

**CDBG ONLINE SUBRECIPIENT MANAGEMENT
HOMEWORK ASSIGNMENT 7 – DESK MONITORING QUESTIONS &
CHECKLIST**

Part 1: General Information

Subrecipient: **The Family Center of Happy Valley**

Activity Name: **Positive Parenting**

Part 2: National Objective, Eligibility Category

National Objective: (570.208) **Subrecipient MUST document compliance with the National Objective.**

Benefit to Low-Moderate-Income Persons

- Low/Mod Area Benefit
- Limited Clientele Benefit
- Low/Mod Housing Benefit
- Job Creation or Retention

Eligibility Category: (570.201-6)

Matrix Code: _____

Part 3: Subrecipient Agreement Conformance - Activity Progress

The Activity Goals; Scope of Service; Number of People to be Served and any Special Terms are stated in the Subrecipient Agreement

- 1. Has there been a change in the activity goals, scope of service, number of people to be served or other special terms as indicated in the Agreement between the Subrecipient and the Grantee? Yes No**
If YES, describe any deviations and when the Community Development Department was informed of the change.
- 2. Did the activity conform to any additional or special terms as reflected in the Subrecipient Agreement? Yes No NA**
- 3. Is the subrecipient providing the full scope of services as stated in the application and Subrecipient Agreement? Yes No**
- 4. Are the actual accomplishments at the time of this review the same as the planned accomplishments? Is the activity achieving the expected quantifiable levels of performance (number of persons served, achieving goals set for clients, etc) reaching the intended client group? Yes No**
- 5. For this activity what is the total count of persons served to date? _____**
- 6. Is the overall activity performance schedule being met in a timely manner (i.e. goal for number of clients served, expenditure of funds in timely manner, reporting requirements) ? Yes No**

7. Did the activity operate within the approved budget as detailed in the Subrecipient Agreement? (i.e. budgetary line items both accurate and realistic for activity expenses; source and use of match funds accurate) Yes No
8. Did the activity funding source change. Yes No
9. Was there a change in make-up or responsibility of staff for the activity? Yes No
10. Were invoices for reimbursement payments submitted with support documentation Yes No
 - a. What type documentation for the activity expenses is required and was submitted with invoices for reimbursement?
11. Were CDBG Program reports submitted on time? Yes No

Part 4: Administration

1. Did the organization maintain an activity file? Yes No (Use the Public Service Grant Activity File Checklist to describe the type of information maintained.) If no, explain the organization does not keep a CDBG activity file and explain other record keeping methods utilized by your organization.
2. Did the organization maintain client files? Yes No If NO, does the Subrecipient utilize other record-keeping methods?
3. Are any of policies and procedures for administering the activity and federal funds (See checklist) not in the file? Yes No
4. Are there written policies, procedures or guidelines in reference to approval authority for financial transactions and recording of transactions and is there a system in place for adequate separation of duties regarding financial transactions? Yes No
5. Is there a written employee code of conduct? Yes No
6. Is the Subrecipient required to have a single audit per 2 CFR 200.501 (a)? Yes No

Part 5: Financial Management

All activity costs must comply with 2 CFR 200, Subpart E

1. Is it clear how the organization records and tracks the use of CDBG funds. Do records identify CDBG expenditures by grant/program year? Yes No
2. Is there a separate account for CDBG or other Federal funds? Yes No
3. Is revenue and expenditure identified by specific source? Yes No
4. Do activity expenditures include any unallowable costs? (i.e., entertainment, travel, lobbying or donations to other organizations) Yes No

5. Are direct salaries and wages that are chargeable to more than one funding source supported by time distribution records for all staff working on the CDBG-funded activity? Yes No N/A
6. Does documentation support all expenditures requested for CDBG reimbursement, with costs directly related to the CDBG –funded activity supported by, price quotes; bid results; local salary pricing when applicable? Yes No
7. Were any activity funds committed or expended prior to the beginning of the program year? Yes No

PUBLIC SERVICE GRANT ACTIVITY FILE CHECKLIST

- National Objective Documentation [*§570.200(2)*] – Supplied by grantee
- Environmental Review Record [*§58.34(a)*] – Supplied by grantee
- Subrecipient Agreement [*§570.503*]
 - Amendments
- Certifications: Anti-discrimination; Fair Housing; ADA/Section 504; EEO; Others as required by terms of Subrecipient Agreement
- Closeout Certification [*§200.415*]

Administrative Systems

- Articles of Incorporation/Bylaws
- IRS 501(c)3 letter
- Board of Directors Roster
- Authorization to request funds
- Organizational Chart
- Conflict of Interest Policy [*§200.318(c)(1)*]
- Non-Discrimination Policy [*§570.607(a)*]
- Grievance/Termination Policy [*§570.607(a)*]
- Procurement Policy [*§200.318(a)*]
- Record Retention Policy [*§570.506*]
- Confidentiality Policy [*§200.303(e)*]

Financial Management Systems

- Most recent Audit (if federal expenditures exceed \$750,000)
 - Statement from CPA if federal expenditures do not exceed \$750,000
- Current Approved Budget
- Financial Status Report
- Chart of Accounts

- Documentation of Match
- Documentation of negotiated indirect cost rate (if applicable)
- Program Income Tracking ledger (if applicable)
- Payroll records – timesheets, salary schedule (if applicable)
- Payment Requests

Reimbursement

- Source documentation
- Backup Documentation

Advance

- Agency did not receive an advance
- Documentation supporting compliance with §200.305(b)(1) & (b)(2)

Client Documentation

- Dated HUD-Approved Income Chart(s)
- Client Intake Forms
- Number of persons assisted (for non-housing activities)
 - Income
 - Race
 - Ethnicity
- Number of households assisted (for housing activities)
 - Income
 - Race
 - Ethnicity
 - Female Head of Household

FINDINGS?

CONCERNS?

RECOMMENDATIONS?