

**UFA FY22 Fiscal Monitoring Report:** Choose an item.  
Choose an item.

UFA:  
Agency:  
Grant #:

**Monitoring Completed By:**  
**Date of Questionnaire Completion:** Click or tap  
to enter a date.  
**Agency Representative(s):**

PROGRAM REVIEWED	
Preliminary Monitoring Results	Choose an item.
<b>Please submit requested items by:</b>	Click or tap to enter a date.
<b>Agency will complete corrective action/s by:</b>	Click or tap to enter a date.
Final Monitoring Results	Choose an item.
<i>Program Risk Level:</i>	Choose an item.

**TOPICS MONITORED:**

- FY21 Final Monitoring Status:** Choose an item.

Topic:  
Issue:  
Follow up comments:

- Single Audit/Financial Statement Status:** Choose an item.

a. **Summary:** *The most recent Single Audit did not include any findings:* Choose an item.  
[§ 200.302]

Choose an item.

- Procurement Policy Status:** Choose an item.

a. **Summary:** *The program has a Procurement Policy in place:* Choose an item.  
[§ 200.318 § 578.95]

Choose an item.

- Minority/Women Business Enterprise (MWBE) Policy Status:** Choose an item.

a. **Summary:** *The program has an MWBE Policy in place:* Choose an item.  
[§ 200.318 § 578.95]

Choose an item.

- Match:** Choose an item.

a. **Summary:** *Match letters and source documentation calculated correctly:* Choose an item.  
b. **Summary:** *Match letters indicated eligible CoC program costs:* Choose an item. [§ 200.306, § 578.73]

Choose an item.

**6. General Ledger: Choose an item.**

a. **Summary:** General ledger indicating how grant funds are individually tracked: Choose an item. [[§ 200.302](#)]

b. **Summary:** Accounting records reflect the source and use of all funds: Choose an item.

Choose an item.

**7. Program Income: Choose an item.**

a. **Summary:** Program Income ledger/expenditure tracking for any income generated by project spent on eligible items and matched voucher: Choose an item. [[§ 200.307](#), [§ 578.97](#)]

Choose an item.

**8. Eligibility: Choose an item.**

a. **Summary:** Expenses were eligible costs for each budget line Reviewer verified:

Choose an item.

**9. Claim Period Accuracy: Choose an item.**

a. **Summary:** Ledgers and/or source documents support claim amount per budget line: Choose an item.

b. **Summary:** Expenses accrued or paid during claim dates: Reviewer verified

Choose an item.

**10. Personnel Records: Choose an item.**

a. **Summary:** Paycheck copies or payroll summaries displayed hourly or salary amounts for selected staff: Choose an item..

Employee allocation percentages matched claim amount: Choose an item. [[§200.430\(i\)](#)]

b. **Summary:** Timesheets, activity reports, or other time tracking displaying hours on CoC grant matched claim amount: Choose an item. [[§200.430\(i\)](#)]

Choose an item.

**11. Fringe Ledger: Choose an item.**

a. **Summary:** Provide a ledger of the fringe costs expensed during your Monitoring Claim Period. The components of your fringe expense should be listed (Ex. FICA, Health Care, etc.): Choose an item.. [[§200.431](#)]

b. **Summary:** Provide the calculations used to determine the fringe costs of those sample personnel selected. Choose an item.. [[§200.431](#)]

c. **Summary:** Provide a copy of an invoice/payment of one of those fringe components (Ex. Health insurance) listed that was paid during the current grant year. Choose an item.. [[§200.431](#)]

Choose an item.

**12. Leases: Choose an item.**

a. **Summary:** Leases on file for each selected rent expense: Choose an item. [[578.51\(l\)](#), [§ 578.77\(a\)](#)]. Program is a DV provider, so no lease agreements are required for this monitoring.

Choose an item.:

**13. Cancelled Checks: Choose an item.**

- a. **Summary:** Proof of payment to landlords/owners for each selected rent expense on file: Reviewer verified [[§ 578.103\(c\)](#), [§ 200.302](#)] The monthly rent paid by the agency did not exceed the amount listed on lease.

Choose an item.:

**14. Non-Personnel Costs: Choose an item.**

- a. **Summary:** Utilities, security deposits, moving costs, food, property damages, or other costs for clients documented with invoices/receipts and payment: Choose an item.. [[§ 578.103\(c\)](#), [§ 200.302](#)]

Choose an item.:

**15. Internal Review: Choose an item.**

- a. **Summary:** Agency representative attended ? of the ? fiscal committee meetings.
- b. **Summary:** Vouchers were submitted monthly.
- c. **Summary:** Program spent ??% as of Click or tap to enter a date. Program documented spending plan if below quarterly threshold goals.
- d. **Summary:** Program submitted close out letter by deadline: Choose an item.

Choose an item.:

**16. Program Risk Level: Choose an item.**

- a. **Summary:** High-risk programs are identified by one or more of the following characteristics:
- i. Projects not currently practicing adequate fiscal management
  - ii. Projects with history of expending funds on ineligible activities
  - iii. Projects with history of not expending awarded funds per contract details

Choose an item.: