

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

I. PROGRAM

Contract #: _____

NAME OF PROGRAM: _____

REVIEW DATE: _____ REVIEWER'S NAME: _____

 TBRA STRMU**PREVISIT****1. Subgrantee Information****Yes****No**

Is the subgrantee new to administering federal grants?

Have there been key staff turnovers in the last six (6) months?

Have there been previous compliance or performance issues?

Have there been complaints by clients or other agencies and or media?

Request for payments received timely?

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. Consolidated Annual Performance and Evaluation Reports**Yes****No**

CAPERs received timely?

SITE VISIT**3. Important Documents on site****Yes****No**

Is there a copy of the subgrantee contract easily accessible?

Did the subgrantee develop a set of Policies and Procedures?

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- | Yes | No | |
|--------------------------|--------------------------|--|
| <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? How?

_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the agency have a regular means of monitoring project performance and activities? |

4. Governance

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

- Are minutes of the board meeting taken and distributed?

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: _____ |
| <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? |

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7. Financial Management

A. Internal Controls (refer to audit report)

Yes

No

Does the organization complete an internal control questionnaire for auditors?

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: _____

Are accounting records, blank forms, checkbooks, and confidential records secured? How?

Does the organization do a reconciliation of cash balances to the general ledger? (Is there a written process/policy?) _____

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 often? _____

Are grant funds individually tracked on a general ledger?

Are HOPWA funds being spent at a planned rate?

C. Accounting Records/Source Documentation

Yes

No

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 eligible under the program?

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Yes

No

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)?

How long are records kept? _____

D. Does the agency have written personnel policies governing the following:

Yes

No

Hiring, promotion and termination

Salaries and fringe benefits

Annual leave, vacation, and holidays

Performance evaluations

Do personnel records include a current job description for each project employee? (*Obtain copy*)

Is there an organization chart which sets forth actual lines of responsibility? (*Obtain copy*)

Does the sub-grantee have a drug-free workplace statement (poster) per the requirements of 24 CFR 21.200?

Is the agency fully in compliance with Section 504 of the Rehabilitation Act and the Americans with Disabilities Act?

If no, does the agency have a corrective action plan indicating steps it will take to make the program and services accessible?

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II. CLIENT FILE REVIEW

Contract #: _____

1. Program entry

Client name or identifier	
Date of application	
Date housed or assisted	

Program Exit (if applicable)

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

2. Participant Eligibility

A. HIV-Positive Verification signed by a physician

Describe documentation:

B. Income verification

Yes No

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

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

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4. Supportive services

Yes No

Does this agency provide supportive services for HOPWA assisted housing? If so, list them:

If no, who provides the supportive services? _____

5. TBRA Rental/Leasing Documents

Yes

No

N/A

Rent Calculation

Lease/rental agreement signed/date _____ (at least one (1) year; no unusual terms)

Lead Based Paint Disclosure signed/dated (if built before 1978)

Rent Reasonableness form

HQS Inspection or habitability standards

Are the additional standards for rental assistance being met, such as maximum subsidy?

Utility Allowances (if applicable). Year: _____

Release of Information/Privacy Act signed & dated (ADOH is named)

HMIS Client Acknowledgement of Data Entry signed & dated

Participant Appeal/Grievance Procedures signed and dated

Notice containing a clear statement of the reason for termination was provided to the client, if client was terminated for violating conditions of occupancy

STRMU Rental/Leasing Documents

Yes

No

Description of client's emergency situation and housing plan are fully documented and reassessed each time the client applies for emergency assistance

Corrected backup documentation collected (lease agreements, mortgage statement, and/or utility bills)

Rental/emergency assistance worksheet signed by the client and the case manager

Habitability Standards inspection has been performed and documented

Clients Rights and Responsibilities Statement is signed

Client has a Housing Plan

Release of Information/Privacy Act signed and dated (ADOH is named)

HMIS Client Acknowledgement of Data Entry signed and dated

Participant Appeal/Grievance Procedures signed and dated

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6. **TBRA Recertification** Date of last recertification: _____

Yes	No	N/A	
<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
<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

