

Exhibit 17-1 6509.2 REV-7 CHG-2
 Community Compass Technical Assistance and Capacity Building Program

Guide for Review of Community Compass TA Program Overall Management			
Name of Recipient:		Name of Subrecipient (if applicable):	
Award Numbers Reviewed:			
Staff Consulted:			
Name(s) of Reviewer(s):		Date:	

NOTE: Most questions that address requirements contain the citation for the source of the requirement (statute, regulation, *Federal Register* notice/NOFA, or cooperative agreement). However, in some instances, a controlling document (i.e., cooperative agreement or *Federal Register* Notice/NOFA) is provided without a specific citation. This is because requirements can vary significantly by award, causing the applicable cooperative agreements and published Notices/NOFA to vary accordingly. If requirements are not satisfied in these instances, HUD should ensure that citations to the source of the requirement are appropriately noted in the section identified as “Describe Basis for Conclusion.” In addition, certain requirements may only apply to certain award recipients; carefully review the citation to determine its applicability. If a requirement is not met, HUD must select “No” in response to a the question and make a finding of noncompliance. Other questions may not address requirements, but are included to assist the reviewer in understanding the recipient’s program more fully and/or to identify issues that, if not properly addressed, could result in deficient performance. Negative conclusions to these questions may result in a “concern” being raised, but not a “**finding.**”

Instructions: Use this Exhibit to review the recipient’s overall administration of the TA award management and verify compliance with OMB Circular A-87, OMB Circular A-122, 24 CFR parts 84and 85 (2013 edition), and awards issued before December 26, 2014. This is Exhibit is also used for verifying the recipient’s compliance with 2 CFR Part 200, for awards issued on or after December 26, 2014. This Exhibit is broken out by questions pertaining to 24 CFR Part 84 (Sections A – D) and questions pertaining to 2 CFR Part 200 (Sections E – H). Note that, in this Exhibit, the following terms are used interchangeably when referring to recipients: program participant, recipient, non-Federal entity, and awardees. This Exhibit is divided into 15 sections: Award Management and Oversight; Performance; Record Retention and Access; Closeout; Program Income; Award Management and Oversight; Record Retention and Access; Closeout; Conflict of Interest (Nonprocurement); Drug-Free Workplace; Lobbying Restrictions; Suspension and Debarment; FFATA Reporting; Limitation on Use of Funds; and Staff Rates.

Questions:

FOR MONITORING COVERED BY 24 CFR PART 84

A. AWARD MANAGEMENT AND OVERSIGHT

1.

a. Does the recipient review its activities to ensure that they are program-eligible? [NOFA; Cooperative Agreement]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Basis for Conclusion:	
b. Does the recipient monitor its activities to ensure compliance with applicable program requirements and that performance expectations are being achieved? [24 CFR 84.51(a) or 24 CFR 85.40(a)]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A

Community Compass Technical Assistance and Capacity Building Program

Describe Basis for Conclusion:

2.

Have the recipient's funds been monitored by internal audit staff? If yes, provide the award number, date of audit, and action taken by the recipient in response to internal audit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

Describe Basis for Conclusion:

3.

Does the recipient have a process for assigning and delegating responsibilities for implementing and managing the TA program? If yes, describe that process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

Describe Basis for Conclusion:

4.

a. Has the recipient provided a current organization chart, or other document identifying roles and responsibilities related to the TA program? [NOFA]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

Describe Basis for Conclusion:

b. Does the recipient have a person or persons explicitly identified for the day-to-day administration of the program? If yes, include person(s) by name and title and how long the person(s) have been in the position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

Describe Basis for Conclusion:

c. Has the recipient lost key personnel in the last fiscal year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

Describe Basis for Conclusion:

d. Do the key personnel have appropriate authority to affect change or force actions to occur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

Describe Basis for Conclusion:

5.

a. Does the recipient have a written process in place to track the progress of each work plan and eligible activity? [24 CFR 85.40 or 24 CFR 84.51; Cooperative Agreement]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

Describe Basis for Conclusion:

b. If yes, does the recipient have a system or procedure for periodically assessing the effectiveness of each activity being funded under the program as a whole?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

Exhibit 17-1 6509.2 REV-7 CHG-2
 Community Compass Technical Assistance and Capacity Building Program

[24 CFR 85.40 or 24 CFR 84.51; Cooperative Agreement]	
Describe Basis for Conclusion:	
c. If yes, does the system effectively identify progress and problems to enable corrections or adjustments, as needed?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Basis for Conclusion:	

B. PERFORMANCE

6.

Does the recipient timely submit the required performance report to HUD? [24 CFR 84.51(b) or 24 CFR 85.40; Cooperative Agreement]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Basis for Conclusion:	
Does the recipient submit its quarterly financial reports (e.g., SF 425) timely and accurately? [Cooperative Agreement]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Basis for Conclusion:	

7.

Does the recipient have a system to collect the following performance data for quarterly reporting, with regard to the use of TA funds:	
a. A comparison of actual accomplishments to the objectives of the HUD award or subaward established for the period? [24 CFR 84.51(d)(1) or 24 CFR 85.40(b)(2)]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Basis for Conclusion:	
b. The reasons why established goals were not met, if appropriate? [24 CFR 84.51(d)(2) or 24 CFR 85.40(b)(2)(i)]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Basis for Conclusion:	
c. Additional pertinent information including, when appropriate, analysis and explanation of cost overruns or high unit costs? [24 CFR 84.51(d)(3) or 24 CFR 85.40(b)(2)(ii)]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Basis for Conclusion:	

8.

Does the recipient have a system in place for complying with all requirements of the Federal award? [24 CFR 84.21 or 24 CFR 85.20]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
---	---

Community Compass Technical Assistance and Capacity Building Program

Describe Basis for Conclusion:

9.

a. Is the recipient in-house information consistent with the information entered in monthly status reports or quarterly reports, as applicable? [24 CFR 85.20(b)(1) or 24 CFR 84.21(b)(1)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

Describe Basis for Conclusion:

b. If discrepancies were noted, do the inconsistencies appear to be isolated or systemic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

Describe Basis for Conclusion:

C. RECORD RETENTION AND ACCESS

10.

Does the recipient maintain sufficient records to demonstrate compliance with TA program requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

Describe Basis for Conclusion:

11.

Does a randomly selected review of key personnel costs (e.g., timesheets) and other costs reveal that staff and other costs supported eligible TA activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

Describe Basis for Conclusion:

12.

Does a randomly selected review of cost records show that TA funds have been disbursed for eligible activities (e.g., administration, coordination, direct TA, needs assessment, training, tools/products, knowledge management, data analysis, or NAHASDA)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

Describe Basis for Conclusion:

D. CLOSEOUT

13.

If the award being monitored has been closed out, did the program participant: <ul style="list-style-type: none"> • Repay any funds owed to HUD as a result of later refunds, corrections, or other transactions, including final indirect cost rate adjustments? • Comply with the audit requirements? • Comply with property management and disposition requirements? [24 CFR 84.71 or 24 CFR 85.50; Cooperative Agreement]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

Describe Basis for Conclusion:

E. PROGRAM INCOME

14.

If the recipient engaged in allowable activities that generate program income, do records confirm the following:			
a. program income earned during the award term was retained by the recipient and committed to the award, as evidenced on financial reports? [Cooperative Agreement]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			
b. program income was expended on eligible activities? [Cooperative Agreement]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			

FOR MONITORING COVERED BY 2 CFR PART 200

F. AWARD MANAGEMENT AND OVERSIGHT

15.

Does the recipient appropriately report in the Federal Funding Accountability and Transparency Act of 2006 (FFATA) and register in System for Award Management ? (If yes, describe what was reported and when SAM registration occurred.) [2 CFR parts 25 and 170] [2 CFR 200.300]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			

16.

a. Does the recipient monitor its activities to ensure compliance with applicable program requirements, including the eligibility of activities, and that performance expectations are being achieved? [NOFA Section III.C; Cooperative Agreement; 2 CFR 200.328(a)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			

17.

Does the recipient timely submit the required performance report to HUD? [Cooperative Agreement; 2 CFR 200.328(b)(1)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			

18.

Community Compass Technical Assistance and Capacity Building Program

Does the performance report contain:			
a. A comparison of actual accomplishments to the objectives of the HUD award or subaward established for the period? [2 CFR 200.328(b)(2)(i)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
b. The reasons why established goals were not met, if appropriate? NOTE: This information may repeat information on significant developments reported to HUD under 2 CFR 200.328(d), such as problems, delays, or adverse conditions which materially impair the ability to meet the objective of the HUD award. [2 CFR 200.328(b)(2)(ii)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
c. Additional pertinent information including, when appropriate, analysis and explanation of cost overruns or high unit costs? [2 CFR 200.328(b)(2)(iii)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			

G. RECORD RETENTION AND ACCESS

19.

a. Does the non-Federal entity collect, transmit, and store, whenever practicable, HUD award-related information in open and machine-readable formats rather than in closed formats or on paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			
b. If the non-Federal entity requires paper copy submissions from its subrecipients or contractors, does it limit the submission to no more than the original and two copies? [2 CFR 200.335]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			
c. If the non-Federal entity substitutes electronic versions of original paper records through the use of duplication or other forms of electronic media, does the non-Federal entity ensure that the electronic versions are subject to periodic quality control reviews, provide reasonable safeguards against alteration, and remain readable? [2 CFR 200.335]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			

20.

Does HUD have access to all documents, papers, or other records of the non-Federal entity that are pertinent to the HUD award, in order to make audits, examinations, excerpts, and transcripts, including timely and reasonable access to the non-Federal entity's personnel for purposes of interviews and discussions related to such documents? [2 CFR 200.336(a)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			

H. CLOSEOUT

21.

If the award being monitored has been closed out, did the non-Federal entity: <ul style="list-style-type: none"> • Repay any funds owed to HUD as a result of later refunds, corrections, or other transactions including final indirect cost rate adjustments? • Comply with the audit requirements in Subpart F of 2 CFR part 200, if applicable? • Comply with property management and disposition requirements in 2 CFR Subpart D, §§200.310 – 200.316, if applicable? • Comply with record retention requirements of 2 CFR §§200.333 – 200.337, as applicable? [2 CFR 200.344]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Basis for Conclusion:	

FOR MONITORING ALL AWARDS

I. CONFLICT OF INTEREST (NONPROCUREMENT)

22.

a. Is the recipient in compliance with the NOFA conflict of interest requirements or has an exception been granted? [NOFA]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Basis for Conclusion:	
b. Is the recipient in compliance with the TA Program conflict of interest requirements or has an exception been granted? [Cooperative Agreement]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Basis for Conclusion:	

J. DRUG-FREE WORKPLACE

23.

Does the recipient have a compliant drug-free workplace statement? [NOFA Administrative and National Policies]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Basis for Conclusion:	

24.

Community Compass Technical Assistance and Capacity Building Program

If the requirements of the Drug-Free Workplace certification were monitored, is the recipient in compliance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			

K. LOBBYING RESTRICTIONS

25.

If the recipient conducts lobbying activities, did the recipient correctly submit a disclosure form SF LLL? [2 CFR 200.415; 24 CFR 87 Appendix A; NOFA Administrative and National Policies] [legacy: OMB Circular A-87, Attachment B, 24]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			

L. SUSPENSION AND DEBARMENT

26.

If this area was reviewed, was the recipient determined to be in compliance with the applicable requirements? [2 CFR 200.213; 2 CFR 2424; NOFA Administrative and National Policies]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			

M. FFATA REPORTING

27.

If this area was reviewed, was the recipient determined to follow the applicable requirements? [2 CFR 200.300 → 2 CFR 170 Appendix A; NOFA Administrative and National Policies]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			

N. LIMITATION ON USE OF FUNDS

28.

a. Were funds used to support technical assistance activities that were independent of a HUD responsibility or a HUD contractor? [Cooperative Agreement]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

Exhibit 17-1 6509.2 REV-7 CHG-2
 Community Compass Technical Assistance and Capacity Building Program

Describe Basis for Conclusion:			
b. Do the records demonstrate that no award funds were used to carry out activities authorized only to be carried out by grantees? [Cooperative Agreement]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			

O. STAFF RATES

29.

Are the salaries compliant with the Executive Level caps for persons billed? ? [NOFA]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			