



## FINANCIAL MONITORING FORM

*All financial activities must comply with the Uniform Administrative Requirements for Federal Grants: 2 CFR, Part 200, which replaces the Circular OMB A-87*

Grantee:		Grant Number:	
Prepared By:		Date Prepared:	

Authorization to Incur Costs					
1.	Has the governing body adopted a project or budget ordinance? If yes, complete the section below.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	List Type of Ordinance		Date Adopted		
Has a budget revision and/or project amendment (with changes to the budget) been approved by REDD?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, is there an amended ordinance in the file?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
2.	What date were the funding approval and grant agreement signed by REDD?				
	What date were the funding approval and grant agreement signed by the grantee?				
	What is the date for the release of funds?				
	Type of Activity	Release Date	Date of Obligation	Source Documentation	
	Exempt (Administration & Planning)				
Non-Exempt (hard costs)					
3.	Has the grantee obligated funds before the allowable dates? If yes, list items below:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vendor or Contractor	Date	Amount	Activity	



**Grantee Financial System**

Perform a spot check on back up documentation for disbursements. Front and back of cashed checks, list of disbursements examined, amount, payee, check number and authorization. If the check reveals any instances of unnecessary, unreasonable, or unallowable costs, make a copy of the documentation and attach to the monitoring sheet.

4.	Is the depository for CDBG funds interest-bearing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, has the grantee earned more than \$100 during the most recent fiscal year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	If yes, has the amount over \$100 been returned to REDD?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

**Requisition Review**

4a.	Requisition Number:			Do the requisitions represent advance payments or reimbursements? If the grantee is on advance payments, complete the chart below  <input type="checkbox"/> Advance <input type="checkbox"/> Reimbursements <input type="checkbox"/> Mix of Both	
	Total Amount:				
	Date of EFT:				
	Date	Check #	Amount	Vendor	Days Between Deposit and Disbursement
	Total Amount:				
Was there a violation of the 3-day rule?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			



Requisition Review					
4b.	Requisition Number:				
	Total Amount:				
	Date of EFT:				
			Do the requisitions represent advance payments or reimbursements? If the grantee is on advance payments, complete the chart below		
			<input type="checkbox"/> Advance <input type="checkbox"/> Reimbursements <input type="checkbox"/> Mix of Both		
	Date	Check #	Amount	Vendor	Days Between Deposit and Disbursement
Total Amount:					
Was there a violation of the 3-day rule?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

Requisition Review					
4c.	Requisition Number:				
	Total Amount:				
	Date of EFT:				
			Do the requisitions represent advance payments or reimbursements? If the grantee is on advance payments, complete the chart below		
			<input type="checkbox"/> Advance <input type="checkbox"/> Reimbursements <input type="checkbox"/> Mix of Both		
	Date	Check #	Amount	Vendor	Days Between Deposit and Disbursement
Total Amount:					
Was there a violation of the 3-day rule?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		



Requisition Review					
4d.	Requisition Number:				
	Total Amount:				
	Date of EFT:				
			Do the requisitions represent advance payments or reimbursements? If the grantee is on advance payments, complete the chart below		
			<input type="checkbox"/> Advance <input type="checkbox"/> Reimbursements <input type="checkbox"/> Mix of Both		
	Date	Check #	Amount	Vendor	Days Between Deposit and Disbursement
Total Amount:					
Was there a violation of the 3-day rule?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

Grantee Personnel and Administrative Charges					
5.	Are any local staff persons (full or part-time) paid from CDBG funds?			<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If no, proceed to number 10</b>	
	Name	Full-Time employee	Job Title	Duties	Salary
6.	Are the amounts charged reasonable when compared to the time worked, the responsibilities of the workers, and the needs of the grant?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	



Purchase of Equipment and/or Real Property		
10.	Does the grantee intend to purchase equipment or real property with CDBG funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <b>If no, proceed to number 20</b>  Purchase Date:
11.	Has the grantee purchased equipment or real property with CDBG funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
12.	Describe the equipment (make, model, etc.) or provide a description of the real property purchased.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
13.	What procurement method was used?	
14.	What is the purchase price of the equipment or real property?	
15.	List the check number, date, and amount of the check issued for the purchase.	
16.	Does the purchase price meet the grantee's threshold for depreciation?	
17.	Is the equipment or real property listed on the grantee's inventory record?	
18.	Is the purchase allowable under current guidelines?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If not, what is the suggested remedy?
19.	Is the grantee reminded to reflect the purchase on the property disposition form at closeout?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grantee Allowable Costs, Indirect Costs, Cost Allocation		
20.	Are the allowable cost guidelines, pursuant to Uniform Administrative Requirements for Federal Grants 2 CFR, Part 200, which replaces the Circular OMB A-87, being followed?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what documents support compliance or non-compliance?
21.	Are there any indirect costs being charged to the grant? (i.e. electricity, rent, phones, postage, copies, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	If yes, has the plan been approved by REDD?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	If no, skip to # 24	



22.	What is the basis for the allocation costs? (i.e. square footage, hours, FTEs etc.)					
23.	Review the Indirect Cost Allocation Plan with the actual expenses charged to the grant. Are the amounts charged reasonable when compared with time worked, responsibilities, and the needs of the grant?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If no, list problems or concerns.	
<b>Grantee Program Income</b>						
Are revenue-generating activities being undertaken? If yes, complete the table below:						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
24.	Date of Receipt	Source	Amount	Use	REDD Approval	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Total:					
25.	Has the grantee established a revenue account to record the receipt of program income?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If yes, describe the adequacy of the process:	
26.	Did the grantee expend program income before requesting additional drawdowns of CDBG funds?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If no, explain:	
27.	Were all expenditures of program income for CDBG eligible activities?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	



**Non-CDBG Funds**

28.	Are there any local or non-local funds committed to the grant? If yes, complete the chart below:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Source of Funds	Amount Committed	Expended to Date
	Total:		
	29.	If non-CDBG funds are not fully expended, indicate the anticipated date of final expenditure. Note any problems or noncompliance.	

Comments:

\_\_\_\_\_  
Grantee Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Grant Management Representative

\_\_\_\_\_  
Date