City of Tallahassee and Leon County Human Services Divisions

Agency Name: **Site Visit Date:**
Agency Representatives Present:

Agency Monitoring Instrument

ADMINISTRATIVE REQUIREMENTS	Unacceptable	Conditionally acceptable	Fully Meets Requirements	Not Applicable	Ratings Based Upon:	I=Interview O=Observation D=Documentation And Comments
I. AUDITS AND RECORDS 1. The agency maintains the basic books of accounting. a. General ledger b. Subsidiary ledger (accounts receivable, accounts payable) c. Cash receipt journal d. Cash disbursement journal						
2. If an audit was performed in the year previous to this review, the recommendations/findings noted in the compliance report, internal control report, management letter and any corrective action reports have been cleared. If not, explain discrepancies in notes.						
3. If the City and/or Leon County Human Services Divisions performed monitoring in the previous year have all deficiencies been corrected or cleared? If not, explain discrepancies.						
4. The agency maintains an agency-operating budget detailed by cost center, by source of funds and by expenditure category. If not, or a different method is used, explain in notes.						
5. The agency has a method for allocating costs by programs with proper documentation. If not, or if a different method is used, explain in notes.						
6. The agency has a payroll register, differentiates between administrative, and program personnel.						
7. The agency has allowed reasonable access to records throughout this contract.						
8. All required reports have been submitted in a timely manner. a. Agency Report of Advances & Expenditures (Fiscal and Program data) b. Other (list)						

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9. Arrangements have been made to meet the current year's contract audit requirements.						
10. Does the agency maintain separate bank accounts if funds are received from multiple funding sources? If not, are records sufficient to distinguish the amount of funds received and expended from multiple sources?						
11. Do disbursements for grant related expenditures require the signature of two authorized persons? If so, who are they and what are their titles?						
12. Agency spent more than $500,000 in federal funds in a given year and is responsible for furnishing an OMB A-133 audit report.						
13. The audit report includes an executive summary, financial statements, schedule of expenditures and summary schedule of audit findings and corrective action plan.						
14. Does the agency have an external audit performed yearly?						
15. If an audit was not required, was there an annual review of financial transactions conducted by the board of directors?						
II. METHOD OF PAYMENT 1. If applicable, when reviewing a sample of contract invoices, verify whether or not the agency has met the supporting documentation requirements as identified in the contract for: a. Expenses in accordance with its budget b. Expenses incurred during the contract period c. Service delivery documentation d. Copy of each reimbursement request and payment						
2. Expenditures are in accordance with the most recent approved line item budget submitted by the agency.						
3. Travel expenditures are submitted on the agency's travel expenses form with appropriate supporting documentation.						
4. Is the agency expending funds and requesting payments according to the schedule in the contract?						

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5. The invoice can be traced to the records of the individual actually performing the service (e.g., van driver, therapist, trainer, etc.).						
6. If applicable, there is an audit trail to the client's file documenting receipt of services.						
7. If the contract specifies a match requirement, documentation is available to verify match participation for: a. In-kind match b. Cash match in accordance with funding source **(Applicable only to CDBG funded programs)**						
III. SPECIAL PROVISIONS: Property Acquisition 1. If the contract includes provisions for acquisitions of non-expendable property, property records are properly maintained.						
2. Where property was purchased wholly or in part by federal funds, the agency has complied with OMB Circular A-110 and OMB Circular A-102. **(Applicable only to CDBG funded programs)**						
3. Transfers, replacements and disposition of property have been documented.						
4. If applicable, the agency has obtained the required permission from the City or County prior to disposing of any property under this contract.						
5. The agency conducts a complete physical inventory of equipment at least annually.						
IV. ASSIGNMENTS AND SUBCONTRACTS 1. If applicable, documentation supports prior departmental approval for the subcontracting of any work under this contract.						
V. RETURN OF FUNDS 1. If unallowable expenditures were charged to the contract, or the agency has otherwise been overpaid, the agency has made arrangements to reimburse the department.						
2. If the agency did not expend all funds received, were the remaining grant funds, program income, and/or any accounts receivable transferred back to the City or County?						

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3. If applicable, any interest earned from advances is identified and returned to the department on a monthly basis.						
VI. RETENTION OF RECORDS 1. If applicable, a policy is in place for record retention as stated in the contract. a. A five-year (5) record retention policy (CDBG funds) b. A three-year (3) record retention policy retention policy (general funds)						
2. Are the client's records and demographics available for review? (Please note the City and County recognize that certain client records must be kept confidential such as medical and mental health files.)						
VII. INSURANCE 1. The agency has furnished the City and County with written verification of current certificate(s) of liability insurance.						
PROGRAMMATIC REQUIREMENTS						
I. CLIENTS TO BE SERVED 1. Agency complied with client eligibility criteria. 2. Services are provided to eligible clients based on CDBG income eligibility standards.						
II. STAFFING AND SERVICE CAPACITY 1. Does the agency employ and utilize sufficient personnel and volunteers to meet program goals and objectives (i.e., staff and volunteers are competent and are offered support, training and development opportunities). a. Services are provided at the specified locations. b. Changes in service location are appropriately handled. c. Does the agency have an effective system for obtaining, utilizing and tracking volunteer in-kind services?						

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PROGRAMMATIC REQUIREMENTS	Unacceptable	Conditionally acceptable	Fully Meets Requirements	Not Applicable	Ratings Based Upon:	I=Interview O=Observation D=Documentation And Comments
III. STATEMENT OF WORK 1. Service tasks are delivered in accordance with program goals, objectives and timelines as defined by the contract. a. Required reports are accurate, complete and submitted on time. b. Agency records and documentation are available, accurate and complete.						
IV. PERFORMANCE SPECIFICATIONS 1. Agency maintains an adequate data collection system for collecting, recording and reporting performance information. a. Data are from accurate sources. b. Data collection is a routine part of agency work performance.						
V. COLLABORATION REQUIREMENTS 1. Collaboration agreement has been implemented and followed.						
VI. POLICIES AND PROCEDURES 1. Are policies and procedures clearly written, fair, and equitable?						
2. Are there policies and procedures in place for prioritizing services when applicants out number assistance?						
3. Are written grievance procedures in place for addressing customer complaints?						
VII. GOVERNING AUTHORITY 1. Describe the operating structure of the agency's board or advisory body.						
2. Is the board of directors or the advisory body active?						
3. Does the agency have a sound plan for structuring a board or advisory committee?						

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VIII. SPECIAL PROVISIONS 1. Funds were not used for religions purposes or lobbying activities. 2. List additional special provisions. _____ _____					

Summary Statement for Administrative Requirements

Major Findings for Administrative Requirements

Corrective Actions for Administrative Requirements

Summary Statement for Programmatic Requirements

Major Findings for Programmatic Requirements

Corrective Actions for Programmatic Requirements

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CERTIFICATION:

I hereby certify that the answers provided in this monitoring document are true and accurate to the best of my knowledge. I understand that falsification or misrepresentation on any question may be considered a breach of contract that may lead to the termination of all contracts with the City of Tallahassee and/or Leon County.

Print Name – Executive Director	**Signature – Executive Director**	**Date**
Print Name – Chairperson of the Board	**Signature – Chairperson of the Board**	**Date**
Print Name – Financial Officer or Treasurer	**Signature – Financial Officer or Treasurer**	**Date**
Print Name - City Representative	**Signature – City Representative**	**Date**
Print Name - Leon County	**Signature – Leon County Representative**	**Date**

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