



Monitoring Form

I. PROJECT INFORMATION The questions in the box need to be completed by City Monitor prior to the visit

P.O./Activity Identifying Number: _____

Subrecipient/Contractor Name: _____

Subrecipient/Contractor Representative(s): _____

Specify funding source: CDBG HOME HOPWA ESG Continuum of Care

Specify type of activity: Homeowner Repair Acquisition Rehabilitation Demolition New Construction

 Rental Homeownership

 Public Service (specify) _____ Other(specify) _____

Specify type of assistance: Grant Loan (specify loan type) _____ Other _____

Project Description: _____

Project Goals and Objectives: _____

Contract Period: _____ Contract Amount: _____

Was a project timeline developed? If yes, are project activities consistent with the timeline?

If the project activities are inconsistent with the timeline, what steps are being taken to bring project on schedule: _____

Is project activity consistent with project goals and objectives? If no, what is the cause of the inconsistency?

Specify project accomplishments: _____

I. PARTICIPANT INFORMATION Please insure that the applicable information is contained in the client files. For those files with incomplete information, please specify what information is missing.

- | | |
|---|--|
| <input type="checkbox"/> Date of application | <input type="checkbox"/> Type of assistance requested |
| <input type="checkbox"/> Name and address of applicant and/or property to be assisted | <input type="checkbox"/> Type and duration of service |
| <input type="checkbox"/> Census tract of property to be assisted (Housing) | <input type="checkbox"/> Verification of homeownership, proof of insurance and paid property taxes (Housing) |
| <input type="checkbox"/> Race, age, gender of applicant, and if applicant is female head of household | <input type="checkbox"/> Total dollar value of project (Housing) |
| <input type="checkbox"/> Source and amount of household income | <input type="checkbox"/> Client assessment (Human Services) |
| <input type="checkbox"/> Verification of participant eligibility | <input type="checkbox"/> Client service plan (Human Services) |
| <input type="checkbox"/> Number in household | <input type="checkbox"/> Client progress notes/follow-up (Human Services) |
| | <input type="checkbox"/> Referrals (Human Services) |
| | <input type="checkbox"/> Job placement information (Human Services) |

II. COMPLIANCE INFORMATION

Housing Specific Documentation Please insure that the applicable information is contained in the project file. For those files with incomplete information, please specify what information is missing.

- | | |
|---|---|
| <input type="checkbox"/> Project Agreement | <input type="checkbox"/> Subcontractor contract, date work started/completed |
| <input type="checkbox"/> Subrecipient/Developer and Borrower contract | <input type="checkbox"/> Completion certificate |
| <input type="checkbox"/> Construction contract and budget between owner and contractor | <input type="checkbox"/> Rehab Specialists construction reports |
| <input type="checkbox"/> Inspection Reports | <input type="checkbox"/> Copy of the Notice to Proceed |
| <input type="checkbox"/> Work specifications and cost estimates | <input type="checkbox"/> Lead based paint hazard notification |
| <input type="checkbox"/> Project bids | <input type="checkbox"/> Lease/Option contract |
| <input type="checkbox"/> Subcontract list | <input type="checkbox"/> Home mortgage/note/right of first refusal (loans only) |
| <input type="checkbox"/> Permits and approvals | <input type="checkbox"/> Recorded declaration of covenants |
| <input type="checkbox"/> Lien waiver | <input type="checkbox"/> Tax Credit partnership agreements |
| <input type="checkbox"/> Subcontractor name, address, Federal ID#, MBE/WBE status, City license #, proof of liability ins. coverage | <input type="checkbox"/> Underwriting Documents (see attached) |
| | <input type="checkbox"/> Closing Documents |

Davis-Bacon Compliance

Is this project subject to Davis-Bacon regulations?
 Was a wage determination requested?
 Is determination on file? Date of pre-construction meeting: _____
 Were Davis-Bacon reports filed as required?
 Is project in compliance with Davis-Bacon requirements?
 If not in compliance, state deficiencies and measures needed to correct: _____

Affirmative Marketing Compliance

Is this project subject to Affirmative Marketing efforts?
 Were Affirmative Marketing reports filed as required?
 Is project in compliance with Affirmative Marketing requirements?
 If not in compliance, state deficiencies and measures needed to correct: _____

Recertification Compliance

Is this project subject to annual re-certification requirements?

Were re-certification reports filed as required?

Is project in compliance with re-certification requirements?

If not in compliance, state deficiencies and measures needed to correct: _____

Loan Compliance

For properties receiving loans, are payments current?

For loans which are delinquent, what steps are being taken to update accounts? _____

If loans are forgivable, are all conditions being met?

If conditions are not being met, what steps have been taken to collect balance of funds? _____

III. ORGANIZATION INFORMATION

Employees and Board Member Records

- a. Identify all employees working on this project and verify that time logs correspond with the hours claimed?
- b. Are employee's activity time logs current?
- c. Are there any staffing issues?
- d. Are there staff turnover concerns?
- e. Are employee taxes paid?
- f. Is there any evidence of nepotism or conflicts of interest?

Were any board members/employees assisted under this contract?

List board members assisted: _____

If yes, was a public notice filed? Yes / No If not, was an exception from HUD granted? Yes / No

Policies and Procedures (Assess whether followed)

Does the organization have property management policies and procedures?

Does the organization have personnel policies, drug policy, and affirmative action policy?

Does the organization have policies and procedures to address personnel complaints?

Does the organization have policies and procedures to address client complaints?

Does the organization have a copy of the City's Grants Management Policies and Procedures?

Organizational Capacity

Have there been any changes in the organization's partnerships?

Have there been any recent evaluations or assessments of this organization or its programs? What were the conclusions?

Does the organization employ a lobbying firm? If so, please specify.

IV. CONTRACTUAL COMPLIANCE

For a CDBG funded project, does it meet one of the three national objectives?

Are the project activities eligible activities?

Did the organization properly recognize the City/HUD's funding when publicizing the project?

Is the organization correctly maintaining Section 3 information?

Is a Fair Housing logo displayed?

Are Equal Opportunity posters displayed?

V. FINANCIAL INFORMATION

Assess the sufficiency of the organization's financial management, accounting, and recordkeeping systems.

Is the project operating within the approved budget?

Are financial policies/procedures in place?

Are the claims submitted to the City supported by adequate documentation? (A sample of documents should be assessed to determine whether unnecessary or unreasonable expenditures occurred.)

Do sub-recipient/contractor's financial records reconcile with reports and claims submitted to the City?

Are outstanding audit findings resolved?

Does this project have program income? Is it properly reported to the City?

Is there any evidence of cash flow problems?

Does the organization have a reasonable fund balance?

VI. GENERAL COMMENTS

Issues Encountered: _____

Areas that need to be addressed: _____

Deadline for Corrective Action: _____

City Monitor: _____

Signature

Date