

HTF Monitoring Tool for the Arizona Department of Housing

Agency Name: _____

Date: _____

Contract Number: _____

Part One: Agency**1. Sub-grantee Information**

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Is the sub-grantee new to prevention/re-housing activities? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have there been key staff turnovers? |
| <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, other agencies, or media? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the recipient's site fully accessible? If not, what provisions
Have been made to accommodate persons needing assistance? |
-
-

2. Important Documents on site

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a copy of the sub-grantees' contract on file? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is a copy of the sub-grantees' Requests for Payments on file? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are copies of any amendments on file? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are copies of closeouts on file? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the recipient maintain job descriptions relevant to the contract? Take copies. |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a LEP (Limited English Proficiency) Plan in place? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a grievance procedure in place for the clients? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the recipient have a drug-free workplace statement posted? Where? |
-

3. Financial Management

Internal controls:

Title of person(s) who approves expenditures:
_____Title of person(s) who signs checks:
_____Title of person(s) responsible for general ledger transactions:

HTF Monitoring Tool for the Arizona Department of Housing

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Is there a system in place that allows for a second person to verify and approve assistance?
<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 each item include approval to pay notation?
<input type="checkbox"/>	<input type="checkbox"/>	Is there a Chart of Accounts? If yes, please provide a copy
<input type="checkbox"/>	<input type="checkbox"/>	How often are accounts reconciled? <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually
<input type="checkbox"/>	<input type="checkbox"/>	Are annual CPA audits performed? Type of audit: <input type="checkbox"/> Unqualified <input type="checkbox"/> Qualified <input type="checkbox"/> Review <input type="checkbox"/> Complied <input type="checkbox"/> Other
<input type="checkbox"/>	<input type="checkbox"/>	Does the sub-grantee have a current financial audit on file?
<input type="checkbox"/>	<input type="checkbox"/>	Has ADOH received a copy? _____
<input type="checkbox"/>	<input type="checkbox"/>	Are there written Financial Procedures? View a copy.
<input type="checkbox"/>	<input type="checkbox"/>	Are expenditures tracked by the proper activity code? View activity codes for ADOH.
<input type="checkbox"/>	<input type="checkbox"/>	Are submissions of RFPs done in a timely manner? How often? _____
<input type="checkbox"/>	<input type="checkbox"/>	Are Requests for payments done accurately with little to no mistakes?
<input type="checkbox"/>	<input type="checkbox"/>	Are expenditures in keeping with activity budget?
<input type="checkbox"/>	<input type="checkbox"/>	Were expenditures made within the HTF contract period?
<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 program's 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"/>	Are timesheets kept by the employees?
<input type="checkbox"/>	<input type="checkbox"/>	If employees work with more than one funding source, is actual time account for within each funding source?

4. Shelter Facilities Only

If applicable, are the following licenses current? (Provide documentation)

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Certificate of Occupancy
<input type="checkbox"/>	<input type="checkbox"/>	Permit for Fire Marshall
<input type="checkbox"/>	<input type="checkbox"/>	Food Preparation
<input type="checkbox"/>	<input type="checkbox"/>	Programmatic Licensure (e.g. substance abuse, day care, etc)
<input type="checkbox"/>	<input type="checkbox"/>	Do the clients have a secure place to store personal belongings and documents?

HTF Monitoring Tool

for the Arizona Department of Housing

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Is there regular pest control services? How often? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there regular garbage removal and adequate storage (such as a dumpster with a lid?) |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the housekeeping and maintenance adequate to ensure that the facility is clean and in good repair? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are clean linens provided for each client with a procedure to sanitize all linens and sleeping surfaces? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a crib, bed or mat with clean linen for each person? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are first aid equipment and supplies available at all times? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there adequate ventilation (i.e., bath – one operable window or fan; sleeping room – one operable window designed to open?) |
| <input type="checkbox"/> | <input type="checkbox"/> | Are food service areas adequate and sanitary? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are interior and exterior lighting adequate? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are entrances and exits clear of debris and other hazards? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do clients have sufficient shower/bath basins and toilets in proper operating conditions? |

5. Rapid Re-Housing Only

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Does the recipient have written policy for determining the assistance amount for a client receiving financial assistance (i.e., rental assistance, utility assistance, security deposits, and utility payments/deposits?) |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the recipient have written policy to determine length of time a client will receive financial assistance (i.e., rental and utility assistance, and rental and utility deposits?) |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the recipient on track to meet performance goals by the end of the contract period? |
| <input type="checkbox"/> | <input type="checkbox"/> | How long is the recipient's average length of time to re-house households/individuals? |
| <input type="checkbox"/> | <input type="checkbox"/> | What supportive services does the recipient make available to the clients? |
| | | _____ |
| | | _____ |
| | | _____ |

6. Contract Activity

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Activities are the same as those indicated in the contract SOW? |
| <input type="checkbox"/> | <input type="checkbox"/> | Housing Services |
| <input type="checkbox"/> | <input type="checkbox"/> | Administration |
| <input type="checkbox"/> | <input type="checkbox"/> | Operations |
| <input type="checkbox"/> | <input type="checkbox"/> | Other _____ |

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A summary of discrepancies noted by the Arizona Department of Housing during monitoring visits should be explained verbally to the recipient at the exit meeting. Discrepancies will also be put in writing and a response will be required (usually within thirty (30) days). Note below the comments made to recipient on discrepancies that need to be addressed as well as strengths of the project.

1. Have any unanticipated problems or barriers arisen throughout the implementation of the contract?

2. Does the recipient need additional technical assistance to resolve these barriers?

3. How can ADOH be of more assistance to the recipient?

HTF Monitoring Tool

for the Arizona Department of Housing

Agency Name: _____

Client Name: _____ Date: _____

Contract Number: _____

Client Files

VI-SPDAT SCORE _____

1. Intake/Identification

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Are there case notes? |
| <input type="checkbox"/> | <input type="checkbox"/> | Application completely filled out, signed and dated |
| <input type="checkbox"/> | <input type="checkbox"/> | Universal Data Elements entered into HMIS? How often? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Identification for participant (<i>select appropriate box(es)</i>) |

Program Participant

- Driver's License
- Birth Certificate
- Non-driver ID
- Military ID
- Social Security Card
- Other: _____

2. Income

- Paycheck stubs
- TANF
- Award Letters for SSI, SSDI, UI: _____
- Other (indicate what other is): _____
- No income

3. Housing

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Valid lease/rental agreement/tenancy approval, signed and dated |
| <input type="checkbox"/> | <input type="checkbox"/> | Eviction/Late Notice (<i>when applicable</i>) |
| <input type="checkbox"/> | <input type="checkbox"/> | Copy of Utility Shut off or Pass Due Notice (<i>when applicable</i>) |
| <input type="checkbox"/> | <input type="checkbox"/> | Referral Form |
| <input type="checkbox"/> | <input type="checkbox"/> | Applicant/Tenant program agreement, signed and dated |
| <input type="checkbox"/> | <input type="checkbox"/> | Release of Information/Privacy Act (<i>with ADOH named</i>) |

HTF Monitoring Tool

for the Arizona Department of Housing

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Participant Appeal/Grievance Procedures
<input type="checkbox"/>	<input type="checkbox"/>	Habitability Standards Checklist performed
<input type="checkbox"/>	<input type="checkbox"/>	Follow up visits: <i>frequency</i> : _____

4. Assistance Payments

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Copies of cancelled checks or proof of payment made on behalf of the client
<input type="checkbox"/>	<input type="checkbox"/>	Amounts clearly identified
<input type="checkbox"/>	<input type="checkbox"/>	Type of assistance clearly identified
<input type="checkbox"/>	<input type="checkbox"/>	Is there adequate source documentation (<i>i.e. lease, eviction notice, utility bill, etc.</i>)?
<input type="checkbox"/>	<input type="checkbox"/>	Are all payments made to 3 rd parties?