

## CDBG Public Services Monitoring Form

<b>Project #:</b>		<b>IDIS #:</b>	
<b>Agency:</b>		<b>Date of Visit:</b>	
<b>Program:</b>		<b>Location:</b>	
<b>Monitoring Quarter:</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<b>Date Letter Was Sent to Agency:</b>	
<b>Copy of Letter in File?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Type of Monitoring:</b>	<input type="checkbox"/> In-person <input type="checkbox"/> Virtual

<b>City of Peoria Staff Members Present</b>			
Name	Signature	Title	Date

<b>Members of CDBG Public Services Advisory Commission Present</b>		
Name	Signature	Date

<b>Agency Representatives Present</b>			
Name	Signature	Title	Date

## CDBG Public Services Monitoring Form

<b>AGREEMENT REVIEW</b>
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All supporting documents must be available for review. City staff may request additional items for monitoring records.

DOCUMENTATION	YES	NO
<b>1. Subrecipient Agreement and All Modifications on File</b>		
<b>2. Organizational Chart of Agency</b> – Showing position titles and lines of authority. Chart should indicate positions involved with approving or recording financial (and other) transactions.		
<b>3. Employee Handbook</b> – Including Anti-Sexual Harassment Policy, Conflict of Interest Policy, and Drug-Free Workforce Policy		
<b>4. Policies and Procedures Manual</b> – Including Code of Ethics, Grievance Policy, Termination Policy, Information Technology Policy, Whistleblower Policy, Confidentiality Policy, Record Retention Policy		
<b>5. City of Peoria EEO Certificate</b>		
<b>6. Proof of Nonprofit Status</b> – State tax exemption letter and IRS 501(c)3 letter		
<b>7. Section 504 Compliance</b> – Complete the City of Peoria's Section 504 compliance checklist		
<b>8. Articles of Incorporation</b>		
<b>9. Organization Bylaws</b>		
<b>10. Mission Statement</b>		
<b>11. List of Board of Directors</b> – Including recent board meeting agenda, minutes, and board handbook that outlines roles and responsibilities		
<b>12. Job Descriptions and Resumes for CDBG Program and Financial Administration Personnel</b>		
<b>13. Job Evaluation Tool Used for CDBG Paid Staff</b>		
<b>14. Time Allocations for CDBG Paid Staff</b>		
<b>15. Blank Copy of Application Intake Packet</b>		
<b>16. Copy of All Measurement Tools Used for Outcomes</b>		
<b>17. Employee Background Checks (if program serves youth)</b>		
<b>18. Evidence of Liability Insurance</b>		

## CDBG Public Services Monitoring Form

DOCUMENTATION (Continued)	YES	NO
<b>19. Financial Statement and Most Recent Audit for the Organization</b>		
<b>20. Single Audit, if Required</b>		
<b>21. Anti-Discrimination Policy and Termination Policy for Both Organization Employees and Program Participants</b>		
<b>22. Written Policy Manual Specifying Approval Authority for Financial Transactions and Guidelines for Controlling Expenditures</b> – Including cost allocation plan, cash management procedures, and procurement policy		
<b>23. Accounting Manual</b> – Including procedures for the recording of transactions and a chart of accounts		
<b>24. Program Accounts</b> – Accounting support that CDBG reimbursements are deposited in a separate account and not co-mingled with other organization revenue		
<b>25. Organization Succession Plan</b>		
<b>26. Organization Contingency Plan</b>		

## CDBG Public Services Monitoring Form

<b>PERFORMANCE MEASURES - OUTPUTS</b>
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Beneficiaries Reported on Most Recent Quarterly Report				
Category	Year to Date	Category	Race Year to Date	Hispanic Ethnicity Year to Date
Total Households:		White:		
Total Persons:		Black/African American:		
Female Head of Household:		Asian:		
Extremely Low Income:		American Indian/Alaskan Native:		
Very Low Income:		Native Hawaiian/Other Pacific Islander:		
Low Income:		American Indian/Alaskan Native & White:		
Elderly:		Asian & White:		
Disabled:		Black/African American & White:		
Youth:		Am. Indian/Alaskan Native & Black/African American:		
		Other Multi-Racial:		

1. Does number of reported persons served reconcile with the total number of client files on record with the organization?

Yes       No

*Comments:*

2. Are CDBG Service Application Forms and client intake forms accurately documented in each participant file?

Yes       No

*Comments:*

3. Is the program on a schedule that impacts when people are served? (e.g., only a school year program so no children served in the summer?)

Yes       No

*Comments:*

# CDBG Public Services Monitoring Form

## PERFORMANCE MEASURES - OUTCOMES

Agreement Outcomes

Actual Outcomes (based upon quarterly information available)

1. Please describe the measurement tools listed in the logic model and how they are used to measure outcomes from the program. (Are they evidence-based models?)

2. Describe what information was provided by the organization as proof of actual outputs achieved.

3. Is this program monitored by other agencies? If so, what were the outcomes of that monitoring? Please provide copies of any monitoring letters or reports.

Yes       No

Comments:

## CDBG Public Services Monitoring Form

<b>PROGRAMMATIC</b>
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1. Describe the current status of the program being funded.

2. Will all activities be completed in the grant year?

Yes       No

*Comments:*

3. Are referrals made for clients requiring additional assistance?

Yes       No

*Comments:*

4. Does your agency do follow-up activities?

Yes       No

*Comments:*

5. Are satisfaction surveys or feedback opportunities provided?

Yes       No

*Comments:*

6. Does your agency involve clients or former clients in policy development?

Yes       No

*Comments:*

7. Has any work been contracted out to other parties?

Yes       No

*Comments:*

8. Are staff trained on the eligibility and program requirements necessary for program operation?

Yes       No

*Comments:*

## CDBG Public Services Monitoring Form

9. Do you anticipate meeting your output goals (number of clients served) for the year?

Yes       No

*Comments:*

10. Do you anticipate meeting your outcome goals for the year?

Yes       No

*Comments:*

<b>PROGRAM MARKETING</b>
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1. How do you let potential clients know about your service?

2. Is there a waitlist for your program/do you have to turn people away?

Yes       No

*Comments:*

3. If answered "yes" to #2, does your organization refer them to another organization?

Yes       No

*Comments:*

4. Is the City of Peoria acknowledged as a partial funder of the program?

Yes       No

*Comments:*

## CDBG Public Services Monitoring Form

<b>SPECIFICS TO PROGRAM</b>
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1. Is there a sign in and out process for your service?

- Yes       No

*Comments:*

2. Is there a limit to the services provided per person?

- Yes       No

*Comments:*

3. Are client records kept in a secure location?

- Yes       No

*Comments:*

<b>GENERAL INTERNAL CONTROL – FINANCIAL</b>
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1. Is the organization eligible to receive federal funds (not delinquent on taxes or other government payments)?

- Yes       No

*Comments:*

2. Does the subrecipient have 2 CFR part 200 on file?

- Yes       No

*Comments:*

3. Is there an audit trail from reports to source documentation?

- Yes       No

*Comments:*

4. Are there accounting standards in place for CDBG reimbursements to be deposited in a separate account and not commingled with other organization revenue?

- Yes       No

*Comments:*

## **CDBG Public Services Monitoring Form**

5. Are there any required fees or memberships to participate in the program?

Yes       No

*Comments:*

6. Is there any program income?

Yes       No

*Comments:*

7. If answered "yes" to #5:

A. Are there revenue accounts to record it?

Yes       No

*Comments:*

B. Is there a procedure to ensure all program income is recorded on the revenue account?

Yes       No

*Comments:*

C. Is all program income being used according to the terms of the agreement with the grantee?

Yes       No

*Comments:*

D. Is program income being used before grant funds are requested?

Yes       No

*Comments:*

## CDBG Public Services Monitoring Form

<b>FINANCIAL DISBURSEMENTS/BANK RECONCILIATION</b>
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1. Are payments made by check?

Yes       No

*Comments:*

2. Are checks counter signed?

Yes       No

*Comments:*

3. Is there adequate separation of duties to assure that no one individual has authority over an entire financial transaction?

Yes       No

*Comments:*

4. Is there adequate control of access to accounting records, assets, blank forms and confidential records, such as only limited, authorized persons can access them?

Yes       No

*Comments:*

5. Are there procedures for regular reconciliation of the organization's financial records, comparing its records with actual assets and liabilities?

Yes       No

*Comments:*

6. Are there documented accounting records and corresponding source documentation for each financial transaction?

Yes       No

*Comments:*

7. Are authorized signatures limited to employees with no access to accounting records receipts?

Yes       No

*Comments:*

8. Are monthly bank reconciliations prepared by employees with no cash or signed check access?

Yes       No

*Comments:*

## CDBG Public Services Monitoring Form

### PAYROLL

1. Are salaries/wage rates documented for each individual employee?

Yes       No

*Comments:*

2. Is time of hourly employees and supervisor on timecard?

Yes       No

*Comments:*

3. Is the signature of both employee and supervisor on the timecard?

Yes       No

*Comments:*

4. Do the timesheets and financial disbursements match the time allocation provided at the beginning of the grant?

Yes       No

*Comments:*

### FINANCIAL DISTRIBUTION

1. Do you anticipate expending all of the grant funds?

Yes       No

*Comments:*

### CONCLUSION

1. Is corrective action necessary?

Yes       No

*Comments:*