I. PROGRAM INFORMATION

Jurisdiction Name: 

Date of Visit: 

Contract Period: 

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:

<table>
<thead>
<tr>
<th>Objective</th>
<th>Performance (as of ________ )</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
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<td>2.</td>
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</tbody>
</table>

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

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

Client Files
☐ 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? 

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CONTRA COSTA CONSORTIUM  
COMMUNITY DEVELOPMENT BLOCK GRANT  
FINANCIAL 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. 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:

<table>
<thead>
<tr>
<th>Source/Budget</th>
<th>Awarded/Received</th>
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<tbody>
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</table>

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.