

COLUMBIA COUNTY YOUTH BUREAU

ON-SITE MONITORING

		Yes	No
I.	Service Provisions:		
A.	Is the number of youth served and demographic/need the same as described in the application?	___	___
B.	Is the geographic area the same as that described in the application?	___	___
C.	Are the program's facilities the same as described in the application?	___	___
D.	Are the program sites in compliance with Health Department codes and is documentation on file at the site?	___	___
E.	Are the services/programs being offered the same as described in the application and are they being offered on the days and times that are stated in the application? If no please explain.....	___	___
F.	Are these programs/services provided to participants free of charge:	___	___
G.	Is equal access to services provided to all youth regardless of sex, race, creed, color, national origin or disability	___	___
II.	Personnel:		
A.	Do all staff hired under the contract have or exceed the qualifications for their positions as called for in the contract?	___	___
B.	Does your agency keep an updated file on each employees (resume, application, tax forms and employee evaluation forms)?	___	___
C.	Are equal employment opportunities provided to all applicants regardless of race, color, national origin, sex religion or disability?	___	___
D.	Does your program use volunteers to assist with providing its services? If yes, please explain how they are recruited, trained, supervised and used within your program.	___	___
E.	Have the duties of the program staff changed from the original contract? If yes, please explain	___	___
F.	Does the funded agency keep the following on site:		
	- personnel policy manual	___	___
	- job descriptions	___	___
	- documentation of employee recruitment efforts	___	___

III. Governance/Administration:

	Yes	No
A. Does the funded agency keep the following on file:		
- agency administration policies	_____	_____
- staff meeting documentation	_____	_____
- Board of Directors by-laws		
- Board minutes	_____	_____
- List of current Board members	_____	_____

IV. Fiscal Procedures:

A. Are separate records for each program (if there is more than one) being kept?	_____	_____
B. Are time sheets signed, reviewed and kept on file by the supervisor?	_____	_____
C. Is the financial ledger maintained and posted up-to-date?	_____	_____
- are cancelled checks kept on file and in order?	_____	_____
- are the bank statements reconciled monthly?	_____	_____
- are deposit slips kept on file?	_____	_____
D. Is the agency registered as a not-for-profit?	_____	_____
E. Does the fiscal officer have a copy of the approved OCFS budget?	_____	_____
F. Are monthly/quarterly claims completed and submitted in a timely manner?	_____	_____
G. Was last years Program Annual Report form completed and submitted in a timely manner?	_____	_____
H. What type of self-monitoring system, if any, is used within your agency:	_____	_____
I. Do you keep a cash disbursement journal?	_____	_____
J. Do you receive reimbursement on any rent/lease agreement that you agency may have?	_____	_____

QUESTIONS SPECIFIC TO EACH MONITORED PROGRAM

I. Please describe highlights and or accomplishments of the program.

II. What problems, if any have occurred within the program, and what steps have been or will be taken to correct them?

III. Will you successfully claim for your allocated funding as projected?

IV. List agencies or community groups used as networking sources.

V. Please list any additional comments you may have.
