

**Tri-County Continuum of Care
Desk Monitoring Questionnaire/Document Request**

In order to assist the Funding Review Committee, in addition to maintaining compliance with Continuum of Care Regulations, the Review Committee will be requesting the following information to complete a Monitoring of the following Continuum of Care Project:

Agency Name: _____

Project Name: _____

Grant Number: _____

Operating Year: _____

The monitoring being completed will assist the Continuum as well as the agencies to ensure all projects are in compliance with HUD regulations and will provide the Committee with additional information to base funding decisions on. An Addendum Tool has been provided to further clarify key terms used in the monitoring tool as well. After the monitoring has been completed, all agencies will receive a formal monitoring report identifying any issues that may need to be addressed.

In addition to completing the questionnaire below, please provide the Review Committee with the following documents by **[ENTER DATE]** by sending them to Ashni Mathew at amathew@monarchhousing.org.

Documents to be submitted:

- Blank copy of your agency's client satisfaction survey (if used for this project)
- Copies of any MOUs currently in place with other agencies that provide services of any kind to this project, if applicable (especially any agencies who are subrecipients or whose services are used as match or leveraging for the project)
- Copy of program intake packet and program information including program manual (including written appeals and termination processes), program requirements (e.g., eligibility criteria and documentation requirements), and consent forms distributed to new clients.
- An eLOCCS vouchers screen print out showing dates and amounts of all drawdowns that were completed for this project during the most recently completed operating year
- Any back up documentation required by HUD to justify the services, operating or administrative funds requested in the last 4 drawdowns (this includes staff timesheets, service logs, utilities, etc.)
- Copy of the housing/unit inspection form that is used
- Copy of the most recently executed grant agreement with HUD
- Copy of the most recent grant closeout certification for the grant (if applicable)
- Copy of the any HUD monitoring findings from past 12 months (if applicable)
- Copy of the findings section of most recently completed audit for your agency
- Copy of your most recent HMIS Audit
- Copy of any curriculums followed for staff training
- Copy of any grievance policy and/or procedure document for this project (if applicable)
- The following information will be monitored from HMIS via the program APR
 1. Participant Eligibility
 - a. Homeless Status of participants at program entry
 - b. Disability Status of participants at program entry
 2. Data Quality

3. Program utilization – number of households served vs. number of households proposed in application
4. Target population – is the project serving the subpopulations identified in the grant application
5. Stability in Permanent Housing
6. Destination at exit
7. Connection to income & benefits
8. Increase in income at follow-up or exit
9. HMIS record update

Please complete the following questions:

CLIENT FEEDBACK:

1. Does your agency administer a client satisfaction survey to the participants in this project? If so, how often is the survey conducted? If no, does the agency have other means for collecting consumer feedback?

2. Does this project provide clients with the rules and regulations of the project? If yes, how and when do they receive this information?

3. Does the agency provide clients with a means of expressing and resolving a complaint or appeal? If yes, what is the process?

4. Have clients ever been terminated from the project? If so, what was the reason for their termination? What steps were taken to avoid homelessness after termination?

5. Is there a grievance policy and/or procedure document for this project?

6. Does the agency share the CoC Grievance Policy with clients? If yes, how and when do they receive this information?

7. Describe how your agency incorporates consumer input in the planning and delivery of services.

PROGRAM COORDINATION:

1. Does your program currently have an agreement in place with the CE agency/entity? Please describe how your agency works with the CoC's Coordinated Entry process to fill vacancies or obtain referrals for this project:

2. Please explain how you meet the HUD CoC program requirement mandating a homeless or formerly homeless person to participate on the board of directors or other equivalent policy-making entity for your agency or identified sponsor agencies. Please also indicate how frequently your board of directors meets.

3. Do you work with partner agencies in the implementation of this project? Yes

No

If yes to question 3, are there agreements in place identifying the roles and responsibilities of participating agencies? If so, please provide a copy of any agreements in place for this program.

PROJECT ADMINISTRATION:

1. Has this project been audited by HUD? If yes, were there any findings, what were they and have those findings been since cleared by HUD?

2. How long are CoC program records retained within your agency?

3. Please list your program goals and describe how you track progress in achieving those goals. Please identify current program performance in relation to the project goals identified.

4. Please describe the process for determining client eligibility. Identify the documentation used to support eligibility. Please discuss additional client information collected during the intake process.

FINANCIAL REVIEW

1. Please provide a budget narrative explaining how the HUD money is used for this project. Within the narrative, discuss the following: activities HUD funds are used for, documentation on file to support

HUD funds, frequency of HUD drawdowns, how you track expenditure rates, whether the grant is on track to use all funds, (if applicable) why 100% of grant funds will not be used and steps taken to reduce unexpended funds prior to contract end date.

2. Please identify the amount of match for this program. Describe how you meet program match requirements and the documentation you have on file to support the match.

HOUSING FIRST PRINCIPLES:

1. Please describe how your program adheres to Housing First principles. Please include how Housing First is adhered to in the following areas: **project access, project input, lease arrangements (if applicable), services, and housing provision**. Please refer to the Monitoring Tool Addendum for additional clarity on how utilization of Housing First principles will be monitored.

AGENCY STAFF & CULTURAL COMPETENCY:

1. What type of training do the staff that work with this project receive to ensure they have the information needed to work on this grant? Do all staff that connect with consumers receive training in trauma informed care? Please indicate if any curriculums were followed for trainings.
2. Describe in detail the diversity of your agency's staff and how they reflect minority populations that are served by your agency.
3. Describe your program's ability to deliver services in a manner that is culturally and linguistically competent and reflects the needs of the minority populations served.

DIVERSITY, EQUITY, & INCLUSION

1. Please describe your agency's process for analyzing whether any racial disparities are present in the provision or outcomes of homeless assistance. What racial disparities has your agency identified in the provision or outcomes of homeless assistance?
2. Please list any steps your agency has taken to improve racial equity in the provision and outcome of assistance, based on any racial disparities identified by your agency. Please refer to the

Monitoring Tool Addendum for additional clarity on how efforts to improve racial equity will be monitored.

3. Please describe the steps your agency has taken to engage and/or hire those with lived experience of homelessness in leadership roles and decision-making processes.

4. Please enter in the chart below the number of people with lived experience who currently participate in the Agency under the categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 5 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
a.	Included & provide input that is incorporated in the program planning process.		
b.	Included in the decision-making processes related to addressing homelessness for the organization.		
c.	Review & recommend revisions to policies addressing homelessness related to services, & housing.		
d.	Participate on CoC committees, subcommittees, or workgroups.		