



**City of Santa Maria
Community Development Block Grant Program
Subrecipient On-Site Program Monitoring Review
Checklist**



Subrecipient _____

Reviewer _____

Date of Review _____

General Organization and Management

Indicators:

- | | | | | |
|----|--------------------------------------------------------------------------------------------------------------------------------|--------|-------|--------|
| 1. | Does the organization have Articles of Incorporation, By-Laws and/or Charter? | yes___ | no___ | n/a___ |
| 2. | Does the organization have current Government Body meeting minutes? | yes___ | no___ | n/a___ |
| 3. | Are employment/personnel files relative to the CDBG Program/Project available? | yes___ | no___ | n/a___ |
| 4. | Is the contract agreement at the site relevant to the CDBG Program/Project? | yes___ | no___ | n/a___ |
| 5. | Has verification of the required insurance coverage been provided? | yes___ | no___ | n/a___ |
| 6. | Has the organization adhered to applicable Federal Management and Administrative Standards, including third party contractors? | yes___ | no___ | n/a___ |

Reporting

Indicators:

- | | | | | |
|----|-------------------------------------------------------------------------------------------------------|--------|-------|--------|
| 1. | Has the organization submitted the required semi-annual report? | yes___ | no___ | n/a___ |
| 2. | Has the organization submitted the required annual report? | yes___ | no___ | n/a___ |
| 3. | Has the organization completed and submitted the required annual Beneficiary Information Report form? | yes___ | no___ | n/a___ |

Eligibility of Program Activities

Indicators:

- | | | | | |
|----|-------------------------------------------------------------------------------------------------------|--------|-------|--------|
| 1. | Does the program comply with one of the three national objectives? | yes___ | no___ | n/a___ |
| 2. | Is there an intake system or process in place to accurately track low and moderate income benefit? | yes___ | no___ | n/a___ |
| 3. | Are individual client/case files maintained to document the eligibility of the program beneficiaries? | yes___ | no___ | n/a___ |

Knowledge of CDBG Program

Indicators:

- | | | | | |
|----|------------------------------------------------------------------------------------------------|--------|-------|--------|
| 1. | Is the staff administering the service generally familiar with the CDBG Program? | yes___ | no___ | n/a___ |
| 2. | Is the staff aware of the National Objectives and Eligibility documentation requirements? | yes___ | no___ | n/a___ |
| 3. | Is the staff familiar with the administrative requirements outlined in the contract agreement? | yes___ | no___ | n/a___ |

Program Progress

Indicators:

- | | | | | |
|----|-------------------------------------------------|--------|-------|--------|
| 1. | Have reports been submitted in a timely manner? | yes___ | no___ | n/a___ |
| 2. | Has the program been implemented on schedule? | yes___ | no___ | n/a___ |

If not, state reason: _____

- | | | | | |
|----|---------------------------------------------------------------|--------|-------|--------|
| 3. | Is there a system in place to monitor program implementation? | yes___ | no___ | n/a___ |
|----|---------------------------------------------------------------|--------|-------|--------|

Results/Findings:
