

**Continuum of Care (CoC) Program**

**Monitoring Tool**

Project Title:

Date:

Performed by:

Title:

Phone #/ Email:

Monitoring of CoC Program project of:

[ ] Recipient Agency

[ ] Subrecipient Agency

Agency Point of Contact:

Contact Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Alternate:

Contact Information:

Agency:

Agency Phone #:

**Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| GENERAL RECORDKEEPING | YES | NO | N/A | COMMENTS |
| 1. Are all records regarding the project (outside of financial records) centrally located?
 |  |  |  |  |
| 1. Do these records contain:
 |  |  |  |  |
| 1. CoC Program Grant Agreement with Federal Register HEARTH Act Rules
 |  |  |  |  |
| 1. Grant Agreement Amendments and Budget Revisions
 |  |  |  |  |
| 1. Certificate of Liability Insurance
 |  |  |  |  |
| 1. General correspondence relating to project
 |  |  |  |  |
| 1. Does the agency subcontract for any services under the CoC Program?
 |  |  |  |   |
| 1. Is the approval to subcontract on file?
 |  |  |  |  |
| 1. Are Grant Agreement requirements passed along to sub recipients/subcontractors?
 |  |  |  |  |
| 1. Does the agency have a record retention policy compliant with 24 CFR Part 578.103(17)? [CoC program and participant records 5 years and acquisition/construction/rehab 15 years after the date that the project site was first occupied or used]
 |  |  |  |  |
| 1. Are homeless or formally homeless persons participating on board of directors or other equivalent policy-making entity of the recipient or sub recipient? (24 CFR 578.75(g))
 |  |  |  |  |
| 1. Does the agency Affirmatively Further Fair Housing as documented by their marketing, outreach, and other materials used to inform eligible persons of the program to document compliance with the requirements in 24 CFR 578.93(c)?
 |  |  |  |  |
| 1. Do the recipient and its subrecipient have a current drug-free workplace statement? [24 CFR 5.105(d);CoC Program NOFA;24CFR part 2424] If the requirements of the Drug-Free Workplace Certification were reviewed, are the recipient and its subrecipient in compliance? [24 CFR 5.105(d);24CFR576.407(a);CoC Program NOFA;2CFR 225;2 CFR 230;2CFR part 2424]
 |  |  |  |  |
| 1. Does the recipient and its subrecipient have a Conflict-of Interest Policy? Does it meet the requirements under 24 CFR 85.36 (for governments) or 24 CFE 84.42 (for private)?
 |  |  |  |  |
| 1. In addition to meeting the specific confidentiality and security requirements for HMIS data, does the agency have a policy on client confidentiality or a filing system to safeguard client confidentiality? [24 CFR 578.103(b)]
 |  |  |  |  |
| 1. Is HMIS Privacy Posting displayed? Can agency staff provide a copy of the *SC-211 HMIS Privacy policy?*
 |  |  |  |  |
| 1. Does the agency retain documentation of compliance with the Housing Standards in 24 CFR 578.75(b), including inspection reports.
 |  |  |  |  |
| 1. Does the agency retain documentation of compliance with the faith-based activities requirements under 24 CFR 578.87(b)?
 |  |  |  |  |
| 1. Does the agency retain documentation of compliance with the Transparency ACT Reporting under the Office of Management and Budget (OMB) Circulars 24 CFR Part 84 and 85 Administrative Requirements for Grants and Agreements, Circular A-133 Single Audit, and other Federal requirements in compliance with 24 CFR 578.99?
 |  |  |  |  |
| 1. Does the agency retain documentation of compliance with Lead- based Paint Poisoning Prevention Act 42.U.S.C. 4821-4846. Is there evidence of this:
	1. Copy of the EPA-approved information pamphlet on identifying and controlling lead-based paint hazards ("Protect Your Family From Lead In Your Home" pamphlet)
	2. Lease includes as an attachment or in the contract itself the following language from24 CFR 35.92(b)(1) and a statement or signature by the lessee affirming receipt of the above information. [24 CFR 35.92(b)(4)]
 |  |  |  |  |
| 1. Davis-Bacon Act – The provisions of the Davis-Bacon Act do not apply to this program [24 CFR 578.99(h)]
 |  |  |  |  |
| 1. Does the agency have a policy for written intake procedures in place to ensure that documentation of program participants’ homeless status is maintained in accordance with the program requirements? [24 CFR 578.103(a)(3)-(4); 24 CFR 576.500(b); 24 CFR 576.500(c)]
 |  |  |  |  |
| 1. Do the recipient’s/ sub recipient’s written intake procedures establish the order of priority for obtaining evidence of homelessness and/ or at-risk of homelessness as: (1) third-party documentation; (2) intake worker observations; and (3) self-certification?
 |  |  |  |  |
| 1. Was there participation of not less than one homeless individual or formerly homeless individual on the board of directors or other equivalent policymaking entity of the recipient? [24 CFR 578.75(g)(1);24CFR 578.103(a)(12)]
 |  |  |  |  |
| 1. Did the recipient or its subreceipient take the educational needs of children into consideration when families were placed in housing and, to the maximum extent practicable, placed families with children as close as possible to their school of origin so as not to disrupt such children’s education? [24 CFR 578.23(c)(7); 24 CFR 578.103(a)(17)]

Who is the McKinney Vento Representative for the Project? |  |  |  |  |
| 1. For Permanent supportive housing projects, do records confirm that available supportive services were designed to address the needs of program participants? [24CFR 578.37(a)(1)(i); 24 CFR 578.53(a); 24 CFR 578.103]
 |  |  |  |  |

**Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| FINANCIAL RECORDS | YES | NO | N/A | COMMENTS |
| 1. Are all project financial records centrally located?
 |  |  |  |  |
| 1. Does the agency financial management system provide evidence that there are controls in place to account for all funds, property, and other assets?
 |  |  |  |  |
| 1. Does the agency financial system have separate account numbers for each project activity? Does the separate account number identify project costs on line item basis?
 |  |  |  |  |
| 1. Does the agency compare budgeted line item costs against incurred costs in order to identify over/under spending on a line item basis so that adjustments can be made in a timely fashion?
 |  |  |  |  |
| 1. Are expenditures supported by timesheets, invoices, contracts, purchase orders, etc.? Are these expenditures allocable to the program?

Note: Timesheets must be signed by the employee and his/her supervisor. |  |  |  |  |
| 1. Are direct salaries and wages of employees that are chargeable to a particular grant program or more than one grant program supported by time distribution records?
 |  |  |  |  |
| 1. Does the agency provide no less than 25% monthly in funds or in-kind contributions from other sources as match for HUD funded grant funds, except for leasing? (24 CFR Part 578.73)
 |  |  |  |  |
| 1. Before grant execution, did the agency provide third party documentation (e.g. MOU) between the agency and the third party that will provide services? (24CFR 578.73(c)(3))

Note: Agency will provide for inspection the records documenting the services hours provided. |  |  |  |  |
| 1. Does the agency prepare and submit monthly, or at a minimum quarterly, reimbursement reports?
 |  |  |  |  |
| 1. Does the agency understand that project records need to be retained for a minimum of five (5) years after close-out of the grant or clearance of any audit findings, and 15 years after close-out of a grant that funds acquisition, construction or rehabilitation activities?
 |  |  |  |  |
| 1. Has the agency been audited by independent auditors? If yes, were there any findings that the recipient is required to resolve?

Note: Obtain a copy of the agency’s most recently completed audit. |  |  |  |  |
| 1. Is the agency currently registered with Central Contractors registration (CCR) System?
 |  |  |  |  |
| 1. Has any program income been generated through any CoC Program-funded activities? (24 CFR Part 578.103(a)(6))
 |  |  |  |  |
| 1. If program income has been generated, has the agency reported the income generated through the use of the CoC program funds?
 |  |  |  |  |
| 1. If program income has been generated, has the program income been disbursed only for eligible CoC Program activities?
 |  |  |  |  |
| 1. Has the agency expended program income to pay program costs prior to taking further HUD-fund cash withdrawals?
 |  |  |  |  |
| 1. Is the agency in compliance with Circular A-87 or A-122, as applicable. Cost Principles for Non-Profit Organizations, which outlines the project costs that are and are not eligible for payment with Federal Funds; and 24 CFR Part 84, Uniform Administrative Requirements for Grants and Agreements with Institutions if High Education, Hospitals, and Other Non-Profit Organizations?
 |  |  |  |  |
| 1. Do the records confirm no CoC Program funds or any state or any state or local government funds used to supplement the federal assistance were used to replace state or local funds previously used, or designated for use, to assist homeless persons?
 |  |  |  |  |

**Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Complete this checklist for each Program Participant file audited. Scope is 25% annual program participant case files will be randomly selected for review. This may include case files closed in the past 12 months.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PROGRAM PARTICIPANT FILE RECORDKEEPING | YES | NO | N/A | COMMENTS |
| 1. Are all records regarding the program participant centrally located?
 |  |  |  |  |
| 1. Do these records contain:
 |  |  |  |  |
| 1. Do the records demonstrate that the recipients/sub recipient followed the written intake procedures?

[24 CFR 578.103(a)(3); 24 CFR 576.500(b)] |  |  |  |  |
| 1. Documentation that program participant has been screened via centralized assessment system and determined eligibility for CoC Program assistance
 |  |  |  |  |
| 1. Documentation for verification of homeless status:
2. a written referral by another housing or service provider;
3. a printed record from HMIS or a comparable database used by a victim service provider or legal service provider;
4. a written observation by an outreach worker of the conditions where the individual or family was living; or
5. written certification by the individual or head of household seeking assistance?

**Qualified as homeless because they were exiting an institution where they resided for 90 days or less, and had resided in an emergency shelter or place not meant for human habitation immediately before entering that institution *(file must document both)***1. discharge paperwork or written or oral referral from a social worker, case manager, or other appropriate official of the institution, stating the beginning and end dates of the time residing in the institution, or
2. a written record of the intake worker’s due diligence in attempting to obtain the information above and a written certification by the individual seeking assistance that stated he or she is exiting (or has just exited) the institution where he or she resided for 90 days or less? *Note: Intake workers must document the content of oral statements. Where the intake worker is unable to contact an appropriate official, the intake worker must documents his/her due diligence in attempting to obtain a statement from the institution.; and*
3. *a written referral by another housing or service provider; or*
4. a printed record from HMIS or a comparable database used by victim service providers or legal service providers; or
5. a written observation by an outreach worker of the conditions where the individual or family was living; or
6. written certification by the individual or head of household seeking assistance?

**For youth and families who qualified under paragraph (3) of the homeless definition, does a review of the program participant files confirm that the unaccompanied youth our family with children and youth met the homeless definition of another federal statute as evidence by a certification of homeless status signed by the local private nonprofit organization or state or local governmental entity responsible for administering assistance under that statute**1. Or other type of homeless documentation in 24 CFR 578
 |  |  |  |  |
| 1. Are program participants coming from the target population identified in the grant application; e.g. mental illness, etc.?
 |  |  |  |  |
| 1. Does the file include verification of the participant’s disability? [For Permanent Supportive Housing]: (a) Written verification of the disability from a professional licensed by the state to diagnose and treat the disability and his or her certification that the disability is expected to be long continuing or of indefinite duration and substantially impedes the individual’s ability to live independently;

(b) written verification from the Social Security Administration; (c) the receipt of a disability check (ex., Social Security Disability Insurance check or Veteran Disability Compensation); (d) intake staff-recorded observation of disability that, no later than 45 days of the application for assistance, is confirmed and accompanied by evidence in paragraph (c)(1), (2), (3), or (4) of [24 CFR 578.37(a)(i); 24 CFR 578.103(a)] |  |  |  |  |
| 1. Documentation for all sources of income
 |  |  |  |  |
| 1. Summary of steps taken to verify that the participant does not receive other subsidies for rent. Utilities. etc.
 |  |  |  |  |
| 1. Documentation of search in HMIS for duplicative services AND prior rental/utility assistance to ensure maximum number of over payments are not exceeded.
 |  |  |  |  |
| 1. Does the file contain documentation of total adjusted income and rent calculation? Annual re-certification?
 |  |  |  |  |
| 1. Where an occupancy charge or rent was charges to a household, do records confirm that the recipient or its sub recipient retained the following documentation of annual income:
	1. Income evaluation form completed by the recipient;

[24 CFR 578.75(h);24 CFR 578.103(a)(17)]* 1. source documents for the assets held by the program participant and income received before the date of the evaluation (e.g., most recent wage statements, unemployment compensation statement, public benefits statements, bank statement); [24 CFR 578.103(a)(6)(ii)]
	2. if source documents were unavailable, a written statement by the relevant third party or the written certification by the recipient’s intake staff of the oral verification by the relevant third party of the income the program participant received over the most recent 3-month period; or [24CFR 578.103(a)(6)(iii)]
	3. if source documents and third party verification were unavailable, the written certification by the program participant of the amount of income that the program participant was reasonably expected to receive over the 3-month period following the evaluation? [24 CFR 578.103(a)(6)(iv)]

  |  |  |  |  |
| 1. Evidence that Race and Ethnicity data is tracked according to federal reporting requirements.
 |  |  |  |  |
| 1. Documentation supporting that CoC Program assistance has ended, that the household is no longer in need of services, and household has been exited out of HMIS.
 |  |  |  |  |
| 1. Documentation for termination if the participant has been terminated from the program. Must include at least the following:
 |  |  |  |  |
| * 1. The program participant’s receipt of written program rules and the termination process before the participant began to receive assistance;
 |  |  |  |  |
| * 1. The program participant’s receipt of written notice containing a clear statement of the reasons for termination;
 |  |  |  |  |
| * 1. A review of the decision, in which the program participant was given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination decision; and
 |  |  |  |  |
| * 1. The program participant’s receipt of prompt written notice of the final decision?
 |  |  |  |  |
| C. Documentation that the case manager has met with the household at least monthly during their program enrollment period to develop and reevaluate individual service plan. Do these records include: |  |  |  |  |
| 1. Program intake/eligibility documentation; e.g. participant application. executed release of information forms, etc. |  |  |  |  |
| 2. Identification; e.g. government issued proof of citizenship: birth certificate, social security card, driver license, passport |  |  |  |  |
| 3. HMIS Consent to Release Information Form signed by both client and staff |  |  |  |  |
| 4. Is there a completed HMIS Entry/Exit form in the file (or other like form)? Is exiting data completed if the case is closed? |  |  |  |  |
| 5. Evidence of referrals to mainstream resources, etc. |  |  |  |  |
| 6. Copy of household budget and budget goals |  |  |  |  |
| 7. Are the most recent income FMR and Rent Reasonableness guidelines being used? |  |  |  |  |
| 8. For transitional housing, do the entry-exit dates exceed the 24-month limitation of slay? Does the file explain the need? |  |  |  |  |
| 9. Completed Housing Quality Standards (HQS) Inspection (24 CFR 578.75(b)) on units that CoC Program funds were used to lease or provide rental assistance.Note: Initial HQS inspection plus annual inspections and do records confirm that each unit had at least one bedroom or living/sleeping room for each two persons.  |  |  |  | *CoC Program rent assistance requires HQS inspection* |

**Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*This Section will monitor the performance outcomes and deficiencies of the HUD-funded project using the most recent Annual Performance report (APR) submitted to HUD.*

*The review will occur during the on-site monitoring visit between the Collaborative Applicant and the Agency Program Manager or his/her designee.*

Annual Performance Report grant period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PROGRAM PERFORMANCE | YES | NO | N/A | COMMENTS |
| 1. Did the agency and recipient complete and submit documentation in support of the Annual Performance Report (APR) within 90-davs following the grant term? If not, Why?
 |  |  |  |  |
| 1. Is the number of participants being served consistent with the number of participants targeted in the grant application?
 |  |  |  |  |
| 1. If not, explain
 |  |  |  |  |
| 1. A) RRH -Did minimum % move to permanent housing?

 B) PSH-Did minimum % remain in or move to permanent housing? C) TH-Did minimum % move to permanent housing?  |  |  |  | Actual RRH %Actual PSH%Actual TH% |
| 1. If not, what actions are being taken to improve this outcome?
 |  |  |  |  |
| 1. A) Did the project meet the minimum % of adult participants who improved earned income through employment by program exit (leavers)?

B) Did the project meet the minimum % of adult participants who improved earned income through employment by annual assessment (stayers) |  |  |  | Actual RRH%Actual PSH%Actual TH%Actual RRH%Actual PSH%Actual TH% |
| 1. If not, what actions are being taken to improve this outcome?
 |  |  |  |  |
| 1. A) Did the project meet the minimum % of new or increased non-employment income for project stayers?

B) Did the project meet the minimum % of new or increased non-employment income for project leavers? |  |  |  | Actual RRH%Actual PSH %Actual TH%Actual RRH%Actual PSH %Actual TH % |
| 1. If not, what actions are being taken to connect participants to mainstream resources?
 |  |  |  |  |
| **Comments:** |  |

**APPENDIX C: A-1 33 Audit Compliance Review Form**

**A-133 Audit Compliance Review Form**

*Internal document for review of the A- 133 Audit document provided by CoC Program funded agency (Project Sponsor)*

Agency Name:

Audit Year End:

Next Audit Due:

Most Recent Audit Received:

Program Findings:

No

Yes

If yes, provide detail below:

1.

2.

3.

4.

5.

If findings or concerns are evident, provide follow-up action taken with the agency.

1.

2.

3.

4.

5.

Reviewed by:

Date Reviewed: