**CoC NY-505 (Syracuse/Auburn, Onondaga, Oswego, and Cayuga Counties)**

**Program Grant Management**

Subrecipient Monitoring Checklist

|  |  |
| --- | --- |
| **CoC NY-505 Monitoring Team Information** | |
| Monitoring Staff: | |
| Date of Monitoring Visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **CoC Program Grantee: Agency and Program Information** | |
| Agency: | |
| Program Name: | |
| Agency staff consulted: | |
| Grant Amount: | |
| Contract Number: | |
| Program Type: | ⎕PSH ⎕RRH |
| Number to be served: | |
| Number of chronic beds/units: | |
| Program serves: ⎕ Individuals ⎕ Families ⎕ Both Individuals and Families | |
| CoC Program grant funds are used for: | |
| ⎕ Rental Assistance ⎕ Leasing (no match required) | |
| ⎕ Operations ⎕ Admin | |
| ⎕ Supportive Services | |
| Is there an active restrictive covenant on one or more of the projects properties? ⎕ Yes ⎕ No | |

**PART 1: Program Monitoring**

|  |  |  |
| --- | --- | --- |
| **AGENCY OPERATIONS; POLICIES AND PROCEDURES** | | |
| **Conflict of Interest** | | |
| 1. The agency has a general conflict-of-interest policy for staff and Board members. 24 CFR §578.95 (c); 24 CFR § 578.103 (a) (11) | ⎕ Yes  ⎕No |  |
| **Involvement of homeless persons** | | |
| 1. There is at least one homeless/formerly homeless person on the Board of Directors or equivalent policymaking entity (Provide Board List). 24 CFR § 578.75 (g)(1) | ⎕ Yes  ⎕No |  |
| 2. The agency involves homeless individuals and families through employment; volunteer services; or otherwise; in constructing, rehabilitating, maintaining, and operating the project, and in providing supportive services for the project. 24 § 578.75 (g)(2) | ⎕ Yes  ⎕No |  |
| **Confidentiality** | | |
| 1.The agency has policies and procedures to ensure:   * Protect identifying information of any individual/family receiving assistance will be kept confidential; * The location of any family violence project will not be made public, except with written permission of the person responsible for operating the project; and * The location of any housing of any program participant will not be made in public, except as provided in a preexisting privacy and as provided by law.   24 CFR § 578.103(b) (These policies are in addition to HMIS-related confidentiality/security requirements.) | ⎕ Yes  ⎕No |  |
| **Fair Housing and Equal Opportunity** | | |
| 1.The agency has policies and procedures in place that provide:   * Nondiscrimination and equal opportunity policies that apply to housing and employment 24 CFR § 578.93 * Reasonable accommodations and reasonable modifications for persons with disabilities. 24 CFR § 100.204 (a), 28 CFR § 25.130(b)(7) * Meaningful access for Spanish-speaking and other Limited English Proficiency persons to access the agencies programs and services. 72 Fed Reg. 2732 | ⎕ Yes  ⎕No |  |
| 2. The agency maintains and provides copies of:   * Marketing, outreach, and other materials used to inform eligible persons of the program and other materials; * Information on rights and remedies available under applicable federal, State and local fair housing and civil rights laws, and; * HUD’s Equal Access Rule and programs have received the HUD training on the Rule.   24 CFR § 578.93 (c) (1) (3) | ⎕ Yes  ⎕No |  |
| **Drug-Free Workplace** | | |
| 1. The agency has a drug-free workplace policy statement which includes the requirement of notification to HUD if an employee is convicted for a criminal drug offense (Form 50070 will suffice).  24 CFR § 84.13 | ⎕ Yes  ⎕No |  |
| **Staff Development/Training** | | |
| 1. Is the program providing ongoing training to staff? Please provide documentation. | ⎕ Yes  ⎕No |  |

|  |  |  |
| --- | --- | --- |
| **POLICIES AND PROCEDURES FOR CoC GRANT-FUNDED PROGRAM** | | |
| **Number Served** | | |
| 1. The agency serves at least as many program participants as shown in its application for assistance. 24 CFR § 578.51 (h)(3) | ⎕ Yes  ⎕No |  |
| **Termination Process** |  |  |
| 1. The agency has a written policy for termination of participation for violating of program policies or occupancy agreements. 24 CFR § 578.91 (b) | ⎕ Yes  ⎕No |  |
| **Services Related to Housing Stability** |  |  |
| 1. The supportive services funded by the CoC grant are necessary for maintenance of housing. 24 CFR § 578.53(a) | ⎕ Yes  ⎕No |  |
| **Residential Supervision** |  |  |
| 1. The agency providesadequate residentialsupervision. 24 CFR § 578.75(f) | ⎕ Yes  ⎕No |  |
| **Program Fees** |  |  |
| 1. The agency does not charge program participants program fees. 24 CFR § 578.87 (d) (Program fees are not the same as rent; program participants may be charged rent for housing.) | ⎕ Yes  ⎕No |  |
| **Recordkeeping** |  |  |
| 1.The agency has systems in place to ensure that records related to CoC-funded program are maintained for a 5-year period. 24 CFR § 578.103 | ⎕ Yes  ⎕No |  |

|  |  |  |
| --- | --- | --- |
| **REVIEW OF CoC PROGRAMS PARTICIPANT FILES** | | |
| **Eligibility: Homelessness** | | |
| 1. Each participants file contains verification of homelessness status at the time of program entry (Shelter letter or HMIS Entry located in file will suffice). 24 CFR § 578.103 (a)(3); 24 CFR § 576.500(b) | ⎕ Yes  ⎕No |  |
| 2. Agency has written policies and procedures for documenting homelessness. Intake staff document eligibility at intake; documentation is required for all persons seeking assistance; written policies state the evidence that may be relied upon to establish and verify homeless status. Agency makes efforts to get the appropriate documentation. In order of preference:   * Third party documentation * Intake worker observations * Certification from the person seeking assistance | ⎕ Yes  ⎕No |  |
| **Eligibility: Disability** | | |
| 1. *If the program provides PSH,* each participant file contains verification of participant’s disability. 24 CFR 578.37(a)(1)(i)   * Verification from a professional who is licensed to diagnose and treat conditions OR * Disability verified by the Social Security Administration in the form of a VA disability check, or an SSDI check. | ⎕ Yes  ⎕No |  |

|  |  |  |
| --- | --- | --- |
| **Eligibility: Chronic Homelessness** | | |
| 1. *If* the program has units dedicated *to persons who are chronically homeless*, participant files contain verification of chronic homelessness as defined by HUD. This definition should be used for all persons entering on or after 1/15/2016. Prior to this date, please use previous HUD Chronic Homelessness definition. | ⎕ Yes  ⎕No |  |
| **Service Assessments** | | |
| 1. The file reflects the supportive services are made available throughout resident’s entire time in the project. 24 CFR § 578.53 (a) | ⎕ Yes  ⎕No |  |
| **Duration of Services** | | |
| 1. The file reflects that supportive services are made available throughoutresident’s entire time in the project. 24 CFR § 578.53(b) | ⎕ Yes  ⎕No |  |
| 2. *Rapid rehousing:* the file reflects that program participant meets with case manager not less than once per month. 24 CFR 578.53 (b)(4) | ⎕ Yes  ⎕No |  |
| **Participants Terminated from Program** | | |
| 1. If participant has been terminated from the program, file includes documentation that the agency followed its written procedures for termination of assistance. 24 CFR § 578.103(a)(7)(ii); 24 CFR § 578.91 | ⎕ Yes  ⎕No |  |

|  |  |  |
| --- | --- | --- |
| **RENTAL ASSISTANCE OR LEASING**  *Complete this section if the agency pays rental assistance or leasing costs for a unit that the program participant lives in.* | | |
| **Rental Agreement/Lease** | | |
| 1. The program participant has an occupancy agreement or lease with the agency or with the property owner. 24 CFR § 578.77(a) For tenant and project based assistance, the program participant must be the tenant on the lease. For sponsor based assistance, lease between sub-recipient and owner, sub-lease between participant and sub-recipient. | ⎕ Yes  ⎕No |  |
| 2. For project-based, sponsor-based, or tenant-based permanent housing (PH) rental assistance: initial lease must be at least one year, terminable for cause. The leases must be automatically renewable upon expiration for terms that are a minimum of one month long, except on prior notice by either party. | ⎕ Yes  ⎕No |  |
| **Habitability** | | |
| 1. File includes documentation that units passed housing quality standards inspection prior to initial client move-in, including an inspection within the last 12 months. 24 CFR § 578.75(b); 24 CFR § 578.103 (a)(8); 24 CFR § 578.75(b) | ⎕ Yes  ⎕No |  |
| 2. Dwelling unit is correct size: The dwelling unit must have at least one bedroom or living/sleeping room for each two persons. Children of opposite sex, other than very young children, may not be required to occupy the same bedroom or living/sleeping room. 24 CFR § 578.75 (c) | ⎕ Yes  ⎕No |  |
| 3. For supportive housing for persons with disabilities: the agency must take available meal preparation facilities for residents or provide meals. 24 CFR § 578.75 (d) | ⎕ Yes  ⎕No |  |

|  |  |  |
| --- | --- | --- |
| **Unit Rents** | | |
| 1. Documentation that rents are reasonable in relation to rents charged in the same geographic area for comparable space. | ⎕ Yes  ⎕No |  |
| 2. Rents do not exceed the HUD-determined Fair Market Rents (FMRs). This documentation must include chart showing current year’s FMR’s. 24 CFR § 578.49(b)(2) | ⎕ Yes  ⎕No |  |
| **Annual Income/Rent Calculation** | | |
| 1. The file contains documentation demonstrating that:   * Income is reexamined annually; * Rent is not treated as program income; * Rent is calculated initially and annually and when there is any changes in income with appropriate supporting documents.   24 CFR § 578.77(c)(2); 24 CFR § 578.103 | ⎕ Yes  ⎕No  ⎕N/A |  |
| **Vacancies** | | |
| 1. Rental Assistance Only: The agency does not pay rent for more than 30 days for any unit that has been vacated. Rent may not be paid on the vacated unit again until there is a new occupant. (NOTE: Brief periods of stay in institutions, not to exceed 90 days for each occurrence, are not considered vacancies.) 24 CFR § 578.51 (i) | ⎕ Yes  ⎕No  ⎕N/A |  |

|  |  |  |
| --- | --- | --- |
| **LEASING**  *Complete this section if the agency leases buildings for the purpose of providing program services or if the agency has a unit lease agreement with a landowner.* | | |
| **Rent Reasonableness (applies to rent for buildings or housing units.)** | | |
| 1. Security deposit does not exceed two months’ rent; in addition to the security deposit, the agency may also pay the final months’ rent in advance. 24 CFR § 578.49 (b)(4) | ⎕ Yes  ⎕No  ⎕N/A |  |
| 2. The agency must have an occupancy agreement, and, if applicable, a sublease. | ⎕ Yes  ⎕No |  |
| 3. Leasing funds are not used to lease units or structures owned by the recipient, sub recipient, their parent organization(s), or organizations that are members of a partnership where the partnership owns the structure. (Doesn’t apply to rental assistance.) | ⎕ Yes  ⎕No  ⎕N/A |  |

|  |  |  |
| --- | --- | --- |
| **REQUIRED POLICIES AND PROCEDURES FOR SPECIFIC PROGRAMS/CIRCUMSTANCES** | | |
| **Family Policies**  *Complete this section for any program that serves families with children.* | | |
| 1. The age and gender of a child under age 18 must not be used as a basis for denying any family’s admission to a project that received funds under this part. | ⎕ Yes  ⎕No  ⎕N/A |  |
| **Faith-based Activities**  *Complete this section if the agency is a faith-based organization.* |  |  |
| 1. The agency serves all potential participants without regard to religious belief, refusal to hold a religious belief, or refusal to attend or participate in religious services. 24 CFR § 578.87 (b)(2) | ⎕ Yes  ⎕No  ⎕N/A |  |
| 2. If the agency provides explicitly religious activities (including worship, religious instruction, or proselytizing), these activities are separated from HUD-funded activities and beneficiaries of HUD-funded activities are not required to participate. 24 CFR § 578.87 (b)(2) | ⎕ Yes  ⎕No  ⎕N/A |  |
| **Transfer Due to Domestic Violence** | | |
| 1. *If a program participant receiving tenant-based rental assistance has moved to a different CoC due to threat of imminent harm,* the file must contain documentation of the domestic violence and imminent threat. | ⎕ Yes  ⎕No  ⎕N/A |  |

**Part 2: Fiscal Monitoring**

|  |  |  |
| --- | --- | --- |
| **INTERNAL REVIEW** | | |
| **Audit** | | |
| 1. Is the agency subject to the OMB-A-133 single audit requirement? (Required if $500,000 or more in aggregate Federal funds expended)  If subject, has the agency provided its most recent audit and management letter?  If not subject, has the agency provided financial statements audited by a CPA? | ⎕ Yes  ⎕No |  |
| **Match** | | |
| 1. The agency has documentation of the source and use of contributions made to satisfy the 25% match requirement (match may be cash or in-kind). Records must indicate the grant and fiscal year for which each matching contributions is counted. The record must show how the value placed on 3rd party in-kind contributions was derived. Costs incurred by a partnering organization to provided “in kind” services to the program participants must be documented by a MOU. Cash or any in kind contributions used as a match for another grant is not an eligible match. 24 CFR 578.73; 24 CFR 578.103(a)(10); 24 CFR 84.23; 24 CFR 578.23 (c)(6) | ⎕ Yes  ⎕No |  |
| 2. Match must be spent on eligible project costs. | ⎕ Yes  ⎕No |  |
| 3. Where match is documented by MOU, the MOU must; establish the unconditional commitment; identify the service to be provided; identify the profession of the persons providing the service; and identify the cost of the services to be provided. | ⎕ Yes  ⎕No |  |
| **Internal Controls** | | |
| 1. The agency has written job descriptions for all HUD funded positions. | ⎕ Yes  ⎕No |  |
| 2. The agency has written   * Fiscal policies and procedure specifying approval authority for all financial transactions and guidelines for controlling expenditures. * Procedures for recording financial transactions, and an accounting manual and chart of accounts. | ⎕ Yes  ⎕No |  |
| 3. Review organizational chart | ⎕ Yes  ⎕No |  |

|  |  |  |
| --- | --- | --- |
| **HMIS Operations; Policy and Procedures** | | |
| 1. The agency has signed an HMIS Participation Agreement. | ⎕ Yes  ⎕No |  |
| 2. The agency has designated HMIS Agency Administrator(s), who acts as the agency’s single point of contact for the HMIS Lead Agency. | ⎕ Yes  ⎕No |  |
| 3. The agency has ensured that each HMIS user within its agency has signed a user agreement and ethics policy stating full understanding of user rules, protocols, and confidentiality. | ⎕ Yes  ⎕No |  |
| **Privacy** | | |
| 1. The agency has a Data Collector/Privacy Notice posted in English and Spanish at each intake location. | ⎕ Yes  ⎕No |  |
| 2. The agency has a written Privacy Policy or uses the CoC’s written Privacy Policy. | ⎕ Yes  ⎕No |  |
| 3. The agency has and uses the updated CNYHMIS release of information form for any client for which the agency uses HMIS for data sharing. | ⎕ Yes  ⎕No |  |
| 4. The agency ensures that all signed forms are locked in a designated location with limited access to staff. | ⎕ Yes  ⎕No |  |
| 5. The agency has a written client complaint policy. | ⎕ Yes  ⎕No |  |
| 6. The agency has established a process of tracking all filed complaints and can provide copies of complaints and resolution to the HMIS Lead Agency if requested. | ⎕ Yes  ⎕No |  |
| **Security** | | |
| 1. Agency maintains a list of active HMIS users. | ⎕ Yes  ⎕No |  |
| 2. Agency regularly contacts the HMIS Lead when an employee leaves the agency, in order to make sure that the person’s HMIS account is disabled. | ⎕ Yes  ⎕No |  |
| 3. Does the agency have in place policies and procedures to protect hard copies (paper) with personal identifying information? | ⎕ Yes  ⎕No |  |
| **Data Quality** | | |
| 1. At a minimum agency collects the Universal Data Element for every client entered and minimum data quality standard are met (i.e. HMIS Report Card) | ⎕ Yes  ⎕No |  |
| 2. The agency enters All Client Entry Data into HMIS at a minimum within one week of intake. | ⎕ Yes  ⎕No |  |
| 3. Agency staff review monthly report cards received from HMIS Agency Administrator and address any issues noted. | ⎕ Yes  ⎕No |  |
| 4. Does the agency participate in the HMIS Data Administrator Committee? | ⎕ Yes  ⎕No |  |
| 5. Do at least 75% of Agency HMIS users attend all HMIS training sessions (New User Training, Agency Administrator Training, Refresher Training, etc.)? | ⎕ Yes  ⎕No |  |

**PART 3: HMIS Monitoring**