

UFA FY22 FISCAL MONITORING RESOURCES

REFERENCES / RESOURCES

[CoC Program Interim Rule - HUD Exchange](#)

[CoC and ESG Virtual Binders - HUD Exchange](#)

[Protecting PII](#)

[CoC Program Grants Administration User Guide \(hudexchange.info\)](#)

Please contact Troy Filburn regarding any fiscal questions or concerns: tfilburn@caresny.org

UFA FY22 FISCAL MONITORING INSTRUCTIONS

Please select your UFA.

NY-503: ACCH

NY-522: PNHC

NY-520: FEHC

NY-606: RCCoC

Please provide your Agency name.

Please provide your program name.

Please provide your program grant number. Ex. NY1111U2T11111

Please provide the name of the person completing this form. Ex. Jones, Sam

1. Resolution of any findings or concerns from FY21 monitoring

Please refer to the email you received from CARES about your program's details.

Relevant Code of Federal Regulations ([§ 587.7\(a\)\(6\)](#)).

Review the FY21 Fiscal Monitoring Results listed in the Fiscal Samples document you received from CARES.

Did your program's FY21 Final Monitoring Results read "Program in Full Compliance."

Yes

No

If you answered "Yes", Move on to Section 2.

If you answered "No", In the space that follows please provide any follow up comments you believe relevant to your program's FY21 monitoring results.

POLICY REVIEW

2. Single Audit/Financial Statement Status (most recent).

Relevant Code of Federal Regulations [§ 200.501](#)

Did your most recent single audit or audited financial statements have any findings?

Yes

No

If your most recent single audit or audited financial statements had any findings was a Corrective Action Plan put in place?


Yes

No

N/A

Please **attach** most recent single audit/financial statement document/s.

If applicable, please **attach** the Corrective Action Plan that addresses any findings.

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3. Procurement Policy

Relevant Code of Federal Regulations [§ 200.318](#), [§ 578.95 \(a\)](#)

Do you have a Procurement policy in place?

Yes

No

If you have a Procurement Policy in place, please attach that policy document below.



No attachments added

4. Minority/Women Business Enterprise (MWBE) Policy

Relevant Code of Federal Regulations [§ 200.321](#)


HUD Guidance on MWBE Outreach [HUD/MBE-WBE_Outreach](#)

Do you have a Minority/Women Business Enterprise (MWBE) policy in place?

Yes

No

If you have a Minority/Women Business Enterprise (MWBE) policy in place, please attach that policy document below.

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5. Program Match Letter Changes

Please refer to the Match Letter in the email you received from CARES about your program's details. This is the Match Letter your program previously provided to CARES for FY22. Use this Match Letter as the basis to answer the following questions.

Has your Match Type for FY22 changed (Cash/In-Kind)?

Yes

No

Has your Match amount changed for any reason? (The Match amount should be 25% of your awarded grant amount minus funds for leasing)

Yes

No

Have your eligible activities/expenses changed? (Eligible activities are all normal Budget Line-Item expenses, as long as you have that BLI in your grant)

- Yes
 No

If applicable, has your In-Kind related MOU changed?

- Yes
 No
 N/A

If you answered "Yes" to any of the questions for section 5 above, please update your Match Letter and MOU (if applicable) and attach below.



No attachments added

VOUCHER OVERVIEW

General Ledger/Program Income/Eligibility/Accuracy

6. General Ledger tracking individual program funds.

Any reference to "Monitoring Claim Period" in this questionnaire will be referring to the Claim Period listed in the Fiscal Samples document you received from CARES about your program's details.

Please upload screenshots or spreadsheets of the General Ledger (GL) for your Monitoring Claim Period. Ensure the ALN or CFDA # is clearly identified. Please upload a chart of accounts as needed to tie the GL to the ALN/CFDA (screenshot or spreadsheets).



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7. Program Income ledger/expenditure tracking for any income generated by Project.

Relevant Code of Federal Regulations [§ 200.307](#), [§ 578.97](#)

Did you have any program income generated during your Monitoring Claim Period?

Yes

No

"Yes" - Describe where that income is generated from and what your process is for tracking those monies, both as income and expenditures?

8. Eligibility

Relevant Code of Federal Regulations [List of Eligible Activities](#)

During your Monitoring Claim Period, are expenses eligible costs for each budget line, including staff roles?

Yes

No

"No" - Detail which expensed costs were ineligible and what was done to resolve the issue.

9. Claim Period Accuracy

Relevant Code of Federal Regulations [§ 200.302](#)

Were expenses accrued or paid during your Monitoring Claim Period?

Yes

No

Was accrual or cash basis used consistently?

Yes

No

"No" - Note the reasons below.

VOUCHER REVIEW

Personnel Costs/Fringe Ledger/Leases/Checks/Other Costs

10. Personnel costs (Timesheets & Payroll)

Relevant Code of Federal Regulations [§200.430\(i\)](#)

Did you have Personnel costs during your Monitoring Claim Period?

Yes

No

"Yes", Refer to fiscal sample emailed.

"No", Go to Section 12. Leases.

Using the personnel samples (names or client ID #s) provided in the email you received from CARES, please provide the following:

- Signed and dated timesheets that track the time specifically worked on this grant.

- Personnel payroll proof (paycheck copies, payroll summary, payroll journal). Must show pay period, pay date, gross pay, hours and whether hourly or salary.

Ensure the documents are for your Monitoring Claim Period.

Please attach the requested timesheet and payroll documents below.



No attachments added

11. Fringe Ledger

Relevant Code of Federal Regulations [§200.431](#)

Did you claim fringe expenses during your Monitoring Claim Period?

Yes

No

"Yes" - Refer to fiscal sample emailed to provide the three following documents:

- A ledger of the fringe costs expensed during your Monitoring Claim Period. The components of your fringe expense should be listed.

- Calculations used to determine the fringe costs of those sample personnel selected.

- A copy of an invoice/payment of one of those fringe components (Ex. health insurance) listed that was paid during the current grant year.



No attachments added

12. Leases

Relevant Code of Federal Regulations [578.51\(l\)](#)

Did you have Rental Assistance or Leasing costs during your Monitoring Claim Period?

Yes

No

"Yes" and are NOT a DV Provider - Refer to fiscal sample emailed and provide the following document/s:

- The requested clients' lease agreements.

- If a lease renewal letter or documentation of rent increase is applicable, please provide those documents as well.

If you answered "Yes" to the preceding question and ARE a DV Provider, Move on to Section 13. Cancelled Checks. (No lease agreement documents required).

"No" - Move on to Section 14. Other Costs. (No lease agreements required).



No attachments added

If leases are expired, month-to-month or do not reflect the current rental expense, please provide an explanation below.

13. Cancelled Checks

Relevant Code of Federal Regulations [§ 578.103](#), [§ 200.302](#)

"Yes" to the Section 12. Leases question - Attach the copies of the requested clients' cancelled checks for rental payment during your Monitoring Claim Period.

- If multiple payments are combined per landlord, please provide a summary that shows a breakdown of the clients included.



No attachments added

14. Other Costs

Relevant Code of Federal Regulations [§ 578.103](#), [§ 200.302](#)

Refer to fiscal sample emailed. Did your program have costs other than personnel costs and rental assistance/lease costs under any Budget Line Items during your Monitoring Claim Period?

Yes

No

"Yes" - Refer to fiscal sample emailed and provide the following information:

- Copies of invoice/receipt documents.
- Copies of third-party proof of payment.

"No" - You have filled in all required fields and can finish when you are ready by clicking the "Finish" icon in the lower right part of your screen.

