



North Dakota-500 Statewide Continuum of Care Monitoring Plan

CoC Board Approval: January 2025
CoC Membership Approval: February 2025

Next Review: January 2026

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 and assess program performance and effectiveness. Monitoring is an ongoing process 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 monitored remotely or in person at least once per year by the Collaborative Applicant.
- B. Goals of Monitoring
 - 1. Fulfill the requirement of a grant recipient or subrecipient and 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. Agency Performance. Review policies and procedures that include best practices and submission of required reports.
- B. Subrecipients. If the project has subrecipients, have they been monitored, and the timeliness of distributing funds.
- C. Financial Procedures. Review of the agency's financial procedures.
- D. Cash Management. Review of the agency's budget.
- E. Program Income. Review of program income and expenditures on eligible costs.
- F. Financial Documentation. Review of the agency's finances and eligible expenses for the project.
- G. Match Requirements. Monitor to check that an appropriate and sufficient match has been provided and documented, including the eligibility of sources used as matches.
- H. Operating Costs. Monitor to ensure that operating costs are eligible expenses.

- I. Homeless Management Information System (HMIS). Ensure that the project is utilizing HMIS or a comparable database.
- J. Participant Eligibility/Documentation of Homelessness. Review of documentation of eligibility for homeless status, chronic homelessness (CH), disability, and income. Compliance with eligibility helps service providers ensure that the project's resources are provided to clients who need them most, learn about clients' needs and how to serve them best, and make applying for funds easier and quicker.
- K. Case Files. Monitoring case files ensures that clients are being served based on their needs and wants, including developing goals, progress on their goals, and annual assessments.
- L. Rent and Leasing Documentation. Reviewing rent and leasing documentation ensures that CoC funds are being expended appropriately for rental assistance, that inspections have been completed, that rent calculations are accurate, that lead-based paint policies are followed, and that rent reasonableness and fair market rent are being followed.
- M. Permanent Supportive Housing Programs. This section reviews disability and chronicity for individuals enrolled in the program.
- N. Rapid Rehousing Programs. Rapid rehousing programs are monitored to ensure the client was able to choose their unit and signed the lease for it, as well as to ensure the client did not exceed the 24-month limitation of assistance.
- O. Supportive Services. Review of annual assessments of service needs and service plans for project participants and corresponding adjustment of supportive service plans.
- P. Documentation Submissions
 - 1. Required submissions. The following documents must be submitted annually during each monitoring:
 - a. Agency's current Board of Directors list
 - b. Annual Performance Report submitted to HUD
 - c. Subrecipient's monitoring form and agency report (if applicable)
 - d. Timesheets for each staff person paid with CoC funds (if applicable)
 - e. Examples of payroll records that clearly define payments among the funding sources (if applicable)
 - f. Transaction records showing expenses for the CoC project being monitored
 - g. Transaction records showing expenses for professional service contracts (if applicable)
 - h. Expense reports for travel expenditures (if applicable)
 - i. Match contributions documentation
 - j. If the agency draws down funding on an advance basis, the agency must submit the following:
 - i. An in-depth explanation as to why and how this is done.
 - ii. A copy of written procedures consistently followed to ensure federal funds drawn down in advance are disbursed within three business days of their reception from the U.S. Treasury.
 - k. Drawdown reconciliation forms with backup documentation and expenditures

2. Updated submissions. If the agency has updated any of the following documents since the last time they were submitted, it must submit them to the ND CoC for review. If the documents have not been submitted for two consecutive years, the ND CoC will require them to be submitted for review.
 - a. Conflict of Interest Policy
 - b. Confidentiality Policy
 - c. Releases of Information forms used by your agency
 - d. CoC Program Policies and Procedures
 - e. Non-discrimination Policy
 - f. Environmental Review
 - g. Anti-lobbying Policy
 - h. Violence Against Women Act Policy
 - i. Emergency Transfer Plan
 - j. Housing First Policy
 - k. Low Barrier Policy
 - l. Financial Procedures Manual
 - m. Agency's Chart of Accounts
 - n. Agency's Budget
 - o. Program Income documentation
 - p. Agency's Cost Allocation Plan
 - q. Lead Hazard Safety Policy
 - r. Sublease, Occupancy, or Landlord-Tenant Participation Agreements (if applicable)
3. Requested documentation. The ND CoC may request the following agency or participant file documents during an on-site visit.
 - a. Agency's most recent audit
 - b. Client Intake forms
 - c. Verification of homelessness form(s)
 - d. Proof of disability
 - e. Annual assessment(s) (if applicable)
 - f. Housing Quality Standards form
 - g. Rent Calculation Forms
 - h. Income Verification form
 - i. Rent Reasonableness form
 - j. Chronic homelessness documentation (Permanent Supportive Housing only)
 - k. Copy of signed lease (Rapid Rehousing only)

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 also review and analyze background documents, files, and forms for CoC compliance and 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 in Section III.P of this Monitoring Plan.
- B. A letter will be issued to each agency notifying them of the analysis results.
- 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 and establish rapport with individual project staff.
- D. Upon completion of remote and/or onsite monitoring, another monitoring letter may be issued to agencies with the monitoring conclusions, identifying accomplishments, findings, and concerns (if applicable). If findings or concerns are identified, the monitoring letter will document the target dates for corrective actions.
- 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. TIMELINE

- A. January: The Collaborative Applicant reviews the Monitoring Plan and all subsequent documentation that will be requested for funded projects. The ND CoC Board will review the Monitoring Plan for approval at the January meeting.
- B. February: Documentation request sent to CoC-funded projects. The ND CoC Membership will review the Monitoring Plan for approval at the membership meeting.
- C. April-October: Collaborative Applicant review and analysis of documentation and Risk Assessment.
- D. November: 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.
 - 2. All newly funded projects will receive an on-site monitoring visit during the first year of their funding.
- E. November-December: Response from agencies to any concerns provided in the report. Follow up with all agencies, conduct remote monitoring and on-site visits, and develop agency improvement plans if necessary.
- F. December: Provide a final report to the Board of Directors.

VI. APPENDICES

- A. Appendix A: Monitoring Checklist for Program Participant Files
- B. Appendix B: Monitoring Audit

APPENDIX A – 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 of disability (permanent supportive housing only)

Program Documentation

- ☐ CARES 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 B – 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 in this form are necessary to understand 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. Are any of your board members homeless or formerly homeless (within the past seven years)? If yes, identify them; if no, explain. [24 CFR 578.75(g)(1); 24 CFR 578.103(a)(12)]	<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 the 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 significant challenges or changes that would impact 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 is 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. If you provide services or contracts to employees, family members, board members, or any person in a decision-making position in the agency, what are your policies and procedures related to this process?	
7. Are records regarding the CoC program participant centrally located and secure? If no, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are records about 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

8. 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?	
9. Are programs and services free from religious requirements? If no, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. 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
11. Are your agency's facilities accessible to people with disabilities? If no, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. 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
13. Was an Environmental Review conducted for your CoC project? [CFR 24 578.31; CFR 24 578.99(a)] If no, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Does your agency make every effort to utilize small, local, woman-owned, or minority-owned sources of supplies and services and hire low to moderate-income individuals? Please explain these efforts and the outcomes.	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Does your agency have a drug-free workplace policy? If no, explain.	Yes <input type="checkbox"/> No
16. Does your agency have an anti-lobbying policy? If no, explain.	Yes <input type="checkbox"/> No
17. 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 (HUD form 91067) signed by 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 are your agency's confidentiality practices for survivors?	

Are they in line with requirements under <i>24 CFR 5.2007(c)</i> , 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
18. 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 the landlord evicts a participant.	
19. Does your agency follow a Low Barrier Policy? 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 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. 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. Do you have evidence of sufficient insurance, fidelity, or surety bonding for board member and employee theft coverage? This includes employees responsible for asset receipt, custody, and disbursement. If no, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. How frequently do you compare actual HUD CoC-funded program expenditures to budgeted amounts?	
8. How frequently are bank reconciliations performed?	
9. 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.	
10. 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. 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 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
2. If drawdowns are on a reimbursement basis, how frequently are funds drawn (i.e., monthly, quarterly)?	
3. Is the Line of Credit Control System (LOCCS) drawdown rate consistent with the project's point-in-time expenditures for the project's grant term and approved budget?	<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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

FINANCIAL DOCUMENTATION

1. Did you receive administrative costs in your CoC grant? If yes, were the funds expended only for administrative costs related to 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?	Yes <input type="checkbox"/> No		
2. Are wages for staff funded under more than one source?	<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

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 sub-recipient) are a victim 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 during on-site visits. (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 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 of all sources of income (ND SFN 59246)? [CFR 578.103(a)(6)]	<input type="checkbox"/> Yes <input type="checkbox"/> No

DOCUMENTATION OF HOMELESSNESS

1. Is there documentation determining the 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 to verify 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 in a place not meant for human habitation	Written information obtained from a 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.	A 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 before entry at that institution	<input type="checkbox"/> Yes <input type="checkbox"/> No
A person fleeing domestic violence.	Written, signed, and dated verification from the 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 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 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?	<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 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, occupancy, or landlord-tenant participation agreements? [24 CFR 578.49(b)(5); 24 CFR 578.77(a)]	<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, is there 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 before entry?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3. Does your project prioritize beds for the chronically homeless when beds become available? If no, explain.	<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. How many months of case management was provided to the program participant?	
5. 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.)?	

DOCUMENTATION SUBMISSION

The following documents **MUST** be submitted with this form.

Document	Submitted
1. Agency's current board of directors	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Annual Performance Report for project year being monitored	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Two timesheets for each staff person paid with HUD CoC funds	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Two examples of payroll records that clearly define payments among the funding sources	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. To determine whether costs charged to the HUD CoC project are eligible, please provide the following documentation (if applicable):	
Three transaction records showing expenses for the CoC project being monitored. Please include adequate source documentation (invoices, check requests, contracts, or purchase orders).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Two expenses for professional service contracts to determine whether they were necessary and reasonable for the proper and efficient administration of the CoC project.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Two expense reports to show travel expenditures were necessary and reasonable for the proper and efficient administration of the CoC project.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6. Match contributions being used to meet the requirement for the HUD CoC grant(s) being monitored (25 percent of the budget, minus leasing dollars or 25 percent of the grant using rental assistance). ND CoC is looking to ensure the match contributions are allowable activities and eligible costs for the CoC project.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. If your agency draws down funding on an advance basis, please submit the following: <ul style="list-style-type: none"> An in-depth explanation as to why and how this is done. A copy of written procedures 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 <input type="checkbox"/> N/A
8. Two months of drawdown reconciliation forms with backup documentation and expenditures.	<input type="checkbox"/> Yes <input type="checkbox"/> No

The following documents **MUST** be submitted with this form IF significant changes have occurred since the agency's previous monitoring.

Document	Date of Last Review by Agency	Submitted
1. Conflict of Interest Policy		<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Confidentiality Policy		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. All Release of Information forms		<input type="checkbox"/> Yes <input type="checkbox"/> No
4. CoC Program Policies and Procedures (Procedures should be adopted from the ND CoC approved Written Standards for ESG and CoC Programs and should include your agency's program-specific processes for assessment, eligibility, outreach, intake, prioritizing individuals/families, and reassessing participants.)		<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Non-discrimination Policies for employment and hiring practices and program participants		<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Environmental review for project being monitoring		<input type="checkbox"/> Yes <input type="checkbox"/> No

7. Anti-lobbying Policy		<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Violence Against Women Act Policy		<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Emergency Transfer Plan		<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Housing First Policy		<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Low Barrier Policy		<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Financial Procedures Manual		<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Agency's chart of accounts, highlighting each HUD CoC funding source to demonstrate they are accounted for separately.		<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Agency's budget, highlighting revenue, expenses, and match for each HUD CoC-funded program.		<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Program Income documentation to show income was spent on eligible expenses (if applicable).		<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Agency's cost allocation plan		<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Lead Hazard Safety Policy (if applicable)		<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Copy of the sublease, occupancy, or landlord-tenant participation agreements your agency uses (if applicable).		<input type="checkbox"/> Yes <input type="checkbox"/> No

AGENCY SIGNATURE

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