City of Sunnyvale
Subrecipient Monitoring Checklist
Year End 2004/2005 Program Year

Agency: (Subrecipient) _____

Address: _____

Contact Person: _____ Phone: _____

Amount of Grant Award: $ _____ Amount Expended: $ _____

Date of Monitoring: _____ Performed by: _____

Funding Source: _____

Description of Activity: _____

_____

_____

_____

_____

Factor's considered in selecting grantee to on-site review: _____

_____

_____

_____

_____

Date of last on-site monitoring & recap of issues/Concerns: _____

_____

_____

_____

Performance Measures / Activity Management

1. Were performance measures met? Yes No
Discuss agency response and any corrective actions.

2. Were quarterly reports submitted in a timely manner? Yes No

3. Review source documentation for performance measures.
Spot-check accuracy of records and completeness of files. Comment.

4. Is the project for limited clientele (specific group)? Yes No
How was determination made? Spot check source documentation that indicates 51% low income, abused children, battered spouses, elderly persons, homeless persons, etc. (CDBG ONLY)

5. Is the project classified as a direct benefit activity? Yes No
Spot check client backup data for eligibility. (CDBG ONLY)

6. Are current income limits available and being used? (CDBG ONLY) Yes No

7. Observe program activity, if possible. Comment on accessibility of premises, programs and activities. Yes No

8. Was publicity developed for the program or activity? Yes No

9. Was the City acknowledged as supporting or funding the project? Yes No

10. Does the agency maintain and enforce a policy of nondiscrimination in the provision of services under this contract? Yes No

11. Are client and program files kept for a minimum of three years following the end of the reporting period? Yes No

Administrative Management

1. Was a program director identified who is responsible for the agreement? Yes No

2. Are insurance certificates and surety bonds current? Yes No

3. Does the agency have a drug free workplace policy (CDBG ONLY) Yes No

4. Has the agency adopted a policy of non-discrimination in personnel policies and hiring practices? Yes No

Fiscal Management

1. Does the contractor keep a separate budget for this contract? Yes No

2. Is the budget reviewed on an interim basis? Yes No
Compare the current budget to the budget submitted in the RFP process.

3. Does the contractor maintain records that adequately identify the funding source? Yes No

4. Can the contractor support actual data in the reimbursement requests by invoices, purchase orders, time sheets, etc? Yes No
Note and spot-check records.

5. Is the documentation submitted for reimbursement of funds sufficient to ensure payments are eligible and reasonable? Yes No

6. Does a responsible official review costs charged to the grant in accordance with applicable cost principles in OMB Circular A-122? (CDBG ONLY) Yes No

7. Are grant funds placed in a separate bank account or adequately identified for monitoring purposes? Yes No

8. If so, is the bank account interest bearing? Yes No

9. Are bank accounts reconciled promptly each month by staff who has no deposit or disbursement responsibility (fill out attached segregation of duties chart)? Yes No

10. Under the terms of OMB Circular A-122 only certain costs and expenditures incurred by the contractor are allowable. Some of these costs require the City's approval prior to incurring the expenditure (e.g. participant support costs, overtime, extra pay shift and multi-shift premiums; capital expenditures for general purpose equipment, land or buildings). Has the grantee established policies and procedures to govern prior approval of expenditures to assure expenditures are within allowable categories outlined in OMB Circular A-122? (CDBG ONLY). Yes No

11. Is there any evidence that unallowable expenditures (such as bad debt, contingencies, political donations, entertainment, fines and penalties, and interest) have been charged against federal programs? (CDBG ONLY) **Yes** ____ **No** ____

12. Are there procedures in effect that specify all employees working hours are supported by time cards or time reports? **Yes** ____ **No** ____

Are the employees who perform the following payroll functions independent of each other? **Yes** ____ **No** ____

a. Approve hours worked? _____ ____ ____
b. Prepare the payroll? _____ ____ ____
c. Distribute the pay? _____ ____ ____
d. Maintain custody of unclaimed paycheck? _____ ____ ____

13. Are employees working hours clearly segregated or identified as "grant" or federal program house versus hours spent on other duties on the timecard? (CDBG ONLY) **Yes** ____ **No** ____

14. Are payrolls or payroll related records subject to review and final approval by a responsible official outside the payroll function? **Yes** ____ **No** ____

15. Does the grantee have a documented indirect cost allocation plan or negotiated indirect cost rate? (CDBG ONLY) **Yes** ____ **No** ____

16. Has the plan been submitted for review and approval by the City in a timely fashion? (CDBG ONLY) **Yes** ____ **No** ____

17. Has program income been generated by the activity/project? (CDBG ONLY) **Yes** ____ **No** ____

18. Are there procedures in place to ensure program income is accurately recorded and reported to the City as required? (CDBG ONLY) Yes No

19. If program income is retained by the grantee, is it used on CDBG eligible projects or to further eligible program objectives? (CDBG ONLY) Yes No

20. Does grantee use program income on eligible projects before requesting additional funds? (CDBG ONLY) Yes No

External Auditor _____ Contact _____

Address: _____ Phone: _____

21. Are fees collected for the funded services? Yes No

How are they determined? Yes No

22. Has the organization been audited by an external auditor in the past two years? Yes No

Was a single audit required? Yes No

If so, has the report been forwarded to the City for review? Yes No

23. Were any management letters issued as a result of the last audit? Yes No

24. If so, was the report forwarded to the City for review? Yes No

25. How long has the grantee contracted with the external auditor to provide audit services? _____ _____

26. If annual audit fees >$5,000 were the audit services obtained through a competitive bid process? Yes No

27. For expenditures >$10,000, does the grantee have policies and procedures in effect for compliance with procurement requirements of OMB Circular A-110, paragraph O? **Yes** **No**

28. Does the grantee have procedures in effect to adequately identify program property and assets? **Yes** **No**

29. Does the grantee have established policies and procedures with regard to the capitalization of assets and depreciation of assets? **Yes** **No**

30. Does the grantee have procedures in effect to ensure adequate safeguarding of assets? **Yes** **No**

Corrective Actions: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Date monitoring letter sent to agency: _____

Date corrections made: _____

CITY OF SUNNYVALE
YEAR-END PROGRAM ASSESSMENT
OUTSIDE GROUP FUNDING
Program Year 2004/05

Contractor Name:

Program Name: **Funding Source:** CDBG/GF or Both

Contract Award: $ **Funds Expended:** $

Contract Overview: Short description of funded program

Program Performance Chart (Sample):

Objective:	**Actual**	**Plan**	**% of Plan**
Individual client contacts	700	700	100%
Facility site visits	152	152	100%
Complaint investigation	104	104	100%
Community education	1	1	100%

All program objectives have been met or exceeded. The agency has demonstrated good performance and the capacity to effectively provide the program (Policy 5.1.3).

If program objectives and benchmarks have not been met, discuss agency response and corrective actions taken or anticipated.

Program/Activity Management:
A review of agency program records and source documentation found them to be accurate and complete.

If this is not true, discuss discrepancies in areas such as:

√ Availability and accuracy of source documentation for performance measures
√ Timeliness and accuracy of quarterly reports
√ Completeness, accuracy and organization of client case files
√ Availability and accuracy of client demographic profiles
√ Direct observation of program activities
√ Client income eligibility (CDBG only)
√ % low/moderate income if limited clientele activity (CDBG only)
√ Non-discrimination in program services
√ Storage of client and financial records for a minimum of three years following the end of the agreement

Administrative Management:
The organization's administrative records, and policies and procedures that were reviewed were accurate and complete.

If this is not the case, discuss discrepancies such as:

- √ Identification of agency Program Director responsible for agreement
- √ Accessibility of premises, programs and activities
- √ Verification that insurance certificates/surety bonds current and accurate
- √ Verification of policy of non-discrimination in personnel policies
- √ Verification of drug free workplace policy
- √ Verification of acknowledgement of city funding

Fiscal Management & Compliance:
The agency demonstrates effective financial and management controls and appears to deliver services in a cost-effective manner (Policy 5.1.3). There are no identified areas of concern.

If this is not the case, discuss areas of concern:

- √ Separation of financial duties
- √ Budget vs actual performance
- √ Review of employee payroll/timecards for hours charged to program
- √ Verification of completed audit and issuance of management letters
- √ Verification of Single Audit (CDBG only in excess of $---)
- √ Documentation of indirect cost allocation (CDBG only)
- √ Verification of procurement standards (CDBG only)
- √ Verification of program income (CDBG only)
- √ Accuracy and eligibility of financial records submitted for reimbursement

Recommended Follow-up or Corrective Action:
No corrective actions are recommended at this time.

If this is not the case, complete the following chart:

Identified Deficiency	Corrective Action	Requested Completion Date	Actual Completion Date

CITY OF SUNNYVALE PROPOSAL EVALUATION

OUTSIDE GROUP FUNDING
FY 2005/06 – FY 2006/07

APPLICANT: **PROGRAM NAME:**

HUMAN SERVICES POLICY FUNDING CATEGORY: Seed _____ Operational _____
Project _____ Emergency _____

Program Description:

CDBG ELIGIBLE ACTIVITY: Yes _____ No _____
GENERAL FUND REQUEST: Yes _____ No _____
CDBG REQUEST: Yes _____ No _____

Human Services Policy Statement:

A) Proposed service is consistent with an existing recognized city need, policy, goal or objective.

Yes _____ No _____
Comment:

B) Program qualifies under one of the four Proposal Funding Categories.

Yes _____ No
Comment:

C) Organization completed the application process in a timely manner and the application has been determined to be accurate and complete.

Yes _____ No _____
Comment:

SUMMARY DATA

	Amount	Services Provided	Cost Per Unit of Service	Total Sunnyvale Persons Served
Sunnyvale Funding 2004/05				
Sunnyvale Request FY 05/06 & FY 06/07				
Recommendation FY 05/06 & FY 06/07				

Evaluation Narrative

Human Services Policy
Evaluation Factors:

1. Does the organization meet the minimum eligibility standards per:

   A) Human Services Policy:

   Yes _____ No _____
   Comment:

   B) CDBG / HOME:

   Yes _____ No _____
   Comment:

2. Has the organization and its program demonstrated good performance?

   Yes _____ No _____
   Comment:

3. Has the organization and its program demonstrated capability to effectively provide the program?

   Yes _____ No _____
   Comment:

4. Does the organization and its program deliver services in a cost effective manner?

   Yes _____ No _____
   Comment:

5. Is the organization the appropriate agency to provide the proposed services?

   Yes _____ No _____
   Comment:

6. A) Is the proposed program a duplication of services, provided in the same service area? (i.e., Emergency Services, Senior Services, Disabled Services, Youth Services, Advocacy Services)

   Yes _____ No _____
   Comment:

   B) Is there a high demand for the proposed program, greater than one organization can provide.

   Yes _____ No _____
   Comment:

7. Does the organization demonstrate:

   A) Effective Financial Management?

   Yes _____ No _____
   Comment:

   B) Effective management controls in operation?

   Yes _____ No _____
   Comment:

8. Has the organization proposed a contingency plan, if city support is limited or eliminated in the future?

   Yes _____ No _____
   Comment:

9. The proposed program addresses one or more of the following factors:

   A) Program addresses or is directly related to a general plan policy or actions statement.

   Yes _____ No _____
   Comment:

   B) Proposed Programs is a needed enhancement of an existing city program or program direction and can be better performed by an outside group rather than the city directly.

   Yes _____ No _____
   Comment:

   C) Program has a diverse funding base and not heavily reliant upon city funds.

   Yes _____ No
   Comment:

   D) Program has leveraged city funds with other funding sources to maximizing services provision.

   Yes _____ No
   Comment:

Staff Recommendation:

Funding Amount: _____

Funding Source: CDBG _____
HOME _____
GENERAL FUND _____

Comments:

Second year* funding *approval will be contingent upon city budget limitations and proposer's previous program performance.

Housing and Human Services Commission Recommendation:

Funding Amount: _____

Funding Source: CDBG _____
HOME _____
GENERAL FUND _____

Comments: