     3.

Is the program meeting its contracted goals?   ☐ YES   ☐ NO   If not, explain why not? _____

_____

What is the program outcome? How does the program affect the community? (e.g. in-home supportive services has an outcome of reducing institutionalization). _____

_____

_____

_____ Is it a verifiable outcome?   ☐ YES   ☐ NO

V. PROGRAM REPORTING

What is the process of summarizing client records into reports? _____

_____

_____

_____

Does the subrecipient submit timely quarterly reports?   ☐ YES   ☐ NO

Does the subrecipient use unduplicated numbers on quarterly reports?   ☐ YES   ☐ NO

Problems/issues indicated on quarterly reports: _____

_____

_____

VI. PROGRAM RECORDKEEPING

<u>Program Files</u>
☐ Files available & accessible   ☐ 5-year file retention
☐ Copy of contract & monitoring procedures for subcontractor, if applicable (N/A)   ☐ Current income limits in file

<u>Client Files</u>
☐ Name, address, phone # of applicant to be assisted
☐ Urban County Resident? City of _____ resident?
☐ Date client applied for services
☐ Documentation on the type & duration of services provided
☐ Household Income level
☐ Number in household

☐ Female Head of household identified
☐ Source & amount of all household income
☐ Ethnicity, age, gender of applicant
☐ Updated ethnic categories used
☐ Follow-up services
☐ Job placement information
☐ Other information collected: _____

VII.   COMPUTER SYSTEMS/STORAGE

1. Is computer access controlled so that access is limited to specified persons, and access is only to those programs or files that are necessary to perform their duties?   ☐ YES   ☐ NO

2. Are passwords changed at regular intervals? Are they unique and confidential?   ☐ YES   ☐ NO

3. Are passwords promptly cancelled for terminated employees?   ☐ YES   ☐ NO

4. Is off-premises storage maintained for master files and transaction files sufficient to recreate the current master files?   ☐ YES   ☐ NO

5. Are there appropriate procedures for backup and storage of programs and data files?   ☐ YES   ☐ NO

VIII.   MARKETING

Describe method of outreach/advertising the program. _____

_____

_____

_____

Did the organization properly recognize the City/County/HUD's funding when publicizing the program?   ☐ YES   ☐ NO

Is a Fair Housing logo displayed?   ☐ YES   ☐ NO   ☐ N/A

IX.   ORGANIZATION INFORMATION

Personnel files include:
☐ Job title & description
☐ Qualifications
☐ Background check, if necessary

Does the organization have personnel policies, drug policy and affirmative action policy?   ☐ YES   ☐ NO

Does the organization have policies and procedures to address personnel complaints?   ☐ YES   ☐ NO

Does the organization have policies and procedures to address client complaints?   ☐ YES   ☐ NO

Are Equal Opportunity posters displayed?   ☐ YES   ☐ NO

Are there any staffing issues?   ☐ YES   ☐ NO   If Yes, explain. _____

_____

_____

Are there staff turnover concerns?   ☐ YES   ☐ NO   If Yes, explain. _____

How many volunteers are working on the program? _____

Are volunteers trained as necessary?   ☐YES   ☐NO

How are volunteer hours tracked? _____

X.   OTHER INFORMATION

In what areas are technical assistance/training needed? _____

CONTRA COSTA CONSORTIUM
COMMUNITY DEVELOPMENT BLOCK GRANT
FINANCIAL MONITORING FORM

I.   PROGRAM INFORMATION

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Date of Visit: _____

Contract Period: _____   Contract Amount: _____

Program Name/#: _____

Subrecipient Name: _____

Subrecipient Staff Interviewed: Name/Title   Responsibilities

_____   _____

_____   _____

_____   _____

_____   _____

Evaluator Name: _____

Signature of Evaluator: _____   Date: _____

II.   FINANCES

Total amount budgeted for this program year: _____

Total amount expended through quarter ending _____: _____

Total amount of CDBG disbursements through quarter ending _____: _____

Timely submission of demands   ☐ YES   ☐ NO   If No, explain. _____

_____

Funding Sources:

Source/Budget	**Awarded/Received**
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Verify funds awarded/received to income statement/award letters: _____

III.   GENERAL ACCOUNTING PROCEDURES AND INTERNAL CONTROLS

1. Are budgets compared to actual expenses/revenues during the year?   ☐ YES   ☐ NO

2. Are significant variances from the budget researched and explained?   ☐ YES   ☐ NO

3. Are assets properly safeguarded (e.g. checkbook/receipts locked-up with limited access)? ☐ YES ☐ NO

4. Are receipts logged at the time mail is opened? ☐ YES ☐ NO

5. Who deposits receipts into the bank? _____

6. Who compares the deposits to the log of receipts? _____

7. Who posts the receipts into the accounting system? _____

8. Who approves invoices for payment? _____

9. Who codes the invoice/check request for program and funding source? _____

10. Who prepares the checks? _____

11. Who signs the checks? _____

12. Who mails the checks? _____

13. Who posts the disbursements into the accounting system? _____

14. Who is primarily responsible for program accounting? _____

15. Are bank accounts reconciled timely and reviewed by an independent person? ☐ YES ☐ NO

16. Are timesheets signed by the employee and supervisor? ☐ YES ☐ NO

17. Are functional timesheets used (e.g. hours worked each day broken-out by program)? ☐ YES ☐ NO

18. Is there an accounting procedure manual? Is it up to date? ☐ YES ☐ NO

19. Are fees charged for services? ☐ YES ☐ NO

20. Is program income generated? Is it properly reported? ☐ YES ☐ NO

21. Are outstanding audit findings resolved? ☐ YES ☐ NO

22. Are employee taxes paid? ☐ YES ☐ NO

IV. TESTING OF EXPENSES REIMBURSED

a. On a sample basis, trace checks referenced on the demand operating expense summaries to the paid checks in order to verify proof of payment.

b. On a sample basis, trace employee hours/expenses claimed for reimbursement, as shown on the demand personnel expense summaries, to the supporting source documentation (e.g. employee timesheets/payroll registers).

c. Verify the accuracy of employee hourly/billable rates on the demand personnel expense summaries by recalculating the hourly rates using the payroll registers.

d. For those programs that are reimbursed for indirect costs, review the indirect cost allocation plan that is used to calculate the indirect cost rate to verify it is in compliance with OMB Circular A-122.

For those agencies that receive a HUD approved indirect cost rate, verify that indirect costs reimbursed were calculated in accordance with the HUD approved indirect cost rate agreement. This is in lieu of the procedure referred to above.

V.   COMMENTS

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