CoC Program: Monitoring Guidance and Checklist

Agency:

Project Monitored:

Grant Number:

Monitoring Date:

Contract Year Monitored:

Total Grant Amount:

Number of Households Served PIT:

Type of CoC Funds:

Program Type:

Housing Innovations Staff Participating in Visit:

Grantee Monitoring Tool & Guide Updated 3/31/16

1. Using This Document

a. This document will be used during monitoring visits and includes all requirements that will be monitored.
b. Embedded in the tool is guidance regarding HUD and City of LOWELL (City) requirements. This guidance is intended to help CoC program recipients and subrecipients to maintain compliance with requirements and prepare for City and/or HUD Monitoring.
c. As we learn from the monitoring process about what is most helpful to recipients/subrecipients, we will make adjustments to the document.
d. Standards have been strategically selected from among HUD and City requirements to enable a one day monitoring visit. Projects are required to maintain compliance with all requirements, including those that are not monitored.
e. Projects monitored will receive a completed version of this tool approximately 30 days after the monitoring visit.

2. UPON ARRIVAL: Document assembling and review

Please have the following documents available upon arrival of monitors for the monitoring review:

a. City grant agreement for the project being monitored, including any amendments HUD project application (renewal or new, as appropriate) for the contract year being monitored
b. Most recent Annual Performance Report (APR) submitted to HUD
c. List of all participants served in past 12 months, including admission date and discharge date,
d. List of all applicants declined for admission in the past 12 months Most recent complete audit
e. List of all staff billed to HUD CoC contract, including name, title and % FTE billed to HUD CoC contract
f. Subrecipient written policies and procedures for the management of the CoC program (if the grantee has this), including:
   i. Confidentiality policy
   ii. Conflict of Interest policy
   iii. Eligibility and intake requirements for the program being monitored
   iv. Intake policy for the program being monitored (including all documents provided to participants and all documents participants must sign) – PSH only
   v. Service planning policy for the program being monitored
   vi. Client assessment policy for the program being monitored
   vii. Procurement policies
   viii. Agency Code of Conduct
   ix. Release of information forms provided to and completed by program participants.
   x. Job descriptions for all positions funded through CoC grant
   xi. Accounting policy and procedures manual including:
      1) Procedures for recording financial transactions

2) Written guidelines for authority to approve financial transactions
3) Guidelines for controlling expenditures including purchasing requirements and travel authorizations
4) How accounting records are to be maintained

PLEASE NOTE: If applicable, monitors will also need access to the following for charts selected: *leases/occupancy agreements, most recent rent calculations, environmental reviews , documentation of rent reasonableness, documentation of HQS inspections , documentation of Lead Based Paint Visual Inspections. Additionally, should the monitoring identify issues with the client charts under review, the monitors may seek to review additional charts to determine the pervasiveness of the issue.*

1. Site Visit

A project Site Visit consists of a number of components; client file review, leasing file review, unit inspections and fiscal reviews. It is important to make copies of any source documents used to establish compliance, or noncompliance with the component being reviewed.

2. Client File Review

A client file review is conducted to assure client eligibility and that an appropriate level of services is being provided to the client. This tool looks at participant eligibility, service provision, participant financial documentation and communication of policies and procedures

3. Eligibility

a. We review the file to discover if there is appropriate documentation of homelessness for the participant. This may take the form of homeless verification forms or letters from providers or members of the community acting in their professional capacity.

4. Disability Documentation

We also review the file to discover if there is appropriate documentation of disability for any project requiring the participants be disabled. The Disability can be documented in any of several ways:

a. Written letter, on letterhead from a state licensed professional identifying that the participant has a disability that is:
   i. expected to be long-continuing or of indefinite duration;
   ii. Substantially impedes the individual's ability to live independently;
   iii. Could be improved by the provision of more suitable housing conditions and
   iv. Is a physical, mental or emotional impairment, including impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury
   v. Or has the disease of acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome, including infection with the human immunodeficiency virus (HIV).
   vi. Or has a developmental disability that:
      1) Is attributable to a mental or physical impairment or combination AND

2) Is manifested before age 22 AND
3) Is likely to continue indefinitely AND reflects need for:
   a) a combination and sequence of special, interdisciplinary, or generic services, or
   b) individualized supports, or
   c) other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated AND
   d) Results in substantial limitations in three or more major life activities:
      1. Self-care
      2. Receptive and expressive language
      3. Learning
      4. Mobility
      5. Self-direction
      6. Capacity for independent living
      7. Economic self-sufficiency

vii. OR Receipt of disability check from Social Security that requires its participants to be disabled.

5. Service Provision

a. We check to assure that there is a current Service Plan and that it is updated at minimum annually,
b. We check to assure that there are regularly scheduled meetings with the participant and that the content of those meetings are documented in the file in the form of notes. The frequency of those meetings should be consistent with the needs of the participant and outlined in the service plan
c. We check to be sure that those notes indicate that the participant is receiving appropriate level of services and that services they may need that are not provided directly by the sub recipient are being offered via referral.
d. We check to be sure that intake, mid-program and exit assessments are completed appropriately.
e. For transitional housing programs we check to confirm the <u>information regarding length of stay</u>.

6. Financial Documentation

a. We check the file to be sure that the client income has been calculated within the last year and that there is source documentation in the file to support the calculation. Source documentation may take the form of:
   i. Cancelled pay stubs
   ii. Letters from Social Security or other financial benefits provider
   iii. Bank Statements for the participant's account with regular depositor identified.
   iv. It is important to note that according to HUD code of Regulations Part 5, ***annual income includes***:
      1) The full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services;
      2) The full amount of periodic payments received from social security, annuities,

insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts,

3) including lump sum payment for delayed start of a periodic payment;
4) Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay;
5) Welfare or other payments to families or individuals, based on need, that are made under program funded, separately or jointly, by Federal, State or local governments (e.g. Social Security)
6) Periodic and determinable allowances, such as alimony and child support payments, and regular contributions or gifts received from persons not residing in the dwelling;
7) Net income from the operation of a business or profession;
8) Interest, dividends, and other net income of any kind from real and personal property;
9) All regular pay, special pay and allowances of a member of the Armed Forces, except special hostile fire pay.

v. We check to confirm that leasing and rental assistance projects are calculating rent portions appropriately. It is important to note that for the purposes of calculating rent, the list above should be included but HUD Code of Regulations part 5 dictates that ***annual income excludes***:

1) Income from employment of children (including foster children) under the age of 18 years;
2) Payments received for the care of foster children or foster adults (usually individuals with disabilities, unrelated to the tenant family, who are unable to live alone);
3) Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains, and settlement for personal or property;
4) Amounts received by the family, that are specifically for, or in reimbursement of, the cost of medical expenses for any family member;
5) Income of a live-in aide as defined in Sec. 813.102;
6) The full amount of student assistance paid directly to the student or to the educational institution;
7) Amounts received under training programs funded by HUD;
8) Amounts received by a disabled person that are disregarded for a limited time for purposes of SSI income eligibility and benefits because they are set aside for use under a Plan for Achieving Self-Support (PASS); or
9) Amounts received by a participant in other publicly assisted programs which are specifically for or in reimbursement of out-of-pocked expenses incurred (special equipment, clothing, transportation, child care, etc.) and which are made solely to allow participation in a specific program;
10) A resident service stipend. A resident service stipend is a modest amount (not to exceed $200 per month) received by a resident for performing a service for the owner, on a part-time basis, that enhances the quality of life in the development. Such services may include, but are not limited to, fire patrol, hall monitoring lawn maintenance, and resident initiatives coordination. No resident may receive

more than one such stipend during the same period of time;

11) Compensation from state or local employment training programs and training of a family member as resident management staff. Amounts excluded by this provision must be received under employment training programs with clearly defined goals and objectives, and are excluded only for a limited period as determined in advance;
12) Temporary, non-recurring or sporadic income (including gifts);
13) For all initial determinations and reexaminations of income carried out on or after April 23, 1993, reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era;
14) Earnings in excess of $480 for each full time student 18 years old or older (excluding the head of household and spouse);
15) Adoption assistance payments in excess of $480 per adopted child;
16) Deferred periodic payments of SSI income and social security benefits;
17) Amounts received by the family in the form of refunds or rebates under state or local law for property taxes paid on the dwelling unit;
18) Amounts paid by a State agency to a family with a developmentally disabled family member living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home;
19) Amounts specifically excluded by any other federal statute from consideration as income for purposes of determining eligibility or benefits under a category of assistance programs that included assistance under the U.S. Housing Act of 1937:
    a) The value of the allotment provided to an eligible household under the Food Stamp Act of 1977 (7 U.S.C. 2017(b));
    b) Payments to volunteers under the Domestic Volunteer Service Act of 1973 (42 U.S.C.5044, 5058);
    c) Payments received under the Alaska Native Claims Settlement Act (43 U.S.C. 1626);
    d) Income derived from certain sub-marginal land of the United States that is held in trust for certain Indian tribes (25 U.S.C. 459e);
    e) Payments or allowances made under the Department of Health and Human Services' Low-Income Home Energy Assistance Program (42 U.S.C. 8624(f));
    f) Payments received under programs funded in whole or in part under the Job Training Partnership Act (29 U.S.C. 1552(b));
    g) Income derived from the disposition of funds of the Grand River Band of Ottawa Indians (Public Law 94-540, 90 Statute 2503-2504);
    h) The first $2,000 of per capita shares received from judgment funds awarded by the Indian Claims Commission or the Court of Claims (25 U.S.C. 1407-1408) or from funds held in trust for an Indian tribe by the Secretary of Interior (25 U.S.C. 117);
    i) Scholarships funded under Title IV of the Higher Education Act of 1965 including awards under the Federal work-study program or under the Bureau of Indian Affairs student assistance programs that are made available to cover

the costs of tuition, fees, books, equipment, materials, supplies, transportation, and miscellaneous personal expenses of a student at an educational institution (20 U.S.C.1087uu);

j) Payments received from programs funded under Title V of the Older Americans Act of 1965 (U.S.C. 3056(f));

k) Payments received after January 1, 1989, from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the In Re Agent Orange product liability litigation, M.D.L. No. 381 (E.D.N.Y.); and

l) Payments received under Maine Indian Claims Settlement Act of 1980 (Pub.L. 96-420, 94 Statute 1785);

m) Earned income tax credit refund payments received from the Internal Revenue Service on or after January 1, 1991. Payments may be received in a resident's regular pay or as a single sum payment;

n) Payments received as AmeriCorps Living Allowances (29 U.S.C. Sec.1552);

o) Payments received under WIC-Supplemental Food Program for Women, Infants, and Children;

p) Payments received under the National School Lunch Program (42 U.S.C. 175-176);

q) Payments received under the Child Nutrition Act (42 U.S.C. 1771-1778);

r) Payments received under the Child Care Block Grant Act of 1990.

vi. And we check to make sure that the most recent income calculation is reflected in the most recent rent calculation.

7. Policies and Releases

We check to be sure that there are copies of participant signed:

a. Release for participation in HMIS
b. HMIS privacy notice (which, in some cases, is part of the HMIS release)
c. Copy of the appeals and / or grievance process
d. And copy of the housing agreement or lease.

Links to Helpful Resources- *Updated 4/19/2016*

The Lowell CoC has compiled this list of resources to help CoC program grant recipients and subrecipients to maintain compliance with HUD and CoC requirements.

The following HUD and other resource materials are available at:

1. HEARTH CoC Program Interim Rule
   https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/

2. HEARTH Homeless Definition Final Rule
   https://www.hudexchange.info/resource/1928/hearth-defining-homeless-final-rule/

3. COC Program Frequently Asked Questions https://www.hudexchange.info/coc/faqs/

4. HUD Notice: Prioritizing Persons Experiencing Chronic Homelessness in PSH & Recordkeeping Requirements for Documenting Chronic Homeless Status
https://www.hudexchange.info/resource/3897/notice-cpd-14-012-prioritizing-persons-experiencing-chronic-homelessness-in-psh-and-recordkeeping-requirements/

5. HUD Equal Access Final Rule
https://www.hudexchange.info/resource/1991/equal-access-to-housing-final-rule/

6. Sample "Rent Reasonableness Checklist and Certification" form
www.hud.gov/offices/cpd/affordablehousing/library/forms/rentreasonablechecklist.doc

7. HUD Environmental Review Requirements
https://www.hudexchange.info/environmental-review/

8. HUD Lead Based Paint Visual Assessment Training
http://www.hud.gov/offices/lead/training/visualassessment/h00100.cfm

9. HUD CPD Income Calculator
https://www.hudexchange.info/resource/2079/cpd-income-eligibility-calculator/

10. HUD Housing First Brief
https://www.hudexchange.info/resource/3892/housing-first-in-permanent-supportive-housing-brief/

Other Resources

MA Department of Children and Families: ***What Mandated Reporters Need to Know***
http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKEwjEqrrhiJnNAhWJJR4KHaxtA9gQFggcMAA&url=http%3A%2F%2Fwww.mass.gov%2Feohhs%2Fdocs%2Fdcf%2Fcan-mandated-reporters-guide.pdf&usg=AFQjCNFrFsuPtoaO6AwVmA319ye1Y1CU9Q

APPENDIX III-b: CoC HUD Monitoring Tool

2016 CoC Program Monitoring Checklist											
Subrecipient:											
Monitoring Date:											
Complete each box with: **Yes, No or N/A**	File ID.____	File ID.____	File ID.____	File ID.____	File ID.____	File ID.____	File ID.____	File ID.____	File ID.____	File ID.____	File ID.____
ELIGIBILITY											
1. Does the file document that the participant was literaly homeless at the time of enrollment?											
2. Does the file document that the participant was disabled at the time of enrollment into the program?											
3.a, Is there evidence the participant has been homeless at least 12 months at the time of entry?											
3.b. Is there evidence the participant had been homeless at least four times in the three years prior to entry?											
Is the household Chronically Homeless?											
4. Is there a current (within the last year) service plan signed by the participant?											
5.a. Is there evidence of regular meetings with the participant in the form of case notes?											
5.b. Do the case notes clearly document the work being done to stabilize and preserve the participants tenancy?											
5.c. Are the supportive services being provided (type and level of service) consistent with those described I the approved application?											
6.a. Is there an intake assessment?											

6.b. If the participant has been in the program at least a year, is there a mid program assessment for each year?											
SERVICE PROVISION											
6.c. If the participant has been discharged, is there an exit assessment?											
For Transitional Housing projects only, do the entry/exit dates shown in the participants files indicate that the participants exceeded the 24 month limitation of stay?											
*If there are Transitional Housing projects where participants stay more than 24 months, do the files for these clients document the need for extended program participation?											
*If there are Transitional Housing projects where participants stay more than 24 months, is the number of participants less than 50% of the total number served by the projects for the projects reviewed?											
FINANCIAL DOCUMENTATION											
7.a. Are there source documents demonstration of the participant's income from within the last year?											
7.b. Is there an income calculation form from within the last year?											
8.a. Is there a rent calculation form that meets HUD standards and completed with the last year and signed by the participant?											
8.b. Is the income documented in 7b above reflected in the rent calculation in 8a?											

9.a. Is there evidence of screening for Mainstream benefits eligibility?											
9.b. Is there evidence of application for mainstream benefits, or referrals to another entity to assist with application for mainstream benefits?											
POLICIES and RELEASES											
10.a. Is there a release of information for participation in HMIS signed by the participant?											
10.b. Is there an HMIS privacy notice signed by the participant? This may be the same document in 10a above.											
11. Is there a copy of the grievance and/or appeals process signed by the participant?											
12.a Is there a copy of the housing agreement signed by the participant or,											
12.b. Is there a copy of the program rules signed by the participant?											

HUD CoC Program Inspection Review Checklist				
Subrecipient:				
Monitoring Date:				
Doors/Windows	**Y**	**N**	**N/A**	**Comments**
1. Are they securable? Do the locks work?				
2. Do they seal properly when closed to avoid drafts?				
3. Are shades or blinds present and in good condition?				
Kitchen	**Y**	**N**	**N/A**	**Comments**
4. Does the stove and oven turn on/off properly?				
5. Does the refrigerator work?				
6. Do the faucets in the sink work?				
7. Is there adequate water pressure?				
8. Is there adequate hot water?				
9. Do the faucets leak?				
10. Is there evidence of leaks under the sink?				
11. Does the sink drain properly?				
12. Are there loose tiles or buckling?				
13. Are there stains on the floors?				
14. Is the paint in good condition?				
15. Are there any cracks or holes I the walls or ceiling?				
16. Are there any apparent water stains on the ceiling?				
17. Is there at least one working outlet and do all the outlets work properly?				
18. Are all the outlets and switches properly secured?				
19. Is there a cover on every light switch and outlet?				
20. Is there a permanently installed light fixture and does it work properly?				
21. Is the Smoke detector present and working?				
22. Is the CO detector present and working?				
23. Are the stove and oven clean and clear of food?				

24. Is there space to store, serve and prepare food?				
25. Is all the trash in the waste can and is it covered?				
Living Room	**Y**	**N**	**N/A**	**Comments**
26. Is there spoiled food in the refrigerator?				
27. Are there dirty dishes in the sink?				
28. Are the counter tops wiped down?				
29. Has the floor been swept and spills cleaned?				
30. Are there loose tiles or buckling?				
31. Are there stains on the floors?				
32. Is the paint in good condition?				
33. Are there any cracks or holes I the walls or ceiling?				
34. Are there any apparent water stains on the ceiling?				
35. Are there at least two working outlets, or one working outlet and one working light fixture?				
36. Do all the outlets work properly?				
37. Are all the outlets and switches properly secured?				
38. Is there a cover over every light switch and outlet?				
39. Do the lights work properly?				
40.Is the Smoke detector present and working?				
41. Is the carpet torn?				
42. Has the floor been swept/vacuumed?				
43. Are floors clear of obstructions (newspapers, etc.)?				
44. Is there at least one window?				
Bedrooms	**Y**	**N**	**N/A**	**Comments**
45. Are there loose tiles or buckling?				
46. Are there stains on the floors?				
47. Is the paint in good condition?				
48. Are there any cracks or holes I the walls or ceiling?				

49. Are there any apparent water stains on the ceiling?				
50. Are there at least two working outlets, or one working outlet and one working light fixture?				
51. Do all the outlets work properly?				
Bedrooms continued	**Y**	**N**	**N/A**	**Comments**
52. Are all the outlets and switches properly secured?				
53. Is there a cover over every light switch and outlet?				
54. Do the lights work properly?				
55. Is the Smoke detector present and working?				
56. Is the CO detector present and working?				
57. Is the carpet torn?				
58. Are floors clear of obstructions (clothes, etc.)?				
59. Do linens appear to be laundered?				
60. Are there dirty dishes in the room?				
61. Is there at least one window?				
Bathrooms	**Y**	**N**	**N/A**	**Comments**
62.Is there adequate ventilation via fan or window?				
63. Is there evidence of mold or mildew?				
64. Do the faucets in the sink and tub/shower work?				
65. Is there adequate water pressure/				
66. Is there adequate hot water?				
67. Do the faucets leak?				
68. Is there evidence of leaks under the sink?				
69. Do the sink and tub/shower drain properly?				
70. Does the toilet flush properly?				
71. Does the toilet stop running once the tank is full?				
72. Are there loose tiles or buckling?				
73. Is the paint in good condition?				
74. Are there any cracks or holes in the walls or ceiling?				
75. Are there any apparent water stains on the ceiling?				

76. Are there at least two working outlets, or one working outlet and one working light fixture?				
77. Do all the outlets work properly?				
78. Are all the outlets and switches properly secured?				
79. Is there a cover over every light switch and outlet?				
Bathrooms continued	**Y**	**N**	**N/A**	**Comments**
80. Do the lights work properly?				
81. Are the counter tops and sink wiped down?				
82. Has the floor been swept and spills cleaned?				
83. Are there dirt or stains in the tub or shower?				
Hallway	**Y**	**N**	**N/A**	**Comments**
84. Are there loose tiles or buckling?				
85. Are there stains on the floors?				
86. Is the paint in good condition?				
87. Are there any cracks or holes in the walls or ceilings?				
88. Are there any apparent water stains on the ceiling?				
89. Do all the outlets work properly?				
90. Is there a cover over every light switch and outlet?				
91. Do the lights work properly?				
92. Is the carpet torn?				
93. Are floors clear of obstructions (clothes, etc.)?				
Dining Room	**Y**	**N**	**N/A**	**Comments**
94. Are there loose tiles or buckling?				
95. Are there stains on the floors?				
96. Is the paint in good condition?				
97. Are there any cracks or holes in the walls or ceilings?				
98. Are there any apparent water stains on the ceiling?				
99. Do all the outlets work properly?				
100. Is there a cover over every light switch and outlet?				

101. Do the lights work properly?				
102. Is the carpet torn?				
103. Are floors clear of obstructions (clothes, etc.)?				
Other Room (please specify in comments)	**Y**	**N**	**N/A**	**Comments**
104. Are there loose tiles or buckling?				
105. Are there stains on the floors?				
106. Is the paint in good condition?				
107. Are there any cracks or holes in the walls or ceilings?				
108. Are there any apparent water stains on the ceiling?				
109. Do all the outlets work properly?				
110. Is there a cover over every light switch and outlet?				
111. Do the lights work properly?				
112. Is the carpet torn?				
113. Are floors clear of obstructions (clothes, etc.)?				
Other Room (please specify in comments)	**Y**	**N**	**N/A**	**Comments**
114. Are there loose tiles or buckling?				
115. Are there stains on the floors?				
116. Is the paint in good condition?				
117. Are there any cracks or holes in the walls or ceilings?				
118. Are there any apparent water stains on the ceiling?				
119. Do all the outlets work properly?				
120. Is there a cover over every light switch and outlet?				
121. Do the lights work properly?				
122. Is the carpet torn?				
123. Are floors clear of obstructions (clothes, etc.)?				
Pests	**Y**	**N**	**N/A**	**Comments**
124. Is there evidence or complaints of rodent activity?				
125. Is there evidence or complaints of bed bugs?				

126. Is there evidence or complaints of other infestations?				
Heating and Plumbing	**Y**	**N**	**N/A**	**Comments**
127. Is the heat operating acceptably?				
128. Are heat registers and vents free from obstruction?				
129. Is the area free from unvented fuel burning space heaters?				
Lead Based Paint	**Y**	**N**	**N/A**	**Comments**
130. Are all painted surfaces free of deteriorated paint?				
131. Is there a lead based certificate?				
Building Exterior	**Y**	**N**	**N/A**	**Comments**
132. Is the foundation sound and free from hazards?				
133. Are all exterior stairs rails and porches sound and free from hazards?				
134. Are the roof gutters and downspouts sound and free from hazards?				
135. Are exterior surfaces sound and free from hazards?				
136. Is the chimney sound and free from hazards?				
General Health and Safety	**Y**	**N**	**N/A**	**Comments**
137. Can the program be entered without having to go through another area?				
138. Is there adequate covered receptacles for disposal of food waste?				
139. Are interior stairs and common halls free from hazards such as missing or broken stairs, broken floor tiles, torn carpet and loose railings?				
149. Do interior stairs and common halls have adequate lighting?				
150. Do all elevators have a current inspection certificate?				

HUD CoC Program Fiscal Review Checklist			
Subrecipient:			
Monitoring Date:			
Complete each box with: **Yes, No or N/A**	Month	Month	Month
1.a Is the HUD project set up as its own cost center/account on the Subrecipient's general ledger?			
1.b. Is the amount of the cash match for the project application reflected in the Subrecipient's general ledger?			
Leasing			
2.a. Are there leasing funds included with the contracted budget for the project? If not, skip to question 5a below.			
2.b. Are the leasing expenses listed on the BCCRS/Requisition for the same amount as listed in the general ledger for the month being reviewed?			
2.c. Are the leases assigned to the cost center active during the month being reviewed?			
3.a Are there utility expenses listed I the contracted budget for the project. If not, skip to question 4 below.			
3.b. Are the utility expenses assigned to the project related to leased units for participant residence only? If not, skip to question 4 below.			
3.c. When added to any offsets outlined in the Subrecipient's general ledger, are the utility expenses for leased units the same as listed in the general ledger for the month being reviewed?			
4. Do the combined leasing expenses and utility expenses for leased units equal the amount listed in the Invoice for the month being reviewed?			
Services			
5.a. Are the Supportive Services funds included within the contracted budget for the project? If not skip to 7.a below.			
5.b. Are the services expenses listed on the BCCRS for the same amount as listed in the Subrecipient's general ledger for the month being reviewed?			

5.c. Do the time sheets for the personnel assigned to the project reflect the same number of hours as listed on the BCCRS?			
Services continued			
5.d. Is there evidence either on the time sheet directly, or via bi-annual certifications signed by the employee or their direct supervisor that the employee's time is attributed to the HUD project in the same proportion as identified in the BCCRS?			
6.a. Are there nonpayroll related expenses listed within the Services Line? If no, skip to question 7a below.			
6.b. Are any nonpayroll related expenses listed in the Supportive Services line for allowable costs only?			
6.c. Are all nonpayroll related expenses listed in the Supportive Services line for costs listed in the Subrecipient's approved budget from HUD?			
6.d. Are all nonpayroll related expenses listed on the BCCRS for the same amount as listed in the Subrecipient's general ledger for the month being reviewed?			
6.e. Is there source documentation/invoices for ALL nonpayroll related Supportive Services expenses being listed for the month being reviewed?			
Comments:			
Operations			
7.a. Are the Operations funds included within the Subrecipient's contracted budget for the project? If not, this worksheet is complete.			
7.b. Are all expenses listed in the BCCRS Operations line for allowable costs only?			
7.c. Are all expenses listed in the BCCRS Operations line for costs listed in the Subrecipient's approved budget from HUD?			
7.d. Are all Operations expenses listed on the BCCRS for the same amount as listed in the Subrecipient's general ledger for the month being reviewed?			
7.e. Is there source documentation/invoices for ALL Operations expenses being listed (i.e. utility bills for the facility, etc.) for the month being reviewed?			
Comments:			

HUD CoC Program Fiscal Policies and Practices Review Checklist			
Subrecipient:			
Monitoring Date:			
1. Does the recipient have written procedures for recording financial transactions, and a current accounting manual and a chart of accounts?			
[24 CFR 583.330(c), 24 CFR 84.21(b)(2) or 24 CFR 85.20(b)(2)]	Yes	No	N/A
Describe Basis for Conclusion:			
2. If the recipient has a policy manual, does it provide guidelines for controlling expenditures, such as purchasing requirements and travel authorizations?			
[24 CFR 583.330(c), 24 CFR 84.21(b)(2) or 24 CFR 85.20(b)(2)]	Yes	No	N/A
Describe Basis for Conclusion:			
3. Does the recipient have written procedures regarding the maintenance of accounting records?			
[24 CFR 583.330(c), 24 CFR 84.53(b) or 24 CFR 85.42]	Yes	No	N/A
Describe Basis for Conclusion:			
4. Are the recipient's fiscal records and valuables secured in a limited-access area?			
[24 CFR 583.330(c), 24 CFR 84.21(b)(3) or 24 CFR 85.20(b)(3)]	Yes	No	N/A
Describe Basis for Conclusion:			
5. If the SHP recipient has an interest-bearing account, is there evidence that any interest on grant advances has been returned to HUD?			
[24 CFR 583.330 (c), 24 CFR 84.22(k) or 24 CFR 85.21(i)]	Yes	No	N/A

Describe Basis for Conclusion:

6. Does the recipient identify expenditures in its accounting records according to eligible activities identified in the approved homeless assistance competition application?			
[24 CFR 583.410 and 24 CFR 583.330(c), 24 CFR 84.21(b)(2) or 24 CFR 85.20(b)(2)]	Yes	No	N/A
Describe Basis for Conclusion:			
7. Do the fiscal records indicate evidence that the recipient has effective internal control over, and accountability for, all grant funds, property and other assets?			
[24 CFR 583.330 (c), 24 CFR 84.21(b)(3) or 24 CFR 85.20(b)(3)]	Yes	No	N/A
Describe Basis for Conclusion:			
8. Are journal entries for expenditures clearly explained and reviewed by some form of a checks and balance system?			
[24 CFR 84.21(b)(1) or 24 CFR 85.20(b)(1)]	Yes	No	N/A
Describe Basis for Conclusion:			
9. Is there evidence that the recipient requires subsidiary records for accounts, etc., to be balanced with control accounts on a regular basis?			
[24 CFR 583.330(c), 24 CFR 84.21(b)(1) or 24 CFR 85.20(b)(1)]	Yes	No	N/A
Describe Basis for Conclusion:			
10. Is there evidence that the staff duties are separated so that no one individual has complete authority over an entire financial transaction?			
[24 CFR 583.330(c), 24 CFR 84.21(b)(1) or 24 CFR 85.20(b)(1)]	Yes	No	N/A
Describe Basis for Conclusion:			
11. Are payments for employee salaries supported by timesheets indicating actual times, not percentages?			
[24 CFR 583.330 (c), OMB Circular A-87, Attachment B, #8(h) or OMB Circular A-122, Attachment B, #8]	Yes	No	N/A

Describe Basis for Conclusion:

12. If salaries are being paid from more than one source, do the fiscal records clearly define payments among the funding sources? [24 CFR 583.330 (c), OMB Circular A-87, Attachment B, #11(h) or OMB Circular A-122, Attachment B, #11(m)]	Yes	No	N/A

Describe Basis for Conclusion:

13. If salaries involve payments from more than one SHP activity line (e.g., supportive services, operating costs), can payments for wages be clearly tracked within the recipient's fiscal records? [24 CFR 583.330 (c), 24 CFR 84.21(b)(1) or 24 CFR 85.20(b)(1)]	Yes	No	N/A

Describe Basis for Conclusion:

14. Is there evidence in the financial records of any cash payments being provided directly to the program participants?	Yes	No	N/A

Describe Basis for Conclusion:

15. Does the Line of Credit Control System (LOCCS) withdrawal information match the information from the SHP recipient's drawdown voucher requests? [24 CFR 583.330(c)]	Yes	No	N/A

Describe Basis for Conclusion:

APPENDIX IV: CoC Program Performance Evaluation Form

Renewal Performance Evaluation Criteria	Unit Type	Source	Proposed Benchmark/ Standard		2015 Points
PERFORMANCE			PH	TH	
1. Occupancy/Utilization	Average Point in Time	APR	90%		7
2. At least one Adult per household w/previous residence that indicates literal homelessness	All Adults	APR	100%		10
3. Percentage of all adult leavers who gained or increased EARNED income from entry to exit	Adults - Leavers	APR	25%	40%	7
4. Percentage of all adult leavers who gained or increased OTHER (non-employment) income from entry to exit	Adults - Leavers	APR	35%	45%	7
5. All adult participants with non-cash benefits	All Adults	APR	90%		10
6. Percentage of all participant leavers who exited to shelter, streets or unknown	Participants - Leavers	APR	Less than or equal to 10%		7
7. Spending of last year's HUD grant	N/A	APR	100%		10
8. PSH Only - At least one participant per household has a disability	All Participants	APR	100%	n/a	7
9. PSH Programs: Percentage of all leavers who remain in PSH or exited to PH	Participants - Leavers	APR	90%	n/a	5
10. TH & RRH Programs: Percentage of all leavers who exited to Permanent Housing	Participants - Leavers	APR	n/a	85%	12
11. Percentage of all adult participants who gained or increased EARNED income from entry to exit/follow-up	All Adults	APR	25%	40%	None*
12. Percentage of all adult participants who gained or increased OTHER income from entry to exit/follow-up	All Adults	APR	35%	45%	None*
13. PSH Only - Current CH Bed Inventory equals or exceeds 40%	CH BEDS	APR	100%	n/a	None*
14. TH Only - Length of stay for all participants is 1 year or less	All Participants	APR	n/a	75%	None*
15. RRH Only - Length of stay for all participants is 6 months or less	All Participants	APR	85%	n/a	None*
Performance total score					70
CONSUMER SURVEYS					
16. Consumer Surveys - Response Rate	All Adults	CS	35%		5
17. Consumer Surveys - Results	N/A	CS	50 Points		5
Consumer Surveys total score					10
COMPLIANCE					
18. Match equals or exceeds requirement	N/A	APR	100%		5
19. Monitoring - HUD Findings	N/A	Provider Report	No findings		5
20. HUD Drawdown within 90 days	N/A	Provider Report	<91 days		5
21. Environmental Review Documentation w/in 5 yrs	N/A	Provider Report	<=5 years		None
Compliance total score					15
HMIS					
22. HMIS Universal Data Elements null/unknown	All Participants	APR/HMIS	<=5%		5
HMIS total score					5
Penalty for Lateness on APR, Provider Report or Consumer Satisfaction. 10 pts per deadline missed					Up to -30
Data tracked but not Scored	All Participants	APR	Rates of Receipt of Health Insurance and Food Stamps		None
Grand Total					100