

MONITORING WORKSHEET

Supportive Housing Program

Date:		
Name of Agency :		
Location:		
Staff Representative(s) and Title(s):		
Projects Monitored:		
UNITY Staff:		
A. PROGRAM PERFORMANCE REVIEW	Response	Data Source
UNITY Reporting		
1. Did the agency submit signed contract to UNITY?		Date: Contract attached.
2. Does agency submit monthly budget/reimbursements on correctly and on time?		
3. Does the agency submit HMIS reports correctly and on time? (sample one documented file entered into HMIS)		
4. Does the agency submit quarterly progress reports correctly and on time?		
APR Reporting		
Project Year _____ to _____		
5. Did the agency reach outcome objectives? (see contract)		
A. Housing Goal		
B. Income		
C. Other		
6. According to the last APR, is this program meeting projected numbers in terms of persons served?		
7. According to the last APR, did the program leave a balance?		

Program Performance and Administration	Response	Data Source
8. What is the programs' current enrollment? How does this compare to actual capacity?		
9. Is the agency meeting spending benchmarks for the current contract year?		
10. Does this program have a written admission criteria policy?		
11. Does this program have a written "grounds for termination" policy?		
12. What has this agency done to respond to the HUD directive to "assist the chronically homeless?"		
13. Is the agency representative participating in collaborative outreach meetings?		
14. Is there at least one homeless person or formerly homeless person participating in the policy decision-making process?		
15. Are clients visibly participating in supportive services during the visit?		
16. How do consumers give input on the quality of services?		
17. If a residential program, is there adequate residential supervision?		
18. How are responsibilities for implementing and managing the UNITY project assigned and delegated?		
19. Has a system been developed to track progress of each UNITY funded project?		
20. Are all services available/accessible to all clients?		
21. Does the agency have a written policy against discrimination in housing and services?		
22. Is there a written evacuation plan that is reviewed and revised prior to hurricane season?		

Program Performance and Administration Notes:

B. CASE MANAGEMENT REVIEW		
Number of Files Reviewed:		
Average Length of Service:		Active files reviewed: Inactive files:
Referral Sources:		
Item	Response	Data Source
1. Does the client file information match the HMIS data for: date of entry date of exit prior living situation?		
2. Was there sufficient documentation that consumers were homeless upon program entry? Sleeping location prior to entry: ___ street or place not fit for habitation ___ emergency shelter for at least 1 week ___ transitional housing program ___ short term facility (and homeless prior)		Type of documentation: ___ Outreach Referral ___ Letter from social service rep ___ Emergency Shelter referral ___ Transitional Housing Referral ___ prior homelessness documentation ___ Facility Referral ___ prior homelessness doc
3. Is there sufficient documentation of this consumer's income upon program entry?		Type of documentation: ___ Form signed by consumer (no income) ___ Employment check stub ___ Copy of benefit check or award
4. Was an intake/assessment conducted which indicates eligibility for program? <i>*PSH requires determination of disability signed by a licensed professional.</i>		
5. Were service plans present?		
6. Was the client notified of the grievance procedure upon intake?		
7. Was the client notified on non-discrimination policies and the right to request accommodations?		
8. Does the file contain release information?		
9. For programs serving families, does the file have family information ? A. Birth certificate(s) B. Social Security Card C. Adoption Papers		
10. Were service linkages made as indicated on the contract?		___ housing placement ___ transportation

		___ mental health referrals ___ client supplies
11. Were progress notes documented?		
12. Does the grantee conduct an ongoing assessment of the participants' supportive housing needs?		
13.		
14. Were discharge summaries completed?		
15. Does the file contain copies of checks documenting rental assistance that was provided?		
Rental Amounts and Leasing		
15. Does the tenant have a signed lease?		
16. Is there documentation that rents charged are reasonable and are documented for each lease?		
17. Are the lease amounts less than or equal to FMR rates?		
18. Is there documentation of ownership for rental property that matches name on lease and check payments?		___ Assessor's Report
19. Is there a W-9 form on file for the landlord?		
20. Are rental amounts accurately calculated and include documentation of income sources used in preparing the rent calculations?		
21. Is the client's income level reviewed annually?		
22. For off-site leasing, did the unit pass HQS inspection?		

Case File Review Notes:

C. FISCAL REVIEW	Response	Data Source
1. What is the <u>grantee's system</u> or procedure for ensuring that grantee costs are in accordance with the budget and program requirements?		
2. Is there a written policy manual specifying <u>approval authority</u> for financial transactions or an organizational chart showing titles and lines of authority for approval of financial transactions?		
3. Is there documentation of adequate <u>separation of duties</u> for financial transactions? (transactions involve at least 2 individuals)		
4. Evidence that financial records are regularly <u>reconciled</u> ?		
5. Evidence of <u>control of access</u> to accounting records, blank forms, checkbooks, and confidential records?		
6. Does the agency maintain documentation on file for <u>matching funds</u> ?		
7. Does the agency have a current <u>Inventory List</u> of items purchased with grant funding?		
8. Does the organization have procedures in place to keep its <u>property safe</u> (locks, engraving of equipment, secure storage)?		
9. Does the organization conduct periodic (at least annual) <u>physical inventory</u> or inspection of property bought or leased with grant funds?		
10. Does the agency submit on a monthly basis (no later than the 15 th of each month) a Reimbursement Requisition and Listing of Transactions?		
11. 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. no personal use)?		
12. Reimbursement documentation Agency Invoice Reviewed: _____ Receipt: _____ Ck# in GL: _____ Cleared in Bank Statement: _____ Financial Report: _____		Attach documentation.
13. Payroll Documentation: Are salaries paid from grant? _____		
a) Does the agency maintain time sheets		

showing allocated time for employees in the UNITY Project signed by their supervisor?		
b) Does the agency submit to taxing agencies any withheld FICA and employee payroll taxes (federal and state).		
c) Does the agency submit timely payment of Workers' Comp and SUTA (unemployment compensation) premiums, as not to cause lapse in coverage?		
14. Rent Payments/ Leasing Assistance		
a) What procedures are in place to prevent fraud when providing rental assistance?		
b) Does the rental payment include documentation of: <input type="checkbox"/> property ownership <input type="checkbox"/> signed lease <input type="checkbox"/> rent reasonableness <input type="checkbox"/> FMR <input type="checkbox"/> HQS		
15. Does the agency maintain current A-110, A-122, A-133 circulars on site?		
16. Did the agency receive more than \$500,000 in federal funds during their last fiscal year? If yes, was an <u>A-133 audit</u> conducted? Were there any findings, concerns, weaknesses or recommendations? If yes, were they resolved?		
17. If the agency was not required to have an A-133 audit, was there an <u>independent audit</u> conducted by a CPA that included an examination of SHP grant funds? a. Did audit contain findings, deficiencies or material weaknesses, questioned costs, compliance findings, or recommendations for improvement? b. If yes, have the findings been resolved or recommendations been instituted?		
18. Has the agency submitted to UNITY a copy of all audits including any <u>Corrective Action Plans</u> ?		
19. Does the agency maintain financial statements approved by the agency's <u>Governing Board</u> and accepted by motion in the official minutes of the organization's regular board meeting?		

20. Does the agency maintain a written <u>"standard of conduct"</u> governing the performance of employees engaged in the award or administration of contracts, in order to avoid real or apparent conflicts of interest?		
21. Are all purchases or procurements (no matter how small (conducted in a matter to provide, to the extent practical, <u>free and open competition</u> , and is this documented?		
22. Does the organization maintain <u>written procurement policies</u> to prevent purchase of unnecessary items, examine lease vs. purchase alternatives, and to ensure that solicitations for goods and services are clear and accurate?		
23. Does the organization ensure that <u>small, women-owned, and minority-owned businesses</u> are used to the fullest extent possible? And is this documented?		

Fiscal Review Notes:

SAMPLE

D. FACILITIES REVIEW	Response	Data Source
1. After making visual inspection of this housing facility, are the habitability standards being met?		
2. Are the plumbing (faucets, drains, toilets, etc.) and electrical (switches, fixtures, etc.) systems in working order?		
3. If the kitchen/dining area is a congregate facility, is there an appropriate, current, local health certificate?		
4. Is there a maintenance schedule? Is it being adhered to?		
5. Are the grounds maintained appropriately?		
6. Are there any obvious signs of disrepair? (peeling paint, water damage, broken windows). If yes, how will grantee correct the program(s)?		
7. Is the main entrance wheelchair accessible?		
8. Are resident living areas and common areas wheelchair accessible and otherwise accessible to those with disabilities?		
9. Are there any barriers to accessibility for clients with disabilities?		

Facilities Review Notes:

REVIEW OF AGENCY ACTIVITIES AND NARRATIVE REPORT

AGENCY ACCOMPLISHMENTS AND CHANGES

1. Cite any outstanding accomplishments of this agency during this review period.
2. Cite any significant changes in program structure during the period that was reviewed.
3. Cite any changes that are proposed or being implemented in the coming program year.

SAMPLE

AGENCY'S ABILITY TO PERFORM

1. Are there any problems not cited elsewhere in this report that are adversely affecting the agency's ability to perform adequately under this agreement with UNITY of Greater New Orleans?

No problems

Yes, there are problems.

2. Is there evidence of conflicts of interest either between the project sponsor and UNITY or between the project sponsor and any of their contractors, if applicable?

No evidence

Yes, there is evidence. Specify below.

3. Indicate below any type of assistance that UNITY of Greater New Orleans might be able to provide that would assist the agency to overcome any problems listed above.

**UNITY SHP Monitoring
Summary of Findings and Concerns**

Name of Agency: _____

Agency Staff: _____

Date of Monitoring Review: _____

Project Names and Numbers: _____

UNITY Monitor (s): _____

Monitoring Areas Completed: Program Performance and Administration
 Case Management
 Fiscal Review
 Facilities Review

Item	Corrective Action

UNITY Signature

Name and Title

Date

Agency Representative Signature

Name and Title

Date