#### Part 1: General Information

Subrecipient:		Notification Letter Sent:	
Activity:		Date(s) of Site Visit:	
IDIS #:	DIS #: Program Year Examined:		
HCDD Monitoring Tear	m:		
Entrance Conference D	Pate Attended by:		
Exit Conference Date _	Attended by:		
Follow Up Required 🗖	Yes 🗖 No If Yes, provide details and	dates:	

L	Part 2: National Objective, Eligibility Category			
National Objective: (570.208) <u>Subrecipient MUST document compliance with the National Objective</u> .				
Be	nefit to Low-Moderate-Income Persons			
	<ul> <li>□ Low/Mod Area Benefit (LMA)</li> <li>□ Limited Clientele Benefit (LMC)</li> <li>□ Low/Mod Housing Benefit (LMH)</li> <li>□ Job Creation or Retention (LMJ)</li> </ul>			
Но	w is income determined?  Presumed Benefit (If checked, which group?)  Information on household and income  Income requirements that limit service to LMI persons  Nature and location of activity			
Act	tivity Matrix Code:			
ı	Part 3: Subrecipient Agreement Conformance - Activity Progress			
	e Activity Goals; Scope of Service; Number of People to be Served and any Special Terms are stated in 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 HCDD was informed of the change.			
2.	Did the activity conform to any additional or special terms as reflected in the Subrecipient Agreement? ☐ Yes ☐ No ☐ N/A			
3.	Is the subrecipient providing the full scope of services as stated in the application and Subrecipient Agreement?			
	If No, which services are not being provided?			
4.	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? $\Box$ Yes $\Box$ No			
5.	a. Total number of unduplicated persons proposed to be served in the examined program year?			

	b. Total number of unduplicated persons served in the examined program year?
	c. Is this the same number reported by the agency on its final report?
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)?
7.	Was there a change in make-up or responsibility of staff for the activity? ☐ Yes ☐ No
8.	Were CDBG Program reports submitted on time? ☐ Yes ☐ No
9.	The Subrecipient Agreement requires the Subrecipient to recognize the City as a funding source. Has the Subrecipient complied with this provision?   Yes  No
	a. If Yes, describe:
10.	Does the Subrecipient display Fair Housing posters for the benefit of its clients?   Yes  No
F	Part 4: Internal Controls
	fer to 2 CFR Part 200.303 Uniform Administrative Requirements, Cost Principles, and Audit Requirements Federal Awards for Compliance with the CDBG Federal Award.
1.	Did the organization maintain a program/activity file? ☐ Yes ☐ No
2.	Did the organization maintain a Policies & Procedures Manual? 🔲 Yes 🔲 No
3•	a. If Yes to 1 and/or 2, complete the Subrecipient Management Internal Controls Checklist. Are any of policies and procedures required by regulation for administering the activity and federal funds not in the file?
	b. If No to 1 and/or 2, where does the agency maintain CDBG-related documents?
	i. Are these documents easily accessible?   Yes   No
	ii. Do the documents maintained comply with the requirements of 2 CFR 200.303? 🗖 Yes
4.	Does the organization maintain client files? ☐ Yes ☐ No
5.	How does the agency protect personally identifiable information?
Pa	rt 5: Financial Management
1.	Is the Subrecipient required to have a single audit per 2 CFR 200.501 (a)? ☐ Yes ☐ No a. If Yes, has the Subrecipient submitted its most recent audit? ☐ Yes ☐ No
	b. If No, has the Subrecipient submitted its most recent financial statement as presented to the board?   Yes  No
	c. After examining the single audit or financial statement, is there are reason the Subrecipient is at risk of noncompliance with the terms and conditions of the subaward or with Federal statutes and/or regulations?

2.	Is it clear how the organization records and tracks the use of CDBG funds. Do records identify CDBG expenditures by grant/program year?
3.	Is there a separate account for CDBG or other Federal funds?
4.	Is revenue and expenditure identified by specific source? ☐ Yes ☐ No
5.	Are encumbrances or obligations recorded against CDBG funds when invoices, purchase orders, Subrecipient Agreements, staff time records are executed and do accounting records include unexpended/unobligated balances?   Yes  No
6.	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 Describe:
7•	Is adequate control maintained of access to accounting records, blank forms, checkbooks and confidential records? (Basis for conclusion)
8.	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) $\square$ Yes $\square$ No
9.	Did the activity funding source change.   Yes No
Pa	rt 6: Cost Eligibility
All	activity costs must comply with 2CFR Part 200, Subpart E
1.	What type documentation for the activity expenses is required?
2.	Were invoices for reimbursement payments submitted with support documentation ☐ Yes ☐ No a. Number of invoices reviewed prior to payment
3.	Maintenance of Source Documentation – Are accounting records (expenditures and invoices) supported by source documentation (i.e. receipts, invoices, time records, purchase orders, Subrecipient Agreements, cancelled checks reconciled general ledger) and other source documentation?   Yes  No
	a. Was source documentation available for review?   Yes  No
4.	Is income generated from the use of CDBG funds? $\square$ Yes $\square$ No If Yes, is the file clear how funds are generated and what happens to these program income funds? $\square$ Yes $\square$ No
5.	How much non-CDBG funding has been leveraged by the activity year to date and from what source? (compare use of leveraged funds to the submitted budget, application, and Agreement)

6.	Do activity expenditures include any unallowable costs? (i.e., enter donations to other organizations)	taiiiiieiit,	davel, lob	~,g o.
7.	Are direct salaries and wages that are chargeable to more than one distribution records for all staff working on the CDBG-funded activ	_	•	•
8.	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			
9.	Were any activity funds committed or expended prior to the begin ☐ Yes ☐ No	ning of the	e program	year?
10.	Were any funds reimbursed from CDBG funds also reimbursed from ☐ Yes ☐ No	n any othe	er revenue	source?
Part	7: Documentation and Record Keeping			
	Does the Subrecipient's activity/client file(s) provide source docume Objective of Benefiting Low and Moderate-Income Persons is being			
	Objective of Benefiting Low and Moderate-Income Persons is being the needs of those persons?   Yes  No			
	Objective of Benefiting Low and Moderate-Income Persons is being the needs of those persons?	met and h	ow the ac	tivity serves
	Objective of Benefiting Low and Moderate-Income Persons is being the needs of those persons?   Yes No  Did the agency maintain records that identify the following?  (a) Income verification of clients	met and h	No	tivity serves  □ N/A
	Objective of Benefiting Low and Moderate-Income Persons is being the needs of those persons?	■ Yes	No No	□ N/A
	Objective of Benefiting Low and Moderate-Income Persons is being the needs of those persons?	☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes	No No No	□ N/A □ N/A □ N/A
	Objective of Benefiting Low and Moderate-Income Persons is being the needs of those persons?	☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes	No No No No	□ N/A □ N/A □ N/A □ N/A
	Objective of Benefiting Low and Moderate-Income Persons is being the needs of those persons?	☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes	No No No No No	N/A N/A N/A N/A N/A N/A
	Objective of Benefiting Low and Moderate-Income Persons is being the needs of those persons?	☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes	No No No No No No	N/A N/A N/A N/A N/A N/A

### 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]
<ul> <li>□ Amendments</li> <li>□ Certifications: Anti-discrimination; Fair Housing; ADA/S ection 504; EEO; Others as required by terms of Subrecipient Agreement</li> <li>□ Closeout Certification [§200.415]</li> </ul>
Administrative Systems
☐ Articles of Incorporation/Bylaws
□ IR\$ 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(s)]

F inancial !	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
Reimbursen	nent
	ource documentation ackup Documentation
j	ance  ☐ Agency did not receive an advance ☐ Documentation supporting compliance with § 200.305(b)(1) & (b)(2)  umentation
	n
	Dated HUD-Approved Income Chart(s)
	Client Intake Forms
<b>-</b> 1	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**?