

Department of Community Affairs  
Small Cities Community Development Block Grant Program

## Audit Review Checklist

_____ Recipient	_____ Signature of DCA Staff Monitor	_____ Date Prepared
_____ Contract Number	_____ Signature of Planning Manager	_____ Date Reviewed

This checklist should be completed for any audit not previously monitored. It should be used at any monitoring visit or site visit. During the visit or first monitoring, this may include fiscal years in which nor CDBG funds were received.

**General**

1. What is the local government fiscal year under review? \_\_\_\_\_
  
2. Based on the expenditure level of federal funds, is the local government required to complete a Single Audit pursuant to OMB Circular A -133 (*more than \$300,000*)? Yes No N/A
  
3. Has the audit been submitted to DCA yet? Yes No N/A
  
4. Is this audit review part of the routine monitoring process? Yes No N/A  
  
**If no**, is it the result of a problem brought to your attention by staff? (*Attach a copy of the Audit TA that identifies the problem.*) Yes No N/A
  
5. Has the audit been cleared by DCA? Yes No N/A  
  
**If yes**, what was the date it was cleared? \_\_\_\_\_
  
6. Were any grant specific findings or concerns expressed or were any compliances issued in the TA memorandum that relate to the CDBG program? Yes No N/A  
  
**If yes**, has an adequate response or corrective action plan been submitted? Yes No N/A  
  
Date the response or corrective action plan was submitted? \_\_\_\_\_
  
- If no**, has DCA advised the recipient of the inadequacy? Yes No N/A  
  
Date of the advisory letter? \_\_\_\_\_
  
7. Has the grantee taken the corrective action(s) promised in their response relative to the specific findings(s) or corrective action plan? Yes No N/A  
  
Status of incomplete corrective actions yet to be taken: (attach page if necessary)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
8. Is additional DCA monitoring recommended if the steps in the corrective action plan or the audit response have yet to be implemented? Yes No N/A  
  
**If yes**, in what areas?  
\_\_\_\_\_
  
9. If this monitoring visit is being conducted after April 30, has the local government submitted the audit to DCA (if required)? ***If no, issue a monitoring finding.*** Yes No N/A