



North Dakota-500 Statewide Continuum of Care Monitoring Plan

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CoC Board Approval: January 2023
CoC Membership Approval: February 2023

Next Review: January 2024

I. OVERVIEW

- A. The North Dakota Housing Finance Agency (NDHFA) acts as the U.S Department of Housing and Urban Development (HUD) Program Collaborative Applicant for the ND-500 Continuum of Care (ND CoC). As the Collaborative Applicant, NDHFA is required to monitor compliance and performance of all CoC-funded projects, as well as assess program performance and effectiveness. Monitoring is an ongoing process and is intended to improve program effectiveness and management efficiency.
- B. The purpose of monitoring is to determine whether grant activities are implemented in compliance with statute 24 CFR part 578, Notice of Funding Opportunity (NOFO) notices, and other programmatic guidance. It will include, where applicable, analysis of subrecipients and contracted programs.
- C. All recipients and subrecipients are subject to HUD monitoring at HUD's discretion. In addition, recipients are required to monitor their subrecipients. As part of the terms of a grant agreement, recipients and subrecipients certify that HUD has the authority to monitor as it deems appropriate. This condition should also be included in subrecipient agreements. Monitoring allows HUD, the ND CoC, and recipients to assess performance, compliance, and program/project process.

II. SCOPE OF MONITORING

- A. Any ND CoC-funded agency, program/project, or subrecipient will be subject to monitoring either remotely or in-person at a minimum of once per year by the Collaborative Applicant.
- B. Goals of Monitoring
 - 1. Fulfill the requirement of a grant recipient or subrecipient and of the ND CoC to monitor CoC-funded recipients and subrecipients.
 - 2. Improve program performance, effectiveness, and efficiency.
- C. Responsible Parties
 - 1. Collaborative Applicant
 - 2. HMIS Lead Agency
- D. Scores: The CoC may score monitoring, and this may be used as a factor when rating and ranking projects during the local CoC competition.

III. AREAS AND SCOPES OF REVIEW

- A. Eligibility/Recordkeeping: Review of documentation of eligibility for homeless status, chronic homelessness (CH), or disability. Compliance of eligibility helps service providers ensure that the project's resources are provided to clients that need them the most, learn about clients' needs and how to best serve them, and makes it easier and quicker to apply for funds.
 - 1. Documentation about participant eligibility
 - 2. Documentation of chronology of CH episodes
 - 3. Documentation of acceptable forms of verification
- B. Supportive Services: Review of annual assessments of service needs and service plans for project participants and corresponding adjustment of supportive service plans.
 - 1. Review of treatment, supportive service plans, or reassessment of progress
 - 2. Documentation of sample client service and household safety plans

3. Documentation of services provided
- C. Housing: Monitoring of adequate screenings of housing conditions and habitability.
1. Housing Quality Inspection lead based paint requirements
 2. Regular inspections of unit habitability
- D. Client Payments: Monitor for income and rent documentation, proper calculation, and verify that amounts paid with grant funds are allowable.
1. Review of detailed expense reports, allowable costs, and match documentation
 2. Verification of client income
- E. Program Policies and Requirements: Review of required written policies and procedures.
1. Written standards and conflict of interest policy
 2. Rules and regulations for clients
 3. Rules and regulations for staff
 4. Client participation in policy-making or day-to-day operations
 5. Client grievance procedures
 6. Termination of assistance
 7. Emergency safety and evacuation procedures
 8. Discharge planning
 9. VAWA data compliance (where applicable)
 10. VAWA Policy
 11. Confidentiality and privacy policies
 12. Non-discrimination and equal opportunity/Equal Access Rule
 13. Housing First Policy
 14. Low Barrier Policy
 15. List of board members with lived experience
 16. Guidelines/rules in other languages
 17. Contract/agreement with interpreter services
- F. Use of Program Income and Match: Monitor to check that appropriate and sufficient match has been provided and documented.
1. Eligibility of sources used as match
 2. Adequate documentation of matches (i.e., MOU for in-kind services, match letter of intent)
- G. Fiscal Management: Fiscal monitoring allows recipients and subrecipients to verify that their financial systems and documentation are sufficient to substantiate the use of grant funds and are operated in accordance with accounting principles and applicable federal requirements.
1. Agency use of funds, grant management, spend down, and eligible expenses
 2. Timeliness of setting up new grants and drawdowns

- H. Staff Time Distribution: Monitor that staff time and associated costs charged to the project are explicitly tracked by eligible activity.
 - 1. Review of staff time records to assess for eligible activities
 - 2. Review of grant files to check for records documenting specific hours worked
- I. Project Outcome Data: Review of outcome data from Annual Performance Reports (APR).
 - 1. Review of outcome data from APR as related to System Performance Measures (SPM)

IV. CONDUCTING MONITORING OF PROJECTS

- A. The Collaborative Applicant will conduct programmatic and fiscal monitoring to assess compliance with HUD regulations and identify areas for improving program effectiveness and efficiency. The Collaborative Applicant will review and analyze background documents, files and forms for CoC compliance, as well as financial management information. In the case of remote monitoring, the requested documentation shall be in electronic PDF format. Agencies will be asked to provide documents from their CoC-funded programs, including, but not limited to:
 - 1. Risk Assessment Tool (Appendix A)
 - 2. Documents related to participant eligibility
 - 3. Written policies and procedures
 - 4. Client (re)assessment documentation
 - 5. Housing screening documentation
 - 6. Match letters for CoC Program grants currently in effect
 - 7. Electronic grant files
 - 8. Grant agreements or contracts with HUD or the CoC
 - 9. HUD monitoring reports and agency responses associated with the CoC-funded project(s)
 - 10. Recent invoices and drawdowns sent to HUD for each project
 - 11. Financial audits
 - 12. Financial reports and associated backup documentation as they pertain to CoC funds
 - 13. Staff time records
 - 14. List of staff
 - 15. List of board of directors and contact information
 - 16. Project outcome data
 - 17. Any other electronic documents necessary to verify contract compliance
- B. A letter will be issued to each agency notifying them of the results of the analysis.
- C. Based on the initial analysis, the Collaborative Applicant may conduct some data collection activities remotely or onsite. Conducting activities onsite would be preferable, as it would allow the Collaborative Applicant to explore more documentation and hard copy files, as well as to establish rapport with individual project staff.

- D. Upon completion of remote and/or onsite monitoring, a monitoring letter will be issued to agencies with the monitoring conclusions that identifies accomplishments, findings, and concerns (if applicable). If findings or concerns are identified, target dates for corrective actions will be documented in the monitoring letter.
- E. A follow-up will be scheduled for those agencies where findings or concerns were identified to review corrective actions and/or to develop a plan if corrective actions have not been implemented.

V. TIMELINES

- A. January: Collaborative Applicant reviews Monitoring Plan and all subsequent documentation that will be requested of funded projects.
- B. February: Risk Assessment Tool and documentation request sent to CoC-funded projects.
- C. March-April: Collaborative Applicant review and analysis of documentation and Risk Assessment.
- D. May: Issue a letter that summarizes the analysis to agencies. The letter will include whether the agency will require remote or onsite monitoring.
 - 1. Agencies will be scored based on the provided documentation and the Risk Assessment Tool and will be grouped as Low Risk, Moderate Risk, or High-Risk grantees.
 - a. Low Risk: Score of 0 percent to 15 percent. Low Risk grantees will not receive a monitoring visit. However, after two years of low-risk designations, these recipients/subrecipients will receive an on-site monitoring.
 - b. Moderate Risk: Score of 16 percent to 40 percent. Moderate Risk grantees will receive a remote monitoring. If serious issues are identified during the remote monitoring, an on-site monitoring may occur.
 - c. High Risk: Score of 41 percent to 100 percent. High Risk grantees will receive an on-site monitoring visit.
 - 2. All newly funded projects will receive an on-site monitoring visit during the first year of their funding.
- E. May-June: Response from agencies to any concerns provided in the report.
- F. July-November: Follow-up with all agencies, conduct remote monitoring and on-site visits, and develop agency improvement plans if necessary.
- G. December: Provide final report to the Board of Directors.

VI. APPENDICES

- A. Appendix A: Risk Assessment Tool
- B. Appendix B: Monitoring Checklist for Program Participant Files
- C. Appendix C: Monitoring Audit

APPENDIX A – RISK ASSESSMENT TOOL

Risk Indicator	Status	Date Submitted	Comments
PERFORMANCE/REPORTING			
1	Recipient/subrecipient completed an accurate Annual Performance Report and submitted it in a timely manner (previous fiscal year).		
2	Recipient/subrecipient operates its program using Housing First Principles and Low Barrier approaches to engagement.	N/A	
3	Recipient/subrecipient has signed the CoC Membership Agreement.		
4	Recipient/subrecipient has completed required trainings in Digital Chalk and submitted the signed form.		
FISCAL MANAGEMENT			
1	Recipient/subrecipient completed and submitted in a timely manner an annual audit or A 1-33 (if applicable) with no major findings (previous fiscal year).		
2	Recipient/subrecipient submits timely monthly financial remittance packages for payment.		
3	In the last two years, recipient/subrecipient has expended 95% or more of its project award.	N/A	
4	Recipient/subrecipient has provided proof of match documentation.		
PROGRAM			
1	Over the last two years, the recipient/subrecipient has resolved all problems, findings, and/or concerns identified by the CoC to our satisfaction.	N/A	
2	Recipient/subrecipient has experienced a stable staffing pattern that ensures quality program continuity	N/A	
DATA			
1	Recipient/subrecipient generally has good data quality as defined by the HMIS Policies and Procedures.	N/A	
2	Recipient/subrecipient generally completes HMIS/comparable database data entry within the timeframe identified in the HMIS Policies and Procedures and is responsive to data cleanup.	N/A	
3	Recipient/subrecipient has signed all agreement forms for HMIS.		
4	Recipient/subrecipient has signed the CARES Partnership Agreement.		
Total Questions		14	
Total "No" Responses		0	
Total "Yes" Responses		0	
Total "N/A" Responses		0	
Total "No" Percentage		0%	
Total "Yes" Percentage		0%	
Total "N/A" Percentage		0%	
Risk Level Based on # of "No" Responses		Low Risk	

APPENDIX B – MONITORING CHECKLIST FOR PROGRAM PARTICIPANT FILES

Eligibility Documentation Required Upon Intake

- Government-issued photo identification
- Birth Certificates for minors, under 18 years of age
- Proof of Social Security Number
- Participant HMIS intake application
- Certification of homelessness and verifying documentation
- Certification of chronic homelessness (if applicable) and verifying documentation
- Certification if disability (permanent supportive housing only)

Program Documentation

- HMIS Client Informed Consent and Release of Information
- Case notes
- Ongoing service tracking, with an individual service plan
- Initial, annual, and reassessment rent calculations
 - Verification of income/zero income certification
 - Current utility allowances rates worksheet
- Current assets declaration
- Housing Habitability Standards Form (SFN 61266)
- Lead-Based Paint Disclosure
- Lease agreement, specific to program type
 - Programs with leasing funds include both:
 - Lease agreement between the program and property owner; and
 - Occupancy agreement or sublease between the program and participant
 - Programs with rental assistance funds include:
 - Lease agreement between the participant and property owner

APPENDIX C – MONITORING AUDIT



MONITORING AUDIT
 NORTH DAKOTA CONTINUUM OF CARE
 SFN 61950 (12/21)

This monitoring is being done in conjunction with the Institute for Community Alliances. Questions that are asked in this form are necessary to get a complete picture of how the agency administers the U.S. Housing and Urban Development (HUD) Continuum of Care (CoC) grant. If you have more than one CoC grant, please complete this form for each project.

Agency Name	
Name(s) of Reviewer(s)	Date
Project Name	Project Type
Grant Number	Grant Period

AGENCY PERFORMANCE

1. Has the agency requested a waiver from the HUD Field Office for any required regulations in the past two years or since your last CoC Monitoring? If yes, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Provide a copy of your agency's board of directors (current as of the date this questionnaire was received).	
Are any of your board members homeless or formerly homeless? If yes, identify them, if no, explain. <i>[24 CFR 578.75(g)(1); 24 CFR 578.103(a)(12)]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any of your board members receive any compensation for their service? If yes, explain how much and under what circumstances.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Please explain how your agency, to the maximum extent practicable, requires participation of individuals and families who are experiencing homelessness in maintaining and operating the facilities and programs for which funding is requested (i.e., clients help with snow removal, cleaning common areas, participate in client advisory board, etc.).	
4. Have there been any major challenges or changes that would have an impact on the ability to provide services as outlined in the CoC grant expectations? If yes, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have all required reports been submitted in a timely fashion? This includes, but not limited to, required reports to the CoC and HUD (i.e., Annual Performance Report). If no, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Provide a copy of your agency's conflict of interest policy. If you provide services or contracts to employees, family members, board members, or any person who is in a decision-making position in the agency, what are your policies and procedures related to this process?	
7. Provide a copy of your agency's confidentiality policy.	
8. Provide copies of templates of all release of information forms signed by participants in the program(s) being monitored.	

9. Provide a copy of your Written Standards and CoC Policies and Procedures manual for the program(s) being monitored. [24 CFR 578.103(a)] Procedures should be adopted from the ND CoC approved Written Standards for ESG and CoC Programs and should include processes for assessment, eligibility, outreach, intake, prioritizing individuals/families, and reassessing participants.	
10. Are records regarding the CoC program participant centrally located and secure? If no, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are records pertaining to the program participant's qualification for the CoC program being retained for five years after the expenditure of all funds from the grant under which the program participant was served? If no, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Provide copies of your agency's nondiscrimination policies regarding program participants, employment, and hiring practices.	
Does your agency have a nondiscrimination policy regarding program participants displayed in a visible place? If no, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your agency have a nondiscrimination policy regarding employment and hiring practices? If no, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
How does your agency ensure equal opportunity treatment for both employees and beneficiaries?	
12. Are programs and services free from religious requirements? If no, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Do you have resources and practices in place to communicate with all potential beneficiaries who may not speak English? If yes, list your resources. If no, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Are your agency's facilities accessible to people with disabilities? If no, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Are Fair Housing notices posted in a conspicuous place within your agency and visible for all to see? If no, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Site-based projects only. Was an Environmental Review conducted for your CoC project? [CFR 24 578.31; CFR 24 578.99(a)] Provide a copy of the last completed review. If no, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Does your agency make every effort to utilize small business, local business, woman-owned, and minority-owned business sources of supplies and services and to hire low to moderate income individuals? Please explain these efforts and the outcomes.	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Does your agency have a Drug Free Workplace policy? If no, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Does your agency have an anti-lobbying policy? If yes, provide a copy of the policy. If no, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No

20. Provide a copy of your agency's Violence Against Women Act (VAWA) Policy and Emergency Transfer Plan.	
Does your agency comply with the VAWA? [24 CFR 578.99(j)(5)]	<input type="checkbox"/> Yes <input type="checkbox"/> No
How are participants made aware that survivors are protected from being denied or terminated from assistance or evicted from housing based on their survivor status?	
Does the lease agreement contain a copy of the VAWA addendum (<i>HUD form 91067</i>) and signed by both the tenant (sub-tenant) and landlord? (This should be in the participant file.) If no, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your agency's confidentiality practices for survivors?	
Are they in line with requirements under 24 CFR 5.2007(c) which includes: all information submitted by survivors remains confidential; employees of the agency do not have access to the information unless explicitly authorized to carry out the work; Personally Identifiable Information (PII) is not required as a condition of providing housing and services; and information is not disclosed to any other entity without written and time-limited consent from the survivor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Provide a copy of your agency's Housing First Policy.	
Does your agency follow a "Housing First" approach? If no, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain how you incorporate Housing First into your screening and intake process?	
Once an individual or family is enrolled, explain the agency's housing search and placement process.	
Describe your process if a participant is evicted from their unit by the landlord.	
22. Please provide a copy of your agency's Low Barrier Policy	
Does your agency follow a Low Barrier Policy? If no, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Permanent Supportive Housing Programs. Does your project prioritize beds for the chronically homeless when beds become available? If no, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No

SUBRECIPIENTS

1. Does your agency have subrecipients for your project(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, have you monitored your subrecipient in the current grant period? Please provide the subrecipient's monitoring form and agency report generated from this monitoring.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are funds being distributed to the subrecipient no later than 45 days after receiving an approved request? If no, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No

FINANCIAL PROCEDURES

1. Does your agency have a Financial Procedures Manual? If no, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the manual provide guidelines for controlling expenditures, such as purchasing requirements and travel authorizations? Please have your manual available for review upon request.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Explain your agency's payment approval process and who is involved in that process. Indicate names and positions involved in the step-by-step process.	
3. Are your fiscal records, blank checks, petty cash, credit cards, etc. secured in a limited-access area? Who has access to these items?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Briefly describe your agency's segregation of responsibilities to ensure that no one individual has complete authority over an entire financial transaction (i.e., how do you ensure that the person who opens the mail is not the same person who prepares the bank deposit?)	
5. How many signatures are required on agency checks?	
6. Provide a copy of your agency's chart of accounts, highlighting each HUD CoC funding source to demonstrate they are accounted for separately.	
7. Do you have evidence of sufficient insurance, fidelity, or surety bonding for board member and employee theft coverage? This includes employees who are responsible for receipt, custody, and disbursement of assets. If no, explain. If yes, have a copy of your policy available for review upon request.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. How frequently do you compare actual HUD CoC funded program expenditures to budgeted amounts?	
9. How frequently are bank reconciliations performed?	
10. When was your agency's last audit completed? Please explain any findings and how they were resolved. Please have a copy of your most recent audit available for review upon request.	
11. Has your agency used HUD CoC funds to supplant other funds? If yes, explain how and why.	<input type="checkbox"/> Yes <input type="checkbox"/> No

CASH MANAGEMENT

1. Provide a copy of your agency's budget, highlighting revenue, expenses, and match for each HUD CoC funded program.	
2. Does your agency draw down federal funds on an advance basis? If yes, please provide the following documentation: <ul style="list-style-type: none"> An in-depth explanation as to why and how this is done. A copy of written procedures that are consistently followed to ensure federal funds drawn down in advance are disbursed within three business days of their reception from the U.S. Treasury. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. If drawdowns are on a reimbursement basis, how frequently are funds drawn (i.e. monthly, quarterly)?	
4. Is the Line of Credit Control System (LOCCS) drawdown rate consistent with the projects point-in-time expenditures for the projects grant term and approved budget? Provide a minimum of two months of drawdown reconciliation forms with back up documentation along with expenditures.	<input type="checkbox"/> Yes <input type="checkbox"/> No

PROGRAM INCOME

1. Did your agency generate any program income from HUD CoC programs? This includes any rent collected from participants. If yes, what were the sources of income and was it expended on eligible costs within the program? Please provide documentation to show eligible expenses.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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FINANCIAL DOCUMENTATION

1. Provide a copy of your agency's cost allocation plan.			
Did you receive administrative costs in your CoC grant? If yes, were the funds expended only for administrative costs related to carrying out overall project management? If no, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you use HUD CoC funds for indirect costs? If yes, how do you allocate those costs?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Are wages for staff funded under more than one source?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Provide copies of two timesheets for each staff person paid with HUD CoC funds and two examples of payroll records that clearly define payments among the funding sources.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3. List the salary/hourly wage of all staff and administration paid by CoC program funds (additional rows may be added if needed).			
CoC Project	Staff Charged to the Project	Annual Salary or Hourly Wage	Percent Charged to the Project
4. To determine costs charged to the HUD CoC project are eligible, please provide the following documentation: <ul style="list-style-type: none"> Transaction records showing expenses for the CoC project being monitored. Please include adequate source documentation for at least three transactions (invoices, check requests, contracts, or purchase orders). Two expenses for professional service contracts to determine they were necessary and reasonable for proper and efficient administration of the CoC project. Two expense reports to show travel expenditures were necessary and reasonable for proper and efficient administration of the CoC project. 			

MATCH REQUIREMENTS

1. Please provide documentation of match contributions being used to meet the requirement for the HUD CoC grant(s) being monitored (25 percent of budget, minus leasing dollars or 25 percent of grant using rental assistance). ND CoC is looking to make certain the match contributions are allowable activities as well as eligible costs for the CoC project.
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OPERATING COSTS

1. Does your grant agreement include funding for Operating Costs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Were grant funds expended only for the costs of the day-to-day operation of housing in a single unit or structure?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3. Please indicate the type of operating costs that were in the approved grant application?	

HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)

1. Does your grant agreement include funding for HMIS costs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, were grant funds expended for HMIS costs in compliance with HUD requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2. If you (or a subrecipient) are a victim service provider, or a legal service provider, and grant funds were used to establish and operate a comparable database, is the database compliant with HUD's HMIS requirements? If no, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

CLIENT FILES

Please answer the following questions related to client files. Client files will be reviewed for the monitoring process. (NOTE: The below table does not indicate all necessary documents required by HUD or ND CoC for client files.)

PARTICIPANT ELIGIBILITY

1. Are there completed intake forms for the client (i.e., ND CoC Housing Crisis Triage, Housing Prioritization Tool)? Please indicate any agency-specific forms that are used.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are participants coming from the target populations identified and approved in the CoC project application and/or contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Income Documentation: Is there a completed verification on all sources of income (ND SFN 59246)? [<i>CFR 578.103(a)(6)</i>]	<input type="checkbox"/> Yes <input type="checkbox"/> No

DOCUMENTATION OF HOMELESSNESS

1. Is there documentation determining participant's eligibility in terms of homeless status?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Is there documentation using the ND CoC approved document for verification of homelessness (ND SFN 59247) If no, does the file contain the following:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Homeless Status	Type of Documentation	
Persons living on the street or place not meant for human habitation	Written information obtained from third party regarding the participant's whereabouts	<input type="checkbox"/> Yes <input type="checkbox"/> No
Persons coming from an emergency shelter for persons experiencing homelessness	Written statement from the emergency shelter staff or printout from HMIS.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Persons from a short-term stay in an institutional setting who previously resided on the street or in an emergency shelter	Written verification from the institution's staff that the participant has been residing there for less than 90 days and proof of living situation prior to entry at that institution	<input type="checkbox"/> Yes <input type="checkbox"/> No

Person fleeing domestic violence	Written, signed, and dated verification from participant	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does the participant's file contain proof of disability of the individual experiencing homelessness or family member(s) (in accordance with HUD in the form of a doctor's letter or third-party verification)?		<input type="checkbox"/> Yes <input type="checkbox"/> No

CASE FILES

1. Was a case plan developed with written goals that were created by the case manager and the client, signed, and dated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is ongoing progress on case plans documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has an annual assessment been conducted within the appropriate time frame? Please show documentation from HMIS.	<input type="checkbox"/> Yes <input type="checkbox"/> No

RENT AND LEASING DOCUMENTATION

1. Before CoC funds were expended for a lease or to provide rental assistance, was a Housing Quality Standards (HQS) inspection completed? [24 CFR 578.75(b)(1)] Is there an annual HQS Inspection when needed? [24 CFR 578.75(b)(2)]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2. Was the Disclosure of Information on Lead-based Paint and/or Lead-Based Paint Hazards completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3. Is the " Protect Your Family From Lead in Your Home " brochure from the U.S. Environmental Protection Agency shared with project participants?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4. Does your agency have a Lead Hazard Safety policy? If yes, provide a copy of the policy. If no, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5. Rent calculation: Is the rent charged accurately calculated, including deduction and utility allowances, if applicable? Provide a copy of the rent calculation form your agency uses.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6. Were pay stubs or other income verification attached to the rent calculation forms?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
7. Did unit(s) meet Fair Market Rent (FMR)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If a unit surpassed FMR, what funding source(s) was used to pay rent (other funds may be used to pay rents that are above FMR, so long as the rent is reasonable)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8. Rent Reasonableness has been completed on each unit paid for with CoC grant funds.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
9. Does the agency use sublease agreements, occupancy agreements, or a landlord tenant participation agreement? [24 CFR 578.49(b)(5); 24 CFR 578.77(a)] Provide a copy of the agreements your agency uses.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

PERMANENT SUPPORTIVE HOUSING (PSH) PROGRAMS ONLY

1. Is there documentation of a disability for the individual, or in the case of a family one adult or child that meets the requirements for housing under the CoC program?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2. Is there documentation showing participants were chronically homeless prior to entry?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

RAPID RE-HOUSING (RRH) PROGRAMS ONLY

1. Did the RRH program participant have a lease, signed in their name, of at least one year that was renewable and terminable only for cause?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2. Were program participants allowed to choose housing of an appropriate size in which to reside?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3. How many months was rental assistance provided to the program participant?	
4. Do the entry-exit dates shown in the participant files indicate that the participant does not exceed the 24-month limitation of stay?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

SUPPORTIVE SERVICES

1. Does your grant agreement include funding for supportive services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If Supportive Services were included in your approved grant application, please indicate below the type of supportive services provided.	
3. How many months were supportive services provided to the program participant?	
4. How often during the time that supportive services were provided did the case manager visit the client (weekly, bi-weekly, monthly, etc.)?	

AGENCY SIGNATURE

Staff completing form (print name)	Title
Signature	Date
Email Address	Telephone Number