Financial Management Monitoring Form

*Note: All financial activities must comply with 2 CFR Part 200, as set forth in 24 CFR 570.502 (lists the exclusions).*

**Grantee: Grant Number:**

**Prepared by: Prepared Date:**

**Project Name:**

|  |
| --- |
| **Authorization to Incur Costs** |
| 1 | 1. Has the governing body adopted a project or grant budget ordinance?

 If yes, indicate type of project ordinance and date adopted.1. Has a budget revision and/or project amendment (with changes to budget) been approved by Division?

If Yes, is there an amended ordinance in file?  | Yes [ ]  No [ ] Type & Date: Yes [ ]  No [ ]  Yes [ ]  No [ ]  NA [ ]  |
| 2 | 1. What date was the Grant Contract signed by the DWI Director?
 |  |
| 1. What date was the Release of Funds by DWI?
 |  |
| **Type of Activity** | **Release Date** | **Date of Obligation** | **Source Documentation** *(what did you check to make determination)* |
| Exempt (soft costs such as administration & planning) |  |  |  |
| Non-Exempt (hard costs related to construction) |  |  |  |
| **Internal Controls** |
| 3 | Who is authorized to review and approve bills/invoices related to grant?  |  |
| Who is authorized to review, approve and sign off on disbursement requests?  |  |
| Who is responsible for uploading the disbursement requests to the Division for reviewing/approving/payment?  |  |
| Who is responsible for checking the bank account and/or receiving paper check and depositing into bank? |  |
| Who prepares checks? |  |
| Who is authorized to sign checks?  |  |
| Who is responsible for reconciling bank statements? |  |
| Who is responsible for accounting records, tracking and monitoring third-party contracts, and project budget?  |  |
| **Grantee Financial Management System** |
| 4 | Do the disbursement requests represent advance payments or reimbursements?  | Advance [ ]  Reimbursements [ ]  Mix of Both [ ]   |
| 5 | Grants Representatives will check all invoices and payments of said invoices to ensure there were no three day rule violations and/or unapproved, unreasonable, unallowable payment to vendors were done. If necessary, perform a spot check on additional disbursements and its documentation. Grants Representatives should use Division’s internal grantee’s invoice spreadsheet to compare against grantee file. *During monitoring prep, may add additional rows to the below table or use the grantee’s invoice spreadsheet for noting the following.*  |
| **Requisition Number:** | **Total Amount:** |
| **Date of Electronic Funds Transfer (EFT): or Date Paper check was received:** |
| **Check # & Date** | **Amount** | **Vendor** | **Days Between Deposit & Disbursement** |
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|  **Total:**  |  |  |  |
|  Were there any issues/concerns/findings: Yes [ ]  No [ ]   If Yes, explain:  |
| **Requisition Number:** | **Total Amount:** |
| **Date of Electronic Funds Transfer (EFT): or Date Paper check was received:** |
| **Check # & Date** | **Amount** | **Vendor** | **Days Between Deposit & Disbursement** |
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|  **Total:**  |  |  |  |
|  Were there any issues/concerns/findings: Yes [ ]  No [ ]   If Yes, explain:  |
| **Requisition Number:** | **Total Amount:** |
| **Date of Electronic Funds Transfer (EFT): or Date Paper check was received:** |
| **Check # & Date** | **Amount** | **Vendor** | **Days Between Deposit & Disbursement** |
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|  **Total:**  |  |  |  |
|  Were there any issues/concerns/findings: Yes [ ]  No [ ]   If Yes, explain:  |
| **Requisition Number:** | **Total Amount:** |
| **Date of Electronic Funds Transfer (EFT): or Date Paper check was received:** |
| **Check # & Date** | **Amount** | **Vendor** | **Days Between Deposit & Disbursement** |
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|  **Total:**  |  |  |  |
|  Were there any issues/concerns/findings: Yes [ ]  No [ ]   If Yes, explain:  |
|  6 | If yes, has the grantee earned any interest in the fiscal year? | Yes [ ]  No [ ]  |
| 1. If yes, has the amount over $100 been returned to DWI?
 | Yes [ ]  No [ ]  |
| 1. If yes, has the amount over $100 been returned to DWI?
 | Yes [ ]  No [ ]  |

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| **Grantee Personnel and Administrative Charges** |
| 7 | Are any local staff personnel (full or part time) paid from CDBG funds? If yes, complete the remaining questions in this section. If no, skip to next section.  | Yes ☐ No ☐ |
| **Name** | **Job Title** | **Duties** | **FT/PT** | **Salary** | **Paid to Date** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| 8 | Are the amounts charged reasonable when compared to time worked, responsibilities of the workers, and the needs of the grant?  | Yes [ ]  No [ ]  |
|  Describe any discrepancies or concerns: |
| 9 | Are there time sheets on file that are signed by the employee and conform to payroll records? | Yes [ ]  No [ ]  |
|  Describe any discrepancies or concerns:  |
| **Grantee’s Indirect Costs and Cost Allocation Plan** |
| 10 | Are any indirect costs being charged to the grant, per 2 CFR 200.412? (*Indirect costs is a cost incurred for a “shared” or “joint” objective and cannot be readily identified with any one activity. - e.g., rent, utilities, maintenance, or other expenditures related to a shared space; and administrative and executive team functions and salaries that support multiple program areas.)* If Yes, complete the remaining questions in this section.  If No, skip the rest of this section.  | [ ]  Yes [ ]  No |
| 11 | Has the grantee’s Indirect Cost Allocation Plan been approved by DEQ/DWI? If Yes, date approved:  | [ ]  Yes [ ]  No |
| 12 | What is the basis for the allocation of indirect costs? *(i.e., square footage, hours, FTEs etc.)* | [ ]  Yes [ ]  No |
| 13 | Review the Indirect Cost Allocation Plan with actual expenses charged to the grant. Are the amounts charged reasonable when compared with time worked, responsibilities, and the needs of the grant? If No, state any problems or concerns:  | [ ]  Yes [ ]  No |
| **Purchase of Equipment (Management & Equipment Disposition)** *per 2 CFR 200.310, 200.313 and 200.316, for any CPD program which is subject to 2 CFR part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. Per 24 CFR 570.502 (6), Section 200.313 “Equipment” applies, except that when the equipment is sold, the proceeds shall be program income.* |
| 14 | 1. Has the grantee purchased equipment with CDBG funds?

 If yes, make sure to complete the following table.  If No, skip the rest of this section*.* | Yes [ ]  No [ ]  |
| **Item** | **Date Acquired (w/check number)** | **Acquisition Cost** | **% of Acquisition Cost Paid with CDBG Funds** | **Disposition Date (if applicable)** | **Method of Disposition (if applicable)** | **Fair Market Value or Sales Proceeds when Disposed** |
|  |  |  |  |  |  |  |
| 1. What procurement method was used for the above equipment purchase?
 |  |
| 1. Does the purchase price meet the grantee’s threshold for depreciation?
 |  |
| 1. Is the equipment listed on the grantee’s inventory record?
 | [ ]  Yes [ ]  No |
| 1. Is the purchase allowable under current guidelines?

 If No, what is the suggested remedy? | [ ]  Yes [ ]  No |
| 1. Is the purchase allowable under current guidelines?

  If No, what is the suggested remedy? | [ ]  Yes [ ]  No |
| 15 | Is the grantee reminded to reflect the purchase on the Property Disposition Report form at Closeout? | [ ]  Yes [ ]  No |
| **Purchase of Real Property** |
| 16 | Does the grantee intend to purchase real property with CDBG funds? If No, skip to next section. If yes, what is the anticipated purchase date? | Yes [ ]  No [ ]  Date:  |
| 17 | Has the grantee purchased real property with CDBG funds? If yes, complete the Acquisition Monitoring Form.  | Yes [ ]  No [ ]  |
| 18 | Provide a type/description of real property purchased (e.g., permanent easements, parcel, etc.): |  |
| 19 | Is the grantee reminded to reflect the purchase on the Property Disposition Report form at closeout? |
| **Non-CDBG Funds** |
| 20 | Are there any local or non-local funds committed to the grant?  If Yes, complete the chart below. If No, skip the remaining questions in this section.  | [ ]  Yes [ ]  No |
| **Source of Funds** | **Amount Committed** | **Expended to Date** |
|  |  |  |
|  |  |  |
| Total: |  |  |
| 21 | If non-CDBG funds are not fully expended, indicate the anticipated date of final expenditure.  |  |
| Note any problems or non- compliance: |
| **Program Income** *(per 24 CFR 570.504)* |
| 22 | Is revenue generating (*program income definition §570.500(a)*) activities being undertaken? If Yes, complete the table below.If No, skip this section. | [ ]  Yes [ ]  No |
| **Date of Receipt** | **Source** | **Amount** | **Use** | **DWI Approval?** |
|  |  |  |  | [ ]  Yes [ ]  No |
| Total: |  |  |
| 23 | Has the grantee established a revenue account to record the receipt of program income?  | [ ]  Yes [ ]  No |
| Describe the adequacy of the process:  |
| 24 | Did the grantee expend program income before requesting additional drawdowns of CDBG funds?  | [ ]  Yes [ ]  No |
| If No, explain: |
| 25 | Were all expenditures of program income for CDBG eligible activities? | [ ]  Yes [ ]  No |
| If No, explain:  |  |

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| **Compliance with 2 CFR 200, Subpart E: Cost Principles** |
| 26 | Is the Grantee following Cost Principles per 2 CFR 200, Subpart 3? | [ ]  Yes [ ]  No |
| If No, explain:  |
| What documents support compliance or non-compliance: |
| **Recordkeeping** |
| 27 | Are the grantees’ s financial records, in accordance with the applicable requirements listed in [§ 570.502](https://www.ecfr.gov/current/title-24/section-570.502), including source documentation for entities not subject to [2 CFR part 200](https://www.ecfr.gov/current/title-2/part-200). Grantees shall maintain evidence to support how the CDBG funds provided to such entities are expended. Such documentation must include, to the extent applicable, bank statements, copies of checks, invoices, schedules containing comparisons of budgeted amounts and actual expenditures, construction progress schedules signed by appropriate parties (e.g., general contractor and/or a project architect), and/or other documentation appropriate to the nature of the activity.  | Yes [ ]  No [ ]  |
| **NOTES:** |

***\*List or attach supporting documentation or notate items reviewed to support work performed where deemed necessary for all questions listed on this monitoring checklist.***

**Grantee Representative: Date:**

**CDBG-I Grants Representative: Date:**

**CDBG-I Supervisor: Date:**