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

**Instructions:** Please submit this report to the **“shared mailbox” (**[**dos.sm.dcs@dos.ny.gov**](mailto: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’.*

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|  | **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: | | | | | | | | |
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|  | |  | | 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: | | | | | | | | |
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| 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: | | | | | | | |
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| 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: | | | | | | | |
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|  | | | | | | 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 **Have any funding sources suspended, disallowed or withdrawn funding from your agency within the past 3 months?**   If **yes**, please explain in white area below: | | | | | | | |
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|  | |  | | | | 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: | | | | | | | |
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|  | |  | | | 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: | | | | | | | | |
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|  | |  | | | 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: | | | | | | | | |
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|  | |  | | | 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: | | | | | | | | |
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|  | |  | | | 1. **Is the agency current on its payroll?**   If **no**, please explain in white box below: | | | | | | | | |
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|  | |  | | | 1. **Does your agency have overdue tax filings?**   If **yes**, please explain in white box below: | | | | | | | | |
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|  | |  | | 1. **Does your agency reconcile all its bank statements within one month of receipt?**   If **no**, please explain in white area below: | | | | | | | | |
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|  | |  | 1. **Are there any major fiscal concerns that have come up this quarter?**   If **yes**, please explain in white area below: | | | | | | | | | | |
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| **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: | | | | | | | | | | |
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|  | |  | 1. **Have there been changes to the bylaws since the last site visit?**   If **yes**, please explain in white area below: | | | | | | | | | | |
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| **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: | | | | | | | | | | |
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|  |  | | 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: | | | | | | | | | | |
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| **REPORTING** |  |  | | 1. **Are changes needed to the current contract’s work plan?**   If **yes**, please explain in white area below: | | | | | | | | | | |
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|  |  | | 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: | | | | | | | | | | |
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**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.

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

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

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

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