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Site Visit Notification Letter

SITE VISIT NOTIFICATION LETTER
SAMPLE

January 1, 2002

Ms. Jane Smith
Executive Director
XYZ Agency
5678 West Street
Los Angeles, CA 90000

Dear Ms. Smith:

In accordance with the provisions of your Program contract, our Department has scheduled an on-site monitoring review with your agency. The site visit is scheduled for 9:00 a.m. on Monday, February 1, 2002.

The purpose of the visit is to observe the manner in which program services are provided, and to interview agency staff and program clients.

Please have the documents listed on the attachment available for our review.

If you have any questions, please contact Mr. John Doe, Program Monitor, of my staff at (213) 738-2222.

Sincerely,

Johnny M. James
CSS Program Manager

Attachment

ON-SITE DOCUMENT REVIEW

- Consultant agreements, if applicable
- Personnel files for staff charged to the contract
- Completed timecards
- Personnel policies and procedures
- Proof of in-kind contributions
- Program policies and procedures
- Client/participant files (all client files for the current contract period should be available)
- Data to support all services billed to the program
- Cancelled checks and bank statements
- Cash receipts journal or cash receipts control book
- Payroll ledger
- Written accounting procedures
- Supportive documents for expenditures – receipts, invoices or check requests
- Proof of required staff training, if applicable to the program
- Mileage reports or travel vouchers, if applicable
- Minutes for Board of Directors' meetings
- Rental agreements for space, along with cancelled checks
- Documentation to support all charges to the grant
- Clients/participants available for interview

**Monitoring Review Report
CAP Not Required**

**MONITORING REVIEW REPORT – CAP NOT REQUIRED
SAMPLE**

February 15, 2002

Ms. Jane Smith
Executive Director
XYZ Agency
5678 West Street
Los Angeles, CA 90000

Dear Ms. Smith:

On February 1, 2002, staff from Community and Senior Services of Los Angeles County conducted an on-site monitoring review of your Program for the period of July 2001 through September 2001.

The review consisted of: assessing your agency's level of compliance with the State, Federal and local provisions of your fiscal year 2001-2002 contract; observing your agency's services; and interviewing agency staff, volunteers and clients.

Based on our monitoring review, we find that your agency is in full compliance with its contract for services.

If you have any questions, please contact Mr. John Doe, Program Monitor, of my staff at (213) 738-0000.

Sincerely,

Johnny M. James
CSS Program Manager

**Monitoring Review Report
CAP Required**

**MONITORING REVIEW REPORT – CAP REQUIRED
SAMPLE**

February 15, 2002

Ms. Jane Smith
Executive Director
XYZ Agency
5678 West Street
Los Angeles, CA 90000

Dear Ms. Smith:

On February 1, 2002, Community and Senior Services of Los Angeles County staff conducted an on-site monitoring review of your Program. The purpose of the review was to accomplish the following:

- Ensure that an adequate system of record-keeping is in place
- Identify problems or questionable practices
- Ensure the accuracy of reported data

This is a report of the results noted during the review. Our staff monitor(s) concluded that your Agency's performance in the areas tested was **not in compliance**. The deficiencies are detailed below along with recommendations to correct these issues and a request for a Corrective Action Plan.

FINDINGS:

- Agency does not have personnel sign their timecards to verify the number of hours worked
- The percentage of time that staff work on programs from other funding sources (West Hollywood and Santa Monica) as well as the County's program is not shown on the respective timecards for grant and non-grant match personnel

RECOMMENDATIONS:

- Agency must have all staff sign their respective timecards
- If staff time is divided among other programs, timecards should reflect the percentage of the number of hours spent for each program
- Agency should respond within ten (10) business days from the date of this letter with a **Corrective Action Plan** to resolve the above deficiency.

If you require any further assistance, please contact Mr. John Doe, Program Monitor, of my staff at (213) 738-0000.

Sincerely,

Johnny M. James
Program Manager

**Monitoring Review Report
CAP Received/Approved**

**MONITORING REVIEW REPORT – CAP RECEIVED/APPROVED
SAMPLE**

April 10, 2002

Ms. Jane Smith
Executive Director
XYZ Agency
5678 West Street
Los Angeles, CA 90000

Dear Ms. Smith:

We have received and reviewed your proposal of corrective action dated March 30, 2002. In your response, you agreed to provide Community and Senior Services (CSS) with corrective measure in response to the findings that resulted from the on-site review conducted on February 1, 2002.

We approved the following corrective action:

- Each XYZ staff will sign their respective timecards
- If staff time is divided among other programs, timecards will reflect the actual number of hours spent for each program

We request that you provide documentation for this corrective action within 30 days of this letter. CSS monitoring staff has established the date for the follow-up visit to review these areas in question on _____, 2003.

If you require any further assistance, please contact Mr. John Doe, Program Monitor, of my staff at (213) 738-0000.

Sincerely,

Johnny M. James
Program Manager

Agreement to Accept Advance Contract Payment

AGREEMENT TO ACCEPT ADVANCE CONTRACT PAYMENT

This agreement is made and entered into this ____ day of _____, by and between the COUNTY OF LOS ANGELES, hereinafter referred to as the "OPERATING AGENCY."

WHEREAS, the Director, County Department of Community and Senior Services (CSS) has recommended and the Board of Supervisors has approved \$ _____ in funds to the OPERATING AGENCY for the purpose of conducting _____ program for the period of July 1st through June 30th, and

WHEREAS, the OPERATING AGENCY wishes to begin program activities with the use of these funds following the Board of Supervisor's approval, in anticipation of an executed contract with the COUNTY.

NOW THEREFORE, the parties hereto agree as follows:

- 1) OPERATING AGENCY shall be authorized to receive an advance payment under the terms and conditions of the Program contract with the COUNTY in the amount not to exceed \$ _____ which does not exceed 1/6 of the total amount of funds, approved by the COUNTY Board of Supervisors for said use by the OPERATING AGENCY.
- 2) OPERATING AGENCY affirms that it does not have the funds necessary to sustain operations pending receipt of reimbursement for earned revenues, and agrees to provide requested documentation of its financial status. The advance payment will be recovered from September 2002 through December 2002.
- 3) OPERATING AGENCY agrees that in the event a _____ Program contract is not executed by either party, for whatever reason, OPERATING AGENCY, shall reimburse the COUNTY the full amount of any funds received under this agreement.
- 4) OPERATING AGENCY agrees that prior to receipt of funds authorized under this agreement, it will obtain and maintain the required liability and worker's compensation insurance. Certificate of such insurance shall be provided upon execution of this agreement and shall name COUNTY as additional insured and shall notify COUNTY a minimum of thirty (30) days in advance of any modification or termination of insurance.

IN WITNESS THEREOF, the Board of Supervisors of the County of Los Angeles has caused this agreement to be subscribed on its behalf by the Director of the Department of Community and Senior Services or her designee, and the OPERATING AGENCY has subscribed the same through its authorized officer, the day, month, and year first above written. The person signing for the OPERATING AGENCY warrants under penalty of perjury that he or she is authorized to bind the OPERATING AGENCY.

COUNTY OF LOS ANGELES

BY: _____
Robert Ryans (Director CSS)

OPERATING AGENCY

Name: _____

APPROVED AS TO FORM:
LLOYD W. PELLMAN

BY: _____

Print Name Title

Justification for Advanced Payment

**JUSTIFICATION FOR ADVANCE PAYMENT
SAMPLE**

PLEASE COMPLETE THE FOLLOWING QUESTIONS TO JUSTIFY YOUR REQUEST FOR ADVANCE PAYMENT.

AGENCY NAME: _____

PROGRAM TITLE:
(Check the appropriate box)

- Program 1 Program 2 Program 3 Program 4

1. What is the total amount of funds needed? (Maximum funding is 1/6th of grant)

2. Are there other funds that can be used instead of requesting an advance payment? If yes, please explain why advance funds are being requested.

3. What is the plan to expend the funds? (i.e. salaries, rent, equipment, etc.)

4. Total amount requested: \$ _____

	_____ AGENCY SIGNATURE
	_____ DATE
APPROVED:	_____ CSS
	_____ DATE