

# STATE OF UTAH

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

## 2018-2019 SUB-GRANTEE PROGRAMATIC 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 \_\_\_\_\_

Items from previous monitoring for follow-up

**AGENCY CURRENT CONTRACTS #**

**On Site Monitoring :**

**SECTION II. Client Intake Process**

Sample Size \_\_\_\_\_

- 1. Is there unnecessary client information in the client files? Yes  No  \_\_\_\_\_ #comply
- 2. Does it appear clients being take off the Priority List in order? Yes  No  \_\_\_\_\_ #comply
- 3. Does the sample of Client Files reviewed indicate Priority Points are being awarded properly? Yes  No  \_\_\_\_\_ #comply
- 4. Is the Agency collecting utility billing history on clients? Yes  No  \_\_\_\_\_ #comply
- 5. What categories of Priority Points were noted in the sample?
  - Handicapped
  - Time on waiting list
  - Fuel assistance recipient
  - High Energy Burden
  - Senior citizens
  - Young children
  - High-energy users
  - Other
- 6. Is client income being annualized? (DOE Qualifications) Yes  No  \_\_\_\_\_ #comply
- 7. Is an agency signing the application when they approve it? Yes  No  \_\_\_\_\_ #comply
- 8. HEAT Certificate in file? Yes  No  \_\_\_\_\_ #comply

- 9. Review the last applicants that were Denied Service. Sample Size \_\_\_\_\_
  - a. Were these justified? Yes  No  \_\_\_\_\_ #comply
  - b. Client initial notification Yes  No  \_\_\_\_\_ #comply
  - c. Client given time to correct deficiency Yes  No  \_\_\_\_\_ #comply
  - d. Was Final Notification sent? Yes  No  \_\_\_\_\_ #comply

e. Did it include a way to Appeal? Yes  No  \_\_\_\_\_ #comply

**Rental Property**

- 1. Is Agency collecting the Cost Shares from Landlord on Income Property? Yes  No  (If No skip 2-4)
- 2. Is the Agency using the 10% Admin from the Cost Share? Yes  No
- 3. Is it clear the balance of the Cost Share is going in to the project? Yes  No
- 4. 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

**SECTION III. Purchasing, Inventory & Contracting**

**A. Purchasing**

- 1. Does the agency have written procurement procedures? Yes  No
- 2. 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 3 solicitation of bid for WX materials? Yes  No
  - b. Material specifications clearly conveyed? Yes  No  \_\_\_\_\_ #comply
  - c. Multiple vendors solicited? Yes  No  \_\_\_\_\_ #comply
  - d. Selection criteria established? Yes  No  \_\_\_\_\_ #comply
  - e. Is there evaluation and scoring criteria? Yes  No  \_\_\_\_\_ #comply
- 3. Material returns being credited to agency accounts? Yes  No

4. Are they blending funds on invoices? Yes  No

5. Are materials being assessed against funding sources when there are not invoices showing materials were purchased using that fund? Yes  No

General Comment on Intake, Client Files, Priority List etc:

**B. Inventory**

**CLIENT FILE INVENTORY SAMPLE**

6. From the sample track materials from 3 client files back to the master inventory.

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

Comments:

**Health & Safety Survey**

Compare their H&S Survey results to their actual file data.

Yes      No

Does agency have a system in place to ensure data is accurate?

Yes      No



7. Number of storage facilities? \_\_\_\_\_
8. Adequate space (size, location)? Yes  No
9. Reasonably accessible for program staff? Yes  No
10. Adequate security (theft, damage, exposure)? Yes  No
11. 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 & Use of Contractors

Has agency issued a service contract in the last year? Yes  No

Complete when Agency has issued a contract 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 & Scoring Criteria? Yes  No
- f. Selection process detailed? Yes  No

Comments:

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? Yes  No

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

5. Is there proof of agency verifying debarment in SAM's.gov? Yes  No

(Must be a screenshot of the webpage date/time stamped prior to the contract execution date)

If No:

a. Is there verification that the contractor was paid less than \$25k in the PY?

Yes  No

6. Are the invoices from the contractor itemized? Yes  No

a. Materials Yes  No

b. Labor Yes  No

c. Travel Yes  No

d. By ECM, IRM, HSM, NAM Yes  No

7. Select sample and verify proof of payment to the contractor. Sample Size \_\_\_\_\_

a. Does it match the RFF in WebGrants? Yes  No  \_\_\_\_\_ #comply

8. Can agency show documentation of delivery and receipt of field guides by contractor?

Yes  No

**D. Crisis Service Call Program**

Sample Size \_\_\_\_\_

1. Did the Crisis file sample have complete applications? Yes  No  \_\_\_\_\_ #comply

2. Were HEAT Certificates present in all files? Yes  No  \_\_\_\_\_ #comply

3. Did files contain inventory records? Yes  No  \_\_\_\_\_ #comply
4. Were invoices for contractors in files? Yes  No  \_\_\_\_\_ #comply
5. Were any rental units serviced under this program? Yes  No  \_\_\_\_\_ #comply
6. Were any water heaters replaced using this program? Yes  No  \_\_\_\_\_ #comply

General Comment on Crisis Service Call Work:

## SECTION V. Administrative Functions

### A. General

1. Can the agency show utility rebates are going back to the funding source that generated the rebate? Yes  No
2. Can you verify the rebates received align with data from Questar? Yes  No

### B. Vehicles & Property

3. What is the Agency's policy for disposing of equipment/material purchased with federal funds?
- a. Review the master property inventory, select sample of items, and verify. Sample Size \_\_\_\_\_
- b. Accountability of property sample aligns with master? Yes  No  \_\_\_\_\_ #comply  
Federal award number etc. on tracking log?
- c. Review documents for transfer and disposal. Yes  No
- d. Disposed or transferred property still on master? Yes  No   
**Need to add federal award number to inventory. refer to email 2-2-2017**
4. Have any vehicles been rented or leased during the past contract year? Yes  No
5. Are the vehicles currently being used adequate for the job? Yes  No
6. Are other vehicles needed? Yes  No

7. 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?

b. At what rate per mile?

8. Are vehicles securely stored? Yes  No

a. Where?

9. Are there indications of the vehicles being used for personal use? Yes  No

10. Verify maintenance of vehicles documented? Yes  No

What was reviewed?

11. Are emergency procedures posted in case of an accident? Yes  No

12. Is emergency equipment available? Yes  No

13. Are tools and equipment in locked storage? Yes  No

14. Is there a master list of tools and equipment? Yes  No

**C. Personnel**

Pay Period Reviewed \_\_\_\_\_

15. Are there adequate time and attendance records for all employees in the program? Yes  No

Employee Name	Did they charge time to multiple funding sources?	Was their time allowable?	Does the time card align with the RFF?


16. 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

17. Are travel records sufficient to document travel expenses? Yes  No

a. If out-of-state is there State approval? Yes  No

18. 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. Discussed the technical monitoring Yes  No

4. Discussed previous End of Year Summary Yes  No

5. Discussed current production and funding Yes  No

6. Offered recommendations and possible solutions for any area in question? Yes  No

7. Allowed for feedback from the agency before concluding visit? Yes  No

Comments: