Conformity with the Application

Monitoring Checklist Form

*Note: All proposed activities and accomplishments are those as amended at the time of the monitoring visit.*

Grantee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grant Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prepared by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Prepared: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| **Conformity with the Application** |
|  | Does the Grantee’s project budget and expenditures conform to the project budget in GMS? Explain any discrepancies. | [ ] *Yes No*  | [ ]  |  |
|  |
| **Activity Line Item** | **Budget** | **Expended (GMS)** | **Expended (Grantee)** |
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|  |  |  |  |
| **Total:** |  |  |  |
|  |
|  | Does the Grantee’s Schedule of proposed accomplishments conform to the accomplishments contained in the application? If not, explain the reason for any discrepancies. | [ ] *Yes No* | [ ]  |  |
|  |
| **Proposed Accomplishments** | **Completed to Date** | **Comments** |
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|  |
|  | Does the Grantee’s proposed LMI benefit by activity match the actual LMI by activity? If not, explain the reason for any discrepancies. | [ ] *Yes No* | [ ]  |  |
|  |
| **Proposed Accomplishments** | **Proposed LMI** | **Actual LMI** |
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|  |
| 4. | Describe any changes in activities from the application. |  |
| 5. | Is the average Cost per Unit (including service delivery) the same as in the application? Describe the reasons for differences greater than 10% | [ ] *Yes No* | [ ]  |  |
| 1. Average cost per unit in the application:
 |  |
| 1. Average cost per unit to date:
 |  |
|  6. | Does the grantee anticipate requesting an amendment within the next six months? If yes, describe the proposed amendment. | [ ] *Yes No* | [ ]  |  |
| **Benefit** |
| 7. | Is the grantee maintaining cumulative beneficiary data that includes income and protected class status? If yes, review information on beneficiaries to date and compare benefit with those listed in the application. Note any differences greater than 10% (Attach a spreadsheet of beneficiary demographic data if available.) |  |
| 8. | For direct recipients of CDBG assistance (grants, loans, down payment etc.) is the grantee using the most current income guidelines? |  |
| 9. | What method of documentation has the grantee used to verify income? |  |
| 10. | Is there evidence that the grantee is using the federal and state debarment lists prior to procuring goods and services? Describe the method used by the grantee and identify their documentation of the process. |  |
| **Schedule** |
| 11. | Is the grant on schedule? If not, what is the projected date for completion of grant activities and close out? | [ ] *Yes No* | [ ]  |  |
| 12. | How much local money has been expended on the project to date? (Attach evidence of local expenditures.) |  |
| **NOTES:** |

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Grantee Representative Date

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Grant Management Representative Date