

Special Needs Division COC Monitoring Tool for the Arizona Department of Housing

I. PROGRAM

Contract #: _____

NAME OF PROGRAM: _____

REVIEW DATE: _____ REVIEWER'S NAME: _____

 PERMANENT HOUSING TRANSITIONAL HOUSING**PREVISIT****1. Subgrantee Information**

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Is the subgrantee 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"/> | 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? |

Average frequency of recent drawdown requests: _____

Federal funds drawn down to date: _____

Reimbursable expenses not yet drawn down: _____

Rate of spending:

What is the average draw amount? _____

What should average draw be? _____

of contracted units: _____ # of current units: _____

2. Annual Performance Reports

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | APRs received timely? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are goals being met? |
| | | Housing stability goal: % _____ measure: % _____ |
| | | Total income goal: % _____ measure: % _____ |
| | | Earned income goal: % _____ measure: % _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Are goals being exceeded? |

Housing stability: _____ Total income: _____ Earned income: _____

Special Needs Division COC Monitoring Tool for the Arizona Department of Housing

SITE VISIT

3. Important Documents on site

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a copy of the subgrantee contract easily accessible? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did the subgrantee develop a set of Policies and Procedures? |
| <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?
Are SPDAT scores being used to determine who is housed first? <i>(Review documentation)</i>
As units turnover, are the chronically homeless given priority? <i>(Review documentation)</i> |

4. Governance

Who determines policy for the organization and/or program? _____

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 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)?
Describe: _____
_____ |

5. HMIS

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Is information regularly entered into HMIS? By who/how often/where?: _____
_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Is HMIS data quality within expected limits (95% or higher)?
Most recent Report Card score: _____ |

6. Audits

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did the organization (or agency) receive more than \$500,000 in federal funds during any year since the receipt of the specific grant being reviewed? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did ADOH receive/review a copy of the audit? If so, date: _____ |

Special Needs Division COC Monitoring Tool for the Arizona Department of Housing

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did the audit report indicate any deficiencies or material weaknesses in the organization's system of internal controls? |
| <input type="checkbox"/> | <input type="checkbox"/> | If yes, has the organization initiated any changes in its system of internal controls since completion of the audit? |

7. Financial Management

A. Internal Controls (refer to audit report)

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Does the organization complete an internal control questionnaire for auditors? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the organization have documentation of adequate separation of duties for all financial transactions (that is, 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: _____
Title of person(s) responsible for general ledger transactions: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Are accounting records, blank forms and checkbooks, and confidential records secured? How?
_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the organization do a reconciliation of cash balances to the general ledger? (Is there a written process/policy?) _____ |

B. Budget controls

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 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? _____ |

C. Accounting Records/Source Documentation

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Do the organization's accounting records identify the source and use of all funds? |
| <input type="checkbox"/> | <input type="checkbox"/> | If not submitted with Requests for Payment, are the accounting records of the organization supported by adequate source documentation? |
| <input type="checkbox"/> | <input type="checkbox"/> | If staff wages are charged to more than one funding source, are there time cards to support the amounts charged to the grant? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the costs charged to the grant all actually eligible under the program? (Note: See 24 CFR 583.105-135 for list of eligible activities, and OMB <u>Circular A-87</u> (for government entities) and <u>A-122</u> (for non-profits) for general federal rules regarding eligible and ineligible costs.) |

Special Needs Division COC Monitoring Tool for the Arizona Department of Housing

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 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)? |
| <input type="checkbox"/> | <input type="checkbox"/> | What funding sources are used for match? _____
_____ |
- (Review match documentation)*

D. 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> ? |

E. Property Controls

- | | <input type="checkbox"/> | N/A if organization does not receive operating or supportive services funding. |
|--------------------------|--------------------------|---|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the organization maintain a system for tracking property and other assets bought or leased with grant funds? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the organization have systems in place to ensure that the equipment leased or purchased with grant funds is used solely for authorized purposes (e.g. leased vehicles are not employed for personal use)? |

Special Needs Division COC Monitoring Tool for the Arizona Department of Housing

II. CLIENT FILE REVIEW

Contract #: _____

1. Program entry

VI-SPDAT Score: _____

Client name or identifier	
Date of intake	
Date housed	

Program Exit (if applicable)

Date of exit	
Reason	
Destination	
Follow-up services? How long?	

2. Participant Eligibility

A. Homelessness Status

- Literally homeless (PH)
- Imminent risk of homelessness (TH)
- Homeless under other federal statutes (TH)
- Fleeing/attempting to flee DV (PH/TH)

Describe documentation:

B. Disability Verification (must be AXIS I (SMI) & signed by a physician; AXIS II (Substance Use Disorder)). Not necessary for TH/RRH.

Describe documentation:

C. Income verification

Yes No

- | | |
|--|---|
| <input type="checkbox"/> <input type="checkbox"/> Copies of all income sources
<input type="checkbox"/> Paycheck stubs (4-6 weeks)
<input type="checkbox"/> Award Letters for SSI/SSDI, UI
<input type="checkbox"/> Other (describe): _____ | <input type="checkbox"/> TANF
<input type="checkbox"/> Bank statements |
|--|---|

Special Needs Division COC Monitoring Tool for the Arizona Department of Housing

3. Household Identification

Program Participant

- Driver's License
- Non-driver ID
- Social Security Card
- Birth Certificate
- Medical Card
- Military ID

Other Adults in Household

- Driver's License
- Non-driver ID
- Social Security Card
- Birth Certificate
- Medical Card
- Military ID

Children under Age 18

- Photo ID
- Social Security Card
- Birth Certificate
- Medical Card

4. Rental/Leasing Documents

Yes No N/A

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | | Rent Calculation |
| <input type="checkbox"/> | <input type="checkbox"/> | | Lease/rental agreement signed/date _____ (PH: at least one (1) year; no unusual terms. TH: occupancy agreement must be for at least one (1) month and extend no more than twenty-four (24) months.) |
| <input type="checkbox"/> | <input type="checkbox"/> | | Income verified |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lead Based Paint Disclosure signed/dated (if built before 1978) |
| <input type="checkbox"/> | <input type="checkbox"/> | | Rent Reasonableness form |
| <input type="checkbox"/> | <input type="checkbox"/> | | HQS Inspection |
| <input type="checkbox"/> | <input type="checkbox"/> | | FMR Amounts (verify are current year) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Utility Allowances (if applicable). Year: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Request for Tenancy Approval (if Rental Assistance) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Applicant/Tenant program agreement signed and dated (if Leasing) |
| <input type="checkbox"/> | <input type="checkbox"/> | | Release of Information/Privacy Act signed & dated (ADOH is named) |
| <input type="checkbox"/> | <input type="checkbox"/> | | HMIS Client Acknowledgement of Data Entry signed & dated |
| <input type="checkbox"/> | <input type="checkbox"/> | | Participant Appeal/Grievance Procedures |

5. Recertification

Date of last recertification: _____

Yes No

- | | | |
|--------------------------|--------------------------|----------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Recertification notice to client |
| <input type="checkbox"/> | <input type="checkbox"/> | Rent Calculation |
| <input type="checkbox"/> | <input type="checkbox"/> | HQS Inspection |
| <input type="checkbox"/> | <input type="checkbox"/> | Income verified |

Special Needs Division COC Monitoring Tool for the Arizona Department of Housing

Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rent reasonableness, updated <i>(if applicable)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Updated Rental Documents <i>(if applicable)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Updated household information <i>(if applicable)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Applicant/Tenant program agreement signed and dated <i>(if Rental Assistance)</i>
<input type="checkbox"/>	<input type="checkbox"/>		Release of information/privacy act signed and dated

6. Supportive services

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Have written goals been developed?
<input type="checkbox"/>	<input type="checkbox"/>	Are goals being achieved or worked on?

Describe the support services provided, including frequency.
