

Small Cities Monitoring Summary

10/1/2011

Recipient: _____ Contract #: _____

1. Check the type of monitoring and list the date. Date of Monitoring: _____

- On-Site Monitoring Visit
- Telephone Monitoring
- Desk Monitoring (Paperwork Review Only)

2. Indicate which monitoring checklists that were completed during this monitoring. (Refer to the risk analysis prepared following the application review site visit if this is a first monitoring. Review past monitoring reports prior to conducting the monitoring.)

- Form SC-11 – Pre-Monitoring Checklist
- Form SC-13 – Program Administration Monitoring Checklist
- Form SC-14 – Civil Rights Monitoring Checklist
- Form SC-15 – Desk Monitoring Checklist
- Form SC-16 – Phase 1 Financial Management Checklist – Systems Review
- Form SC-17 – Phase 2 Financial Management Checklist – Transaction Testing
- Form SC-18 – Procurement Desk Monitoring Checklist
- Form SC-19 – Procurement On-Site Monitoring Checklist
- Form SC-20 – Property Acquisition Monitoring Checklist
- Form SC-21 – Labor Standards Monitoring Checklist
- Form SC-22 – Program Income Monitoring Checklist
- Form SC-23 – Audit Review Checklist
- Form SC-24 – Neighborhood Revitalization Monitoring Checklist
- Form SC-25 – Housing Rehabilitation Monitoring Checklist
- Form SC-26 – Commercial Revitalization Monitoring Checklist
- Form SC-27 – Economic Development Monitoring Checklist
- Form SC-28 – Planning and Design Specifications Desk Monitoring Checklist
- Form SC-29 – Permanent Relocation Monitoring Checklist
- Form SC-33 – Small Cities CDBG Closeout Checklist
- Form SC-34 – New Subgrant Risk Assessment Checklist

3. List the employees of the Recipient who participated in the monitoring activity.

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

4. If the Recipient has hired a consultant to administer the grant, list the representative(s) who participated in the monitoring activity.

Name: _____ Title: _____

Name: _____ Title: _____

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5. List the CDBG staff that participated in the monitoring activity.

Name: _____ Title: _____

Name: _____ Title: _____

6. Summarize the finding(s), if any, from the individual monitoring checklists attached to this summary form.

7. Summarize the concern(s), if any, from the individual monitoring checklists attached to this summary form.

8. Discuss any technical assistance offered to the Recipient during the monitoring activity.

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9. Additional Comments

Certifications

Contract #: _____

Grant Manager

I certify that the information contained on this summary form and the attached monitoring checklists indicated on page 1 of this form is complete and accurate.

Signature

Date

Debbie Boyette
Community Assistance Consultant

Planning Manager

I certify that I have reviewed and approved the information contained on this summary form and the attached monitoring checklists indicated on Page 1 of this form.

Signature

Date

Roger Doherty
Planning Manager