**Monitoring Review Report for All Programs**

**Financial Matters Worksheet**

In order to help us understand how financial matters are handled for your program, please complete the

following questionnaire prior to the monitoring. In addition to items requested below, you will need to have a copy of your agency’s accounting policies and procedures available at the time of the monitoring.

|  |
| --- |
| **PROGRAM INFORMATION** |
| County: |       | Component ID: |       |
| Sponsoring Agency: |      The agency is a non-profit: [ ]  Yes [ ]  NoFederal ID #:       |
| Program Name: |       |
| Person completing this worksheet: |       |
| Title: |       |
| Date of Completion: |       |

|  |
| --- |
|       |

1. Who is the agency finance officer?

2. Does your agency use an accounting firm? [ ]  Yes [ ]  No

If so, please provide the following information about the firm:

|  |  |
| --- | --- |
| Name: |       |
| Address: |       |
| Contact Number: | (     )     -      ext:       |

3. Does your agency have its books audited? [ ]  Yes [ ]  No

If so, please provide the following information about your auditor.

|  |  |
| --- | --- |
| Name: |       |
| Address: |       |
| Contact Number: | (     )     -      ext:       |
| Date of last audit: |       |

4. Describe how your program documents expenditures. Include who authorizes expenditures, who authorizes invoices for payment, who processes invoices for payment, who records invoices, who reviews invoices, and who initiates (prints) the check to be signed and/or authorizes electronic payments.

[NOTE: Random samples of the agency’s financial records that demonstrate the agency’s practice must be reviewed.]

|  |
| --- |
|       |

5. **Applies ONLY to non-profits**.

 For expenses greater than the Board approved disbursement limit, they **must either be**:

1) Approved in writing by two persons so designated by the Board.

|  |  |
| --- | --- |
| Indicate who approves by name and title: | 1.      2.       |

**OR**

2) Be paid with a check signed by two persons so designated by the Board.

|  |  |
| --- | --- |
| Indicate who signs checks by name and title: | 1.      2.       |

[NOTE: Random samples of the agency’s financial records that demonstrate the agency’s practice must be reviewed.]

6a. If your program shares expenses with other programs or components of your agency, what is the basis for the prorated portion charged to the JCPC funded program?

|  |
| --- |
|       |

6b. Describe how your program maintains receipts and expenditures for the JCPC funded program separate from other program funds and expenses.

|  |
| --- |
|       |

6c. Can the program identify actual JCPC expenditures in the final accounting form completed at the end of the fiscal year? [ ]  Yes [ ]  No If no, briefly explain.

|  |
| --- |
|       |

7. Describe how your program documents reimbursements. Include who authorizes reimbursements, who processes reimbursements, who records reimbursements, who reviews reimbursements, who initiates (prints) the check, and who signs the check.

[NOTE: Random samples of the agency’s financial records that demonstrate the agency’s practice must be reviewed.]

|  |
| --- |
|       |

8. Are all reimbursements approved by a supervisor? [ ]  Yes [ ]  No

 If no, briefly explain.

|  |
| --- |
|       |

9. Are copies of receipts attached to all reimbursement requests? [ ]  Yes [ ]  No

 If no, briefly explain.

|  |
| --- |
|       |

|  |
| --- |
|       |

10. What is your mileage reimbursement rate?

11. What are your reimbursement rates for meals and lodging?

|  |
| --- |
|       |

12. Does your agency/program maintain original invoices and receipts? [ ]  Yes [ ]  No

 If no, briefly explain.

|  |
| --- |
|        |

13. Describe the agency’s control over cash receipts and the responsible individuals at each step including who receives incoming cash and checks, records receipts of cash/checks, and makes the bank deposit.

|  |
| --- |
|       |

14. Describe the agency’s bank statement review and reconciliation process and indicate the responsible person at each step.

|  |
| --- |
|       |

15. Is there third party review and reconciliation of bank statements? [ ]  Yes [ ]  No

 If yes, complete the following:

|  |  |
| --- | --- |
| Name: |       |
| Address: |       |
| Contact Number: | (    )     -      ext:       |
| Describe Process: |       |

16. Describe the agency’s payroll procedures and controls. Include the responsible individuals at each step. Note who reviews and authorizes timesheets for program employees and the relationship of the authorizing individual to the employee in the organization.

|  |
| --- |
|       |

17. Describe the controls employed if your program uses a credit card for purchases/expenditures.

 [ ]  Applicable [ ]  Not applicable

|  |
| --- |
|       |

18a. Does the program maintain an up-to-date approved budget at all times? [ ]  Yes [ ]  No

 If no, briefly explain.

|  |
| --- |
|       |

18b. Does the agency’s general ledger reflect the budget for the JCPC program in the same manner

 in which the program’s budget was approved? [ ]  Yes [ ]  No

 If no, briefly explain.

|  |
| --- |
|       |

**\*\*\* Attach a general ledger report, for the present fiscal year, that is subtotaled by vendor, showing each check number, payee amount of check and check date.**

19. Indicate the accounting software application used by your agency/program.

|  |
| --- |
|       |

20. Does your agency comply with state and federal reporting and accounting requirements?

[ ]  Yes [ ]  No If no, briefly explain.

|  |
| --- |
|       |

21. Who is responsible for ensuring that your agency is in compliance with these guidelines?

|  |
| --- |
|       |

22. How does your agency continue fiscal management in the event that the responsible person is out for an extended period of time?

|  |
| --- |
|       |

|  |
| --- |
| Comments:       |

**IN-KIND CONTRIBUTIONS**

23a. How does the agency document the receipt and use of the in-kind contributions for this

 program?

|  |
| --- |
|       |

23b. Who documents receipt and value of in-kind contributions?

|  |
| --- |
|       |

24. List the In-kind contributions that are reflected in the program agreement for your program, indicate the value of the contribution and the basis for how the value was assigned.

|  |  |
| --- | --- |
| Type of In-kind | Value and Source of Valuation |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |

**Items 25-30 are for non-profit agencies only.**

25. Does the sponsoring agency’s governing board review fiscal reports for the program at least quarterly? [ ]  Yes [ ]  No If no, briefly explain.

|  |
| --- |
|       |

26. Does the agency follow all county requirements for disbursement and accounting for the JCPC funds? [ ]  Yes [ ]  No If no, briefly explain.

|  |
| --- |
|       |

27. Does the agency follow all reporting requirements for the state of North Carolina for non-profit organizations relative to the type and amount of funding received?

[ ]  Yes [ ]  No If no, briefly explain.

|  |
| --- |
|       |

28. Does the agency file a 990 annually (Annual Federal tax return for employers)?

 [ ]  Yes [ ]  No If no, briefly explain.

|  |
| --- |
|       |

29. Is the agency up to date in filing its 941 (Quarterly Federal taxes for employers)?

 [ ]  Yes [ ]  No If yes, briefly explain.

|  |
| --- |
|       |

30. Are there any levies or pending levies from State and/or Federal or other entities?

 [ ]  Yes [ ]  No If yes, briefly explain.

|  |
| --- |
|       |

**Overall Comments**:

|  |
| --- |
|       |