

Instructions: Please complete this checklist to the best of your ability. Include where policies are found (county policy, agency policy, other) in the comments area. We will review this at the time of your monitoring visit.

Department of Health and Human Services  
Division of Public Health  
Financial Checklist

Program: DPH LTAT Administrative Monitoring FY 2023-2024  
Sub-recipient Agency: \_\_\_\_\_ County Health Department

Date:

Item/Procedure to be Checked	Yes	No	NA	Comments
1. A copy of the contract between the agency and DHHS is available.				
2. The agency's fiscal officer is familiar with the Contract Budget page.				
3. Written accounting procedures are set out in an accounting manual.				
4. A written policy for purchase request, approval, receipt and payment exists.				
5. The policy clearly identifies who may approve purchases.				
6. The policy clearly identifies who may approve payments.				
7. Two signatures are required on checks for payment.				
8. Costs are allocated to specific programs/grants based upon an allocation formula				
9. Purchases are documented with purchase request, approval, receipt, payments, and allocation documents.				
10. Property records are on file for all items with a useful life of more than one year and a purchase price of \$5,000 or more.				
11. Written procedures exist for appropriate allocation of personnel expense.				
12. Backup, source documents are available for expenditure reports.				
13. Categorical expenditures are in accordance with the approved Contract Budget.				

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14. Required prior approvals are requested and obtained before making budgetary and programmatic revisions.				
15. Monthly expenditure reports are submitted in the time frame required by the contract.				
16. Costs are consistently applied throughout the agency.				
17. Copies of annual audits and/or financial statements are on file.				
18. Vendors are reviewed by a responsible official to identify potential conflict of interest situations.				

- Use of this checklist, or a more extensive one that incorporates all of the above, is required.
- Completed checklists are to be maintained on file with site visit documentation.
- A copy should be provided to the sub-recipient agency.
- Required corrective actions should be addressed in the site visit report and a deadline given.
- A copy of the completed checklist should be provided to your fiscal officer for review.

Document Completed By: \_\_\_\_\_

Print \_\_\_\_\_

Signature \_\_\_\_\_

Position Title \_\_\_\_\_

Date \_\_\_\_\_