**Cyclical Monitoring Form**

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| Agency:  |
| Model:  | [ ] EHS [ ] HFA [ ] NFP [ ] PAT [ ] FCU [ ] SCA [ ] Child First [ ] Family Connects  |

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| **Date of Review:**  |  |
| **Participants** |  |
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***Program Policy Review***

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| **Procurement:** [ ] Yes [ ] No | **Copy Received:** [ ] Yes [ ] No |
| Notes:  |

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| **Purchasing Process:** [ ] Yes [ ] No | **Copy Received:** [ ] Yes [ ] No |
| Notes:  |

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| **Inventory:** [ ] Yes [ ] No | **Copy Received:** [ ] Yes [ ] No |
| Notes:  |

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| **Example of Time and Effort Reporting:** [ ] Yes [ ] No | **Copy Received:** [ ] Yes [ ] No |
| Notes:  |

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| **Cost Allocation Plan:** [ ] Yes [ ] No | **Copy Received:** [ ] Yes [ ] No |
| Notes:  |

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| **Conflict of Interest:** [ ] Yes [ ] No | **Copy Received:** [ ] Yes [ ] No |
| Notes:  |

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| **Security & Storage of Data/Fiscal Records:** [ ] Yes [ ] No | **Copy Received:** [ ] Yes [ ] No |
| Notes:  |

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| **Record Retention & Destruction:** [ ] Yes [ ] No | **Copy Received:** [ ] Yes [ ] No |
| Notes:  |

***Program Questionnaire***

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| *Does the program perform periodic cost projections to ensure funds will be adequate to carry out the program?*  |
| Action Required: |

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| *Explain the programs ability to segregate duties.*  |
|  Action Required: |

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| *What are the procedures for using automated check signers, signature plates, and agency credit cards?* |
| Action Required: |

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| *What is the program’s procedure for reviewing credit card charges to ensure that they are reasonable and necessary for program operations and making sure only authorized signatories use program credit cards?* |
| Action Required: |

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| *How does the program ensure that bills and invoices are paid on-time?* |
| Action Required: |

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| *What method does the program use to ensure that funds are available for payment of any vested accrued leave owed to employees of the Grantee?*  |
| Action Required: |

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| *Explain the process for creating journal entries in the program’s accounting system.*  |
| Action Required: |

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| *How does the program determine what amount of insurance is reasonable to cover liability for accidents on premises and for transportation activities engaged in by the program?* |
| Action Required: |

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| *Does the organization insure equipment (including vehicles) purchased using OCDEL funds?*  |
| Action Required: |

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| *Does the program purchase food with Grant dollars? If yes, please explain how it is tied to a model recommendation or best practice.*  |
| Action Required: |

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| *Does the program conduct and independent audit, what type?*  |
| Action Required: |

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| *Past issues: Monitoring or Audit Findings?* |
| Action Required: |

Cost Allocation Plan

Program Name:

Program Year:

Program/Fiscal Contact:

***Allocated Charges:*** *Please list method of allocation for all charges not billed at 100% to the Program*

* *Personnel Costs:*
* *Space/Utilities:*
* *Program supplies:*
* *Administrative supplies:*
* *Repair/maintenance:*
* *Other:*

Fiscal Monitoring Review

Program Name:

Program Year:

Program/Fiscal Contact:

 *Review was completed on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 *PA Key Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_*

 *Program Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_*

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| Review of documentation and compliance-of selected expenditures pulled from General Ledger Submission |
| **Expense Area** | **Payee** | **Date Paid** | **Amount** | **Document Examined** | **Authorized/Approved** | **Properly Classified** | **Mileage Rate** | **Allowable?** |
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| **Notes:**  |
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