

CDBG FILE MONITORING REVIEW

LABOR/PROCUREMENT/CIVIL RIGHTS/SECTION 3/FINANCIAL MANAGEMENT
 NORTH DAKOTA DEPARTMENT OF COMMERCE
 DIVISION OF COMMUNITY SERVICES
 SFN 59421 (02/18)

Grantee:		Reviewed by:	
Instrument Number:		Date of review:	
1. Does the grantee have a written Code of Conduct?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. What procurement procedure was used? Request for Quote Competitive Bidding Competitive Negotiation Noncompetitive Negotiation Other – Describe:	(select one) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3. Did Grantee solicit to minority/women owned businesses?	Yes <input type="checkbox"/> No <input type="checkbox"/>
		4. Are project specifications on file?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Does the Grantee maintain sufficient documentation of the procurement procedure used?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Did the Grantee receive at least two bids or quotes for each contract?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. For less than two bids or quotes, did the Grantee contact the DCS?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Were contracts awarded to the most qualified or lowest responsible bidder?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. Were the following labor provisions included in the bid solicitation?			
Civil Rights Provisions		Yes <input type="checkbox"/>	
Special Equal Opportunity Provisions		Yes <input type="checkbox"/>	
Section 3 Provisions		Yes <input type="checkbox"/>	
Davis-Bacon Act, if contract is over \$2,000		Yes <input type="checkbox"/>	
Copeland Anti-Kickback Act		Yes <input type="checkbox"/>	
Contract Work Hours and Safety Standards		Yes <input type="checkbox"/>	
Conflict of Interest		Yes <input type="checkbox"/>	
Access to Records		Yes <input type="checkbox"/>	
Contractor Clearance (Sam.gov)		Yes <input type="checkbox"/>	
Flood Insurance, if in a floodplain		Yes <input type="checkbox"/>	
Clean Air and Water, if over \$100,000		Yes <input type="checkbox"/>	
2 CFR Part 200		Yes <input type="checkbox"/>	
Release of Funds Date:			
Wage Decision Number:		Modification Number:	
Preconstruction Conference Date:		Modification Date:	
Advertising Dates:	Bid Closing Date:	Bid Opening Date:	
Contract Award Date:	Contractor Clearance Date:	Construction Start Date:	

10. Are bid advertisement dates at least 7 days apart?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11. Is the bid opening date at least 21 days after the first advertisement for bids?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12. Does the Preconstruction Conference record indicate that the contractors were informed of their certification and compliance requirements?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13. Are the labor standards information and wage decision approval documents included in the files?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14. Was contractor(s) cleared on sam.gov prior to contract award?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15. Is sam.gov registration verification included in the files?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

CONTRACTOR INFORMATION			
Contractor Name:		Contract Start Date:	Contract Amount:
Description of Work:			
Type of Contract:	Date Cleared on SAMS:	License Number:	
Is the contract a fixed price? If no, explain:			Yes <input type="checkbox"/>
			No <input type="checkbox"/>
Does the contract have applicable 2 CFR Part 200 contract provisions?			Yes <input type="checkbox"/>
			No <input type="checkbox"/>
Did contractor have:			
<input type="checkbox"/> Bid Bond <input type="checkbox"/> Performance Bond <input type="checkbox"/> Payment Bond			

Contractor Name		Contract Start Date	Contract Amount
Description of Work			
Type of Contract	Date Cleared on SAMS	License Number	
Is the contract a fixed price? If no, explain:			Yes <input type="checkbox"/>
			No <input type="checkbox"/>
Does the contract have applicable 2 CFR Part 200 contract provisions?			Yes <input type="checkbox"/>
			No <input type="checkbox"/>
Did contractor have:			
<input type="checkbox"/> Bid Bond <input type="checkbox"/> Performance Bond <input type="checkbox"/> Payment Bond			

CONTRACTOR INFORMATION continued			
Contractor Name:		Contract Start Date:	Contract Amount:
Description of Work:			
Type of Contract:	Date Cleared on SAMS:	License Number:	
Is the contract a fixed price? If no, explain:			Yes <input type="checkbox"/>
			No <input type="checkbox"/>
Does the contract have applicable 2 CFR Part 200 contract provisions?			Yes <input type="checkbox"/>
			No <input type="checkbox"/>
Did contractor have:			
<input type="checkbox"/> Bid Bond <input type="checkbox"/> Performance Bond <input type="checkbox"/> Payment Bond			

Contractor Name:		Contract Start Date:	Contract Amount:
Description of Work:			
Type of Contract:	Date Cleared on SAMS:	License Number:	
Is the contract a fixed price? If no, explain:			Yes <input type="checkbox"/>
			No <input type="checkbox"/>
Does the contract have applicable 2 CFR Part 200 contract provisions?			Yes <input type="checkbox"/>
			No <input type="checkbox"/>
Did contractor have:			
<input type="checkbox"/> Bid Bond <input type="checkbox"/> Performance Bond <input type="checkbox"/> Payment Bond			

Contractor Name:		Contract Start Date:	Contract Amount:
Description of Work:			
Type of Contract:	Date Cleared on SAMS:	License Number:	
Is the contract a fixed price? If no, explain:			Yes <input type="checkbox"/>
			No <input type="checkbox"/>
Does the contract have applicable 2 CFR Part 200 contract provisions?			Yes <input type="checkbox"/>
			No <input type="checkbox"/>
Did contractor have:			
<input type="checkbox"/> Bid Bond <input type="checkbox"/> Performance Bond <input type="checkbox"/> Payment Bond			

CONTRACTOR INFORMATION continued

<p>16. Were the following labor/civil rights provisions included in the construction contracts?</p> <p>Civil Rights Provisions</p> <p>Special Equal Opportunity Provisions</p> <p>Section 3 Provisions</p> <p>Davis-Bacon Act, if contract is over \$2,000</p> <p>Copeland Anti-Kickback Act</p> <p>Contract Work Hours and Safety Standards</p> <p>Conflict of Interest</p> <p>Access to Records</p> <p>Contractor Clearance (Sam.gov)</p> <p>Flood Insurance, if in a floodplain</p> <p>Clean Air and Water, if over \$100,000</p> <p>2 CFR Part 200</p> <p>Standard Equal Opportunity Clauses and Certifications?</p> <p>Title VI of the Civil Rights Act of 1964?</p> <p>Section 109 of the Housing and Urban Development Act of 1974?</p>	<p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>17. Does the payroll information provide completed data that confirms:</p> <p>Payrolls are weekly?</p> <p>Payrolls are numbered?</p> <p>Payrolls are signed by employer or authorized representative?</p> <p>Apprentice/Trainee registration records?</p> <p>Record of additional classifications?</p> <p>Only permissible deductions from payroll?</p> <p>Proper wages paid for each work classification?</p> <p>Proper overtime paid for each worker?</p> <p>If no to any of the above, explain:</p>	<p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>18. Were field inspections/interviews completed on a regular basis?</p> <p>Dates: _____ If no, explain:</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>19. Has the Grantee monitored and enforced contractor and subcontractor compliance?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>20. Are there any complaints of discrimination in employment which have been filed against the contractor or subcontractors? If yes, explain:</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>21. If violations were reported, did the Grantee:</p> <p>Investigate in a timely manner?</p> <p>Date violation identified: _____</p> <p>Date investigation held: _____</p> <p>Enforce required sanctions on the contractor?</p>	<p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>

SECTION 3 <i>(For applicable Section 3 projects)</i>		
22. Was this project a Section 3 eligible project? (If no, answer N/A to the below questions)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
23. Were there any new hire(s) during the project?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
24. If yes to #23, is documentation provided of advertisement for Section 3 employment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
25. Were the following signed Section 3 documents included in the file: Attachment A.2? Attachment C? Attachment D? Attachment E? (if applicable) Attachment F? (if applicable) Attachment G? Attachment H? Attachment I? Attachment J? Attachment K? Attachment L? If no to any of the above, explain:	Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/>
26. Was Attachment K submitted with every financial draw?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
27. Was proper documentation filled out by each contractor or subcontractor over \$100,000? If no, explain:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:		
DCS Staff Member Signature	Date	

FINANCIAL MANAGEMENT	
Grantee	Reviewed By
Instrument Number	Date of Review
Scope of Project	
Grant Amount: (Including Amendments)	Project Amount
Project Period: (Including Amendments) ___/___/___ to ___/___/___	
Amount Drawn	Percent Drawn
Date of Release of Funds	Match Funds
Use of Match Funds:	

VERIFICATION OF DISBURSEMENT OF FUNDS			
Date	Check #	Amount	Payee
Reason			
Purchase after Release of Funds?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Deposit
Is this an eligible CDBG expense?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Check Clearance

Date	Check #	Amount	Payee
Reason:			
Purchase after Release of Funds?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Deposit
Is this an eligible CDBG expense?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Check Clearance

VERIFICATION OF DISBURSEMENT OF FUNDS (Continued)			
Date	Check #	Amount	Payee
Reason:			
Purchase after Release of Funds?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Deposit
Is this an eligible CDBG expense?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Check Clearance

Date	Check #	Amount	Payee
Reason:			
Purchase after Release of Funds?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Deposit
Is this an eligible CDBG expense?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Check Clearance

Date	Check #	Amount	Payee
Reason:			
Purchase after Release of Funds?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Deposit
Is this an eligible CDBG expense?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Check Clearance

REVIEW PROCEDURES FOR CASH MANAGEMENT AND REQUESTING CDBG PAYMENTS		
Does the recipient provide for adequate internal control and segregation of duties?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
- Who is responsible for receiving funds?		
- Who is responsible for approving bills?		
- Who is responsible for preparing checks or warrants?		
- Who is authorized to sign checks?		
- Who reconciles the bank statements?		
Are CDBG cash receipts and disbursements accounted for separately by grant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are CDBG expenditures accounted for separately by activity (by line item in Part IV of the CDBG Financial Award)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Are expenditures charged to the proper activities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
REVIEW PROCEDURES FOR CASH MANAGEMENT AND REQUESTING CDBG PAYMENTS (Continued)				
Are they eligible CDBG costs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Are source documents maintained to support the charges?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Is the recipient being reimbursed for administrative expenses?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
- Are administrative expenses documented with time sheets, invoices, etc.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
- Is the recipient/grant administrator allocating overhead/indirect costs to the award?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
- Is the method used to allocate costs reasonable and is the plan supportable?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
- Are costs contained in the allocation plan eligible federal costs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Has a final report been submitted to the DCS for this project?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Are actual expenditures reflected in the final financial status report?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Based on the review of an adequate random selection of request for payments, is there documentation to support the amounts requested?				
Date	Request Number	Amount Requested		
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Based on the receipt of state warrants issued in response to payment requests sampled, how many days does it take to disburse funds down to a minimum?				
Date Warrant Received	Amount of Warrant	Date Checks Written	Date Check Passed Through Checking Account	Total Days
Based on information collected were funds disbursed as close as administratively feasible to the time they were received?			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are payments from the DCS deposited in an interest bearing account? If yes, amount earned _____ (to be returned to HUD).			Yes <input type="checkbox"/> No <input type="checkbox"/>	

REVIEW MANAGEMENT OF PROGRAM INCOME		
If program income has been generated, have steps been taken to account for program income?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has program income been spent before drawing down other funds?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has all income due (loan payments) been received by the grantee?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the grantee transmitted the payments to the DCS as agreed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Trace three loan deposits and follow transaction from council receipt through DCS payment receipt. Were loan payments correctly applied and forwarded to DCS in a timely manner?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

MATCH DOCUMENTATION		
Is there documentation for meeting the required program match and grant leveraging?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are all match amounts verified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was owner's equity part of the match budget?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there documentation on file to show equity put into the program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
List of match kept on file:		

SPECIAL CONDITIONS		
Were grant special conditions fulfilled? If no, identify conditions not completed.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

SUMMARY AND CONCLUSIONS

Based on this review, is it evident that:

There is a financial management system which provides for accurate, current and complete disclosure of the financial results of the program?

Yes

No

Funds are disbursed as close as administratively feasible to the date of receipt?

Yes

No

Special provisions and conditions of the Release of Funds and contract with regard to expenditure or obligation of funds have been met?

Yes

No

Notes/Comments:

DCS Staff

Date