Financial Monitoring Form

*Note: All financial activities must comply with 2 CFR Part 200.*

**Grantee: Grant Number:**

**Prepared by: Prepared Date:**

**Project Name:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Authorization to Incur Costs** | | | | | | |
| 1. | Has the governing body adopted a project or budget ordinance? | | | Yes  No | | |
| 1. If yes, indicate type of ordinance adopted and date adopted. | | |  | | |
| 2. | 1. What date was the Grant Contract signed by the DEQ/DWI Director? | | |  | | |
| 1. What date was the Release of Funds by DEQ/DWI? | | |  | | |
|  | | | | |  |
| **Type of Activity** | | **Release Date** | **Date of Obligation** | **Source Documentation** | |
| Exempt (administration & planning) | |  |  |  | |
| Non-Exempt (hard costs) | |  |  |  | |
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| **Grantee Financial System** | | | | | | |
| 3. | | Do the requisitions represent advance payments or reimbursements? | | Advance  Reimbursements  Mix of Both | | |

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| 4. | **If the grantee is on ADVANCE PAYMENTS complete the chart below.** If the check reveals any instances of unnecessary, unreasonable, or unallowable costs, make a copy of the documentation and attach to the monitoring sheet. | | | | | | | |
| **Requisition Number:** | | |  | **Total Amount:** | |  | |
| **Date of EFT:** | | |  | | | | |
| **Date** | **Check #** | **Amount** | **Vendor** | | **Days Between Deposit & Disbursement** | |  |
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| **Total:** | |  |  | | | |  |
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| **Requisition Number:** | | |  | **Total Amount:** | |  | |
| **Date of EFT:** | | |  | | | | |
| **Date** | **Check #** | **Amount** | **Vendor** | | **Days Between Deposit & Disbursement** | |  |
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| **Total:** | |  |  | | | |  |
| 5. | Was there a violation of the 3-day rule? | | | Yes  No | | | | |

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| 6. | Is the depository for CDBG funds interest- bearing? | | | | | | | Yes  No | | | | | | |
| 1. 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 | | | | | | |
| 7. | **If the grantee is on REIMBURSEMENT status complete the chart below.** If necessary, perform a spot check on back up documentation for additional disbursements. If the check reveals any instances of unnecessary, unreasonable, or unallowable costs, make a copy of the documentation and attach to the monitoring sheet. | | | | | | | | | | | | | |
| **Requisition Number:** | | | |  | | | **Total Amount:** | | |  | | | | |
| **Date of EFT:** | | | |  | | | | | | | | | | |
| **Check #** | | | **Date** | **Amount** | | **Vendor** | | | | | | **Authorization (Y/N)** | | |
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| **Total:** | | | |  | |  | | | | | | | | |
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| **Requisition Number:** | | | |  | | | **Total Amount:** | | |  | | | | |
| **Date of EFT:** | | | |  | | | | | | | | | | |
| **Check #** | | | **Date** | **Amount** | | **Vendor** | | | | | | **Authorization (Y/N)** | | |
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| **Total:** | | | |  | |  | | | | | | | | |
| **Grantee Personnel and Administrative Charges** | | | | | | | | | | | | | | |
| 8. | | | Are any local staff persons (full or part time) paid from CDBG funds? If No, proceed to next section. | | | | | | | Yes  No | | | | |
| **Name** | | | | **Job Title** | | **Duties** | | | | **FT/PT** | | **Salary** | | **Paid to Date** |
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| 9. | | | Are the amounts charged reasonable when compared to time worked, responsibilities of the workers, and the needs of the grant? | | | | | | | Yes  No | | | | |
| 1. Describe any discrepancies or concerns: | | | | | | | | | | | |
| 10. | | | Are there time sheets on file that are signed by the employee and conform to payroll records? | | | | | | | Yes  No | | | | |
| 1. Describe any discrepancies or concerns: | | | | | | | | | | | |
| **Purchase of Equipment and/or Real Property** | | | | | | | | | | | | | | |
| 11. | | | Does the grantee intend to purchase equipment or real property with CDBG funds? If No, proceed to next section. | | | | | | | Yes  No | | | | |
| 1. If Yes, what is the anticipated purchase date? | | | | | | |  | | | | |
| 12. | | | Has the grantee purchased equipment or real property with CDBG funds?  If yes, make sure to complete the Acquisition Monitoring Form. | | | | | | | Yes  No | | | | |
| 13. | | | Describe the equipment (make, model etc.) or provide a description of real property purchased. | | | | | | |  | | | | |
| 14. | | | What procurement method was used? | | | | | | |  | | | | |
| 15. | | | What is the purchase price of the equipment or real property? | | | | | | |  | | | | |
| 16. | | | List the check number, date, and amount of the check issued for the purchase? | | | | | | |  | | | | |
| 17. | | | Does the purchase price meet the grantee’s threshold for depreciation? | | | | | | | Yes  No | | | | |
| 18. | | | Is the equipment or real property listed on the grantee’s inventory record? | | | | | | | Yes  No | | | | |
| 19. | | | Is the purchase allowable under current guidelines? | | | | | | | Yes  No | | | | |
| a. If No, what is the suggested remedy? | | | | | | |  | | | | |
| 20. | | | Is the grantee reminded to reflect the purchase on the Property Disposition Report form at closeout? | | | | | | | Yes  No | | | | |
| **Grantee Allowable Costs, Indirect Costs, Cost Allocation** | | | | | | | | | | | | | | |
| 21. | | | Are allowable cost guidelines, pursuant to 2 CFR Part 200 being followed? | | | | | | | Yes  No | | | | |
| 1. If No, explain: | | | | | | | | | | | |
| 1. What documents support compliance or non-compliance? | | | | | | |  | | | | |
| 22. | | | Are any indirect costs being charged to the grant? *(i.e. electricity, rent, phones, postage, copies etc.)* | | | | | | | Yes  No | | | | |
| 23. | | | If yes, has the Cost Allocation plan been approved by DEQ/DWI? | | | | | | | Yes  No  Date Approved: | | | | |
| 24. | | | What is the basis for the allocation of costs? *(i.e., square footage, hours, FTEs etc.)* | | | | | | |  | | | | |
| 25. | | | 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? | | | | | | | Yes  No | | | | |
| 1. If No, state any problems or concerns. | | | | | | | | | | | |

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| **Grantee Program Income** | | | | | | | | |
| 26. | Is revenue generating activities being undertaken? | | | | | Yes  No | | |
| 1. If Yes, complete the table below: | | | | | | | |
| **Date of Receipt** | | **Source** | **Amount** | | **Use** | | | **DEQ/DWI Approval?** |
|  | |  |  | |  | | | Yes  No |
|  | |  |  | |  | | | Yes  No |
| Total: | | |  | |  | | | |
| 27. | Has the grantee established a revenue account to record the receipt of program income? | | | | | Yes  No | | |
| 1. Describe the adequacy of the process: | | | | | | | |
| 28. | Did the grantee expend program income before requesting additional drawdowns of CDBG funds? | | | | | Yes  No | | |
| 1. If No, explain: | | | | | | | |
| 29. | Were all expenditures of program income for CDBG eligible activities? | | | | | Yes  No | | |
| **Non-CDBG Funds** | | | | | | | | |
| 30. | Are there any local or non-local funds committed to the grant? | | | | | Yes  No | | |
| 1. If Yes, complete the chart below: | | | | | | | |
| **Source of Funds** | | | | **Amount Committed** | | | **Expended to Date** | |
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|  | | | |  | | |  | |
| Total: | | | |  | | |  | |
| 31. | If non-CDBG funds are not fully expended, indicate the anticipated date of final expenditure.  Note any problems or non- compliance. | | | | |  | | |
| **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:**