

**YEAR END WBC REVIEW CHECKLIST**  
**Attach additional pages with responses if necessary**

The purpose of the year end review is to:

- 1) Evaluate appropriate spending and eligibility (testing transactions)
  - 2) Ensure the key personnel are in place (focus on change in employees)
  - 3) Ensure that they are on pace to achieve milestones
  - 4) Is match being spent?
  - 5) Random sampling of files
- A random sampling of training files (approximately 12 or more), verify that files have SBA form 888. Registration forms or sign-in sheets, attendee fees, evaluation forms, copy of brochure w/logo and disclaimers. (Program income should be listed on the 888s) Verify, where appropriate, that SBA is recognized by logo and disclaimer on marketing and all other promotional materials, including the WBC website.
  - A random sampling of counseling files (approximately 12 or more and should include face to face, on-line, and telephone counseling). Verify that files are complete and counseling narratives are sufficiently substantial to support continuity, i.e. another counselor should be able to read the narratives and continue counseling. Each file should contain an SBA Form 641 signed by client, narrative of counseling visit, marketing material, or any other documentation that is being worked on, such as Business Plan, Brochures, Marketing Plan, etc. DOTR should include telephone calls to clients as well.

**D. Financial Integrity**

1. As the Director of the Women's Business Center, do you personally have control of all program resources under the center's control?
2. Do you have organizational and operational functions in place that provide you with assurances that all funds are adequately accounted for and recorded?
3. Have any recommendations/findings that were found during the last financial examination pertaining to the WBC been rectified? (Attach letters, etc.)

4. Are all program income funds, to the best of your knowledge, properly accounted for and deposited promptly?
5. Provide a list of all program income from sources other than training.
6. Have you received match funds (non-federal, in-kind and program income)?

Please List Year to Date WBC Cash and In-Kind Match Obtained and Spent (This must include the entire non-federal amount on the approved budget)

FUNDING SOURCE   CASH   IN-KIND   PROGRAM INCOME   SPENT FOR WBC

7. Is there a variance of more than 10% between actual expenditures and the approved budget?
8. Provide a list of Contractors used, amount and purpose of Contract?
9. Please provide the following for all federal grants you have received?

Agency	Amount	Work Needed for Performance
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**CERTIFICATION**

I certify that the responses and information provided on this review are accurate and correct to the best of my knowledge.

WBC Name  
Executive Director/Program Director

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Signature and Date

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