

HOME HHR/HCRI Program Program Administration File Checklist



Grantee:
Contract #:
Date:

File Contents	Present	Notes/Comments
Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Amendments	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Equal Opportunity/Fair Housing	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Procurement	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Financial Management Admin. Funds: Staff Time Reporting Receipts of Administrative Purchases Allocation Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Program Income Reporting	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	