|  |  |
| --- | --- |
| **Grantee Name:** |       |
| **Date:**  |       | **Contract Year:**  |       |

**Instructions:** Please submit this report to the **“shared mailbox” (****dos.sm.dcs@dos.ny.gov****) and** to your **assigned analyst** 30 days after the end of each quarter.Please contact your assigned Program Analyst with questions.

*\*Please click on each check box to add ‘X’, click second time to remove ‘X’.*

|  |  |  |
| --- | --- | --- |
|  | **Reporting Quarter:**  |  **[ ]  1 [ ]  2 [ ]  3 [ ]  4** |
| **FISCAL** | 1. **What date was the last financial report submitted for the current *entitlement* contract year?**
 |
| Click applicable check box: [ ]  **20%** [ ]  **45%** [ ]  **70%** | **Date Submitted**: |       |
| If **no report** has been submitted, please explain in white area below: |
|       |
| Yes | No | 1. **Is a budget amendment necessary for the *entitlement* contract?**

If **yes**, please explain in white area below: |
| [ ]  | [ ]  |
|  |
| [ ]  | [ ]  | 1. **Have there been any changes to positions/titles as approved on the current *entitlement* contract Appendix B-2?** If **yes**, please explain in white area below:
 |
|  |
| 1. **What is the last date your agency’s Vendor Responsibility Questionnaire was updated?**
 |
| **Date last updated** (reminder, this requires updating every 6 months)**:** |       |
| [ ]   | [ ]  | 1. **Were there any adverse audit findings on the last agency-wide audit or recent funder audit/review?**

If **yes**, please explain in white area below: |
|       |
| If **yes** above, was a copy sent to your CSBG Fiscal Field Representative? (Please check the appropriate box) |
| [ ]  Yes [ ]  No |
| [ ]   | [ ]  | 1. **Are there cash flow issues?**

If **yes**, please explain the cause in the white area below: |
|       |
|  | 1. **What is the current balance on your organizations line of credit?** $
 |       |
| **What is the credit limit?** $ |       |
| [ ]   | [ ]  | 1. **Have any funding sources suspended, disallowed or withdrawn funding from your agency within the past 3 months?**

 If **yes**, please explain in white area below: |
|       |
| [ ]   | [ ]  | 1. **Have any contracts with your agency been terminated or suspended for cause within the past 3 months?**

 If **yes**, please provide detailed comments in white area below: |
|       |
| [ ]   | [ ]  | 1. **Has your agency been the subject of any audits or investigations** (outside of routine monitoring) **within the last 3 months?**

 If **yes**, please list in white area below: |
|       |
| [ ]   | [ ]  | 1. **Has your agency received any findings or recommendations as a result of other funder monitoring visits within the past 3 months?**

 If **yes**, please provide detailed findings in white area below: |
|       |
| [ ]   | [ ]  | 1. **Is your agency the subject of any pending lawsuit or other pending legal proceeding?**

If **yes**, please provide information on case(s) comments in white area below: |
|       |
| [ ]  | [ ]  | 1. **Is the agency current on its payroll?**

 If **no**, please explain in white box below: |
|       |
| [ ]  | [ ]  | 1. **Does your agency have overdue tax filings?**

 If **yes**, please explain in white box below: |
|       |
| [ ]  | [ ]  | 1. **Does your agency reconcile all its bank statements within one month of receipt?**

 If **no**, please explain in white area below: |
|       |
| [ ]  | [ ]  | 1. **Are there any major fiscal concerns that have come up this quarter?**

 If **yes**, please explain in white area below: |
|       |
| **GOVERNANCE** | [ ]  | [ ]  | 1. **Have there been changes to the board size, membership, or officers since the last site visit?**

 If **yes**, please explain (including sector impacted and related dates) in white area below: |
|       |
| [ ]  | [ ]  | 1. **Have there been changes to the bylaws since the last site visit?**

 If **yes**, please explain in white area below: |
|       |
| **ADMINISTRATION** | [ ]  | [ ]  | 1. **Is the MWBE utilization on track to meet the contract goals?**

If no, please explain in the white area below: |
|       |
| [ ]  | [ ]  | 1. **Do you expect that you will request a waiver from the MWBE goals?**

If yes, please briefly describe what good faith efforts have been made to meet the goals: |
|       |
| [ ]  | [ ]  | 1. **Have there been any significant staffing changes within your agency in the last 90 days?**

If yes, please explain in the white area below: |
|       |
| [ ]  | [ ]  | 1. **Have there been changes to operating documents (personnel policies, travel policies, fiscal policies, cost allocation plan) since the last site visit? (If yes, please attach)**

If **yes**, please list specific document(s) and briefly describe changes/updates in white area below: |
|       |
| **REPORTING** | [ ]  | [ ]  | 1. **Are changes needed to the current contract’s work plan?**

If **yes**, please explain in white area below: |
|       |
| [ ]  | [ ]  | 1. **Have there been any changes to the data collection and reporting process, or system used?**

If **yes**, please explain in white area below: |
|       |
| [ ]  | [ ]  | 1. **Have there been any problems reporting data and/or customer outcomes on the PPR or APR?**

If **yes**, please explain in white area below: |
|       |

**Certification and Affirmation:**

By my signature below, I hereby certify and affirm that all statements and representations contained herein are true and correct and that I am duly authorized by the governing body of the grantee named herein to submit this form on its behalf.

|  |  |
| --- | --- |
| Signature of Executive Director (CEO): |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Print Name:  |       | Date: |       |

|  |  |
| --- | --- |
| Signature of Finance Director (CFO):  |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Print Name:  |       | Date: |       |