



Desk Monitoring Checklist

Recipient: _____ Contract #: _____

This checklist is only used for monitoring the subgrant of a Recipient who has more than one active contract when an on-site visit of one subgrant was conducted within three months prior to the normally required first monitoring visit for the contract listed above. It must only be used when all of the contracts for both subgrants are the same. List the date of the previous on-site visit and the contract number of the subgrant that was monitored below. Form SC-12 – Small Cities Monitoring Summary must also be completed.

Date of On-Site Visit: _____ Monitored Contract #: _____

I. Program Administration

Check the appropriate box.

1. Who is the program contact for the Recipient?	
Name:	Title:
2. Is grant administration contracted out? <input type="checkbox"/> Yes <input type="checkbox"/> No	
• If yes , list the consultant firm:	Consultant's Name:
3. Is an engineer or other professional under contract to design/inspect the project? <input type="checkbox"/> Yes <input type="checkbox"/> No	
• If yes , list the firm:	Engineer's Name:
4. If the same firm is providing grant administration and engineering services, is there a third party providing oversight for areas of potential conflict of interest? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
• If yes , who is providing oversight?	
5. Has the locations of all project files/financial records been identified? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
• If yes , where are the project files located?	
• Where are the financial records being kept?	
6. Are there any special conditions that should have been cleared by now but aren't? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
• If yes , which ones?	
7. Are all activities and expenditures on schedule with the activity work plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
• If no , which are behind and why?	
8. Will a budget or work plan modification be needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
• If yes , what changes are needed?	
9. Are there potential problems that could delay the project? <input type="checkbox"/> Yes <input type="checkbox"/> No	
• If yes , what are they?	
Comments:	



Desk Monitoring Checklist

II. Civil Rights

Check the proper box.

1. Did the Recipient provide names for the three civil rights contacts listed on the CDBG Program Information Sheet? <i>(For subgrants awarded starting in FFY 2009, the Recipient certifies that it will designate people as Fair Housing, EEO, and Section 504 coordinators.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<ul style="list-style-type: none"> • If yes, has the contact information for the positions been published as required? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has the Recipient adopted a fair housing ordinance/resolution? <i>(Required for subgrants awarded starting in FFY 2009.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has the Recipient completed all required fair housing activities as of today's date? <i>(Activities must be conducted quarterly for subgrants awarded starting in FFY 2009.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does the Recipient have a standard process for handling fair housing complaints? <i>(Required for subgrants awarded starting in FFY 2009.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5. Have any housing discrimination complaints been filed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> • If yes, how many complaints have been filed? 	
<ul style="list-style-type: none"> • If yes, were all of the complaints resolved? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6. Does the Recipient's most recent job announcement include a non-discrimination statement or an EEO logo?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have any EEO complaints been filed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> • If yes, how many complaints have been filed? 	
<ul style="list-style-type: none"> • If yes, were all of the complaints resolved? 	
8. Does the Recipient have a written policy to assure access to the program by the physically and mentally handicapped?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Does the Recipient have an employee grievance procedure which discusses how complaints based on handicap accessibility should be handled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Are the Recipient's policies, procedures, and facilities in compliance with Section 504?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> • If no, has the Recipient completed a transition plan for all structural changes determined to be necessary to comply with Section 504? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<ul style="list-style-type: none"> • Does the plan specify a schedule to achieve compliance? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
11. Have any Section 504/ADA complaints been filed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> • If yes, how many complaints have been filed? 	
<ul style="list-style-type: none"> • If yes, were all of the complaints resolved? 	
12. Has the Recipient and/or its contractors/subcontractors taken steps to hire qualified low- and moderate-income residents for any job openings that existed on CDBG-funded projects in the community?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Was the required Section 3 clause from 24 CFR Part 135.38 included in CDBG-funded contracts of \$100,000 or more? <i>(See Attachment K of the subgrant agreement or CDBG Supplemental Conditions for Infrastructure Construction Contracts.)</i> For subgrants starting in FFY 2009, issue a finding if no .	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	



Desk Monitoring Checklist

III. Financial Management

Check the proper box.

1. Is the Recipient paid on a reimbursement basis?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2. Have CDBG funds been incorporated into the Recipient’s budget?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3. Who is principally responsible for maintaining the Recipient’s CDBG financial records and recording transactions?				
Name:		Title:		
Name:		Title:		
4. Who is responsible for monitoring and reviewing the above individual’s work?				
Name:		Title:		
5. Who receives and processes invoices for disbursement?				
Name:		Title:		
Name:		Title:		
6. Who approves CDBG payments?				
Name:		Title:		
Name:		Title:		
7. Who signs CDBG checks?				
Name:		Title:		
Name:		Title:		
Name:		Title:		
Name:		Title:		
Name:		Title:		
8. Is a signature stamp or an electronic signature used for checks? <i>(If no, skip to #12.)</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
• If yes , who has access to it?				
Name:		Title:		
Name:		Title:		
9. Has the Recipient adopted internal controls to prohibit unauthorized persons from access to checks, signature stamps, and electronic signatures?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A



Desk Monitoring Checklist

10. If the subgrant is funded on an advance basis, were all expenditures made within three days of deposit?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<ul style="list-style-type: none"> If not, was a memo-to-file documenting the reason(s) for the delay prepared? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
11. If on an advance basis, does the Recipient deposit CDBG funds into a non-interest bearing account?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
12. Does the Recipient anticipate charging any payroll costs to CDBG?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Does the Recipient anticipate charging any payroll overtime to the grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. For HR subgrants, has the Recipient established a Housing Escrow Account?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<ul style="list-style-type: none"> If yes, does the Recipient have a copy of the memo <i>Escrow Accounts for Housing Rehabilitation Activities and Cash-on-Hand</i> that explains CFR requirements? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Comments:	

IV. Conclusions

Explain any finding(s) or concern(s) and specify corrective actions the Recipient must take to resolve the issue(s). Describe any technical assistance provided at the previous on-site visit that justified the use of this form for monitoring this contract.