



**CDBG SUBRECIPIENT MONITORING REVIEW FORM
2019 Program Year**

PART 1: GENERAL INFORMATION

CDBG Subrecipient:

Person Completing Form:

On-site monitoring visit Conducted On:

Start & End Date of Project:

Type of Project (check one):

Public Service Housing Economic Dev Slum/Blight Clearance

PART 2: NATIONAL OBJECTIVE AND ELIGIBILITY

1. Which National Objective does this project meet (570.208)?

Benefit to Low-Moderate-Income Persons

- Low/Mod Area Benefit
- Low/Mod Limited Clientele Benefit
- Low/Mod Housing Benefit
- Job Creation or Retention

Aid in the Prevention or Elimination of Slums or Blight

- on an Area Basis
- on a Spot Basis

An Urgent Need

- needs having a particular urgency

**2. Does the activity continue to meet the eligibility requirements of the CDBG program?
How?**

- Yes
- No. Please Explain:

3. Who is being served by the activity?

How many beneficiaries?

Characteristics?

4. Are the objectives specified in the Subrecipient Agreement being attained?

- Yes
- No

PART 3: PROGRAM OVERVIEW

5. Identify the anticipated goals of this project.

Proposed Scope of Service:

Number of People anticipated to be served:

Other:

6. Are the services or products specified in the Statement of Work being delivered?

- Yes
- No

7. Is the project budget being met? (By how much is the project over- or under-spent?)

- Yes
 - No
- \$

8. To what extent is the project schedule being met?

9. If employees worked on both CDBG eligible and non-CDBG eligible activities, were appropriate time distribution records kept and available for review?

Yes. Please Explain:

No

**10. Did your agency contract out any of the work that was completed under this project?
(Rehab Projects Only)?**

Yes

No

If yes, please provide a list of the contractors used:

11. Did your agency use CDBG funds to secure supplies for the project?

Yes

No

If Yes, explain your procurement procedures.

12. Does your agency maintain a client file?

Yes

No. Please explain why you do not keep a client file, or explain other record keeping methods utilized by your agency.

13. Are expected levels of quality being maintained in the delivery of products and services?

- Yes
- No

14. Are the subrecipient's Progress Reports and drawdown requests submitted on a timely basis and filled out correctly?

- Yes
- No

15. Are proper records being kept consistent with CDBG regulations?

- Yes
- No

16. Are communications with the subrecipient open, complete and up-to-date?

- Yes
- No

17. Who serves as the Project Manager for this project?

18. Is the Project Manager familiar with the basic requirements established by HUD and the Grantee for the use of CDBG funds?

- Yes
- No, please explain:

19. Is the Project Manager located on-site and running the day-to-day operation of the Program?

- Yes
- No, please explain:

20. Do you feel this program accomplished what it was originally designed to accomplish?

- Yes
- No, please explain:

PART 4: REVIEW OF FINANCIAL RECORDS

21. Explain how your agency records and tracks the use of CDBG funds. Please provide copies of documented CDBG expenditures for the program year.

22. Does your agency record encumbrances or obligations against CDBG funds when Contracts and purchase orders are executed?

Yes

No, please explain:

23. Are your accounting records supported by source documentation such as invoices? Contracts and purchase orders?

Yes

No, please explain:

24. Has your agency requested reimbursement for CDBG expenses in excess of immediate? Needs?

Yes

No

If Yes, please explain:

25. Are there revenue accounts to support any program income generated through CDBG?

Yes, please explain:

No, please explain:

Not Applicable

26. What is the latest date of your agency's last audit?

*Agencies with budgets \$500,000 or greater must provide a copy of their audit to the City.

27. Were any outstanding findings resolved?

Yes, please explain:

No, please explain:

Not Applicable

If a government entity, does the audit comply with OMB Circular A-122?

Yes

No

If a non-profit entity, does the audit comply with CFR Part 200?

Yes

No

PART 5: RECORD KEEPING

28. Are record keeping requirements of the program being met?

Yes

No

29. Did your agency submit its quarterly/annual reports** to the City in a timely manner?**

Yes (check file)

No, please explain:

30. Does your agency maintain records that identify the following:

- a. Income verification of clients Yes No N/A
- b. Female headed household Yes No N/A
- c. Race Yes No N/A
- d. Ethnicity Yes No N/A
- e. Disability Status Yes No N/A
- f. Payroll/Timesheets Yes No N/A
- g. Procurement Yes No N/A
- h. Progress Yes No N/A
- i. Other _____ Yes No N/A

31. For those households or individuals from Brick that are served by the program break down by household type, race and ethnicity.

PART 6: SUMMARY & FEEDBACK

1. Please identify any areas related to CDBG where you would like technical assistance.

2. Please describe your agency's greatest successes and challenges this program year.

3. Please provide any additional feedback about your agency, the city, or your program that you would like noted this program year.

PART 7: LEVERAGE

Please identify the sources and actual amounts of other funding received in the last year to support this CDBG project: (use back of sheet if necessary).

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In Attendance For Monitoring Interview: Janice Slier, Assistant Vocational Director

Monitored under the direction of Tara B. Paxton.

**Tara B. Paxton, MPA, PP, AICP
Township Planner/CDBG Program Director**