

	YES	NO	COMMENTS
<b>CONTRACT BENEFICIARIES</b>			
How many persons are currently being/were served?			
Is this consistent with the contract?	<input type="checkbox"/>	<input type="checkbox"/>	
Do clients meet a National Objective? <i>(CDBG only)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, which National Objective.			
Are activities benefiting persons within Low-Mod Income category?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, please indicate below:			
<input type="checkbox"/> L/M Income Area Benefit	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> L/M Income Limited Clientele (circle applicable one)	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>▪ Presumed Benefit §570.208(a)(2)(i)(A)</li> <li>▪ 51% of clientele L/M §570.208(a)(2)(i)(B) and (C)</li> <li>▪ Nature and Location §570.208(a)(2)(I)(D)</li> <li>▪ Serving to remove material/architect. barriers for severely disabled §570.208(a)(2)(ii)</li> <li>▪ Limited Circumstance §570.208(a)(2)(iv)</li> </ul>			
<input type="checkbox"/> L/M Income Housing	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> L/M Income Jobs	<input type="checkbox"/>	<input type="checkbox"/>	
	YES	NO	COMMENTS
<b>CONTRACT REPORTING REQUIREMENTS</b>			
Are the Programmatic Reports Submitted Timely Monthly?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>PROGRAMMATIC</b>			
Client Data Reports submitted monthly? (circle each month submitted )	<input type="checkbox"/>	<input type="checkbox"/>	
Mar Apr May June July Aug Sept Oct Nov Dec Jan Feb			
Project Status Reports submitted? (circle each month submitted)	<input type="checkbox"/>	<input type="checkbox"/>	
Mar Apr May June July Aug Sept Oct Nov Dec Jan Feb			
Employee Data Reports submitted? (circle each month submitted)	<input type="checkbox"/>	<input type="checkbox"/>	
Mar Apr May June July Aug Sept Oct Nov Dec Jan Feb			
Subrecipient Project Tally Sheet submitted monthly? (circle each month submitted)	<input type="checkbox"/>	<input type="checkbox"/>	
Mar Apr May June July Aug Sept Oct Nov Dec Jan Feb			
Mid-Year /Annual Performance Reports submitted? (circle each submitted)	<input type="checkbox"/>	<input type="checkbox"/>	
Mid-Year Annual			
<b>FINANCIAL</b>			

Cost Control Report submitted? (circle each month submitted)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Mar Apr May June July Aug Sept Oct Nov Dec Jan Feb</b>			
Cost Worksheet submitted? (circle each month submitted)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Mar Apr May June July Aug Sept Oct Nov Dec Jan Feb</b>			
Reimbursement Request submitted? (circle each month submitted)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Mar Apr May June July Aug Sept Oct Nov Dec Jan Feb</b>			
Personnel Cost Worksheet submitted? (circle each month submitted)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Mar Apr May June July Aug Sept Oct Nov Dec Jan Feb</b>			
	YES	NO	COMMENTS
<b>ADMINISTRATIVE REQUIREMENTS</b>			
Does Subrecipient maintain personnel records for all persons paid by or through [CDBG] funds provided by HCCSD?	<input type="checkbox"/>	<input type="checkbox"/>	
Does Subrecipient maintain documentation of an Affirmative Action Program?	<input type="checkbox"/>	<input type="checkbox"/>	
Does Subrecipient have documentation stating it is an Equal Opportunity or Affirmative Action Employer? (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
Have any personnel employed in the administration of the CDBG funded program been used for political activities, sectarian or religious activities, lobbying, political patronage, and nepotism activities?	<input type="checkbox"/>	<input type="checkbox"/>	
Is Subrecipient operating program in compliance with OSHA requirements, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>	
Is Subrecipient adhering to the "Section 3 Clause" of the HUD Act of 1968? (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
Is Subrecipient adhering to the requirements of the Hatch Act? (Chap. 15 of Title V United States Code)	<input type="checkbox"/>	<input type="checkbox"/>	
Is documentation maintained for Conflict of Interest.	<input type="checkbox"/>	<input type="checkbox"/>	
Does Subrecipient have a copy of contract to reference?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the project/program operating within the stated Scope of Service?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the Program Delivery being executed as stated in the contract?	<input type="checkbox"/>	<input type="checkbox"/>	
	YES	NO	COMMENTS
<b>RECORDKEEPING</b>			
Does the program maintain a grant file?	<input type="checkbox"/>	<input type="checkbox"/>	

Does the agency maintain an application file?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the agency maintain client files?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the agency maintain property files? <i>(if applicable)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the agency have a program procedure manual?	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Retain copy of pertinent areas for HCCSD file</i>			
	YES	NO	COMMENTS
<b>OTHER MONITORING AREAS</b>			
<b>☐ CONFIDENTIALITY</b>			
Are systems in place that ensure the confidentiality of persons provided services for family violence treatment prevention, homeless services, etc?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>☐ GRIEVANCE PROCEDURE</b>			
Are there written procedures to address grievances or complaints of employees and program participants?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>☐ LIMITED ENGLISH PROFICIENCY</b>			
Does Subrecipient provide program information in the appropriate languages for the geographic area (i.e. Spanish)?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>☐ EQUAL ACCESS TO HOUSING</b>			
<i>Does the Subrecipient maintain an Equal Access Policy to ensure all participants have equal access to housing and shelter programs, regardless of marital status, sexual orientation, or gender identity.</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>☐ TERMINATION OF PROGRAM ASSISTANCE</b>			
Is there a formal process in place that recognizes the rights of individuals receiving assistance to due process of law when terminating assistance?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>☐ GRANTOR RECOGNITION</b>			
Is grantee recognition maintained/observed for all items made available or possible through [CDBG]/ESG funds provided by HCCSD?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>☐ PROGRAM CHANGES</b>			
Have any significant changes been made to the program? <i>(i.e. staff changes, budget revisions, scope of services)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Were changes approved by HCCSD?	<input type="checkbox"/>	<input type="checkbox"/>	
Does Subrecipient maintain documentation of HCCSD approval of applicable amendments/revisions to Subrecipient Agreement? <i>(if applicable)</i>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Records to be Maintained</b>			
Are records maintained describing each activity undertaken?	<input type="checkbox"/>	<input type="checkbox"/>	
Do records maintained demonstrate each activity undertaken meets a national objective?	<input type="checkbox"/>	<input type="checkbox"/>	
Are records maintained documenting homelessness? ( <i>ESG programs only</i> )	<input type="checkbox"/>	<input type="checkbox"/>	
Are records maintained documenting participant income? ( <i>if applicable</i> )	<input type="checkbox"/>	<input type="checkbox"/>	
Are records maintained documenting compliance with the fair housing and equal opportunity components of the CDBG Program, to include providing reasonable accommodations to afford a persons with a disability the equal opportunity to use and enjoy housing ( <i>if applicable</i> ).	<input type="checkbox"/>	<input type="checkbox"/>	
Has Sub-recipient maintained real property inventory records, which clearly identify properties purchased, improved, or sold? ( <i>if applicable</i> )	<input type="checkbox"/>	<input type="checkbox"/>	
Has an annual agency audit been conducted in accordance with Generally Accepted Governmental Auditing Standards (the "Yellow Book")? ( <i>if applicable</i> )	<input type="checkbox"/>	<input type="checkbox"/>	
Does Subrecipient maintain a completed copy of the Section 504 Self Evaluation and Transition Plan?	<input type="checkbox"/>	<input type="checkbox"/>	
Does Subrecipient retain copies on file of monthly programmatic and financial reporting requirements submitted to HCCSD? <i>See Contract Reporting Requirements above.</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Retention</b>			
Does Subrecipient have a system in place to retain records for 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	
**** Final Confirmation of Documentation			
Does supporting documentation exist in all files reviewed for each of the above questions?	<input type="checkbox"/>	<input type="checkbox"/>	