

# Special Needs Division Monitoring Tool

## Arizona Department of Housing

Date of Review: \_\_\_\_\_

Sub-grantee Name:							
Grant Contact Person:							
Sub-grantee Location:							
ADOH Contract Specialist/Interviewer:							
Type of Grant	COC	HTF	HPF	HOPWA	Contract #	Project Name	Contract Term
<input type="checkbox"/> PH							
<input type="checkbox"/> RRH							
<input type="checkbox"/> TH							
<input type="checkbox"/> ES							
<input type="checkbox"/> TBRA							
<input type="checkbox"/> STRMU							
<input type="checkbox"/> Prevention							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							

**REPORTS NEEDED PRIOR TO VISIT:**

- *Chronic Clients by Provider*
- *Housing Inventory Chart*
- *Coordinated Entry*
- *Agency Report Card*

**PREVISIT**

**1. Sub-grantee Information**

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Is the sub-grantee new to administering federal grants?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Have there been key staff turnovers in the last six (6) months?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Have there been previous compliance or performance issues?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Is HMIS data quality within expected limits (ninety-eight percent (98%) or higher)?<br>Most recent Report Card score: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Have there been complaints by clients or other agencies and or media?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Request for payments received timely?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Request for Payments done accurately with little to no mistakes?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Is sub-grantee on target with drawdowns to meet the ninety-five percent (95%) goal?   |

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## 2. Performance Reports

- | Yes                      | No                       |                               |
|--------------------------|--------------------------|-------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | COC APRs received timely?     |
| <input type="checkbox"/> | <input type="checkbox"/> | HOPWA CAPERs received timely? |

## SITE VISIT

### 3. Important Documents On-site

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a copy of the sub-grantee contract easily accessible?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did the sub-grantee develop a set of Policies and Procedures for administering and monitoring performance of grants?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a written termination policy for participants and does it provide a formal process that recognizes the due process rights of the individual receiving assistance? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the client files kept in a way that ensures the confidentiality of the clients?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>HOPWA ONLY:</b> Is each client file marked "Confidential"?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there policies and procedures for the breach of confidentiality?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>COC ONLY:</b> Are VI- SPDAT scores being used to determine priority? <i>(Review documentation)</i>  |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>COC ONLY:</b> As units turnover, are the chronically homeless given priority? <i>(Review documentation)</i>   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>HOPWA ONLY:</b> Do the policies insure information on client HIV/AIDS status are only shared with qualified individuals who determine eligibility or provide support?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there an LEP (Limit English Proficiency) plan in place?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the facility accessible and in compliance with ADA and/or Fair Housing Regulations?   |

### 4. Governance

Who determines policy for the organization and/or program? \_\_\_\_\_

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- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <b>COC ONLY:</b> Is there at least one homeless person or formerly homeless person participating on the board of directors or other equivalent policy decision-making process per 24 CFR 578.75 (g)?<br>Describe: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Are minutes of the board meeting taken and distributed? <b><i>Request copies of two (2) most recent meeting minutes.</i></b>  |

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**Does the agency have written personnel policies governing the following?**

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Hiring, promotion, and termination  |
| <input type="checkbox"/> | <input type="checkbox"/> | Salaries and fringe benefits  |
| <input type="checkbox"/> | <input type="checkbox"/> | Annual leave, vacation, and holidays  |
| <input type="checkbox"/> | <input type="checkbox"/> | Performance evaluations   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do personnel records include a current job description for each project employee? <i>(Obtain copy.)</i>           |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there an organization chart which sets forth actual lines of responsibility? <i>(Obtain copy.)</i>             |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the sub-grantee have a drug-free workplace statement (poster) per the requirements of <u>24 CFR 21.200</u> ? |

**5. HMIS**

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Is information entered into HMIS within seven (7) days? By who/how often/where?<br>_____   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do users receive refresher training annually?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a copy of the BOSCOG HMIS Policy and Procedures on site?                          |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the Privacy Notice posted at intake or near each computer clearly visible for clients?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Computer screens are not visible to the public or agency staff not authorized to use HMIS. |
| <input type="checkbox"/> | <input type="checkbox"/> | Do users share passwords or login information?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do users log out when leaving workstation?   |

**6. Coordinated Entry (not required for HOPWA)**

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Are all homeless clients being entered into Coordinated Entry in HMIS? |

**Case Conferencing**

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Does the organization participate in regularly scheduled case conferencing?<br>If no, why not? _____<br>_____ |
|                          |                          | If yes, how is it working? _____<br>_____   |

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Is the HMIS By Name List being used for case conferencing?<br>If no, why not? _____<br>_____ |

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## 7. HOPWA Training

Yes      No

    

Is the Confidentiality User Guide available?

## 8. Housing First

Yes      No

    

Housing first is practiced with ADOH projects? List projects. \_\_\_\_\_  
\_\_\_\_\_

What efforts have you implemented to reduce barrier and increase access to services?  
\_\_\_\_\_  
\_\_\_\_\_

## 9. Audits

Yes      No

    

Did the organization (or agency) receive more than \$750,000 in federal funds during any year since the receipt of the specific grant being reviewed?

    

If yes, did the organization have a single audit completed within nine months of the end of each of the fiscal year(s) specified in above, and was/were the audit(s) conducted consistent with the standards of OMB A-133?

    

Did ADOH receive/review a copy of the audit? If so, date: \_\_\_\_\_

    

Does the organization complete an internal control questionnaire with the auditors?

    

Did the audit report indicate any deficiencies or material weaknesses in the organization's system of internal controls?

    

If yes, has the organization initiated any changes in its system of internal controls since completion of the audit?

## 10. Financial Management

### A. Internal Controls (refer to audit report)

Yes      No

    

Has the organization obtained fidelity bond coverage for responsible officials?

    

Has the organization provided documentation of adequate insurance coverages, naming ADOH as the additional insured?

    

Does the organization complete an internal control questionnaire with the auditors?

    

Does the organization have documentation of adequate separation of duties for all financial transactions (i.e. all financial transactions require the involvement of at least two (2) individuals)?

Title of person (s) who approves expenditures: \_\_\_\_\_

Title of person(s) who signs checks: \_\_\_\_\_

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- Title of person(s) responsible for general ledger transactions: \_\_\_\_\_
- Are accounting records, blank forms and checkbooks, and confidential records secured?  
How? \_\_\_\_\_
- Are grant funds individually tracked on a general ledger?
- Does the organization do a reconciliation of cash balances to the general ledger? (Is there a written process/policy?) \_\_\_\_\_
- Is the reconciliation reviewed by a second person? (*Review books*).
- Is it clear that all personnel are responsible for communicating upward the organization's operating problems and non-compliance with laws and regulations with no punitive or retaliatory consequences?

**B. Budget Controls**

**Yes      No**

- Does the organization document (through Profit & Loss statements or other accounting procedures) that on a regular, on-going basis it compares actual expenditures for the funding award with budgeted amounts (including the amount budgeted for each budget line category)?  
How is this tracked? \_\_\_\_\_
- Are grant funds individually tracked on a general ledger?

**C. Accounting Records/Source Documentation**

**Yes      No**

- Does the agency have an accounting manual outlining accounting procedures?
- Do the organization's accounting records identify the source and use of all funds?
- If not submitted with Requests for Payment, are the accounting records of the organization supported by adequate source documentation?
- If staff wages are charged to more than one funding source, are there time cards to support the amounts charged to the grant?
- Are the costs charged to the grant all actually eligible under the applicable program regulations?
- Does the organization have a system in place for maintaining its financial records relative to the grant for the proper period of time specified by the federal regulations (i.e. until any litigation, claim, audit, or other action involving the records has been resolved, or per ADOH contract, which is five (5) years from contract closeout, whichever comes later)?
- COC ONLY:** For every activity except leasing, what funding sources are used for match?  
\_\_\_\_\_  
\_\_\_\_\_

*(Review match documentation.)*

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## D. Property Controls (COC ONLY)

N/A if organization does not receive operating or supportive services funding.

**Yes**      **No**

Does the organization maintain a system for tracking property and other assets bought or leased with grant funds?

As part of this system, does the organization conduct a periodic (at least annual) physical inventory or inspection of property bought or leased with grant funds?

Does the organization have procedures in place to keep its property safe (such as labeling, adequate locks, engraving of portable equipment, and/or storage of such equipment in locations that are reasonably secure)?

Does the organization have systems in place to ensure that the equipment leased or purchased with grant funds is used solely for authorized purposes (i.e. leased vehicles are not employed for personal use)?

## E. Educational Services for Children and Youth (youth up to age twenty-two (22))

**Yes**      **No**

If the agency services families with children, is it written into the agency's program guidelines that they ensure that children are enrolled in School and appropriate services within the community, including early childhood programs such as head start, Part C of the Individuals with Disabilities Education Act, and McKinney-Vento education services? *(Review program guidelines.)*



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Have any unanticipated problems or barriers arisen throughout the implementation of the contract(s)?

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What additional technical assistance would be beneficial?

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How can ADOH be of more assistance?

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