Appendix 2, Chapter 5 Monitoring Forms

Adapted from Town of Eastham, MA CDBG Program

Sub-grantee Monitoring Interview Form

Agency Name:	
Project Name:	
Address:	
Date of Visit:	
Site(s) Visited:	
Name(s) and Title(s) of Interviewer(s):	
Name(s) and Title(s) of Person(s) Interviewed:	

A. Period of Performance:		
Beginning Date:	**Ending Date** Original: Revised:	**Time Extension Requested?** Yes No Granted? Yes No

B. Service or Program Provided (Please Describe)

C. Describe in Measurable (i.e., quantifiable) Terms	
Project Goals:	

Anticipated Project Accomplishments:	

D. Beneficiaries of Mass. CDBG Funds	
Number of People Served?	**Description (age group, minorities, etc.):**

Income of People Served:
Approximate percentage of low-moderate income beneficiaries: %

Is there documentation of income in each client's file?   Yes   No
Source?

Residence of People Served:
Are all beneficiaries _____ residents?   Yes   No
If no, where do they reside

Is there documentation of residence in each clients file?   Yes   No
Source?

E. Project Evaluation (attach additional sheets if needed for any answer)	
Is the project providing the full range of services delineated in the contract? If not, why not?	Yes No
Is the project serving the projected number of clients? If not, why not?	Yes No
Is the project serving the intended client group with regard to residence, income, age, minority background, etc.? If failing to serve one or more groups, please explain.	Yes No

Are services being provided according to schedule? If not, why not?	Yes No
In general, is the project accomplishing its original goals? If not, why not?	Yes No

F. Project Management	
Is the project adequately staffed?	Yes No **Comment:**
Is project manager located on site and responsible for day to day operations?	Yes No **Comment:**
Is project manager knowledgeable and observant of basic requirements for administering Mass. CDBG grant funds?	Yes No **Comment:**

G. General Comments (attach additional sheets if needed)

H. Financial Monitoring **If the answer is no in any question, provide explanation**	
Did Mass. CDBG funds reimburse sub-recipient for approved costs, as stated in the contract?	Yes No

Does a "spot check" of records reveal any obvious instances where the following expenditures were not necessary or reasonable for proper and efficient administration of the program?	**Salaries and related costs:** **Yes** **No** **Equipment and supplies:** **Yes** **No** **Space and other operating costs:** **Yes** **No**
Is there any program income earned with Mass. CDBG funds? **If so,** **Are there revenue records to record it?** **Is there any procedure to insure all program income is recorded on the revenue account?** **Is all program income being used according to the terms of the grant agreement?**	**Yes** **No** **Yes** **No** **Yes** **No** **Yes** **No**

Disclosure of Financial Interest for Municipal or Special Municipal Employees

<div align="center">

City/Town of _____

(date)
</div>

The undersigned, _____

Check off and complete one of the following:

_____ a member of the _____ Board, Authority, Commission having been
classified as a Special Municipal Employee on _____

_____ an employee of the _____ Department, Board, Commission since
_____.

declares, under MGL Chapter 268A. section 20 that I or my immediate family have an interest in a contract or a proposed contract with the Town/City of _____ as follows:

A. The contract is:

B. The contracting party is:

C. I or a member of my immediate family have the following direct or indirect interest in the contracting party:

D. I certify, that to the best of my knowledge and belief, that I have not nor will not participate in or have official responsibility for any activities of the contracting agency of Town/City of _____.

Sincerely,

_____   _____
Signature   Print name, title, organization

Note: Special problems may be referred to Town Counsel or City Solicitor by letter through the Board of Selectmen or City Council, forwarded with or without comments. Opinions are public records. Counsel is required to respond to an employee's request for an opinion.

Disclosure of Financial Interest for Municipal/Special Municipal Employees Who Wish to Enter Contract For the Municipality

City/Town of _____

date: _____

The undersigned, _____

____ a member of the _____ Board, Authority, Commission having been classified as a Special Municipal Employee on _____

____ an Employee of the _____ Department, Board, Commission since _____.

declares, under MGL Chapter 268A. section 20 that I or my immediate family have an interest in a contract or a proposed contract with the Town/City of _____ as follows:

A. The contract is:

B. The contracting party is:

C. I or a member of my immediate family have the following direct or indirect interest in the contracting party:

D. I request the Selectmen/City Council of the Town/City of _____ to exempt me or my immediate family from Section 20 of said act and declare that no substantial conflict of interest will arise which will prejudice my present or future actions in my position.

Sincerely,

_____   _____
Signature   Print name, title, organization

____ Approved
____ Denied
Selectmen/ City Council of the Town/City of _____

Signatures   Print name, title, and date
_____   _____
_____   _____
_____   _____
_____   _____
_____   _____

Note: Special problems may be referred to Town Counsel or City Solicitor by letter through the Board of Selectmen or City Council, forwarded with or without comments. Opinions are public records. Counsel is required to respond to an employee's request for an opinion.

Sample Form

Request for Exception from Federal Conflict of Interest Provisions

Grantee: _____

Subgrantee: _____

Name	Address	Phone

I am an (check all that apply):

_____ employee of _____ department   _____ City/town of _____

_____ special employee _____ department   _____ Grantee

_____ agent of _____   _____ Sub-grantee

_____ consultant to _____

_____ officer

_____ elected official

_____ appointed official

_____ immediate relative of person checked
above

_____ business partner of person checked above

I have reason to believe that I may / may have benefit(ed) from:

_____ program activities

_____ procurement of supplies, services, or equipment

Describe the benefit in detail:

I request an exemption from the Conflict of Interest Provisions from the Massachusetts Community Development Block Grant Program administered by the Massachusetts Executive Office of Communities and Development. The following information is provided to expedite the determination by the Department. I understand that the information and the determination are public documents.

Signature and date: _____

_____ The exemption will, if granted, further the purpose of the Act and the effective and efficient administration of the program or project. Describe how:

_____ There has been public disclosure of the nature of the conflict. It was made in the following manner (attach copies of pertinent documents):

_____ An opinion of the town counsel/city solicitor is attached stating that the exception, if granted will not violate state or local law.

Page 2 Request for Exemption from Federal Conflict of Interest Provisions for
_____(name) from Grantee: _____

Information on the factors which are checked below is provided to help in the determination of whether an exemption is appropriate. Additional pages are/are not attached.

	The granting of the exception would provide significant cost benefit or an essential degree of expertise which would otherwise not be available. Describe in detail.
	An opportunity was provided for open competitive bidding or negotiation. A description of the process and copies of the relevant documents are attached.
	The exception would permit the individual to receive generally the same benefits as being made available or provided to the group or class. Describe in detail.
	The individual has withdrawn from his or her function or responsibilities, or the decision making process with respect to the specific assisted activity in question. Describe including dates and whether the withdrawal leaves the organization with insufficient ability to carryout its duties.
	The interest or benefit was in place before the affected individual was in his/her position. Describe including relevant dates.
	Describe the undue hardship, if any, that will result to either government or individual affected when weighed against the public interest served by avoiding the prohibited conflict.
	Describe any other relevant consideration.

Massachusetts CDBG Program
Replica of Standard Form 183 - Request for Payment and Status of Funds Report

GRANT RECIPIENT		Drawdown # _____		
COMMUNITY	ADDRESS	CONTACT	TEL.#	

STATUS OF FUNDS

ITEMS	AMOUNTS BY PROGRAM & YEAR			
PROGRAM NAME, YEAR, ID. #				12. TOTAL
1. ADVANCES RECEIVED TO DATE				
2. ADD: PROGRAM INCOME TO DATE				
3. ADD: MISC. RECEIPTS TO DATE				
4. SUB-TOTAL				
5. LESS: ACTUAL DISBURSEMENTS TO DATE				
6. MASS. CDBG FUNDS ON HAND AT TIME OF REQUEST				
7. ADD: UNPAID REQUESTS PREVIOUSLY SUBMITTED				
8. ADD: AMOUNT OF THIS REQUEST FOR PAYMENT				
9. TOTAL				
10. OUTSTANDING ADVANCES TO SUBGRANTEES				

11. COMMENTS

CLASSIFICATION OF THE AMOUNT OF THIS REQUEST AND EXPENDITURE REPORT

PROGRAM NAME: PROGRAM ID.#   PROGRAM YEAR

CODE	BUDGETED AMOUNT	GRANT FUNDS DRAWN TO DATE	PROGRAM INCOME EXPENDED TO DATE	GRANT FUNDS EXPENDED TO DATE	CURRENT REQUEST
				TOTAL:	

PROGRAM NAME: PROGRAM ID#   PROGRAM YEAR:

CODE	BUDGETED AMOUNT	GRANT FUNDS DRAWN TO DATE	PROGRAM INCOME EXPENDED TO DATE	GRANT FUNDS EXPENDED TO DATE	CURRENT REQUEST
				TOTAL:	

PROGRAM NAME: PROGRAM ID#   PROGRAM YEAR:

CODE	BUDGETED AMOUNT	GRANT FUNDS DRAWN TO DATE	PROGRAM INCOME EXPENDED TO DATE	GRANT FUNDS EXPENDED TO DATE	CURRENT REQUEST
				TOTAL:	

CERTIFICATION

I certify that this request for payment has been drawn in accordance with the terms and conditions of relevant grant agreements
with EOCD and that the amount for which drawn is proper for payment to the drawer or for credit to the account of the drawer at the
ddrawer's bank. I also certifiy that the data reported above is correct and the
amount of the request for payment is not in excess of current needs.

DATE	SIGNATURE	TITLE