Alahama

Program Monitoring Questionnaire

| Name of Organization: | | | | |
|-----------------------------------|----------------------------|---------------------------------------|------------|------|
| City / State: | | | | |
| Grant Type: | | Grant Number: | | |
| | | Project Cost: | | |
| Date of the Monitoring Visit | , , | , | | ···- |
| _ | | · · · · · · · · · · · · · · · · · · · | | |
| Project Beginning Date: | , , | | | |
| Project Ending Date: | | <u> </u> | | |
| | | | | |
| How long has the Prog | ram existed? | Years | | |
| How long has ADECA assiste | ed in the Funding? | Years | | |
| Amount of the Award | \$ - | Match: \$ | | % |
| Authorizing Official | | | | |
| Project Director | | | | |
| Financial Officer | | | | |
| | | | | |
| Interviews conducted with: | Name | | Position | |
| | | | | |
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| | • | | | |
| | General info | rnstion | | 1 |
| Purpose of the Grant: | | | | |
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| | | | | |
| Does the subgrantee have a SA | M Manual? | | | |
| • | | | | |
| is there a complete grant file ma | aintained in a central loc | cation? | | |
| Approved grant applic | | | | |
| Acceptance of Award | , signed and dated? | | | |
| Resolution of Applica | nt for Matching Funds | | | |
| | nt with special condition | | | |
| | rm 92 with vouchers ar | nd invoices) | | |
| Quarterly fiscal report | | | | |
| Program and/or budge | et modifications | | | |
| Release of funds | | | | |
| Related corresponder | | | | |
| Have the grant application | ation budget pages (pa | ges 6 & 7) been properly | completed? | |
| Are any unallowable o | or questionable cost list | ed in the grant? | - | |

| | ication that federal funds will not be used to supplant State or local funds, |
|--|---|
| part of the applic | ation for assistance? |
| Page 2, SAM paragraph | 1.3.h. |
| Are all quarterly | reports up to date? |
| | Financial Reports |
| | Quarterly Narratives |
| Has this program | ı experienced a change in personnel? |
| | Was a LETS Form 129 Submitted? |
| Page 26, SAM, paragrap | |
| Does the project | have an executive board? |
| . , | How many members? |
| • | How often do they meet? |
| Does the organiz | ation have Policy and Procedure manuals? |
| | · |
| | |
| | Pay Structure Volunteer Policy |
| Are any MFRs or | file that address discrepancies or problems? |
| | Financial Questions |
| being retained fo Page 20, SAM, paragrap | st, actual cost, and variances be identified in detail needed by management ol? |
| Are matching fundament was award that is bein Page 81, SAM, Glossary | |
| Are the sources o | of the match, amount, and timing clearly identified? |
| - 150 if Gimi, paragraph | ,,o, o. |
| Is the grant mone | y being drawn down in accordance with the time passed? |
| Accounting system requir | rements are on page 16 SAM item 3.3 |
| Are the Forms 92 | being submitted monthly? |
| Page 11 SAM paragraph | c. Frequency of Payments |
| **** | Do Forms 92 include calculator tapes totaling the expenses? |
| | Page 11 SAM item #6 |
| | Are all expenses (less personnel and confidential) supported by |
| | invoices? Page 10, SAM, paragraph 2.3, b. |

| Are Forms 54 being submitted quarterly? |
|--|
| Page 13, SAM, paragraph 2.3, e. |
| Is the form signed by the Financial Officer or Authorized Official? Page 13, SAM, paragraph 2.3, e. |
| Does the form reflect the actual receipts and expenditures for the |
| period covered? |
| Page 13, SAM, paragraph 2.3, e. |
| |
| What other organizations fund this program? |
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| What is the total operating budget? |
| December of the control of the contr |
| Does the program have over \$500,000 total federal expenditures? |
| Does the program require an A133 audit? |
| Page 56, SAM, paragraph 6.2, f. |
| |
| ls there a copy of the last audit available? |
| Page 56 SAM paragraph 6.2 a. & f. |
| Aro ovnonditurne annevele for any state of the |
| Are expenditures, approvals for expenditures, and finances being managed by separate individuals? |
| individuals? |
| Who signs the checks? |
| |
| |
| Who are the invoices billed too? |
| |
| Time and Attendance |
| Are time and ettendence should be a second as a second |
| Are time and attendance sheets being properly maintained for employees? |
| Page 27 SAM paragraph c. |
| Are time and effort sheets being maintained for consultants? |
| Page 23 SAM paragraph a. |
| · · · · · · · · - · - · · · · · · · · · |
| Are time and attendance/effort sheets signed by the employee/consultant and the approving |
| official? |
| Page 29, paragraph c. |
| |
| Are time and attendance sheets being archived for the required three year period? |
| Page 22, paragraph a.b.c.d. |

| | Travel |
|--------------------------------|---|
| Do travel vouchers contain the | following: |
| Name of Employee | Date and time of departure and return |
| Travel to and from | Signature of employee |
| Private car mileage | Approval of project director or supervisor |
| A was land to the second | |
| Are both the traveler | and the supervisor signing the travel voucher? |
| Does the travel vouch | her have a date with a year? |
| Is a base established | I and does the itinerary return to base? |
| Travel requirements are page | |
| Are personnel submit | tting travel vouchers actual employees of the grant? |
| N/A | If not, is a LETS Form 16 being submitted? |
| Page 29, SAM, paragraph 4.6. | |
| | |
| | inventory |
| | |
| | y of all property being maintained? |
| Page 50 and 51 SAM (Disposi | tion of Equipment) |
| ls a copy of the last in | ventory available? |
| Has the subgrantee b | peen provided any Federally owned equipment? |
| | Is an annual inventory listing being submitted? |
| Page 53, paragraph 5.8 | |
| Has a PMU-1 Form by | een submitted for equipment purchases over \$5,000. |
| Page 11, SAM, paragraph 2.3, | |
| | |
| | copy of the Title been submitted for vehicle purchases? |
| Page 11, SAM, paragraph 2.3, | b.7. |
| Are all assets appropr | riately safeguarded and periodically inventoried? |
| Page 20, SAM, paragraph 3.3, | |
| Are equipment and/ | or inventory purchases in compliance with State and Federal bid laws? |
| | |
| | Professional Services |
| | (Including Contractors and Consultants) |
| Does the subgrantee | have arrangements and/or contracts with individuals? |
| | Is the consultant an employee of the State or grant? |
| | Is the contractual arrangement in writing? |
| | Are time and/or services for which payment is to be made and rates of |
| | Compensation supported by adequate documentation? |

| Does the subgrantee have arrangements with other government units? | | |
|--|--|--|
| Is work or services for which work is claimed directly and exclusively | | |
| devoted to subgrant purposes? | | |
| Are charges and/or rates in excess of actual costs of the contractor | | |
| government agency? | | |
| | | |
| Does the subgrantee have arrangements with other non-government units? | | |
| | | |
| is the arrangement written, formal, proper, and consistent with usual | | |
| practices and policies of the sub-grantee? | | |
| Does the customary fix fee or profit allowance in cost-type | | |
| arrangements exceed 10%? | | |
| | | |
| Is the compensation for individual consultant services reasonable and consistent with that | | |
| paid for similar services in the market place? | | |
| | | |
| Is the consultant associated with: | | |
| Educational Institution | | |
| (Salary projected 12 months divided by 260) | | |
| | | |
| State and/or Local Government | | |
| (Not to exceed the daily salary rate paid by the unit of government) | | |
| | | |
| Employed with Profit, Non-Profit, and/or Not for Profit Organization | | |
| (Subject to competitive bidding procedures) | | |
| | | |
| Independent Consultant | | |
| (Must be reasonable and consistent with that paid for similar services in the market place) | | |
| (and the second state of the second state of second secon | | |
| Programmatic | | |
| | | |
| Does the program established Goals and Objectives that are achievable within the life of the | | |
| grant? | | |
| | | |
| Do the Methods and Procedures defined in the great spin-side with the Co. I | | |
| Do the Methods and Procedures defined in the grant coincide with the Goals and Objectives? | | |
| | | |
| Can the Goals and Objectives be quantified? | | |
| our the coals and objectives be quantified? | | |
| Are the Cools and Chiestines hair and to | | |
| Are the Goals and Objectives being met? | | |
| Door the statistical data as the last as the same of t | | |
| Does the statistical data reflect achievement of the Goals and Objectives? | | |
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What services are being provided under this program?

Can new clientele be distinguished from repeat clientele? Number of clients this grant Cases generated this grant period Number of new clients Number of repeat clients What are the internal evaluation procedures used to measure the progress of the program? Does the subgrantee have plans for continuing this program if grant funds are depleted? Is the grant near close-out? Is the subgrantee familiar with close-out procedures? LETS Form 54 Subgrant Fiscal Report LETS Form 55 Subgrant Narrative Progress Report LETS Form 2, Inventory of Non-Consumable Personal Property Does the subgrantee plan to submit application for Continuation Funding? Has the request been submitted 60 prior to expiration of the on-going grant? Comments on Significant or Noteworthy Acquaintantees a

What type of follow-up services are being provided?