

APPENDIX G

MONITORING CHECKLIST

COUNTY OF SAN BERNARDINO
DEPARTMENT OF COMMUNITY DEVELOPMENT AND HOUSING

Community Based Organization
Office Monitoring Visit

Visit Date: _____

CDH Staff: _____

Organization: _____

Interviewee: _____

Items for Review:

PROGRAM FILES

General Program Files

Necessary records pertaining to the CDBG funded program, properly filed and labeled, including, but not limited to:

_____ Incorporation documents

_____ Bylaws

_____ Articles of incorporation

_____ Other _____

_____ Board of Directors actions/minutes

_____ Program needs assessments

_____ Citizen comments, complaints or letters of appreciation

_____ General correspondence, public and County

_____ Program Policies

_____ Client fee schedules

_____ Personnel policies

_____ Fringe benefit plans

_____ Other _____

_____ Service contract with the County

_____ Certified insurance policies and certificates of insurance

_____ Fiscal documents, including expenditure documentation

_____ Invoices

_____ Receipts

_____ Time cards

_____ Pay stubs

_____ Canceled checks

_____ Mileage records

_____ Other _____

_____ Program audit and pertinent correspondence.

_____ An accurate and complete listing of CDBG funded equipment or vehicles is kept on file, including make, model, serial number, purchase price, and use location.

_____ Other _____

Contract Activity Files

Files for each separately funded CDBG service/activity, properly filed and labeled, containing:

_____ Activity descriptions, including goals, objectives, units of service to be provided, client target groups, other funding sources, etc.

_____ Notices and advertisements

_____ Correspondence pertaining to the service/activity

_____ Sub-contracts and procurement records

_____ Client direct benefit documentation (client counts by ethnicity and female headed households) kept current, without double counting of clients.

_____ Activity progress documentation

_____ Other _____

CONTRACT PROVISIONS

Monthly Reports

- _____ Monthly activity accomplishment reports have been submitted to the County
- _____ Direct benefit activity forms have been submitted to the County (monthly, quarterly, annually)
- _____ Adequate program progress indicated
- _____ Units of service provided per the terms of the CBO agreement

Fiscal Management

- _____ The CBO has a fiscal system which accurately tracks its financial condition, containing:
 - _____ Fiscal tracking system including reports on program allocations, obligations, expenditures, balances and totals.
 - _____ Program income documentation showing revenue, expenditures, profit/loss, and net income generated directly from use of CDBG funds.
 - _____ Cash management policies, including petty cash transaction records.
- _____ County has authorized all budget amendments.

Audits

- _____ County ECD has received a copy of the most recent audit under the Federal Single Audit Act.
- _____ All CBO audit findings regarding CDBG funds have been adequately addressed and resolved.

Insurance

- _____ CBO maintain throughout the term of the CBO agreement the following types of insurance:
 - _____ Worker’s Compensation
 - _____ Comprehensive General and Automobile Liability
 - _____ Errors and Omissions Liability
 - _____ Professional Liability
- _____ All stipulations (including “primary and non-contributing” and “subrogation rights against County waived”), endorsements, and coverage’s required by the CBO agreement are contained in the insurance documents.

Clientele Income Qualification

- _____ Clientele Income Documentation meets the requirements of the CBO agreement
- _____ List of HUD Section 8 Income limits is current

Service Performance

- _____ Program performance follows the schedule outlined in the CBO agreement
- _____ Program provides full scope of services defined n the agreement
- _____ Performance quality is consistent with the terms of the agreement

Equipment

- _____ Equipment is used for the funded service and is well maintained
- _____ County has authorized all non-expendable project purchases

American Disability Act (ADA)

- _____ Evaluation of the facility program accessibility for disabled individuals
- _____ Path of Travel - accessible route from the nearest bus stop, parking lot, public streets and sidewalks to the facility entry door
- _____ Evaluation of parking stalls for handicapped parking
- _____ A ramp to allow an accessible entrance for disabled individuals up to the facility entry doo
- _____ Space requirements of wheelchair passage for entry doorways
- _____ Wheelchair turning space within the facility
- _____ Wheelchair accessibility into Public Restrooms within the facility.

OBSERVATIONS/COMMENTS: _____

