

**FLORIDA DEPARTMENT OF ECONOMIC OPPORTUNITY
WEATHERIZATION ASSISTANCE PROGRAM**



**PROGRAM MONITORING REPORT
2018 - 2019**

Agency Name:

Mailing Address:

Executive Director:

Contact Phone:

WAP Coordinator:

Contact Phone:

MONITOR VISIT INFORMATION

Dates of On-Site Monitoring Visit:

Agency Contract Number:

Contract Periods: 4/1/2017 – 6/30/2019

Number of Houses Visited:

Geographical County(ies):

ENTRANCE/EXIT CONFERENCE ATTENDEES

Date of Entrance Conference:

January 28, 2019

Date of Exit Conference:

February 1, 2019

Names of Attendees	Attended Entrance Conference	Attended Exit Conference
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

PRE-MONITORING ISSUES:

None.

EXIT CONFERENCE SUMMARY:

REPORT SUMMARY

No Findings (Concerns/Issues)

Areas Out of Compliance	Repeat Finding	Training & Technical Assistance	Date Resolved
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

Comments:

ADMINISTRATIVE

GENERAL ADMINISTRATIVE REQUIREMENTS

		YES	NO	N/A
1	Agency has written personnel policies and procedures manual? ▫ Date last revised:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Employees have been trained on the personnel policies and procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Time sheets are signed by the employee and approved by the supervisor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Leave requests, approvals comply with personnel policies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Timesheets for multi-source positions accurately reflect total hours worked each day in each program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Is there an executed Memorandum of Understanding between the agency and the LIHEAP provider(s) serving in the county(s)? If yes, Date signed: Please see the below note.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Have there been discrimination complaints registered or grievances filed since the start of the program period? ▫ If yes, what is the current status:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section Comments (optional):

QUALITY CONTROL INSPECTOR (QCI) OVERVIEW

Do the QCI checklists agree with DEO review of client files and inspection of dwellings?	
Does the agency have any communication obstacles with the inspector?	
Any recommendations to the inspector for coordination of activity with agency?	
Is agency following guidelines when addressing infractions punctually?	
DEO Monitor assessment of QCI interactions with agency:	

Section Comments (optional):

FINANCIAL

COMPREHENSIVE ANNUAL FINANCIAL AUDIT REVIEW

YES NO N/A

1	Date the last financial audit report completed: Name of the firm that performed the audit?			
2	Any corrective actions required to be performed by the agency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Any management suggestions not responded to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Recipient expended \$750,000 or more in Federal awards and an audit was performed in accordance with 2 C.F.R. part 200, subpart F, as adopted and supplemented by DOE at 2 C.F.R. part 910 or Section 215.97 Florida Statutes, Florida Single Audit Act?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Recipient expended State awards equal to or in excess of \$750,000 and an audit was performed in accordance with Section 215.97, F.S.; applicable rules of the Dept. of Fin. Services; and Chap. 10.550 or 10.650 Rules of the Auditor General.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	If an audit was performed for the previous year, were any recommendations/findings identified in the Schedule of Findings and Questioned Costs, compliance report, internal control report, and/or management letter addressed, implemented or otherwise cleared? If not, explain discrepancies in notes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Reviewed a copy of IRS Form 990 (3 years). Note issues reported.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	How often are audit costs charged on Financial Status Report (FSR)? Reviewed documentation of costs incurred during contract period(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Provide detailed justification for comprehensive audit and liability insurance costs as reported on the FSR (i.e. cost allocation plan, indirect cost rate or direct cost).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section Comments (optional):

SUB-CONTRACTED ACTIVITIES

Check ALL that apply

- None
- Construction: The county utilizes private contractors.
- Case Management:
- Fiscal/Grant Management:
- Other: _____

REQUIRED FINANCIAL PROCEDURES		YES	NO	N/A
		1	Agency has written Financial Policies and Procedures Manual? <ul style="list-style-type: none"> ▫ Includes purchasing and competitive solicitation procedures ▫ Includes credit card/store credit procedures ▫ Includes travel reimbursement procedures (Complies with State of Florida travel rules) ▫ If applicable, petty cash procedures ▫ Includes fiscal internal control procedures ▫ Date last revised: 	<input type="checkbox"/>
2	Agency insurance policy (professional liability and bond) covers current year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Obtained copy of insurance cover sheet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Agency follows procurement practices in compliance with Federal standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Does agency have current Pollution Occurrence Coverage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Does chart of accounts number appear on checks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Obtained copy of chart of accounts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	In multiple county agencies, are the current expenditures being tracked by county?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Are records and checks secured from unauthorized use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Subgrantee uses purchase orders?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	CFO verified that administrative expenses were allocated?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Have a board approved indirect cost rate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13	Obtained copy of cost allocation plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<ul style="list-style-type: none"> ▫ List card and authorized users (name and position): ▫ 1. ▫ 2. 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Were travel costs incurred for DEO/WAP function since last monitoring visit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Were travel costs pre-approved and allowable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Is state mileage reimbursement and per diem rates used?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	If applicable, was travel advance supported by adequate documentation and reconciled?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19	Reviewed equipment inventory list. Does the agency conduct a physical inventory at least annually?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Reviewed Subgrantee's monthly reimbursement documentation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FINANCAL TRANSACTIONS (Fiscal Interview, Documentation Review and Observation by DEO Staff)				
		YES	NO	N/A
1	Bank statements reconciled monthly (within 30 days of receipt)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Bank statements consistently/clearly reconcile to the ledger/journal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Maintains petty cash funds? Location:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Petty cash records are reconciled by on a cycle.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Are there any checks printed/issued but not mailed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Are there outstanding checks beyond 60 days of issue?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Invoices are stamped PAID and date-stamped?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Program managers use revenue and expense reports as a management tool?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Have there been any internal transfers of funds from one program to another during the contract period?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	WAP expenditure rate is consistent and proportionate to grant year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Were funds used to purchase or renovate real estate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FISCAL OPERATION				
		YES	NO	N/A
1	Finance director conducts an annual analysis of the balance sheet plus a multi-year trend analysis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Overall expenses are consistent with approved agreement budget?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Expenses allocated in a cost allocation plan or an indirect cost plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Justification for cost allocation was contained in check documentation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section Comments (optional):				

Payment Procedure/Tracking Invoice - Test Sample				
		YES	NO	N/A
1	Client name and job number:			
2	Vendor name:			
3	Date check issued:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Check paid (canceled check or bank statement):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Test sample passed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section Comments (optional):				

Monthly Expenditure Tracking Sheets (METS) Documentation - 6 Month Review				
		YES	NO	N/A
1	Reviewed Administrative and Program Support documented costs for the six-month analysis requirement?			
2	Difference between METS and documentation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	METS test sample(s) documentation passed overall?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section Comments (optional):				

Monthly Expenditure Tracking Sheets (METS) Documentation - 6 Month Review				
		YES	NO	N/A
1	Reviewed Administrative and Program Support documented costs for the six-month analysis requirement?			
2	Difference between METS and documentation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	METS test sample(s) documentation passed overall?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section Comments (optional):				

DOE Funded Vehicle(s)				
		YES	NO	N/A
1	Number of vehicles: Type of Vehicle:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Obtained copy of vehicle insurance and registration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Mileage log current and complete?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Obtained copy of mileage log for last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section Comments (optional):				

PROGRAM

PROGRAM REVIEW REQUIREMENTS

YES NO N/A

1	Obtain a copy of licenses for all contractors. How many contractors?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Obtain a copy of the debarment form for each contractor.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Obtain a copy of the bid package/advertisement for contractors.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Obtain copies of Agency Certified Renovator certification. How many?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Health and Safety procedures are in compliance with DEO Safety Plan and OSHA standards.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Have all WAP inspectors been qualified through QCI classroom and field examinations? How many?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Does the agency have a copy of the local building code and permitting requirements for each service county?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Has the agency been required to pull any permits for measures and installation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	How often does the agency consider new contractors?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Is agency orientation provided to new contractors?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Does the agency require written agreements with contractors? If yes, was the sub-agreement submitted to DEO for review prior to execution?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12	Does the agency bid jobs, groups of jobs or rotate jobs to different contractors?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	How many clients are on the agency's waiting list? How many clients on waiting list have been income qualified and priority ranked? In multiple county agencies, are all counties represented? If no, why not?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	How often is outreach performed? What type of outreach is performed:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Did agency have a WAP Day activity last year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Are files separated by program year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Are the Building Work Reports (BWR) being completed accurately?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Number of units completed since the start of the agreement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Number of dwellings targeted to visit 5% or 10% of production:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Does the agency have an equipment inventory control policy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Is all weatherization purchased equipment listed by item name and location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Is further training required for staff? (If yes, specify below in comments section.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
23	Has agency provided all items (as described in visit letter enclosures) to bring back to DEO?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section Comments (optional):

Client File Review		Client File Identifier (C.Brown, Job #)																		
An "X" indicates there was an issue with a specific section of the client file. See the Corrective Action Section for required corrective action.	<u>File Issues</u> Insufficient documentation No documentation Missing signature Missing date(s) Missing information																			
Programs with BWR Charges			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program: 2017			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client Intake Form (CIF) complete with all required information.																				
Copy of agency's grievance procedures.																				
Documentation of ownership or landlord agreement to perform measures.																				
Proof of current (less than one year old) documentation of income. (Or Self Declaration of Income)																				
Annual amount & source of family income for all members.																				
Copy of all social security documents with all but last four numbers redacted.																				
Copy of social security information collection form.																				
Documentation of disability if claimed.																				
Client photo ID or waiver.																				
PLAT-PWOA-site diagram completed thoroughly.																				
Refrigerator meter record or photo.																				
BWR completed with all required information.																				
Required measures installed or reason why not noted next to measure.																				
Blower door readings documented (pre and final).																				
QCI Report completed by signing & dating.																				
Pre and post Monoxor tests were performed in every unit with combustion appliance. (Monoxor tape attached)																				
Client inspected work completed by signing & dating.																				
WAP coordinator inspected dwelling and work completed by signing & dating.																				
National Energy Audit (NEAT) or Manufactured Home Energy Audit (MHEA) input & recommended measures in client file.																				
Date on PLAT /NEAT/MHEA Audit follows date on CIF?																				
ASHRAE pre and final Red Calculator results.																				
File contains pre, post and infrared photographs?																				
Measures completed correspond to Priority List and documentation when higher priority measure is not completed?																				
Are copies of invoices & purchase orders separated by program?																				
Is Pre Work Order Agreement signed prior to the BWR?																				
Copies of completed building permits in the client file?																				

CLIENT FILE CORRECTION ACTION REQUIRED? **IF YES, SEE THE CORRECTIVE ACTION SECTION.**

NO

On-Site Dwelling Inspection

An "X" indicates there was an issue with a specific measure inspected. See the comments below and the Corrective Action Section for required corrective action.

Client File Identifier

DWELLING MEASURES "IN PROGRESS"
 ALL BWR MEASURES INSTALLED?
 STAFF INTERACTS WELL WITH CLIENT?
 AGENCY PROVIDING CONSUMER EDUCATION?
 IS THE WORK SITE CLEANED UP?

REQUIRED MEASURES

AIR FILTERS - AC / HEAT
 LOW FLOW SHOWERHEAD
 FAUCET AERATORS
 WATER HEATER WRAP
 WATER LINE-INSULATE

INFILTRATION REDUCTION

CAULKING
 CEILING REPAIRS - MINOR
 DOORS - EXTERIOR
 FLOOR REPAIR-MINOR
 THRESHOLD
 WALL REPAIR-MINOR
 WEATHERSTRIP
 WINDOW-REPAIR/REPLACE

WEATHERIZATION MEASURES

COOLING-CENTRAL
 COOLING-WINDOW
 SMART THERMOSTAT
 DUCT SYSTEM - REPAIR
 HEATING-CENTRAL
 HEATER-SPACE
 INSULATION - ATTIC
 INSULATION - WALL
 INSULATION - FLOOR
 ROOF-M.H. COATING
 SOLAR SCREENS
 ATTIC VENTILATION
 LIGHTING
 REPLACE REFRIGERATOR
 H&S-CO/FIRE ALARMS, STOVE VENTS
 WATER HEATER - REPAIR or REPLACE

CORRECTIVE ACTION REQUIRED? **IF YES, SEE THE CORRECTIVE ACTION SECTION.**

COMMENTS:

NEAT/MHEA AUDIT DATA REVIEW	
Has candidate measures screen been updated for only allowable program measures?	
Was the correct climate zone weather data selected?	
Have materials costs, fuel costs, HVAC and refrigerator set up screens been populated with local costs?	

TRAINING AND TECHNICAL ASSISTANCE
What areas in meeting procedures and guidelines require follow-up training?
T&TA provided during visit:
Additional Diagnostic Testing and T&TA required:

CORRECTIVE ACTION REQUIRED

No corrective actions are required.

END OF REPORT

