

UFA FY__ FISCAL MONITORING INSTRUCTIONS

The **Fiscal Samples** included in this document on pages 2-5 are to be used in conjunction with the FY22 Fiscal Monitoring questionnaire you will receive from CARES via Airslate. The Airslate questionnaire that you will receive is a general template provided to all programs in the UFA. The information in the fiscal samples document are specific samples from the SAMPLE AGENCY vouchers and are needed as a resource for you to successfully complete the **SAMPLE AGENCY** FY22 Fiscal Monitoring questionnaires. The samples are numbered to match the Section numbers in your Airslate questionnaire.

Also included in this document on pages 6-9 are the **Voucher Expenses Tabs** you previously sent to CARES for SAMPLE AGENCY in their monitoring Claim Periods. Also included in this document on pages 10-11 are the **Match letters** you previously provided to CARES for SAMPLE AGENCY. The Match Letters will be referenced in the questionnaire and in the Fiscal Samples.

Before you start the Airslate questionnaires, CARES requests that one person on your fiscal team (preferably the individual completing the Airslate questionnaire) complete the online training to safeguard Personally Identifiable Information, *which is required by all UFA-designated agencies to complete prior to CARES' virtual monitoring process*. Available by clicking [HERE](#)). You sign up by creating a Userid and password. The training takes about 45 minutes to complete. CARES has set up tracking of completed courses, so we will be notified when you complete the training. You can also download a training certificate for your own records once you complete the training. Please contact CARES if you have any issues completing this PII training.

Please note the Airslate questionnaire will be sent to AGENCY CONTACT however, access to the Airslate questionnaire can be shared with others on your team by sharing that email link. Also, the Airslate questionnaire does not have to be completed in one sitting. You may stop work at any point and your work will be automatically saved, so that you may come back to complete it at another time. The deadline for completing this questionnaire and uploading all relevant documents is _____.

Please let me know if you have any questions before _____ or as you go through the questionnaire.

Thank you,

CARES of NY, Inc.
7 Wells St., Saratoga Springs, NY 12866
518-489-4130 ext. 742
<http://www.caresny.org>

SAMPLE AGENCY (FY__) UFA Fiscal Samples

Please reference the below samples when completing the Airslate questionnaires (one questionnaire per program). Airslate submissions and document uploads are due _____.

SAMPLE AGENCY

The Claim Period used for your FY__ Monitoring questionnaire is _____. As a reference, the voucher expenses tab you previously sent to CARES for this Claim Period is included in this document.

1. Resolution of any findings or concerns from FY__ monitoring.

Program in Full Compliance.

5. Program Match Letter/MOU Changes

Use the Match Letters (combined) in this document that your program provided to CARES as the basis to answer the questions in Section 5 of your questionnaire.

Also, please make the following changes to your existing Match Letters:

- Change all references to “(2019)” to “(2022)”.
- Change “Grant Pin(s): NY0042, NY1071, NY0569, NY0041, NY0056” to “Grant #(s):

6. Personnel Costs

Operating Costs BLI

- Security Salary - 1/4/2024
- Maintenance Salary - 1/4/2024

Support Services BLI

- Housing Navigator Salary - 1/18/2024
- Housing Navigator Salary - 1/31/2024

14. Other Costs

Operating Costs BLI

- Utility
- Maintenance
- Equipment

Support Services BLI

- Food

Admin BLI

- Administrative

SAMPLE AGENCY

The Claim Period used for your FY____. Monitoring questionnaire is _____. As a reference, the voucher expenses tab you previously sent to CARES for this Claim Period is included in this document.

1. Resolution of any findings or concerns from FY__ monitoring.

Program in Full Compliance.

5. Program Match Letter/MOU Changes

Use the Match Letters (combined) in this document that your program provided to CARES as the basis to answer the questions in Section 5 of your questionnaire.

Also, please make the following changes to your existing Match Letters:

- Change all references to “(2019)” to “(2022)”.
- Change “Grant Pin(s): NY0042, NY1071, NY0569, NY0041, NY0056” to “Grant #(s):

6. Personnel Costs

Operating Costs BLI

- Security Salary - 1/18/2024
- Maintenance Salary - 1/18/2024

7. Other Costs

Operating Costs BLI

- Utility
- Insurance
- Equipment

Admin BLI

- Administrative

SAMPLE AGENCY

The Claim Period used for your FY____ Monitoring questionnaire is _____. As a reference, the voucher expenses tab you previously sent to CARES for this Claim Period is included in this document.

1. Resolution of any findings or concerns from FY__ monitoring.

Program in Full Compliance.

5. Program Match Letter/MOU Changes

Use the Match Letters (combined) in this document that your program provided to CARES as the basis to answer the questions in Section 5 of your questionnaire.

Also, please make the following changes to your existing Match Letters:

- Change all references to “(2019)” to “(2022)”.
- Change “Grant Pin(s): NY0042, NY1071, NY0569, NY0041, NY0056” to “Grant #(s):

6. Personnel Costs

Operating Costs BLI

- Maintenance Salary - 1/4/2024
- Maintenance Salary - 1/18/2024
- Maintenance Salary - 1/31/2024

7. Other Costs

Operating Costs BLI

- Utility
- Insurance
- Maintenance

Admin BLI

- Administrative

SAMPLE AGENCY

The Claim Period used for your FY22 Monitoring questionnaire is **1/01/2024- 1/31/2024**. As a reference, the voucher expenses tab you previously sent to CARES for this Claim Period is included in this document.

1. Resolution of any findings or concerns from FY21 monitoring.

Program in Full Compliance.

5. Program Match Letter/MOU Changes

Use the Match Letters (combined) in this document that your program provided to CARES as the basis to answer the questions in Section 5 of your questionnaire.

Also, please make the following changes to your existing Match Letters:

- Change all references to “(2019)” to “(2022)”.
- Change “Grant Pin(s): NY0042, NY1071, NY0569, NY0041, NY0056” to “Grant #(s):

10. Personnel Costs

Support Services BLI

- Housing Navigator Salary - 1/4/2024
- Housing Navigator Salary - 1/18/2024
- Housing Navigator Salary - 1/31/2024

12 & 13. Leases & Cancelled Checks

Tenant

- SELECTED CLIENTS

