

# STATE OF UTAH

*Division of Housing and Community Development – Monitoring Instrument*  
**WEATHERIZATION ASSISTANCE PROGRAM**

## 2011-2012 SUB-GRANTEE MONITORING GUIDE

Agency Name \_\_\_\_\_

Contact Person \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

State monitoring staff: \_\_\_\_\_

Persons Interviewed:

Number of weatherization facilities other than main weatherization office

	Location (Address)	Purpose
1.	_____	_____
2.	_____	_____

Type of Organization (Check Only One):

- Community Action Agency
- Non CAA, Association of Governments
- Non CAA, Housing Authority
- Non CAA, Local Government Agency
- Other (Specify)

Date(s) of this Monitoring Visit \_\_\_\_\_ Date(s) of Last State Monitoring Visit \_\_\_\_\_

Problems from previous Monitoring for follow-up

**AGENCY CURRENT CONTRACT #** \_\_\_\_\_

**Entrance Interview Questions**

**SECTION I. GENERAL ORGANIZATION**

**To be completed and (if possible) returned prior to the scheduled visit.**

1. Total number of Weatherization personnel:  
 Office \_\_\_\_\_ Field \_\_\_\_\_ Office/Field \_\_\_\_\_
  
2. Have there been any changes to staff or work assignments since submitting your WX Ops Plan?  
 If Yes, clarify \_\_\_\_\_ Yes  No
  
3. Are there any parts of your service area that are not being served? Yes  No   
 If Yes, why? \_\_\_\_\_
  
4. Number of Clients on Waiting List \_\_\_\_\_
  
5. Average waiting period for services? \_\_\_\_\_ months
  
6. Estimate where current applicants are coming from:  
 \_\_\_\_\_% HEAT Referral    \_\_\_\_\_% Walk In    \_\_\_\_\_% Other: \_\_\_\_\_
  
7. Attach a copy of your latest Service Denial Letter and Service Deferral Letter.
  
8. Does the Weatherization Coordinator inspect any units? Yes  No
  
9. Has your agency issued any new contracts since last monitoring? Yes  No   
 If Yes, attach a copy of the bid packet & contract.
  
10. List any significant changes to the agency since last monitoring.
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  
11. List any agency training needs you have identified.
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_

12. List the various in-house training sessions conducted within the last Program year:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

13. Please list any areas of your program you would like to specifically discuss during the monitoring.

**On Site Monitoring :****SECTION II. Client Intake Process**

1. Is there a final reviewer of the applications, other than the intake worker? Yes  No
  
2. Is there unnecessary client information in the client files? Yes  No
  
3. Does it appear clients being take off the Priority List in order? Yes  No
  
4. Does the sample of Client Files monitored indicate Priority Points are being awarded properly? Yes  No
  
5. What categories were noted in the sample?
 

<input type="checkbox"/> Handicapped <input type="checkbox"/> Household size <input type="checkbox"/> Fuel assistance recipient <input type="checkbox"/> Type of fuel or cost of fuel <input type="checkbox"/> Emergencies	<input type="checkbox"/> Senior citizens <input type="checkbox"/> Young children <input type="checkbox"/> High-energy users <input type="checkbox"/> Time on waiting list <input type="checkbox"/> Other _____
--	--
  
6. Is client income being annualized? Yes  No
  
7. Are controls in place for client privacy? Yes  No 
  - a. Are they in line with the agency's published policy? Yes  No
  
8. Review the last applicants that were Denied Service.
  - a. Were these justified? Yes  No
  
  - b. Initial notification Yes  No
  
  - c. Time to correct deficiency Yes  No

d. Final notification Yes  No

e. Appeal or information to Appeal Yes  No

### SECTION III. Purchasing, Inventory & Contracting

#### A. Purchasing

1. Does the agency have written procurement procedures? Yes  No

2. Do the procurement procedures specifically address purchase order procedures? Yes  No

3. Can the Sub-grantee document that materials and services are procured in a manner which allows open and free competition? Yes  No

a. Obtain copy of solicitation of bid for WX materials? Yes  No

b. Material specifications clearly conveyed? Yes  No

c. Multiple vendors solicited? Yes  No

d. Selection criteria established? Yes  No

4. Material Returns being credited to agency accounts? Yes  No

5. Track invoices from WebGrants to the warehouse?

Invoice #	Invoice Date	Webgrants #	Vendor	Material	Date add to Inventory

**B. Inventory**

**INVENTORY SAMPLE**

6. From a sample of at least three client files completed within the last program year, track materials from the client file back to the inventory ledger.

File # or name	Item(s) Tracked	Does it Match Inventory Records?	Does it Match Fiscal Records?

7. From a sample of at least three client files completed within the last program year, track materials from the inventory to the client file

File # or name	Item(s) Tracked	Does it Match Inventory Records?	Does it Match Fiscal Records?

Comments: \_\_\_\_\_

**INVENTORY SAMPLE**

<b>ITEM DESCRIPTION</b>	<b>BOOK RECORDS</b>	<b>WAREHOUSE COUNT</b>	<b>VEHICLE COUNT</b>	<b>TOTAL WAREHOUSE &amp; VEHICLE COUNT</b>	<b>VARIANCE</b>

Comments: \_\_\_\_\_

**APPENDIX A MATERIALS COMPLIANCE**

ITEM DESCRIPTION	CERTIFICATION NUMBER FROM MATERIAL	COMPLIANCE YES OR NO	ADDITIONAL DETAILS

Comments: \_\_\_\_\_

8. Number of storage facilities? \_\_\_\_\_

9. Adequate space (size, location)? Yes  No

10. Reasonably accessible for program staff? Yes  No

11. Adequate security (theft, damage, exposure)? Yes  No

12. How often does the sub-grantee conduct a physical inventory?

a. Date of last physical inventory performed by agency.

13. Is the physical inventory reconciled with the ledger inventory each time it is taken? Yes  No

a. Can agency produce a copy of the reconciliation document? Yes  No

### **C. Contracting**

Complete when Agency has used contractors in the last year

#### 1. Bid Packet review

a. Did the bid allow for Open and Free competition? Yes  No

b. Copy of advertisement in packet? Yes  No

c. Copies of winning and rejected bids? Yes  No

d. Clear scoping of services? Yes  No

e. Evaluation Criteria? Yes  No

f. Selection process detailed? Yes  No

2. Is Sub-grantee inspecting work of contractor prior to paying invoice? Yes  No

a. If not when are they inspecting work?

#### 3. Review contract

a. Does the contract align with the terms of the bid? Yes  No

b. How is the Sub-grantee ensuring compliance with the contract?

c. Does the contract contain provisions on call backs, warranty etc? Yes  No

4. How has agency documented verification of the contractor's license and insurance?

a. Is this done on an annual basis? Yes  No

## **SECTION IV. Program operations**

### **A. General**

1. Is agency complying with ASHRAE 62.2? Yes  No

2. Health & Safety expenditures with in guidelines? Yes  No
3. Is the person completing the final inspections different from those doing the actual work? Yes  No
4. Are any deficiencies noted as a result of the final inspection? Yes  No
- a. How are they doing follow up work to correct this?
5. How does the Weatherization Coordinator monitor crew productivity?
6. Are tools and equipment in locked storage? Yes  No
7. Is there a master list of tools and equipment? Yes  No
8. Date of last tool and equipment inventory

## **B. Energy Auditing**

1. Agency using current version of WA? Yes  No
2. When was the last update to material costs & labor?
3. Are fuel costs in WA consistent with State issued costs? Yes  No
4. Incidental Repair costs included in measure SIR? Yes  No
5. Is agency auditing H&S costs? Yes  No
6. Is the agency using work orders from WA? Yes  No
- a. If no, what tool are they using?
7. What efforts are being made by the Agency to preserve the database?
8. Are the Library Measures in line with the Guidelines? Yes  No

## **C. Rental Property**

- 9. Is Agency collecting the required Cost Shares from Landlord on rental property? Yes  No
- 10. Is the Agency using the 10% Admin from the Cost Share? Yes  No
- 11. Is it clear the balance of the Cost Share is going in to the project? Yes  No
- 12. Is Attachment #3 Income Property Weatherization Agreement in the files? Yes  No 
  - a. Has it been modified? Yes  No
  - b. Signed by all parties? Yes  No

**D. In Production Work**

- 1. How are the crews daily work expectations outlined?
- 2. How is crew productivity tracked?
- 3. Are there discrepancies between the work order and the actual work? Yes  No 
  - a. If so, What tools are in place to allow crew feedback to organization?
- 4. How does the crew know they are working on an LSW job?
- 5. Can crew demonstrate LSW procedures for a WX measure? Yes  No 
  - a. Verified against Attachment #28 LSW Declaration & attach. Yes  No
- 6. Agency Production:

Contract	Goal	Units to Date	# of months reported zeros
DOE			
LIHEAP			
Other			

- 7. OSHA certified personal on job? Yes  No 
  - a. Can crew identify efforts they are doing to comply with OSHA? Yes  No
  - b. List the 30 & 10 Hour card holders on the job.

30 Hour. \_\_\_\_\_

10 Hour. \_\_\_\_\_

10 Hour. \_\_\_\_\_

10 Hour. \_\_\_\_\_

8. Can crew do a Worst Case Draft test? Yes  No

## SECTION V. Administrative Functions

### A. General

1. Does the agency have accumulated interest on WX funds? Yes  No
2. Can the Agency show rebates are going back to the funding source that generated the rebate? Yes  No
3. Is the Agency maintaining separate LIHEAP Crisis files? Yes  No

### B. Vehicles & Property

4. What is the Agency's policy for disposing of equipment/material purchased with federal funds?
- a. Review documents for transfer and disposal. Yes  No
5. Have any vehicles been rented or leased during the past contract year? Yes  No
6. Are the vehicles currently being used adequate for the job? Yes  No
7. Are other vehicles needed? Yes  No
8. Are vehicles/equipment purchased with weatherization funds being used for other programs? Yes  No
- a. If so, how is compensation made to the DOE program?
9. Are vehicles securely stored? Yes  No
- a. Where?
10. Are there indications of the vehicles being used for personal use? Yes  No
11. Is maintenance of vehicles documented? Yes  No

12. Are emergency procedures posted in case of an accident? Yes  No
13. Is emergency equipment available? Yes  No

### C. Personnel

14. Are there adequate time and attendance records for all employees in the program? Yes  No
15. If an employee is paid from more than one source of funds, is there adequate documentation to support the amount billed to each source? Yes  No
16. Are travel records sufficient to document travel expenses? Yes  No
- a. If out-of-state is there State approval? Yes  No
17. Describe any personnel issues identified during the monitoring visit (office staff or field staff).

## SECTION VI. EXIT INTERVIEW

1. Held interview with Executive Director or other appropriate official in addition to the energy coordinator ?. Yes  No

Name: \_\_\_\_\_

Date: \_\_\_\_\_

2. Discussed findings pointing out strengths and weaknesses of the program? Yes  No
3. Offered recommendations and possible solutions for the area in question? Yes  No
4. Allowed for feedback from the agency before concluding visit? Yes  No

Comments: \_\_\_\_\_