Integrity Monitor Firm Name: [Type Here]

Quarter Ending: [MM/DD/YYYY]

Expected Engagement End Date: [MM/DD/YYYY]

## General Info

### Recovery Program Participant:

### [Type Here]

### Federal Funding Source (e.g. CARES, HUD, FEMA, ARPA):

### [Type Here]

### State Funding Source (if applicable):

### [Type Here]

### Deadline for Use of State or Federal Funding by Recovery Program Participant:

### [Type Here]

### Accountability Officer:

### [Type Here]

### Program(s) under Review/Subject to Engagement:

### [Type Here]

### Brief Description, Purpose, and Rationale of Integrity Monitor Project/Program:

### [Type Here]

### Amount Allocated to Program(s) under Review:

### [Type Here]

### Amount Expended by Recovery Program Participant to Date on Program(s) under Review:

### [Type Here]

### Amount Provided to Other State or Local Entities:

### [Type Here]

### Completion Status of Program (e.g. planning phase, application review, post-payment):

### [Type Here]

### Completion Status of Integrity Monitor Engagement:

### [Type Here]

### Monitoring Activities

### If FEMA funded, brief description of the status of the project worksheet and its support:

### IM Response

### 

### [Type Here]

### Recovery Program Participant Comments

### [Type Here]

### Description of the services provided to the Recovery Program Participant during the quarter (i.e. activities conducted, such as meetings, document review, staff training, etc.):

### IM Response

### 

### [Type Here]

### Recovery Program Participant Comments

### [Type Here]

### Description to confirm appropriate data/information has been provided by the Recovery Program Participant and description of activities taken to review the project/program:

### IM Response

### 

### [Type Here]

### Recovery Program Participant Comments

### [Type Here]

### Description of quarterly auditing activities conducted to ensure procurement compliance with terms and conditions of contracts and agreements:

### IM Response

### 

### [Type Here]

### Recovery Program Participant Comments

### [Type Here]

### If payment documentation in connection with the contract/program has been reviewed, provide description.

### IM Response

### 

### [Type Here]

### Recovery Program Participant Comments

### [Type Here]

### Description of quarterly activity to prevent and detect waste, fraud, and/or abuse:

### IM Response

### 

### [Type Here]

### Recovery Program Participant Comments

### [Type Here]

### Details of any integrity issues/findings, including findings of waste, fraud, and/or abuse:

### IM Response

### 

### [Type Here]

### Recovery Program Participant Comments

### [Type Here]

### Details of any other items of note that have occurred in the past quarter:

### IM Response

### 

### [Type Here]

### Recovery Program Participant Comments

### [Type Here]

### Details of any actions taken to remediate waste, fraud, and/or abuse noted in past quarters:

### IM Response

### [Type Here]

### Recovery Program Participant Comments

### [Type Here]

### Miscellaneous

### List of hours (by employee) and expenses incurred to perform quarterly integrity monitoring review:

### IM Response

### 

### [Type Here]

### Recovery Program Participant Comments

### [Type Here]

### Add any item, issue, or comment not covered in previous sections but deemed pertinent to monitoring program:

### IM Response

### 

### [Type Here]

### Recovery Program Participant Comments

### [Type Here]

Name of Integrity Monitor: [Type Here]

Name of Report Preparer: [Type Here]

Signature: [Sign Here]

Date: [MM/DD/YYYY]