

**ALASKA HOUSING FINANCE CORPORATION
Research & Rural Development Department**

SUBGRANTEE:

MONITOR:

DATE:

**SECTION I
ADMINISTRATIVE MONITORING**

A. AGENCY FILES (Annual)

	YES	NO	N/A
a) Are you following WOM and state plan and other relevant documents in weatherization	X		
b) Program correspondence file-approvals and waivers	X		
c) Current grant and amendments-who is responsible	X		
d) Current MOA's for shared service area – signed by both grantees and AHFC if applicable	X		

COMMENTS:

B. AGENCY WEATHERIZATION PERSONNEL (SEMI-ANNUAL)

Personnel	YES	NO	N/A
a) Who is in charge of personnel management and policies	X		
b) All travel approved as eligible	X		
DOE funding below only (if applicable)			
a) All requirements passed through subcontracts	X		
b) QCI inspections on all completions	X		
c) Use of Field Guide in implementation	X		
LIHEAP funding, below only (if applicable)			
a) Funding source noted on client file	X		
b) Complies with stated allowable measures	X		
c) Expended/reported within period of performance	X		

Comments:

C. COMMUNITY FILES AND LOCAL OPERATING PROCEDURES (Annual)

	NUMBER	YES	NO	N/A
1) Outreach Activities-flyers/VHF/community meetings		X		
a) Local activities adequate		X		
b) Mass media activities		X		
c) Is AHFC identified as a funding source		X		
1) Client Waiting Lists		X		
a) Waiting List		X		
b) Denied applications		X		
A) Application Form		X		
a) Required Information		X		
B) Process for ensuring eligibility of homes		X		
a) Method of checking for prior weatherization		X		
C) All Client info treated as confidential?		X		
In House Inspection Process		X		
d) Quality Control/ inspection		X		
e) Files reviewed for completeness and accuracy?		X		
f) Diagnostics forms reviewed?		X		
g) Final inspection process		X		
h) Callback process		X		
i) Who does inspections				

COMMENTS:

D. WEATHERIZATION POLICIES AND PRACTICES

	YES	NO	N/A
a) Landlord Contributions	X		
b) How much collected (If applicable)	\$		
c) Deferral/Walkaway Policy	X		
i) policy in place	X		
ii) How used	X		
iii) How Often	0		
d) Fuel Switch Policy	X		
i) How Many			
ii) Conversions Justified			
h) Client eligibility/ priority procedures	X		
i) Is there a Priority rating checklist	X		
ii) Compliance with WOM in moving up the list	X		
i) Emergency Weatherization justification	X		

SECTION I COMMENTS:

**SECTION II
WAP PROPERTY CONTROL**

A) GENERAL

	YES	NO	N/A
a) Warehouse/Storage	X		
i) Storage facility	X		
ii) Adequacy of facility for storage purpose	X		
iii) Organization	X		
iv) Adequacy of security	X		
b) Multiple storage locations?			
c) Inventory Control – conducted annual inventory & reported findings to AHFC	X		
d) Overseer:	X		
e) Inventory control systems	X		
i) Account for breakage/shrinkage	X		
ii) Account for common materials	X		
iii) Any major disposal or loss in current year	X		
iv) Any major recent purchases	X		
v) Planned major purchases	X		
f) Have equip over \$250 been properly disposed of, i.e. sealed bid, transfer to another grantee, given to AHFC etc, and properly documented	x		

COMMENTS:

B) EQUIPMENT INVENTORY FILES

** = Important questions	YES	NO	N/A
g) Proper Approvals for purchases >/=\$5,000.00	X		
h) Master Inventory List **	X		
i) Serial numbers (if applicable) **	X		
j) Initial cost	X		
k) Date of purchase **	X		
l) Serviceability **	X		
m) Maintenance schedules **	X		
n) Warranties	X		
o) Operating manuals	X		
p) Funding source	X		
q) State PM approval (if required)	X		
r) Disposal of non-usable equipment	X		
s) Evidence of filed inventory control			
t) Compare to previous year			
u)	X		

Comments:

C) VEHICLES (Annual)

	YES	NO	N/A
a) Vehicle inventory			
i) Description (see comments below)			
ii) Serial number(s)			
iii) Purchase date			
iv) Purchase price			
v) Approval to purchase			
vi) Disposition			
b) # Owned			
c) # Leased			
d) Adequacy for job			
e) Condition			
f) Safety equipment			
i) First aid kit, flares, fire extinguishers			
ii) Maintenance schedules			
iii) Mileage logs for privately owned vehicles			

**SECTION IV
TRAINING & TECHNICAL ASSISTANCE (T&TA)**

	YES	NO	N/A
a) What classes have Wx staff taken?			
i)			
ii)			
iii)			
iv)			
b) What are the Wx staff training needs?			
i)			
ii)			
iii)			

SECTION IV COMMENTS:

**SECTION V
LEAD COMPLIANCE**

	YES	NO	N/A
a) Is the agency a registered “Certified Renovation” firm w/DOE	X		
b) Is there a “Certified Renovator” person on staff with the agency	X		
c) Is the agency complying with RRP regulations on all pre-1978 homes	X		
d) Is the agency supplying all pre-1978 home clients the brochure “Renovate Right”	X		
e) Are Certified Renovator documents filled out properly for each pre-1978 house	X		
f)	X		

SECTION VI : WEATHERIZATION READINESS JOBS

	YES	NO	N/A
a) How many homes received READY funds?	X		
b) Were they also weatherized?	X		
c) Are you separately tracking deferrals and Ready jobs?	X		