EMERGENCY SOLUTIONS GRANT

**ESG MONITORING GUIDE 2021**



North Carolina Department of Health and Human Services

Division of Aging and Adult Services

919-855-49 office

2101 Mail Service Center

Raleigh, NC 27699-2101

Last Updated April 2021



Table of Contents

[Purpose 3](#_Toc6338239)

[Federal and State Governing Authority 3](#_Toc6338240)

[Background 3](#_Toc6338241)

[Subrecipient Preparation for Monitoring Visit 4](#_Toc6338242)

[NC ESG Monitoring Tool Matrix 6](#_Toc6338243)

[On-Site Monitoring Notifications 7](#_Toc6338244)

[Initial Notification 7](#_Toc6338245)

[Confirmation of Monitoring Visit 7](#_Toc6338246)

[Contract and Regulatory Compliance Monitoring Tool 10](#_Toc6338247)

[Financial Systems Monitoring Tool 17](#_Toc6338248)

[Emergency Response Client File Monitoring Tool 24](#_Toc6338249)

[Emergency Response / Emergency Shelter Monitoring Tool 28](#_Toc6338250)

[Habitability Standards Monitoring Checklist for Emergency Response 34](#_Toc6338251)

[Emergency Response / Street Outreach Monitoring Tool 37](#_Toc6338252)

[Housing Stabilization Client File Monitoring Tool 41](#_Toc6338253)

[Housing Stabilization / Rapid Rehousing Monitoring Tool 47](#_Toc6338254)

[Housing Stabilization / Prevention Monitoring Tool 57](#_Toc6338255)

[Habitability Standards Monitoring Checklist for Housing Stabilization 67](#_Toc6338256)

[HMIS / Comparable Database Monitoring Tool 73](#_Toc6338257)

[Monitoring Response Notification 77](#_Toc6338258)

[NC ESG Corrective Action Instructions and Form 80](#_Toc6338259)

ESG-CV ADDENDUM

# **Purpose**

The Purpose of this Monitoring Guide is to outline the process and procedures used by the NC ESG Office to ensure compliance with Local, State and Federal laws and requirements, with respect to the Emergency Solutions Grant (ESG).The NC ESG Office encourages each grant subrecipient to share this guide with their employees and members of the organization involved in administering or overseeing the ESG funded programs.

# **Federal and State Governing Authority**

All subrecipients are expected to use ESG funds in accordance with HUD guidelines (including 24 CFR 576, 24 CFR 578, 2 CFR Part 200, 24 CFR 84 & 85, OMB Circular A-133). These regulations can be found on the HUD Exchange web site at:

[https://www.hudexchange.info/resource/1927/hearth-esg-program-and-consolidated-plan-conforming-amendments/](https://www.hudexchange.info/resource/1927/hearth-esg-program-and-consolidated-plan-conforming-amendments/%20)

In addition to Federal regulations, subrecipients must familiarize themselves with the State ESG guidelines including The Desk Guide and Performance Standards, RFA and application materials, which can be found at:

<https://www.ncdhhs.gov/divisions/aging-and-adult-services/nc-emergency-solutions-grant/nc-emergency-solutions-grant-%E2%80%93>

# **Background**

The NC ESG office will on-site monitor a minimum of 20% of the total ESG Subrecipients every year. New subrecipients will be monitored within the first year of their grant agreement. Subrecipients are scheduled On-Site monitoring visits during the upcoming program year based on risk factors (High, Medium, Low) identified during the scoring of each subrecipient Risk Analysis Assessment.  On-site monitoring visits allow ESG program staff to verify program compliance, to review financial records, and to review administrative structures and practices. Results of on-site monitoring visits are shared with the subrecipient organizations. Back-up documentation that is submitted with monthly reimbursement requests is also reviewed throughout the program year.

On-site compliance visits will be conducted at the location designated by NC ESG staff.

The four primary goals of the on-site compliance visit are to:

* Ensure productivity and accountability
* Ensure compliance with the Emergency Solutions Grant (ESG) which includes participant eligibility, eligible activities, unit requirements, financial management, data collection and reporting and other federal requirements;
* Evaluate organizational and project performance; and
* Executed ESG Contract

Additionally, the ESG office conduct quarterly Desk Monitoring on all ESG subrecipients which consist of the review of financial source documentation for at least one requisition (reimbursement) request per Subrecipient, per quarter, all supporting documentation is reviewed for accuracy and eligibility.  Each Subrecipient will have at least 4 requisition requests per year reviewed, desk monitoring’s may also include the review of client files, program policies and procedures, financial policies, etc.

**Please note:** Continued non-compliance identified during a desk monitoring would necessitate the need for on-site monitoring and the subrecipient would be considered a high risk.  Subrecipients found previously at risk along with organizations with compliance issues beyond requisition submission are also deemed at risk based on performance and information received from other sources.  i.e. complaints etc.

# **Subrecipient Preparation for Monitoring Visit (See Monitoring Guide Addendum for COVID Modifications)**

Each organization funded by NC ESG will be monitored for compliance with the Emergency Solutions Grant (ESG) program regulations, guidelines and procedures, respectively. Monitoring visits usually last one day and key staff members (i.e. Executive Director, Program Manager, and Finance Controller) should be available for the duration, or as specifically requested.

The monitoring visit is comprised of a five-part process:

* Notification letter
* Entrance conference
* Documentation review
* Exit Conference
* Monitoring report letter

In preparation of the visit, subrecipients should consider the following:

1. Ensure that the following client data files and financial files are accessible or on-site and in an orderly manner for the contract period being monitored:
   * Individual client files with intake documentation of eligibility and services received
   * Program specific policies and procedures
   * Contract documents
   * Completed reports and requisitions
   * Bank reconciliations
   * General ledger
   * Cash receipts journal
   * Cash disbursements journal
   * Payroll journal
   * Inventory list
   * Last audit report or financial statements
   * Chart of Accounts
2. Subrecipients are encouraged to create a core documents grant file that includes: a copy of the executed contract/grant agreement; any HUD or NC ESG Office correspondence mailed or received pertaining to the funded activity; monthly, financial submissions; training materials received or reviewed, the funded activity’s procedures manual, etc.
3. Have a workspace available for the monitors to comfortably work without disrupting the organization’s normal work day routine.
4. Be prepared to give the monitors a tour of the facility. Employee or program participants are always subject to interview. Inspections will take place at this time as well, if applicable.
5. Be available for the exit conference, during which the monitors will summarize the results of the visit and request any missing documentation to be submitted, before the monitoring report letter is drafted.
6. Remember to respond to the corrective actions specified in the monitoring report letter within the allotted time.

**[This page intentionally left blank]**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NC ESG Monitoring Tool Matrix** | **NC ESG MONITORING TOOLS USED BY ACTIVITY** | | | | | | | |
| **ES OPPS** | **ES**  **SERVICES** | **STREET OUTREACH** | **PREV SERVICES** | **PREV**  **FA** | **RRH**  **SERVICES** | **RRH**  **FA** | **HMIS** |
| On-Site Monitoring Notification Letter | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** |
| Contract and Regulatory Compliance Monitoring Tool | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** |
| Financial Systems Monitoring Tool | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** |
| Requisition Monitoring Tool | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** |
| Emergency Response / Emergency Shelter Monitoring Tool | **X** | **X** |  |  |  |  |  |  |
| Habitability Standards Monitoring Checklist for Emergency Shelter | **X** | **X** |  |  |  |  |  |  |
| Emergency Response / Street Outreach Monitoring Tool |  |  | **X** |  |  |  |  |  |
| Emergency Response Client File Monitoring Tool | **X** | **X** | **X** |  |  |  |  |  |
| Housing Stabilization / Rapid Rehousing Monitoring Tool |  |  |  |  |  | **X** | **X** |  |
| Housing Stabilization / Prevention Monitoring Tool |  |  |  | **X** | **X** |  |  |  |
| Housing Stabilization Client File Monitoring Tool |  |  |  | **X** | **X** | **X** | **X** |  |
| Habitability Standards Monitoring Checklist for Housing Stabilization |  |  |  | **X** | **X** | **X** | **X** |  |
| HMIS / Comparable Database Monitoring Tool |  |  |  |  |  |  |  | **X** |
| On-Site Monitoring Response Letter | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** |
| NC ESG Corrective Action Instructions and Form | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** |

# **On-Site Monitoring Notifications**

## **Initial Notification**

Dear ESG Organization:

Your agency, \_\_\_\_\_\_\_\_\_\_, has been selected for an On-Site ESG Monitoring Review, to be scheduled between \_\_\_\_\_\_\_\_\_.  The state is requesting that you select and confirm one of the listed dates with our office via email on or before \_\_\_\_\_\_\_\_\_\_\_\_.

Along with your date confirmation, provide a list of HMIS / Comparable database client id #s of all clients served during the period of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Once the date has been confirmed an official monitoring letter will be sent to your agency with details on what will be reviewed and what documentation to prepare for the visit.  The monitoring will cover ESG program activities.  The four primary goals of the visit will be to:

1. Ensure productivity and accountability
2. Ensure compliance with the Emergency Solutions Grant (ESG) which includes participant eligibility, eligible activities, unit requirements, financial management, data collection and reporting and other federal requirements.
3. Evaluate organizational and project performance; and
4. Other relevant sections pertained in the ESG Contract

Feel free to contact our office if you have any questions or if we can provide you with any additional information.

## **Confirmation of Monitoring Visit**

Dear ESG Organization

This letter is confirmation that a grantee compliance monitoring review is scheduled for \_\_\_\_\_\_\_\_\_\_\_\_\_\_ from 9:00am – 4:00pm.  The monitoring will cover ESG program activities during   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The four primary goals of the visit will be to:

1. Ensure productivity and accountability

2.     Ensure compliance with the Emergency Solutions Grant (ESG) which includes

participant eligibility, eligible activities, unit requirements, financial management, data collection and reporting and other federal requirements;

1. Evaluate organizational and project performance; and

4.     Other relevant sections pertained in the ESG Contract.

Attached are the ESG Monitoring Review Tools that will be used during the monitoring visit.  Please be prepared to answer the questions on the forms and provide the following documentation during the visit:

|  |
| --- |
| Provide the following requested documents on a USB drive and have available in hard copy during monitoring visit: |
| * Source financial documents for allowable expenses incurred during monitoring time period |
| * ESG CAPER report (1 for each activity funded) |
| * Program Policy and Procedure/Guidelines (for each funded activity) |
| o    Affirmatively Furthering Fair Housing Policy |
| o    Conflict of Interest / Code of Conduct |
| o    Nondiscrimination and Equal Opportunity Policy |
| o    Confidentiality Policy |
| * Financial Policy and Procedures |
| * Most recent Audit |
| * Current Board Member Roster with Affiliations |
| * Organizational Chart |
| * Current public liability, property and worker’s compensation insurance? |

Please note, a minimum of four (4) client files for each funded activity will be reviewed on the scheduled monitoring date.  Files for review will be randomly selected and provided to you prior to the monitoring visit and additional files may be requested on site.

**[This page intentionally left blank]**

**NC ESG ORGANIZATION MONITORING**

# **Contract and Regulatory Compliance Monitoring Tool**

Program monitoring is an ongoing process of reviewing a subrecipient’s performance in meeting goals, identifying program deficiencies, and of enhancing management capacity through technical assistance or other corrective actions.

| Subrecipient Name: |  | | |
| --- | --- | --- | --- |
| Reviewer Name: |  | | |
| Subrecipient Staff: |  | | |
| DHHS Contract #: |  | Monitoring Visit Date: |  |
| Monitoring Type: | Desk  On-Site | | |

**Questions:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Does agency have a program administrator? Staff implementing the program? Have a copy of current contract to reference? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Have any significant changes been made to the program (i.e. staff changes, budget revisions, scope of services)? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Where these changes approved by the State? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Does subrecipient maintain documentation of State approved applicable amendments/revisions to the Subrecipient Agreement? (if applicable) | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Does the subrecipient have an organization chart that illustrates the actual lines of authority/responsibility? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Coordination with Other Targeted Homeless Services: Does the subrecipient’s records reflect that it coordinated and integrated, to the maximum extent practicable, ESG-funded activities with the programs, including those listed under 24 CFR 576.400(b), that are targeted to homeless people in the area covered by the Continuum of Care (CoC) or area over which the services are coordinated to provide a strategic, community-wide system to prevent and end homelessness for that area? [24 CFR 576.400(b); 24 CFR 576.500(m)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| System and Program Coordination with Mainstream Resources: Does the subrecipient’s records reflect that it coordinated and integrated, to the maximum extent practicable, ESG-funded activities with mainstream housing, health, social services, employment, education, and youth programs for which homeless and at-risk persons might be eligible? [24 CFR 576.400(c); 24 CFR 576.500(m)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Use of the Coordinated Assessment System: If the CoC for the area in which the program or project is located has established a coordinated assessment system that meets HUD’s requirements, do the records show:   1. that the subrecipient (unless it is a victim service provider) uses that assessment system; and 2. all initial evaluations were conducted in accordance with the coordinated assessment system requirements? [24 CFR 576.400(d); 24 CFR 576.401(a); 24 CFR 576.500(g) | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Coordinated Assessment (Consistency with Written Standards): Did the subrecipient work with the CoC to ensure that the screening, assessment, and referral of program participants are consistent with the ESG written standards required under 24 CFR 576.400(e)? [24 CFR 576.400(d)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Recordkeeping (Eligibility): Does the subrecipient’s records document that staff followed the recipient’s policies and procedures to:   1. conduct an initial evaluation and re-evaluations as required, and 2. document eligibility in accordance with HUD’s requirements? [24 CFR 576.400(e)(3); 24 CFR 576.401(a), (b), and (c); 24 CFR 576.500(a), (b), (c), and (e)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Recordkeeping (Program Participant Records): Did the subrecipient ensure that each program participant record documented compliance with applicable requirements for providing services and assistance to that program participant under the program components and eligible activities provisions at 24 CFR 576.101 through 24 CFR 576.106? [24 CFR 576.500(f)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Confidentiality: Did the subrecipient have written procedures to ensure confidentiality, including:   1. all records containing personally identifying information of any individual or family who applies for and/or receives ESG assistance are kept secure and confidential; 2. the address or location of any domestic violence, dating violence, sexual assault, or stalking shelter project assisted under ESG; and 3. the address or location of any program participant housing? [24 CFR 576.500(x)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Recordkeeping (Record Retention): Did the subrecipient retain copies of the required records for the greater of 5 years or the applicable time period below:   1. for emergency shelters subject to a 10-year minimum period of use: at least 10 years from the date that ESG funds were first obligated for the major rehabilitation or conversion of the building; or 2. for program participant files: at least 5 years after the expenditure of all funds from the grant under which the program participant was served? [24 CFR 576.500(y)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Data Collection and Recordkeeping: Do records reflect that the subrecipient entered data on all persons it served under ESG and on all of its ESG activities into the applicable community-wide HMIS or, for victim services providers (and legal services providers that opt out), into a comparable database, in accordance with HUD’s HMIS data standards?  **NOTE**: Each subrecipient must be able to provide documentation, such as HMIS reports, that shows subrecipient client-level and activity-level data are being entered into the applicable CoC’s HMIS (or a comparable database). [24 CFR 576.400(f); 24 CFR 576.500(n); 2014 HMIS Data Standards] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Eligible costs (HMIS): If the subrecipient is not a victim service provider, or a legal service provider that uses a comparable database, did the subrecipient use ESG funds only for costs eligible for the purpose of contributing data to the HMIS designated by the CoC? [24 CFR 576.107(a)(1)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Data entry (Comparable database): If the subrecipient is a victim service provider, or a legal services provider that uses a comparable database, were data maintained in the comparable database and not contributed or entered into an HMIS? [24 CFR 576.400(f)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Eligible costs (Comparable database): If the subrecipient is a victim service provider, or a legal services provider that uses a comparable database, were funds used for establishing and operating a comparable database that complies with HUD’s HMIS requirements, including collecting client-level data over time (i.e., longitudinal data) and generating unduplicated aggregate reports? [24 CFR 576.400(f); 24 CFR 576.107(a)(3); 24 CFR 576.107(b)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Matching Requirements: If the recipient required its subrecipients to contribute match, did the subrecipients’ records reflect that they met the applicable requirements, including records of the source and use of matching funds? [24 CFR 576.201; 24 CFR 576.500(o) and (v)(3)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Not required for the FY2018-19 grant cycle** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Conflicts of Interest (Organizational): Did a representative sample of the subrecipients’ records reveal zero instances where:   1. any type or amount of ESG assistance was conditioned on acceptance of shelter or housing owned by the recipient, subrecipient, contractor, or any parent or subsidiary of the subrecipient or contractor; or 2. a subrecipient or contractor carried out the initial evaluation for a program participant while the individual or family was occupying housing owned by the subrecipient or contractor, or any parent or subsidiary of the subrecipient or contractor; or 3. a subrecipient or contractor administered any homelessness prevention assistance to an individual or family occupying housing owned by the subrecipient or contractor, or any parent or subsidiary of the subrecipient or contractor? [24 CFR 576.404(a); regarding contractors, 24 CFR 576.404(c); 24 CFR 576.500(p)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Conflicts of Interest (Individual): Does each subrecipient’s records:   1. contain personal conflicts of interest policy or codes of conduct developed and implemented to comply with requirements; 2. demonstrate that the officers and staff of the subrecipient and any contractors complied with the individual conflict of interest requirements at 24 CFR 576.404(b); or 3. contain documentation supporting any exceptions to the personal conflicts of interest prohibition? [24 CFR 576.404(b); 24 CFR 576.500(p)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Homeless Participation: Did the subrecipient involve homeless individuals and families, to the maximum extent practicable, in constructing, renovating, maintaining, and operating facilities assisted under ESG, in providing services assisted under ESG, and in providing services for occupants of facilities assisted under ESG (could include employment or volunteer services)? [24 CFR 576.405(c)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Faith-Based Activities: Did the subrecipient ensure that it did not engage in inherently religious activities as part of the programs or services funded under ESG? If the subrecipient conducted these activities, were they offered separately, in time or location, from the programs or services funded under ESG, and was participation voluntary for all program participants?  [24 CFR 576.406(b); 24 CFR 576.500(r)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Faith-Based Activities: Did the subrecipient ensure that it did not discriminate against a program participant or prospective program participant on the basis of religion or religious belief? [24 CFR 576.406(d); 24 CFR 576.500(r)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Drug-Free Workplace: Did the subrecipient have a drug-free workplace statement per the requirements of 2 CFR part 2429? [24 CFR 5.105(d) and 24 CFR 576.407(a)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| If the requirements of the Drug-Free Workplace Certification were reviewed, is the subrecipient in compliance? [24 CFR 5.105(d); 24 CFR 576.407(a); 2 CFR part 2429] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Non-Discrimination, Section 504 of the Rehabilitation Act of 1973, and Other Equal Opportunity Requirements: Did records demonstrate that the subrecipient is in compliance with the applicable requirements in 24 CFR part 5, Subpart A, including the nondiscrimination and equal opportunity requirements at 24 CFR part 5.105(a)? (Use pertinent Exhibits in Chapter 22, as necessary.) [24 CFR part 5, Subpart A; 24 CFR 576.407(a); 24 CFR 576.500(s)(1)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Affirmative Outreach: Do the records indicate that the subrecipient:   * 1. make known that the use of the facilities, assistance, and services are available to all on a nondiscriminatory basis, and establish additional procedures, as required under 24 CFR 576.407(b), to ensure that the “target population” who may qualify are made aware of the availability of these facilities, assistance, or services; and   2. take appropriate steps to ensure effective communication with persons with disabilities; and   3. take reasonable steps to ensure meaningful access to programs and activities for persons with limited English proficiency (LEP)? (Use pertinent Exhibits in Chapter 22 as necessary.) [24 CFR part 5, Subpart A; 24 CFR 576.407(b); 24 CFR 576.500(s)(1)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Is subrecipient submitting reimbursement request monthly, in accordance with the NC ESG contract requirements? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Subrecipient is on target to meet Performance Standard #1, in accordance with the NC ESG contract requirements? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Subrecipient is on target to meet Performance Standard #2, in accordance with the NC ESG contract requirements? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Subrecipient is on target to meet Performance Standard #3, in accordance with the NC ESG contract requirements? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Subrecipient is on target to meet Performance Standard #4, in accordance with the NC ESG contract requirements? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Does the subrecipient have one manual for ESG program activities, this document should not contain information on other grants, programs, or operations. (ESG Desk Guide Section 3) | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Does the subrecipient collects all of the HMIS required data elements. (ESG Desk Guide Section 8 and 2017 MHIS Data Manual 24 CFR 576.107) | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Does the subrecipient use other funding sources combined with ESG. (ESG Desk Guide Section 11) | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| The Subrecipient submits the QPR each quarter on time. (ESG Desk Guide Section 13) | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| The subrecipient maintain files of clients denied services, including reason for denial and are given a referral to other available resources. | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

**[This page intentionally left blank]**

**NC ESG ORGANIZATION MONITORING**

# **Financial Systems Monitoring Tool**

Program monitoring is an ongoing process of reviewing a subrecipient’s performance in meeting goals, identifying program deficiencies, and of enhancing management capacity through technical assistance or other corrective actions.

| Subrecipient Name: |  | | |
| --- | --- | --- | --- |
| Reviewer Name: |  | | |
| Subrecipient Staff: |  | | |
| DHHS Contract #: |  | Monitoring Visit Date: |  |
| Grant Amount: |  | | |

| Monitoring Type: | Desk  On-Site |
| --- | --- |

**Questions:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Does the subrecipient have written policies and procedures to ensure that ESG funds are used in accordance with ESG requirements and sufficient records to determine whether ESG requirements are being met? [24 CFR 576.500(a)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Do the fiscal records indicate evidence that the subrecipient has effective internal control over, and accountability of, all grant funds, property and other assets? [24 CFR 576.500(u); 24 CFR 84.21(b)(3); 24 CFR 85.20] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Are primary duties for key finance employees of the subrecipient defined? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Does the subrecipient’s chart of accounts include a complete listing of the account numbers used to support the control required to ensure that resources used do not exceed resources authorized? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| In the normal course of the position’s requirements, are duties segregated to effectively reduce the opportunity for someone to perpetrate or conceal errors or irregularities? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Do the internal control procedures support the ability to prepare financial statements that are accurately presented in conformity with generally accepted or other relevant and appropriate accounting principles and regulatory requirements? (One level of assurance of the accuracy and integrity of data is provided by the recipient attaining an unqualified opinion on the audited annual financial statements and internal controls.) | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Does the subrecipient identify expenditures in their accounting records according to eligible program activities? [24 CFR 576.100; 24 CFR 576.500(u); 24 CFR 84.21(b)(2); 24 CFR 85.20] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Are payments for salaries and wages supported by documented payrolls and personnel activity reports as specified in the applicable cost principles?  [24 CFR 576.500(u)(2); OMB Circular A-122, Attachment B, 8(m); OMB Circular A-87, Attachment B, 8(h)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| If single audits are required, does the recipient or its subrecipients have a  system or methodology to ensure that such audits are conducted? [24 CFR 576.407(c); 24 CFR 85.26; 24 CFR 84.26] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Does a review of the expenditures indicate that costs related to lobbying political activities have not been charged to the program? [24 CFR 576.100(d); 24 CFR 576.500(u)(2); OMB Circular A-87 or OMB Circular A-122] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Does the subrecipient maintain equipment records that contain the information required by the applicable regulations? [24 CFR 576.407(c); 24 CFR 84.34; 24 CFR 85.32(d)(1)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Applicability of Uniform Administrative Requirements and OMB Circulars: If this area was reviewed, did the subrecipient maintain records documenting compliance with the applicable requirements outlined in the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards? [24 CFR 576.407(c); 24 CFR 576.500(s)(2)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Has a physical inventory of equipment been taken and the results reconciled with the property records within two years from the date of this monitoring?  [24 CFR 576.407(c); 24 CFR 84.34(f)(3); 24 CFR 85.32(d)(2)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Does the subrecipient’s procedures require efforts to obtain the highest possible return for sale of equipment? [24 CFR 576.407(c); 24 CFR 84.34(f)(6); 24 CFR 85.32(d)(5)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| If grant-funded equipment was sold during the period under review, is there documented evidence to demonstrate that efforts were made to obtain the highest possible return? [24 CFR 576.407(c); 24 CFR 84.34(f)(6); 24 CFR 85.32 (d)(5)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Are there dual signatures on checks?  Are checks numbered consecutively and all accounted for?  Are unused checks kept in a secure area?  Are voided checks defaced? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Are expenses charged to the proper grant period? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Subrecipient can justify how expenses are divided between activities for staff and is documented with monthly timesheets. | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Subrecipient has adequate written financial management policies and procedures for ESG program. | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Reimbursement Requests submitted in a timely manner. | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Are bank statements reconciled monthly by subrecipient’s staff? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Are there any unresolved audit or monitoring findings | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Does the subrecipient(s) have written procurement policy? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| If yes, are the Subrecipient written policies and procedures for purchasing/competitive procurement if applicable? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Do procurement policies specify who has the authority to initiate purchase requests? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

**[This page intentionally left blank]**

**NC ESG ORGANIZATION MONITORING**

**Requisition Monitoring Tool**

Program monitoring is an ongoing process of reviewing a subrecipient’s performance in meeting goals, identifying program deficiencies, and of enhancing management capacity through technical assistance or other corrective actions.

| Subrecipient Name: |  | | |
| --- | --- | --- | --- |
| Reviewer Name: |  | | |
| Subrecipient Staff: |  | | |
| DHHS Contract #: |  | Monitoring Visit Date: |  |
| Grant Amount: |  | | |
| Funded Activity(s): |  | | |

| Monitoring Type: | Desk  On-Site |
| --- | --- |

**Questions:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| B1 NC ESG Requisition Workbook Cover Sheet | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| C1-C4 NC ESG Client Log per Activity | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1.2 NC ESG Verification of Homelessness Form. Verification of Homelessness Documentation: letter from shelter, self-certification, discharge papers, observation statement by outreach worker\* | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1.3 NC ESG Verification of At-Risk of Homelessness Form. At-risk of Homelessness Documentation: letter from shelter, self-certification, discharge papers, etc. | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Lease: first page that lists Lessee and amount of rent and last page with signatures | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 2.1 NC ESG Verification of Income Form. Proof of Income Documentation: Letter from employer, bank statement, unemployment compensation letter, Social Security benefits (to substantiate sudden loss of income) | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| D1 NC ESG Time Sheet Workbook - Summary of Hours Sheet | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| D2-D6 NC ESG Time Sheet Workbook - Activity Sheet per Activity | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Mileage: Submit organization mileage / travel log. | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Eviction Notice | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Bill or Invoice | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Copy of check and highlighted ledger (from accounting software report) - canceled checks and/bank statements will be required for monitoring | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Pay Stub | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Facility Lease | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

**[This page intentionally left blank]**

**NC ESG CLIENT FILE MONITORING**

# **Emergency Response Client File Monitoring Tool**

Client file monitoring is the process of reviewing a subrecipient’s client files and, identifying program deficiencies, through technical assistance or other corrective actions.

| Subrecipient Name: |  | | |
| --- | --- | --- | --- |
| Reviewer Name: |  | | |
| Subrecipient Staff: |  | | |
| DHHS Contract #: |  | Monitoring Visit Date: |  |
| Client File HMIS/DV # |  | | |

| Monitoring Type: | Desk  On-Site |
| --- | --- |

|  |
| --- |
| **Comments / Recommendations:** |

**Questions:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1.1** NC ESG Emergency Shelter Client File Checklist | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **2.0** NC ESG Verification of Homeless Status   * Must attach documentation from ESG Record Keeping Requirements based on category of homelessness | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **3.1** NC ESG Street and Shelter Intake | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **3.8** NC ESG Housing Barriers Matrix and Initial Housing Stabilization Plan | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **5.1** NC ESG Emergency Response Minimum Habitability Standards Checklist | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **6.0** NC ESG Client Exit Form | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Termination of Assistance (required if applicable) | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Client Grievances / Appeals (required if applicable) | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Emergency Response Essential Services (case notes, services, referrals, etc…) | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Correspondence | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Has client received less than 24 months assistance? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |
| --- |
|  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Does emergency shelter have a 30 day exits strategy to permanent housing for residence? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Have any participants been charged a fee to receive ESG services? If so, was the amount charged less than or equal to the amount stated in the agency’s written policies? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| For program participants receiving counseling, is there evidence that the counseling services were only used to help households to stay or obtain housing and did not involve any payments to third party collections agencies? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Have clients received regular case management services including an individualized service plan towards exiting the program? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Is there evidence in the client file that the subrecipient has a support system and/or transitional housing plan to obtain permanent housing for households? (Optional for homelessness prevention and rapid Rehousing activities) | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Participants data has been entered in the HMIS system and all information is accurate? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| If program participants have been terminated from receiving housing assistance or shelter services, does a review of their files reveal that the minimum due process requirement for termination were followed? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Does the file documentation reviewed support disbursements of ESG funds for carrying out the following eligible activities: street outreach, emergency shelter, homelessness prevention, rapid Rehousing and administrative costs? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

**Additional Information / Comments:**

**Reviewed By: Title:**

**Date:**

**[This page intentionally left blank]**

**NC ESG PROGRAM MONITORING**

# **Emergency Response / Emergency Shelter Monitoring Tool**

Program monitoring is an ongoing process of reviewing a subrecipient’s performance in meeting goals, identifying program deficiencies, and of enhancing management capacity through technical assistance or other corrective actions.

| Subrecipient Name: |  | | |
| --- | --- | --- | --- |
| Reviewer Name: |  | | |
| Subrecipient Staff: |  | | |
| DHHS Contract #: |  | Monitoring Visit Date: |  |

| Monitoring Type: | Desk  On-Site |
| --- | --- |

**Client Files Reviewed:**

#1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ #2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ #3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_#4\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Questions:**

|  |
| --- |
| How are responsibilities for implementing and managing ESG program(s) assigned and delegated? |
| **Comments:** |
|  |

|  |
| --- |
| Who oversees the day-to-day administration of the program? (Include name, title and organizational chart) |
| **Comments:** |
|  |

|  |
| --- |
| How long has the administrator been in this position? Indicate number of year(s) of experience\_\_\_\_\_\_\_\_\_ |
| **Comments:** |
|  |

|  |
| --- |
| How often are there staff meetings to discuss client progress and subrecipient issues? What level staff (ex. Front Line, Supervisors, or Management)? |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Does subrecipient have a schedule for doing self-review/internal review of client files and / or do they partner with another ESG funded agency to review client files on a regular basis? If yes, how often: | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Are there household defined goals, with regular progress updates? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Does agency conduct follow-up interview with clients who have exited the program to ensure long-term stability? If so describe, follow -up occurs within 30 days, 90 days, 180 days or more. | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Does agency provide services to households with children?  If answer above is “yes” Has the agency identified a staff person responsible for coordination of child’s access to education.  Agency ensures that discrimination does not occur if child is under 18 years of age | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Did the subrecipients’ records reflect that each emergency shelter funded with ESG meet the definition of emergency shelter? [24 CFR 576.2; 24 CFR 576.102] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Were all essential services provided only in an emergency shelter or to homeless individuals and families staying in emergency shelter? [24 CFR 576.102(a)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Essential Services (Case Management): Were ESG funds used for the costs of eligible activities listed under 24 CFR 576.102(a)(1)(i)(A)-(H), for the purposes of assessing housing and service needs, arranging, coordinating, and monitoring the delivery of individualized services to meet the needs of the program participant? [24 CFR 576.102(a)(1)(i)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Essential Services (Childcare): Were ESG funds used for eligible costs of childcare, including providing meals and snacks, comprehensive and coordinated sets of appropriate developmental activities, and also:   1. in a childcare center that was licensed by the jurisdiction in which it operates; and 2. for program participants under the age of 13 (unless the child is disabled and then the child must be under the age of 18)?   [24 CFR 576.102(a)(1)(ii)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Essential Services (Education Services): Were ESG funds used for the costs of improving knowledge and basic educational skills, including eligible services and activities, only when necessary for the program participant to obtain and maintain housing, and as listed under 24 CFR 576.102(a)(1)(iii)?  [24 CFR 576.102(a)(1)(iii)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Essential Services (Employment Assistance and Job Training): Were ESG funds used for eligible costs of employment assistance and job training programs, including, but not limited to, classroom, online and/or computer instruction; on-the-job instruction; and services that assist individuals in securing employment, acquiring learning skills, and/or increasing earning potential, and providing reasonable stipends to program participants in employment assistance and job training programs? [24 CFR 576.102(a)(1)(iv)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Essential Services (Outpatient Health Services): Were ESG funds used for the provision of direct outpatient treatment of medical conditions  (as listed under 24 CFR 576.102(a)(1)(v)), and is the treatment provided:   1. by licensed medical professionals, and 2. only to the extent that other appropriate health services are unavailable within the community? [24 CFR 576.102(a)(1)(v)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Essential Services (Legal Services): Were legal services costs paid for with ESG funds only used:   1. for hourly fees, or, if the cost was less than the cost of hourly fees, fees based on the actual service performed (i.e., fee for service); 2. for legal advice and representation by attorneys licensed and in good standing with the bar association of the State in which the services are provided, or by person(s) under the supervision of the licensed attorney, regarding matters that interfere with the program participant’s ability to obtain and retain housing; 3. only to the extent that other appropriate legal services are unavailable or inaccessible within the community; and 4. only for eligible subjects, services, and activities listed in 24 CFR 576.102(a)(1)(vi)? [24 CFR 576.102(a)(1)(vi)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Essential Services (Life Skills Training): Were ESG funds used for the eligible costs of teaching critical life management skills that might never have been learned or have been lost during the course of physical or mental illness, domestic violence, substance abuse, and homelessness, as listed under 24 CFR 576.102(a)(i)(vii), and was the training necessary to assist the program participant to function independently in the community?  [24 CFR 576.102(a)(i)(vii)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Essential Services (Mental Health Services): Were ESG funds used for the provision of eligible treatment of mental health conditions, as described under 24 CFR 576.102(a)(1)(viii), and was that treatment:   1. by licensed professionals; and 2. only to the extent that other appropriate health services are unavailable or inaccessible within the community? [24 CFR 576.102(a)(1)(viii)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Essential Services (Substance Abuse Treatment Services): Were ESG funds used for eligible substance abuse treatment services (as listed under 24 CFR 576.102(a)(1)(ix)) designed to prevent, reduce, eliminate or deter relapse of substance abuse or addictive behaviors, and were the services:   1. provided by licensed or certified professionals, and 2. only to the extent that other appropriate substance abuse treatment is unavailable or inaccessible within the community? [24 CFR 576.102(a)(1)(ix)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Essential Services (Transportation): Were ESG funds used for transportation costs for travel by program participants to and from medical care, employment, child care, or other eligible essential services facilities, and only for eligible costs as listed under 24 CFR 576.102(a)(1)(x)?  [24 CFR 576.102(a)(1)(x)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Shelter Operations: Did the recipient’s or its subrecipients’ records document that ESG funds were used for the costs of maintenance, rent, security, fuel, equipment, insurance, utilities, food, furnishings, supplies necessary for the operation of the emergency shelter, and, when no appropriate emergency shelter is available, for hotel or motel vouchers for homeless families or individuals? [24 CFR 576.102(a)(3); 24 CFR 576.500(k); 24 CFR 576.500(u)(2)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Terminating Assistance: If the subrecipients terminated any participants from the program, did they:   1. do so in accordance with a formal process established by the subrecipient that recognizes the rights of individuals affected; and 2. examine all extenuating circumstances in determining when violations warrant termination so that a program participant’s assistance is terminated only in the most severe cases? [24 CFR 576.402(a)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Minimum Period of Use (Essential Services/Shelter Operations): Where the subrecipient has used ESG funds under the Emergency Shelter component solely for essential services or shelter operations, has the subrecipient provided services or shelter to homeless individuals and families at least for the period during which the ESG funds are provided? [24 CFR 576.102(c)(2)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Involuntary Family Separation (Emergency Shelter): Did the subrecipients have policies and procedures in place to ensure that providers of emergency shelter that serve households with children under 18 do not deny admission to a family based on the age of any child under 18? [24 CFR 576.102(b)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Recordkeeping (Emergency Shelters): Did the subrecipients keep records of the emergency shelters assisted under the ESG program, including:   1. the amounts and type of assistance, including essential services, provided to each emergency shelter; 2. if applicable, documentation of the value of the building before the rehabilitation of an existing shelter or after the conversion of a building into an emergency shelter, and copies of the recorded deed or use restrictions? [24 CFR 576.500(k)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Written Standards: Were all activities carried out in compliance with the applicable written standards of the CoC?  [24 CFR 576.400(e)(1); 24 CFR 576.400(e)(2); 24 CFR 576.400(e)(3)(iii)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Procedure for determining headcount is adequate and consistently carried out? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Program Rules are provided to clients upon shelter entry. | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Security measures are in place to ensure client safety? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

**[This page intentionally left blank]**

# **Habitability Standards Monitoring Checklist for Emergency Response**

| **Approve** | **Deficient** | **Standard (24 CFR part 576.403(b))** |
| --- | --- | --- |
|  |  | 1. Structure and materials:    1. The shelter building is structurally sound to protect the residents from the elements and not pose any threat to the health and safety of the residents. |
|  |  | 1. Access:   Where applicable, the shelter is accessible in accordance with:   * 1. The Fair Housing Act (42 U.S.C. 3601 et seq.) and implementing regulations at 24 CFR part 100; and   2. Title II of the Americans with Disabilities Act (42 U.S.C. 12131 et seq.) and 28 CFR part 35.   3. Entrances and exits clear of debris, ice and other hazards |
|  |  | 1. Space and security:   Except where the shelter is intended for day use only, the shelter provides each program participant in the shelter with an acceptable place to sleep and adequate space and security for themselves and their belongings. |
|  |  | 1. Interior air quality:   Each room or space within the shelter has a natural or mechanical means of ventilation. The interior air is free of pollutants at a level that might threaten or harm the health of residents. |
|  |  | 1. Water Supply:   The shelter’s water supply is free of contamination. |
|  |  | 1. Sanitary Facilities:   Each program participant in the shelter has access to sanitary facilities that are in proper operating condition, are private, and are adequate for personal cleanliness and the disposal of human waste.   * 1. Regular pest control services   2. Garbage removal and adequate refuse storage   3. Housekeeping and maintenance adequate to ensure facility is clean   4. Clean linens are provided for each client with a procedure to sanitize   5. Client has sufficient shower/bath basin and toilets in proper operating condition |
|  |  | 1. Thermal environment:   The shelter has any necessary heating/cooling facilities in proper operating condition. |
|  |  | 1. Illumination and electricity:    1. The shelter has adequate indoor and outdoor natural or artificial illumination to permit normal indoor/outdoor activities and support health and safety.    2. There are sufficient electrical sources to permit the safe use of electrical appliances in the shelter. |
|  |  | 1. Food preparation:   Food preparation areas, if any, contain suitable space and equipment to store, prepare, and serve food in a safe and sanitary manner. |

|  |  | 1. Sanitary conditions:   The shelter is maintained in a sanitary condition. |
| --- | --- | --- |
|  |  | 1. Fire safety:    1. There is at least one working smoke detector in each occupied unit of the shelter. Where possible, smoke detectors are located near sleeping areas.    2. All public areas of the shelter have at least one working smoke detector.    3. The fire alarm system is designed for hearing-impaired residents.    4. There is a second means of exiting the building in the event of fire or other emergency.    5. A fire inspection was conducted within the last year.    6. Fire drills conducted at least quarterly    7. Fire detection and carbon monoxide systems operating and tested quarterly. |
|  |  | 1. Meets additional recipient/subrecipient standards (if any). |

CERTIFICATION STATEMENT

I certify that I have evaluated the property located at the address below to the best of my ability and find the following:

Property meets all of the above standards.

Property does not meet all of the above standards.

**COMMENTS:**

|  |
| --- |
| ESG Recipient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ESG Subrecipient Name (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Emergency Shelter Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_  Evaluator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Evaluator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Approving Official Signature (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Approving Official Name (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**[This page intentionally left blank]**

**NC ESG PROGRAM MONITORING**

# **Emergency Response / Street Outreach Monitoring Tool**

Program monitoring is an ongoing process of reviewing a subrecipient’s performance in meeting goals, identifying program deficiencies, and of enhancing management capacity through technical assistance or other corrective actions.

| Subrecipient Name: |  | | |
| --- | --- | --- | --- |
| Reviewer Name: |  | | |
| Subrecipient Staff: |  | | |
| DHHS Contract #: |  | Monitoring Visit Date: |  |

| Monitoring Type: | Desk  On-Site |
| --- | --- |

**Client Files Reviewed:**

#1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ #2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ #3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_#4\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Questions:**

|  |
| --- |
| How are responsibilities for implementing and managing ESG program(s) assigned and delegated? |
| **Comments:** |
|  |

|  |
| --- |
| Who oversees the day-to-day administration of the program? (Include name, title and organizational chart) |
| **Comments:** |
|  |

|  |
| --- |
| How long has the administrator been in this position? Indicate number of year(s) of experience\_\_\_\_\_\_\_\_\_ |
| **Comments:** |
|  |

|  |
| --- |
| How often are there staff meetings to discuss client progress and subrecipient issues? What level staff (ex. Front Line, Supervisors, or Management)? |
| **Comments:** |
|  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Does subrecipient have a schedule for doing self-review/internal review of client files and / or do they partner with another ESG funded agency to review client files on a regular basis? If yes, how often: | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Comments:** | |
|  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Are there household defined goals, with regular progress updates? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Does agency conduct follow-up interview with clients who have exited the program to ensure long-term stability? If so describe, follow -up occurs within 30 days, 90 days, 180 days or more. | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Does agency provide services to households with children?  If answer above is “yes” Has the agency identified a staff person responsible for coordination of child’s access to education.  Agency ensures that discrimination does not occur if child is under 18 years of age | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Were persons assisted with street outreach essential services determined and documented to be eligible for assistance? [24 CFR 576.401(a); 24 CFR 576.500(b)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Street Outreach: Were street outreach costs limited to the costs of: providing essential services necessary to reach out to unsheltered homeless people; connecting unsheltered homeless people with emergency shelter, housing, or critical services; and providing urgent, non-facility-based care to unsheltered homeless people who are unwilling or unable to access emergency shelter, housing, or an appropriate health facility? [24 CFR 576.101(a)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Engagement: Were ESG funds used for Street Outreach engagement limited to the costs listed under 24 CFR 576.101(a)(1)? [24 CFR 576.101(a)(1)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Case Management: Were ESG funds used only for the costs of assessing housing and service needs, arranging, coordinating, and monitoring the delivery of individualized services to meet the needs of the program participant, for services and activities listed under 24 CFR 576.101(a)(2)?  [24 CFR 576.101(a)(2)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Emergency Health Services: Were ESG funds used for emergency health services limited to the costs of direct outpatient treatment of medical conditions (as listed under 24 CFR 576.101(a)(3)) that is provided:   1. by licensed medical professionals operating in community-based settings, including streets, parks, and other places where unsheltered homeless people are living, and 2. only to the extent that other appropriate health services are inaccessible or unavailable within the area? [24 CFR 576.101(a)(3)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Emergency Mental Health Services: Were ESG funds used for emergency mental health services limited to the costs associated with direct outpatient treatment (as listed under 24 CFR 576.101(a)(4)) that is provided:   1. by licensed professionals of mental health conditions operating in community-based settings including streets, parks, and other places where unsheltered people are living, and 2. only to the extent that other appropriate health services are inaccessible or unavailable within the area? [24 CFR 576.101(a)(4)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Transportation: Were ESG funds used for transportation limited to the following eligible costs:   1. the transportation costs of travel by outreach workers, social workers, medical professionals, or other service providers, and that the travel took place during the provision of services eligible under this section; and 2. the costs of transporting unsheltered people to emergency shelters or other service facilities, as listed under 24 CFR 576.101(a)(5)?   [24 CFR 576.101(a)(5)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Minimum Period of Use: Did the subrecipient ensure that outreach services were provided to unsheltered homeless individuals and families for at least the period during which ESG funds were provided (e.g., the length of the subrecipient agreement)?  [24 CFR 576.101(b)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Written Standards: Were all activities carried out in compliance with the applicable written standards for targeting and providing essential services related to street outreach? [24 CFR 576.400(e)(1), (2), and (3)(ii)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

**[This page intentionally left blank]**

**NC ESG CLIENT FILE MONITORING**

# **Housing Stabilization Client File Monitoring Tool**

Client file monitoring is the process of reviewing a subrecipient’s client files and, identifying program deficiencies, through technical assistance or other corrective actions.

| Subrecipient Name: |  | | |
| --- | --- | --- | --- |
| Reviewer Name: |  | | |
| Subrecipient Staff: |  | | |
| DHHS Contract #: |  | Monitoring Visit Date: |  |
| Client File HMIS/DV # |  | | |

| Monitoring Type: | Desk  On-Site |
| --- | --- |

**NOTE:** If the requirement is not met, ESG will select “NO” in response to the question and make a finding or concern of noncompliance.

|  |
| --- |
| **Comments / Recommendations:** |

**Questions:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1.3** NC ESG Rapid Rehousing Client File Checklist | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **2.0** NC ESG Verification of Homeless Status   * Must attach documentation from ESG Record Keeping Requirements based on category of homelessness | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **3.2** NC ESG RRH Intake Form | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **3.5** NC ESG Third Party Verification of Client’s Income  (12 month reassessment) | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **3.6** NC ESG Client’s Self Certification of Income - **ONLY if 3.5 cannot be obtained**  **(**12 month reassessment) | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **3.7** NC ESG Income Calculation Worksheet  (12 month reassessment) | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **3.8** NC ESG Housing Barriers Matrix and Initial Housing Stabilization Plan | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **3.8A** NC ESG Stabilization Action Plan Monthly Update | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **4.0** NC ESG Rental Assistance Agreement | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Copy of Client’s current lease and/or new lease (if applicable) | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **4.1** NC ESG Rent Reasonableness Checklist and Certification | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **4.2** NC ESG HUD VAWA Form 5380 (required if applicable) | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **4.3** NC ESG HUD VAWA Form 5381 (required if applicable) | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **4.4** NC ESG HUD VAWA Form 5382 (required if applicable) | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **4.5** NC ESG HUD VAWA Form 5382 (required if applicable) | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **5.0** NC ESG Housing Stabilization Minimum Habitability Standards Checklist | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **6.0** NC ESG Client Exit Form | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Termination of Assistance (required if applicable) | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Client Grievances / Appeals (required if applicable) | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Case Notes  Services Provided  Referrals  Correspondence | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Is eligibility reassessed at least three (3) months for homelessness prevention activities? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Is eligibility reassessed annually for rapid Rehousing activities | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Has client received less than 24 months assistance? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Has subrecipient accurately documented housing relocation and stabilization services and/or short- and/or medium –term rental assistance 24 months or less for this client? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Is payment for rental and/or utility arrears limited to six (6) months? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Is payment arrears included in the 24 months of assistance? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Is utility assistance 24 months or less? Are arrears 6 months or less? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |
| --- |
|  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Is there a process in place to ensure that payments for financial assistance were made only to third party parties? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Have any participants been charged a fee to receive ESG services? If so, was the amount charged less than or equal to the amount stated in the agency’s written policies? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| For program participants receiving moving assistance, is there evidence that the moving costs were reasonable and, if storage fees were paid, that were limited to no more than three months? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| For program participants receiving counseling, is there evidence that the counseling services were only used to help households to stay or obtain housing and did not involve any payments to third party collections agencies? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Have clients received regular case management services including an individualized service plan towards exiting the program? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Is there evidence of a tenant lease agreement in client file and the accurate number of household members? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Does the client file meet the ESG eligibility requirements and have all pertinent documentation which is in compliance with HUD regulations for rapid Rehousing and homelessness prevention activities? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Is there evidence in the client file that the subrecipient has a support system and/or transitional housing plan to obtain permanent housing for households? (Optional for homelessness prevention and rapid Rehousing activities) | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Participants data has been entered in the HMIS system and all information is accurate? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Does the file documentation reviewed support disbursements of ESG funds for carrying out the following eligible activities: street outreach, emergency shelter, homelessness prevention, rapid Rehousing and administrative costs? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

**Additional Information / Comments:**

**Reviewed By:**

**Title:**

**Date:**

**[This page intentionally left blank]**

**NC ESG PROGRAM MONITORING**

# **Housing Stabilization / Rapid Rehousing Monitoring Tool**

Program monitoring is an ongoing process of reviewing a subrecipient’s performance in meeting goals, identifying program deficiencies, and of enhancing management capacity through technical assistance or other corrective actions.

| Subrecipient Name: |  | | |
| --- | --- | --- | --- |
| Reviewer Name: |  | | |
| Subrecipient Staff: |  | | |
| DHHS Contract #: |  | Monitoring Visit Date: |  |

| Monitoring Type: | Desk  On-Site |
| --- | --- |

**Client Files Reviewed:**

#1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ #2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ #3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_#4\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Questions:**

|  |
| --- |
| How are responsibilities for implementing and managing ESG program(s) assigned and delegated? |
| **Comments:** |
|  |

|  |
| --- |
| Who oversees the day-to-day administration of the program? (Include name, title and organizational chart) |
| **Comments:** |
|  |

|  |
| --- |
| How long has the administrator been in this position? Indicate number of year(s) of experience\_\_\_\_\_\_\_\_\_ |
| **Comments:** |
|  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| How often are there staff meetings to discuss client progress and subrecipient issues? What level staff (ex. Front Line, Supervisors, or Management)? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Comments:** | |
|  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Does subrecipient have a schedule for doing self-review/internal review of client files and / or do they partner with another ESG funded agency to review client files on a regular basis? If yes, how often: | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Are there household defined goals, with regular progress updates? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Does agency conduct follow-up interview with clients who have exited the program to ensure long-term stability? If so describe, follow -up occurs within 30 days, 90 days, 180 days or more. | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Does agency provide services to households with children?  If answer above is “yes” Has the agency identified a staff person responsible for coordination of child’s access to education.  Agency ensures that discrimination does not occur if child is under 18 years of age | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Initial Evaluation: Did the subrecipient conduct an initial evaluation to determine each individual’s or family’s eligibility for rapid  Rehousing assistance and the amount and types of assistance the individual or family needs to regain stability in permanent housing?  [24 CFR 576.401(a)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Eligibility Criteria (Rapid Rehousing): Did the subrecipient document that all program participants who received rapid Rehousing assistance met the eligibility criteria:  a. under category (1) of the homeless definition, or  b. under category (4) and live in an emergency shelter or place described in category (1) of the homeless definition?  [24 CFR 576.104; 24 CFR 576.500(b); 24 CFR 576.500(f)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Written Standards:  a. Did the subrecipient and/ s adopt written standards for the provision of rapid Rehousing assistance, as required by 24 CFR 576.400(e)(1) and 24 CFR 576.400(e)(2)? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Recordkeeping (Ineligibility): For each individual and family determined ineligible to receive ESG assistance, did the subrecipient document the reason for that determination? [24 CFR 576.500(d)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Connections to Mainstream and Other Resources: While providing rapid Rehousing assistance to program participants, did the subrecipient assist each program participant to obtain mainstream and other resources as needed? [24 CFR 576.401(d)(1); 24 CFR 576.401(d)(2); 24 CFR 576.500(f)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Recordkeeping (Program Participant Records): Did each program participant record document:   1. the services and assistance provided to that program participant, including, as applicable, security deposit, rental assistance, and utility payments made on behalf of the program participant; and 2. compliance with all applicable requirements for providing services and assistance to that program participant? [24 CFR 576.500(f)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Terminating Assistance:   1. If the subrecipient or any of its subrecipients terminated any participants from the program, did they do so in accordance with a formal process established by the subrecipient(s) that recognizes the rights of individuals affected, that met the following requirements: 2. written notice to the program participant containing a clear statement of the reasons for termination, 3. a review of the decision, in which the program participant is given the opportunity to present written or oral objections before a person other than the person (or a subordinate) who made or approved the termination decision, and 4. prompt written notice of the final decision to the program participant? 5. Did the subrecipient and/ examine all extenuating circumstances in determining when violations warrant termination so that a program participant’s assistance is terminated only in the most severe cases?   [24 CFR 576.402(a); 24 CFR 576.402(b)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Conflicts of Interest (Organizational): Did the subrecipient and its subrecipients ensure that:  a. no type or amount of ESG assistance was conditioned on an individual or family’s acceptance of housing owned by the subrecipient, subrecipient, contractor, parent, or subsidiary of the subrecipient; and  b. no subrecipient (nor any of its parent or subsidiary organizations) that owns housing, carried out the initial evaluation under 24 CFR 576.401, or administered rapid rehousing assistance for occupants of that subrecipient’s housing?  [24 CFR 576.404(a)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Re-evaluations (Rapid Rehousing): Do program participant records document that the subrecipient re-evaluated program participants’ eligibility and the types and amounts of assistance the program participant needs not less than once annually for program participants receiving rapid  Rehousing assistance? [24 CFR 576.401(b)(1); 24 CFR 576.500(f)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Re-evaluations: Do program participant records document that each re-evaluation of eligibility established that the program participant:   1. did not have an annual income that exceeds 30% AMI as established by HUD; and 2. lacked sufficient resources and support networks necessary to retain housing without ESG assistance? [24 CFR 576.401(b)(1)(i)-(ii); 24 CFR 576.500(e); 24 CFR 576.500(f)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

**HOUSING STABILIZATION FINANCIAL ASSISTANCE**

Financial Assistance Costs: If the subrecipient has not expended ESG funds on Financial Assistance costs, check the N/A boxes and skip to the Services Costs subsection of this document.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Financial Assistance Costs: Did the subrecipient and its subrecipients ensure that:  a. no program participant received financial assistance under 24 CFR 576.105(a) that was of the same type of assistance that the program participant was receiving through other public sources; and  b. no program participant who received replacement housing payments under the Uniform Relocation Act (URA) received financial assistance under 24 CFR 576.105(a) during the period of time covered by the URA payments? [24 CFR 576.105(d)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Financial Assistance Costs: Were eligible costs listed in 24 CFR 576.105(a) paid only to a housing owner, utility company, or other third party (not directly to the program participant)? [24 CFR 576.105(a)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Financial Assistance Costs (Rental Housing Application Fees): Were rental housing application fees paid for with ESG funds a standard charge issued by the owner to all applicants? [24 CFR 576.105(a)(1)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Financial Assistance Costs (Security Deposits): Were security deposits paid for with ESG funds equal to no more than 2 months’ rent? [24 CFR 576.105(a)(2)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Financial Assistance Costs (Last Month’s Rent): Were costs for the last month’s rent paid for with ESG funds:   * 1. necessary to obtain housing for a program participant;   2. paid to the owner of the housing at the time the owner was paid the security deposit and first month’s rent;   3. less than or equal to one month’s rent; and   4. included in calculating the program participant’s total rental assistance?   [24 CFR 576.105(a)(3)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Financial Assistance Costs (Utility Deposits): Were utility deposits paid for with ESG funds only for eligible types of utility services (gas, electric, water, and sewage) and required by the utility company for all customers?  [24 CFR 576.105(a)(4)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Financial Assistance Costs (Utility Payments): Were utility payments paid for with ESG funds:   * 1. within the limit of 24 months of utility payments per program participant, per service, including up to 6 months of utility payments in arrears, per service;   2. only provided when the program participant or a member of the same household has an account in his or her name with a utility company or proof of responsibility to make utility payments; and   3. only for eligible types of utility services (gas, electric, water, and sewage)? [24 CFR 576.105(a)(5)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Financial Assistance Costs (Moving Costs): Were moving costs paid for with ESG funds only for moving-related activities such as truck rental, hiring a moving company, and allowable temporary storage fees (up to 3 months, fees accrued after the date the program participant began receiving services and before the program participant moves into permanent housing, and excluding storage fees in arrears)? [24 CFR 576.105(a)(6)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

**HOUSING STABILIZATION SERVICES**

Services Costs: If the subrecipient has not expended ESG funds on Services costs, check the N/A boxes.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Housing Stability Case Management: While providing rapid Rehousing assistance to a program participant, does the program participant file document that the program participant met with a case manager at least once per month to assist the participant in ensuring long-term housing stability? [24 CFR 576.401(e)(1); 24 CFR 576.500(f)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Housing Stability Case Management: While providing rapid Rehousing assistance to a program participant, did the subrecipient document in the program participant’s file that it developed a plan to assist the program participant to retain permanent housing after the ESG assistance ends, taking into account all relevant considerations, such as the program participant’s current or expected income and expenses, other public or private assistance for which the program participant will be eligible and likely to receive; and the relative affordability of available housing in the area? [24 CFR 576.401(e)(2); 24 CFR 576.500(f)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Services Costs (Housing Search and Placement): Were housing search and placement costs paid for with ESG funds:   * + 1. necessary to assist program participants in locating, obtaining, and retaining suitable permanent housing; and  1. one of those listed in 24 CFR 576.105(b)(1)(i)-(viii)? [24 CFR 576.105(b)(1)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Services Costs (Housing Stability Case Management): Were the activities paid for with ESG funds:   1. one of those listed in 24 CFR 576.105(b)(2)(A)-(H), and 2. for the purposes of assessing, arranging, coordinating, or monitoring the delivery of individualized services to:    1. facilitate housing stability for a program participant who resides in permanent housing; or    2. to assist a program participant in overcoming immediate barriers to obtaining housing? [24 CFR 576.105(b)(2)(A)-(H)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Services Costs (Housing Stability Case Management): Were the housing stability case management costs paid for with ESG funds:   * 1. under the Rapid Rehousing component, limited to:   2. 30 days during the period the program participant is seeking permanent housing; and   3. 24 months during the period the program participant is living in permanent housing; and [24 CFR 576.105(b)(2)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Services Costs (Mediation Costs): Were mediation costs paid for with ESG funds necessary to prevent the program participant from losing permanent housing in which the program participant currently resides, and used for mediation between the program participant and the owner or person(s) with whom the participant is living? [24 CFR 576.105(b)(3)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Services Costs (Legal Services): Did the subrecipient and its subrecipients ensure that the legal services costs paid for with ESG funds consisted only of the following types of costs:   1. for either: hourly fees for legal advice and representation by attorneys licensed and in good standing with the bar association of the State in which the services are provided, or by person(s) under the supervision of the licensed attorney; or fees based on the actual service performed (i.e., fee for service), where the subrecipient/ subrecipient documented that such costs were less than what the cost of hourly fees would have been; 2. for filing fees and other necessary court costs; 3. subrecipients’ employees’ salaries and other costs necessary to perform the services (if the subrecipient is a legal services provider and performs the services itself); and 4. for the following component services:    1. client intake;    2. preparation of cases for trial;    3. provision of legal advice;    4. representation at hearings;    5. counseling? [24 CFR 576.102(a)(1)(vi)(A); 24 CFR 576.102(a)(1)(vi)(D); 24 CFR 576.102(a)(1)(vi)(E); 24 CFR 576.105(b)(4)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Services Costs (Legal Services): Did the subrecipient and its subrecipients ensure that the legal services costs paid for with ESG funds were only used:   1. to the extent necessary to resolve a legal problem that prohibits the program participant from obtaining permanent housing or will likely result in the program participant losing the permanent housing in which they currently reside; 2. for the following subject matters:    1. landlord/tenant matters;    2. child support;    3. guardianship;    4. paternity;    5. emancipation;    6. legal separation;    7. orders of protection and other civil remedies for victims of domestic violence, dating violence, sexual assault, and stalking;    8. appeal of veterans and public benefit claim denials; and    9. the resolution of outstanding criminal warrants; and 3. to the extent that other appropriate legal services were unavailable or inaccessible in the community? [24 CFR 576.105(b)(4); 24 CFR 576.102(a)(1)(vi)(B); 24 CFR 576.102(a)(1)(vi)(C)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Services Costs (Credit Repair): Were credit repair costs paid for with ESG funds for counseling or other services necessary to assist program participants with critical skills related to household budgeting, managing money, accessing a free personal credit report, or resolving personal credit problems? [24 CFR 576.105(b)(5)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| Services Costs (Credit Repair): Did credit repair costs paid for with ESG funds exclude the payment or modification of a debt? [24 CFR 576.105(b)(5)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Rental Assistance (Limit): Did each program participant’s total rental assistance, including any rental arrears and last month’s rent, stay within the limit of 24 months during any 3-year period? [24 CFR 576.106(a)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Rental Assistance (Changes in Household Composition): Did the subrecipient and its subrecipients apply the limits on rental assistance to the total assistance each individual received, either as an individual or as part of a household? [24 CFR 576.106(j)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Rental Assistance (Use with Other Subsidies): Except for a one-time payment of rental arrears on the tenant’s portion of the rental payment, did the provision of rental assistance exclude:   * 1. program participants who were receiving tenant-based rental assistance or living in a housing unit receiving project-based rental assistance or operating assistance through other public sources; and   2. program participants who were provided with replacement housing payments under the URA during the period of time covered by the URA payments? [24 CFR 576.106(c)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Rental Assistance (Fair Market Rent and Rent Reasonableness): Did the subrecipient and its subrecipients ensure that ESG rental assistance was only provided to units for which the rent complied with HUD's standard of rent reasonableness and did not exceed the applicable Fair Market Rent?  NOTE: For this purpose, rent equals the sum of the total monthly rent for the unit, any fees required for occupancy under the lease (other than late fees and pet fees) and, if the tenant paid separately for utilities, the monthly allowance for utilities (excluding telephone) established by the public housing authority for the area in which the housing is located.  [24 CFR 576.106(d)(1); 24 CFR 576.106(d)(2); 24 CFR 576.500(i)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Rental Assistance (Rental Assistance Agreement): Does the documentation show that the subrecipient entered into a rental assistance agreement with each owner before providing the owner with rental assistance payments, including rental arrears? [24 CFR 576.106(e); 24 CFR 576.500(h)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Rental Assistance (Payments): Did the subrecipient make timely payments to each owner in accordance with the rental assistance agreement?  [24 CFR 576.106(f)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Rental Assistance (Rental Assistance Agreement): Did each rental assistance agreement:   * 1. set forth the terms under which rental assistance will be provided, including the requirements that apply under 24 CFR 576.106;   2. provide that, during the term of the agreement, the owner must give the subrecipient a copy of any notice to the program participant to vacate the housing unit, or any complaint used under state or local law to commence an eviction action against the program participant; and   3. contain the same payment due date, grace period, and late payment penalty requirements as the program participant’s lease? [24 CFR 576.106(e); 24 CFR 576.106(f)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Rental Assistance (Payments): Did the subrecipient and its subrecipients pay any late payment penalties that they incurred only with non-ESG funds (i.e., no ESG funds were used to pay late payment penalties incurred by the subrecipient or subrecipient)? [24 CFR 576.106(f)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Rental Assistance (Leases):   1. Does each program participant receiving rental assistance have a file that contains a legally binding, written lease between the program participant and the owner of the property or his/her agent for the rental unit; OR 2. If the assistance was solely for rental arrears for a program participant who had an oral lease agreement in place: 3. does each agreement give the program participant an enforceable leasehold interest under state law; and 4. are the agreement and rent owed sufficiently documented by the owner’s financial records, rent ledgers, or canceled checks?   [24 CFR 576.106(g); 24 CFR 576.500(h)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Rental Assistance (Rental Arrears): Were the rental arrears paid for with ESG funds one-time payments that did not exceed 6 months of rent in arrears (including any late fees on those arrears)? [24 CFR 576.106(a)(3)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Recordkeeping: Did the subrecipient keep records, including copies of documentation of payments made to owners for rental assistance provided, and supporting documentation for these payments, including dates of occupancy by program participants? [24 CFR 576.500(h)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

**[This page intentionally left blank]**

**NC ESG PROGRAM MONITORING**

# **Housing Stabilization / Prevention Monitoring Tool**

Program monitoring is an ongoing process of reviewing a subrecipient’s performance in meeting goals, identifying program deficiencies, and of enhancing management capacity through technical assistance or other corrective actions.

| Subrecipient Name: |  | | |
| --- | --- | --- | --- |
| Reviewer Name: |  | | |
| Subrecipient Staff: |  | | |
| DHHS Contract #: |  | Monitoring Visit Date: |  |

| Monitoring Type: | Desk  On-Site |
| --- | --- |

**Client Files Reviewed:**

#1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ #2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ #3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_#4\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Questions:**

|  |
| --- |
| How are responsibilities for implementing and managing ESG program(s) assigned and delegated? |
| **Comments:** |
|  |

|  |
| --- |
| Who oversees the day-to-day administration of the program? (Include name, title and organizational chart) |
| **Comments:** |
|  |

|  |
| --- |
| How long has the administrator been in this position? Indicate number of year(s) of experience\_\_\_\_\_\_\_\_\_ |
| **Comments:** |
|  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| How often are there staff meetings to discuss client progress and subrecipient issues? What level staff (ex. Front Line, Supervisors, or Management)? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Comments:** | |
|  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Does subrecipient have a schedule for doing self-review/internal review of client files and / or do they partner with another ESG funded agency to review client files on a regular basis? If yes, how often: | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Are there household defined goals, with regular progress updates? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Does agency conduct follow-up interview with clients who have exited the program to ensure long-term stability? If so describe, follow -up occurs within 30 days, 90 days, 180 days or more. | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Does agency provide services to households with children?  If answer above is “yes” Has the agency identified a staff person responsible for coordination of child’s access to education.  Agency ensures that discrimination does not occur if child is under 18 years of age | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Initial Evaluation: Did the subrecipient conduct an initial evaluation to determine each individual’s or family’s eligibility prevention assistance and the amount and types of assistance the individual or family needs to regain stability in permanent housing? [24 CFR 576.401(a)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Eligibility Criteria: Did the subrecipient document that all program participants who received homelessness prevention assistance:   * 1. met the eligibility criteria of the “at risk of homelessness” definition or categories 2, 3, or 4 (if category 4, not sleeping in a place described in category (1)) of the “homeless” definition; and   2. have an annual income (as determined in accordance with  24 CFR 5.609) below 30% AMI?   [24 CFR 576.103; 24 CFR 576.401(c); 24 CFR 576.500(b); 24 CFR 576.500(c); 24 CFR 576.500(e); 24 CFR 576.500(f)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Re-evaluations Homelessness Prevention: Do program participant records document that the subrecipient re-evaluated program participants’ eligibility and the types and amounts of assistance the program participant needs not less than every three months for program participants?  [24 CFR 576.401(b)(1); 24 CFR 576.500(f)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Written Standards:  a. Did the subrecipient and/ s adopt written standards for the provision of prevention assistance, as required by 24 CFR 576.400(e)(1) and 24 CFR 576.400(e)(2)? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Re-evaluations Homelessness Prevention: Do program participant records document that each re-evaluation of eligibility established that the program participant:   1. did not have an annual income that exceeds 30% AMI as established by HUD; and 2. lacked sufficient resources and support networks necessary to retain housing without ESG assistance?   [24 CFR 576.401(b)(1)(i)-(ii); 24 CFR 576.500(e); 24 CFR 576.500(f)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Recordkeeping (Ineligibility): For each individual and family determined ineligible to receive ESG assistance, did the subrecipient document the reason for that determination?  [24 CFR 576.500(d)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Eligible Costs (Homelessness Prevention): Were all homelessness prevention costs eligible and necessary to help the program participant regain stability in the program participant’s current housing or to move into other permanent housing and achieve stability in that housing?  [24 CFR 576.103; 24 CFR 576.500(f)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Housing Stability Case Management: While providing homelessness prevention assistance to a program participant, does the program participant file document that the program participant met with a case manager at least once per month to assist the participant in ensuring long-term housing stability? [24 CFR 576.401(e)(1); 24 CFR 576.500(f)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Housing Stability Case Management: While providing homelessness prevention assistance to a program participant, did the subrecipient document in the program participant’s file that it developed a plan to assist the program participant to retain permanent housing after the ESG assistance ends, taking into account all relevant considerations, such as the program participant’s current or expected income and expenses, other public or private assistance for which the program participant will be eligible and likely to receive; and the relative affordability of available housing in the area? [24 CFR 576.401(e)(2); 24 CFR 576.500(f)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Connections to Mainstream and Other Resources: While providing homelessness prevention assistance to program participants, did the subrecipient assist each program participant to obtain mainstream and other resources as needed? [24 CFR 576.401(d)(1); 24 CFR 576.401(d)(2); 24 CFR 576.500(f)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Recordkeeping (Program Participant Records): Did each program participant record document:   1. the services and assistance provided to that program participant, including, as applicable, security deposit, rental assistance, and utility payments made on behalf of the program participant; and 2. compliance with all applicable requirements for providing services and assistance to that program participant? [24 CFR 576.500(f)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Terminating Assistance:   1. If the subrecipient or any of its subrecipients terminated any participants from the program, did they do so in accordance with a formal process established by the subrecipient(s) that recognizes the rights of individuals affected, that met the following requirements: 2. written notice to the program participant containing a clear statement of the reasons for termination, 3. a review of the decision, in which the program participant is given the opportunity to present written or oral objections before a person other than the person (or a subordinate) who made or approved the termination decision, and 4. prompt written notice of the final decision to the program participant? 5. Did the subrecipient and/ examine all extenuating circumstances in determining when violations warrant termination so that a program participant’s assistance is terminated only in the most severe cases?   [24 CFR 576.402(a); 24 CFR 576.402(b)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Conflicts of Interest (Organizational): Did the subrecipient and its subrecipients ensure that:  a. no type or amount of ESG assistance was conditioned on an individual or family’s acceptance of housing owned by the subrecipient, subrecipient, contractor, parent, or subsidiary of the subrecipient; and  b. no subrecipient (nor any of its parent or subsidiary organizations) that owns housing, carried out the initial evaluation under 24 CFR 576.401, or administered homelessness prevention assistance for occupants of that subrecipient’s housing? [24 CFR 576.404(a)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

**HOUSING STABILIZATION FINANCIAL ASSISTANCE**

Financial Assistance Costs: If the subrecipient has not expended ESG funds on Financial Assistance costs, check the N/A boxes and skip to the Services Costs subsection of this document.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Financial Assistance Costs: Did the subrecipient and its subrecipients ensure that:  a. no program participant received financial assistance under 24 CFR 576.105(a) that was of the same type of assistance that the program participant was receiving through other public sources; and  b. no program participant who received replacement housing payments under the Uniform Relocation Act (URA) received financial assistance under 24 CFR 576.105(a) during the period of time covered by the URA payments? [24 CFR 576.105(d)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Financial Assistance Costs: Were eligible costs listed in 24 CFR 576.105(a) paid only to a housing owner, utility company, or other third party (not directly to the program participant)? [24 CFR 576.105(a)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| Financial Assistance Costs (Rental Housing Application Fees): Were rental housing application fees paid for with ESG funds a standard charge issued by the owner to all applicants? [24 CFR 576.105(a)(1)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Financial Assistance Costs (Security Deposits): Were security deposits paid for with ESG funds equal to no more than 2 months’ rent? [24 CFR 576.105(a)(2)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Financial Assistance Costs (Last Month’s Rent): Were costs for the last month’s rent paid for with ESG funds:   * 1. necessary to obtain housing for a program participant;   2. paid to the owner of the housing at the time the owner was paid the security deposit and first month’s rent;   3. less than or equal to one month’s rent; and   4. included in calculating the program participant’s total rental assistance?   [24 CFR 576.105(a)(3)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Financial Assistance Costs (Utility Deposits): Were utility deposits paid for with ESG funds only for eligible types of utility services (gas, electric, water, and sewage) and required by the utility company for all customers?  [24 CFR 576.105(a)(4)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Financial Assistance Costs (Utility Payments): Were utility payments paid for with ESG funds:   * 1. within the limit of 24 months of utility payments per program participant, per service, including up to 6 months of utility payments in arrears, per service;   2. only provided when the program participant or a member of the same household has an account in his or her name with a utility company or proof of responsibility to make utility payments; and   3. only for eligible types of utility services (gas, electric, water, and sewage)? [24 CFR 576.105(a)(5)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Financial Assistance Costs (Moving Costs): Were moving costs paid for with ESG funds only for moving-related activities such as truck rental, hiring a moving company, and allowable temporary storage fees (up to 3 months, fees accrued after the date the program participant began receiving services and before the program participant moves into permanent housing, and excluding storage fees in arrears)?  [24 CFR 576.105(a)(6)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

**HOUSING STABILIZATION SERVICES**

Services Costs: If the subrecipient has not expended ESG funds on Services costs, check the N/A boxes.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Services Costs (Housing Search and Placement): Were housing search and placement costs paid for with ESG funds:   * + 1. necessary to assist program participants in locating, obtaining, and retaining suitable permanent housing; and  1. one of those listed in 24 CFR 576.105(b)(1)(i)-(viii)? [24 CFR 576.105(b)(1)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Services Costs (Housing Stability Case Management): Were the activities paid for with ESG funds:   1. one of those listed in 24 CFR 576.105(b)(2)(A)-(H), and 2. for the purposes of assessing, arranging, coordinating, or monitoring the delivery of individualized services to:    1. facilitate housing stability for a program participant who resides in permanent housing; or    2. to assist a program participant in overcoming immediate barriers to obtaining housing? [24 CFR 576.105(b)(2)(A)-(H)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Services Costs (Housing Stability Case Management): Were the housing stability case management costs paid for with ESG funds limited to 24 months? [24 CFR 576.105(b)(2)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Services Costs (Mediation Costs): Were mediation costs paid for with ESG funds necessary to prevent the program participant from losing permanent housing in which the program participant currently resides, and used for mediation between the program participant and the owner or person(s) with whom the participant is living? [24 CFR 576.105(b)(3)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Services Costs (Legal Services): Did the subrecipient and its subrecipients ensure that the legal services costs paid for with ESG funds consisted only of the following types of costs:   1. for either: hourly fees for legal advice and representation by attorneys licensed and in good standing with the bar association of the State in which the services are provided, or by person(s) under the supervision of the licensed attorney; or fees based on the actual service performed (i.e., fee for service), where the subrecipient/ subrecipient documented that such costs were less than what the cost of hourly fees would have been; 2. for filing fees and other necessary court costs; 3. subrecipients’ employees’ salaries and other costs necessary to perform the services (if the subrecipient is a legal services provider and performs the services itself); and 4. for the following component services:    1. client intake;    2. preparation of cases for trial;    3. provision of legal advice;    4. representation at hearings;    5. counseling?   [24 CFR 576.102(a)(1)(vi)(A); 24 CFR 576.102(a)(1)(vi)(D); 24 CFR 576.102(a)(1)(vi)(E); 24 CFR 576.105(b)(4)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Services Costs (Legal Services): Did the subrecipient and its subrecipients ensure that the legal services costs paid for with ESG funds were only used:   1. to the extent necessary to resolve a legal problem that prohibits the program participant from obtaining permanent housing or will likely result in the program participant losing the permanent housing in which they currently reside; 2. for the following subject matters:    1. landlord/tenant matters;    2. child support;    3. guardianship;    4. paternity;    5. emancipation;    6. legal separation;    7. orders of protection and other civil remedies for victims of domestic violence, dating violence, sexual assault, and stalking;    8. appeal of veterans and public benefit claim denials; and    9. the resolution of outstanding criminal warrants; and 3. to the extent that other appropriate legal services were unavailable or inaccessible in the community?   [24 CFR 576.105(b)(4); 24 CFR 576.102(a)(1)(vi)(B); 24 CFR 576.102(a)(1)(vi)(C)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Services Costs (Credit Repair): Were credit repair costs paid for with ESG funds for counseling or other services necessary to assist program participants with critical skills related to household budgeting, managing money, accessing a free personal credit report, or resolving personal credit problems? [24 CFR 576.105(b)(5)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Services Costs (Credit Repair): Did credit repair costs paid for with ESG funds exclude the payment or modification of a debt? [24 CFR 576.105(b)(5)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Rental Assistance (Limit): Did each program participant’s total rental assistance, including any rental arrears and last month’s rent, stay within the limit of 24 months during any 3-year period? [24 CFR 576.106(a)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Rental Assistance (Changes in Household Composition): Did the subrecipient and its subrecipients apply the limits on rental assistance to the total assistance each individual received, either as an individual or as part of a household? [24 CFR 576.106(j)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Rental Assistance (Use with Other Subsidies): Except for a one-time payment of rental arrears on the tenant’s portion of the rental payment, did the provision of rental assistance exclude:   * 1. program participants who were receiving tenant-based rental assistance or living in a housing unit receiving project-based rental assistance or operating assistance through other public sources; and   2. program participants who were provided with replacement housing payments under the URA during the period of time covered by the URA payments?   [24 CFR 576.106(c)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Rental Assistance (Fair Market Rent and Rent Reasonableness): Did the subrecipient and its subrecipients ensure that ESG rental assistance was only provided to units for which the rent complied with HUD's standard of rent reasonableness and did not exceed the applicable Fair Market Rent?  NOTE: For this purpose, rent equals the sum of the total monthly rent for the unit, any fees required for occupancy under the lease (other than late fees and pet fees) and, if the tenant paid separately for utilities, the monthly allowance for utilities (excluding telephone) established by the public housing authority for the area in which the housing is located.  [24 CFR 576.106(d)(1); 24 CFR 576.106(d)(2); 24 CFR 576.500(i)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Rental Assistance (Rental Assistance Agreement): Does the documentation show that the subrecipient entered into a rental assistance agreement with each owner before providing the owner with rental assistance payments, including rental arrears?  [24 CFR 576.106(e); 24 CFR 576.500(h)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Rental Assistance (Rental Assistance Agreement): Did each rental assistance agreement:   * 1. set forth the terms under which rental assistance will be provided, including the requirements that apply under 24 CFR 576.106;   2. provide that, during the term of the agreement, the owner must give the subrecipient a copy of any notice to the program participant to vacate the housing unit, or any complaint used under state or local law to commence an eviction action against the program participant; and   3. contain the same payment due date, grace period, and late payment penalty requirements as the program participant’s lease?   [24 CFR 576.106(e); 24 CFR 576.106(f)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Rental Assistance (Payments): Did the subrecipient make timely payments to each owner in accordance with the rental assistance agreement?  [24 CFR 576.106(f)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Rental Assistance (Payments): Did the subrecipient and its subrecipients pay any late payment penalties that they incurred only with non-ESG funds (i.e., no ESG funds were used to pay late payment penalties incurred by the subrecipient or subrecipient)?  [24 CFR 576.106(f)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| Rental Assistance (Leases):   1. Does each program participant receiving rental assistance have a file that contains a legally binding, written lease between the program participant and the owner of the property or his/her agent for the rental unit; OR 2. If the assistance was solely for rental arrears for a program participant who had an oral lease agreement in place: 3. does each agreement give the program participant an enforceable leasehold interest under state law; and 4. are the agreement and rent owed sufficiently documented by the owner’s financial records, rent ledgers, or canceled checks?   [24 CFR 576.106(g); 24 CFR 576.500(h)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Rental Assistance (Rental Arrears): Were the rental arrears paid for with ESG funds one-time payments that did not exceed 6 months of rent in arrears (including any late fees on those arrears)?  [24 CFR 576.106(a)(3)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Recordkeeping Homelessness Prevention: Did the subrecipient keep records, including copies of documentation of payments made to owners for rental assistance provided, and supporting documentation for these payments, including dates of occupancy by program participants?  [24 CFR 576.500(h)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

**[This page intentionally left blank]**

# **Habitability Standards Monitoring Checklist for Housing Stabilization**

Name of ESG Client \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Household Members\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Bedrooms\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Bathrooms\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Staff Conducting Inspection \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Inspection\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Instructions:** Place a check mark in the correct column to indicate whether the property is approved or deficient with respect to each standard. The property must meet all standards in order to be approved. A copy of this checklist must be placed in the client file. | | |
| --- | --- | --- |
| **Approved** | **Deficient** | **Standard (24 CFR part 576.403(c))** |
|  |  | 1. Structure and materials: The structure is structurally sound to protect the residents from the elements and not pose any threat to the health and safety of the residents. |
|  |  | 1. Space and security: Each resident is provided adequate space and security for themselves and their belongings. Each resident is provided an acceptable place to sleep. |
|  |  | 1. Interior air quality: Each room or space has a natural or mechanical means of ventilation. The interior air is free of pollutants at a level that might threaten or harm the health of residents. |
|  |  | 1. Water Supply: The water supply is free from contamination. |
|  |  | 1. Sanitary Facilities: Residents have access to sufficient sanitary facilities that are in proper operating condition, are private, and are adequate for personal cleanliness and the disposal of human waste. |
|  |  | 1. Thermal environment: The housing has any necessary heating/cooling facilities in proper operating condition. |
|  |  | 1. Illumination and electricity: The structure has adequate natural or artificial illumination to permit normal indoor activities and support health and safety. There are sufficient electrical sources to permit the safe use of electrical appliances in the structure. |

|  |  | 1. Illumination and electricity: The structure has adequate natural or artificial illumination to permit normal indoor activities and support health and safety. There are sufficient electrical sources to permit the safe use of electrical appliances in the structure. |
| --- | --- | --- |
|  |  | 1. Food preparation: All food preparation areas contain suitable space and equipment to store, prepare, and serve food in a safe and sanitary manner. |
|  |  | 1. Sanitary condition: The housing is maintained in sanitary condition. |
|  |  | 1. Fire safety: |
|  |  | * 1. There is a second means of exiting the building in the event of fire or other emergency.   2. The unit includes at least one battery-operated or hard-wired smoke detector, in proper working condition, on each occupied level of the unit. Smoke detectors are located, to the extent practicable, in a hallway adjacent to a bedroom.   3. If the unit is occupied by hearing-impaired persons, smoke detectors have an alarm system designed for hearing-impaired persons in each bedroom occupied by a hearing-impaired person.   4. The public areas are equipped with a sufficient number, but not less than one for each area, of battery-operated or hard-wired smoke detectors. Public areas include, but are not limited to, laundry rooms, day care centers, hallways, stairwells, and other common areas. |
|  |  | 11. Meets additional recipient/subrecipient standards (if any). |

Lead Based Paint Compliance

If the answer to one or both of the following questions is ‘no,’ a visual assessment is not triggered for this unit and no further action is required at this time. If the answer to both of these questions is ‘yes,’ then a visual assessment is triggered for this unit and program staff should continue.

1. Was the leased property constructed before 1978?

Yes

No

1. Will a child under the age of six be living in the unit occupied by the household receiving ESG assistance?

Yes

No

If the answer to any of the following questions is ‘yes,’ the property is exempt from the visual assessment requirement and no further action is needed at this point. If the answer to all of these questions is ‘no,’ then continue.

1. Is it a zero-bedroom or SRO-sized unit?

Yes

No

1. Has X-ray or laboratory testing of all painted surfaces by certified personnel been conducted in accordance with HUD regulations and the unit is officially certified to not contain lead-based paint?

Yes

No

1. Has this property had all lead-based paint identified and removed in accordance with HUD regulations?

Yes

No

1. Is the client receiving Federal assistance from another program, where the unit has already undergone (and passed) a visual assessment within the past 12 months (e.g., if the client has a Section 8 voucher and is receiving ESG assistance for a security deposit or arrears)?

Yes (Obtain documentation for the case file.)

No

1. Does the property meet any of the other exemptions described in 24 CFR Part 35.115(a).

Yes

No

Please describe the exemption and provide appropriate documentation of the exemption.

If no problems with paint surfaces are identified during the visual assessment, then no further action is required at this time. If any problems with paint surfaces are identified during the visual assessment, then continue to determine whether safe work practices and clearance are required.

1. Has a visual assessment of the unit been conducted?

Yes

No

1. Were any problems with paint surfaces identified in the unit during the visual assessment?

Yes

No

All deteriorated paint identified during the visual assessment must be repaired prior to clearing the unit for assistance. However, if the area of paint to be stabilized exceeds the de minimus levels (defined below), the use of lead safe work practices and clearance is required.

If deteriorating paint exists but the area of paint to be stabilized does not exceed these levels, then the paint must be repaired prior to clearing the unit for assistance, but safe work practices and clearance are not required.

1. Does the area of paint to be stabilized exceed any of the de minimus levels below?
   * 20 square feet on exterior surfaces  Yes  No
   * 2 square feet in any one interior room or space  Yes  No
   * 10 percent of the total surface area on an interior or exterior component with a small surface area, like window sills, baseboards, and trim  Yes  No

If *any* of the above are ‘yes,’ then safe work practices and clearance are required prior to clearing the unit for assistance.

Program staff must work with property owners/managers to ensure that all deteriorated paint identified during the visual assessment has been stabilized. If the area of paint to be stabilized does not exceed the de minimus level, safe work practices and a clearance exam are not required (though safe work practices are always recommended). In these cases, the ESG program staff should confirm that the identified deteriorated paint has been repaired by conducting a follow-up assessment.

If the area of paint to be stabilized exceeds the de minimus level, program staff should ensure that the clearance inspection is conducted by an independent certified lead professional. A certified lead professional may go by various titles, including a certified paint inspector, risk assessor, or sampling/clearance technician. Note, the clearance inspection cannot be conducted by the same firm that is repairing the deteriorated paint.

1. Has a follow-up visual assessment of the unit been conducted?

Yes

No

1. Have all identified problems with the paint surfaces been repaired?

Yes

No

1. Were all identified problems with paint surfaces repaired using safe work practices?

Yes

No

Not Applicable – The area of paint to be stabilized did not exceed the de minimus levels.

1. Was a clearance exam conducted by an independent, certified lead professional?

Yes

No

Not Applicable – The area of paint to be stabilized did not exceed the de minimus levels.

1. Did the unit pass the clearance exam?

Yes

No

Not Applicable – The area of paint to be stabilized did not exceed the de minimus levels.

Note: A copy of the clearance report should be placed in the program participant’s file.

CERTIFICATION STATEMENT

I certify that I have evaluated the property located at the address below to the best of my ability and find the following:

Property meets all of the above standards.

Property does not meet all of the above standards.

**COMMENTS:**

|  |
| --- |
| ESG Recipient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ESG Subrecipient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Program Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Apartment: \_\_\_\_\_\_\_\_\_\_\_  City: \_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_  Evaluator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Evaluator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**[This page intentionally left blank]**

**NC ESG PROGRAM MONITORING**

# **HMIS / Comparable Database Monitoring Tool**

Program monitoring is an ongoing process of reviewing a subrecipient’s performance in meeting goals, identifying program deficiencies, and of enhancing management capacity through technical assistance or other corrective actions.

| Subrecipient Name: |  | | |
| --- | --- | --- | --- |
| Reviewer Name: |  | | |
| Subrecipient Staff: |  | | |
| DHHS Contract #: |  | Monitoring Visit Date: |  |

| Monitoring Type: | Desk  On-Site |
| --- | --- |

**Questions:**

|  |
| --- |
| How are responsibilities for implementing and managing ESG program(s) assigned and delegated? |
| **Comments:** |
|  |

|  |
| --- |
| Who oversees the day-to-day administration of the program? (Include name, title and organizational chart) |
| **Comments:** |
|  |

|  |
| --- |
| How long has the administrator been in this position? Indicate number of year(s) of experience\_\_\_\_\_\_\_\_\_ |
| **Comments:** |
|  |

|  |
| --- |
| How often are there staff meetings to discuss issues? What level staff (ex. Front Line, Supervisors, or Management)? |
| **Comments:** |
|  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Does subrecipient have a schedule for doing data quality review? If yes, how often: | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| Did the subrecipient expend grant funds to pay the following costs, as well as the staff and overhead costs directly related to carrying out these costs:  [24 CFR 576.107(a)(1)] | |
| 1. Hosting and maintaining HMIS software or data? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| 1. Backing up, recovering, or repairing HMIS software or data? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| 1. Upgrading, customizing, and enhancing the HMIS? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| 1. Integrating and warehousing data, including development of a data warehouse for use in aggregating data from subrecipients using multiple software systems? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| 1. Administering the system? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| 1. Reporting to providers, the Continuum of Care, and HUD? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| 1. Conducting training on using the system, including traveling to the training? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| 1. Purchasing or leasing computer hardware? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| 1. Purchasing software or software licenses? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| 1. Purchasing or leasing equipment, including telephones, fax machines, and furniture? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| 1. Obtaining technical support? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| 1. Leasing office space? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| 1. Paying charges for electricity, gas, water, phone service, and high-speed data transmission necessary to operate or contribute date to the HMIS? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| 1. Paying salaries for operating HMIS? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| 1. Completing data entry? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| 1. Monitoring and reviewing data quality? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| 1. Completing data analysis? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| 1. Reporting to the HMIS Lead? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| 1. Training staff on using the HMIS? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| 1. Implementing and complying with HMIS requirements? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| 1. Paying costs of staff to travel to and attend HUD-sponsored and HUD-approved training on HMIS and programs authorized by Title IV of the McKinney-Vento Homeless Assistance Act? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| 1. Paying staff travel costs to conduct intake? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| 1. Paying participation fees charged by the HMIS Lead, as authorized by HUD, if the recipient or subrecipient is not the HMIS Lead? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Comments:** | |
|  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| If the subrecipients are victim services providers, or legal services providers, and if they used grant funds to establish and operate a comparable database, do the records confirm that the comparable database complies with HUD’s HMIS requirements? [24 CFR 576.107(a)(3)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Do records document the recipient met the requirement to expend grant funds for HMIS costs in compliance with HMIS requirements published by HUD? [24 CFR 576.107(b)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |

**[This page intentionally left blank]**

# **Monitoring Response Notification**

Monitoring conclusions can be cited as:

* A Finding violates federal ESG requirement(s), including HEARTH statute, HUD regulations, or relevant regulations of other federal agencies. If a Finding is identified, the State must notify the Sub-recipient and describe corrective measures. *Corrective measures require action by the Sub-recipient by the date indicated on this report, including a written response detailing the corrective measure(s) to our office*. If not corrected, a Finding may result in a repayment of HUD funds to the State.
* A Concern identifies a deficiency in program performance not based on regulatory or other programmatic requirements. A Concern will likely lead to a Finding if not corrected. This report will identify *any Concern(s) that, like Findings, require corrective measures by the Sub-recipient by the date indicated on this report, including a written response detailing the corrective measure(s) to our office.*
* A Recommendation is a suggestion or proposal for the best course of action to ensure program compliance and encourage best practices, which, if not implemented, could result in a Finding or Concern at a later date.

The purpose of the review in this area is to verify ***client eligibility compliance/eligible allowable expenses*.** A random client file/requisition submission sample (client #/month) was requested for review. [24 CFR 576.102, 24 CFR 576.104, 24 CFR 576.2 24 CFR 576.500, 24 CFR Part 91.5]

**RECOMMENDATIONS:**

**CONCERNS:**

**FINDINGS:**

**CORRECTIVE ACTION:**

Your corrective action submission must include a detailed plan of how the organization will take steps to assure that the finding / *concern* cited will not be repeated. It should include what internal control measures will be instituted, any training that may take place, and how the organization will assure all client files will be maintained per HUD policy and the ESG Desk Guide. (An example of a corrective action plan as well as an ESG Corrective Form are attached. Tutorial can be viewed here: <https://attendee.gotowebinar.com/register/5890382150747870979>).

The corrective action submission **must** include:

* Identification of the issue (finding/concern)
* Steps toward correcting the finding/concern
* The employee(s) responsible for carrying out these steps
* Dates for beginning and completing steps for corrective action
* Internal control measures that will be instituted
* Any training that will take place including the topic, who will be giving the training and where it is to be held.
* How the organization will assure identified findings/concerns will not be repeated and will remain in compliance with HUD policy, DHHS\_DAAS ESG Guidelines and ESG Contract.
* Attachments amending any policies, procedure or implementing policies/procedures as a result of the finding/concern.

Thank you for your commitment to serving persons experiencing homelessness in your community. If you have questions regarding the Desk Monitoring Review or other concerns regarding the ESG program, please contact the ESG Office.

|  |  |  |
| --- | --- | --- |
| **Kim Crawford**  ESG Homeless Programs Coordinator  Division of Aging and Adult Services  North Carolina Department of Health and Human Services  919-855-4991 office  [Kim.Crawford@dhhs.nc.gov](mailto:Kim.Crawford@dhhs.nc.gov) | **Chris Battle**  ESG Homeless Programs Coordinator  Division of Aging and Adult Services  North Carolina Department of Health and Human Services  919-855-4984 office  [Chris.Battle@dhhs.nc.gov](mailto:Chris.Battle@dhhs.nc.gov) | **Lisa Worth**  ESG Homeless Programs Coordinator  Division of Aging and Adult Services  North Carolina Department of Health and Human Services  919-855-4993 office  [Lisa.Worth@dhhs.nc.gov](mailto:Lisa.Worth@dhhs.nc.gov) |

Community ESG Email: [ncesg@dhhs.nc.gov](mailto:ncesg@dhhs.nc.gov)

918 Tate Drive

2701 Mail Service Center

Raleigh, NC 27699-2101

**[This page intentionally left blank]**

# **NC ESG Corrective Action Instructions and Form**

**Instructions for Completing the Corrective Action Form**

Subrecipient must provide a written response detailing specifically how the agency will address each finding/concern and assure that the finding/concern identified will be corrected to ensure ESG program compliance per HUD policy, DHHS\_DAAS ESG Guidelines and ESG Contract. **A concern will likely lead to a finding if not corrected.**

The corrective action submission **must include a detailed plan** of how the organization will take steps to assure that the FINDING/CONCERN cited will not be repeated.  **Please use one form for each finding/concern identified in the attached letter.** This must include:

* Identification of the issue (finding/concern)
* Steps toward correcting the finding/concern
* The employee(s) responsible for carrying out these steps
* Dates for beginning and completing steps for corrective action
* Internal control measures that will be instituted
* Any training that will take place including the topic, who will be giving the training and where it is to be held.
* How the organization will assure identified findings/concerns will not be repeated and will remain in compliance with HUD policy, DHHS\_DAAS ESG Guidelines and ESG Contract.
* Attachments amending any policies, procedure or implementing policies/procedures as a result of the finding/concern.

**Instructions for Submitting the Corrective Action Form**

**\*\*Please refer to the attached letter for Corrective Action Plan Due Date**

* Hard copy submission with original must be mailed to:

ESG Program

Division of Aging and Adult Services

NC Department of Health and Human Services

2101 Mail Service Center

Raleigh, NC 27699-2101

* Electronic copy submission must be sent to:

[NCESG@DHHS.NC.GOV](mailto:NCESG@DHHS.NC.GOV)

**[This page intentionally left blank]**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NC ESG Corrective Action Form** | | | | |
| Organization Name: |  | | Date: |  |
| Grant Number: |  | | | |
| Contact Person: |  | Contact Person Title: | |  |
| Contact Person Email: |  | | | |
| Contact Person Phone: |  | | | |
| **Corrective Action Plan** | | | | |
| **Identification of the Issue (finding/concern):** | | | | |
|  | | | | |
| **Specific steps, date and employees responsible for correcting the identified issue:** | | | | |
|  | | | | |
| **Specific steps, date and employees responsible for correcting the identified issue continued:** | | | | |
| **Internal control measures that will be instituted:** | | | | |
|  | | | | |

|  |
| --- |
| **Any training that will take place including the topic, who will be giving the training and where it is to be held.** |
|  |
| **How the organization will assure identified findings/concerns will not be repeated and will remain in compliance with HUD policy, DHHS\_DAAS ESG Guidelines and ESG Contract.** |
|  |

|  |  |
| --- | --- |
| **List of Attachments:** | |
|  | |
| **Date Corrective Action Will Be Implemented** |  |
| **Date Corrective Action Will Be Completed** |  |
| **Contract Signature Authority’s signature** |  |
| **Date** |  |

**FOR USE BY THE NC ESG OFFICE ONLY**

Received By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Decision \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



EMERGENCY SOLUTIONS GRANT MONITORING GUIDE-CV ADDENDUM



North Carolina Department of Health and Human Services

Division of Aging and Adult Services

2101 Mail Service Center Raleigh, NC 27699-2101

[NCESG@DHHS.NC.GOV](mailto:NCESG@DHHS.NC.GOV)

Last Updated September 2020

***Program Compliance and Monitoring***

NC ESG-CV AND ANNUAL Subrecipients are required to comply and adhere to all program standards detailed in the NC ESG 2021 Desk Guide and the Emergency Solutions Grant - CV Addendum.  All Subrecipients are subject to Compliance Monitoring Standards detailed in **SECTION II** of this guide.  (24 CFR 576.500)

## **Virtual On-Site Compliance Visits**

All On-site compliance visits will be conducted “virtually” by the NC ESG Office. Subrecipients will receive written guidance and notification citing the date and time of the review and a detailed listing of required documents to be submitted to the NC ESG office prior to monitoring.

# **Subrecipient Preparation for “Virtual” Monitoring Visit**

Each organization funded by NC ESG will be monitored for compliance with the Emergency Solutions Grant (ESG) program regulations, guidelines and procedures, respectively. The “Virtual” monitoring visit is expected last one day and key staff members (i.e. Executive Director, Program Manager, Case Manager and Finance Controller) must be available for the allotted virtual meeting time slots provided in the Monitoring Notification Letter.

The monitoring visit is comprised of a five-part process:

* Notification letter (Email)
* Entrance conference (Virtual meeting w/Agency designated staff via Microsoft Teams)
* Documentation review (Virtual meeting review w/program staff- time slots specified in Monitoring Notification Letter)
* Exit Conference (Virtual meeting w/Agency designated staff via Microsoft Teams)
* Monitoring report letter (issued via email within 30 days of review)

In preparation of the visit, subrecipients should consider the following:

1. Ensure that if requested the following client data files and financial files are accessible and are able to be electronically transmitted to the NC ESG office by the date cited in the NC ESG Monitoring Notification letter for the contract period being monitored:
   * Individual client files with intake documentation of eligibility and services received
   * Program specific policies and procedures
   * Contract documents
   * Completed reports and requisitions
   * Bank reconciliations
   * General ledger
   * Cash receipts journal
   * Cash disbursements journal
   * Payroll journal
   * Inventory list
   * Last audit report or financial statements
   * Chart of Accounts

Additional documents not listed may be requested prior to or during the monitoring visit.

1. Subrecipients are encouraged to create a core documents grant file that includes: a copy of the executed contract/grant agreement; any HUD or NC ESG Office correspondence mailed or received pertaining to the funded activity; monthly, financial submissions; training materials received or reviewed, the funded activity’s procedures manual, etc.
2. Have a workspace available for the monitors to comfortably work without disrupting the organization’s normal work day routine**.** **(Currently Not Applicable)**
3. Be prepared to give the monitors a tour of the facility. Employee or program participants are always subject to interview. Inspections will take place at this time as well, if applicable. **(Currently Not Applicable)**
4. Ensure that Program staff is available for the “Virtual” Entrance, Exit conference and all specified review time slots indicated in the NC ESG Monitoring notification letter. During the virtual sessions monitors will give an overview of the process, summarize the results of the visit and request any missing documentation to be submitted, before the monitoring report letter is drafted.
5. Remember to respond to the corrective actions specified in the monitoring report letter within the allotted time.

**Announced Visit** **(**Temporarily Suspended**)**

The announced site visit is scheduled by the NC ESG program staff with the Subrecipient. Once the visit is scheduled, the Subrecipient will be provided written guidance which details the expectations for the visit.

**Unannounced Visit** (Temporarily Suspended)

NC ESG staff members have the right to conduct unannounced visits. Unannounced site visits are conducted based on certain factors, including but not limited to, agency’s prior history with NC ESG, concerns/deficiencies noted in Subrecipient’s client files, desk monitors, and/or financial statements, outcome of an announced visit, and fulfilling grant requirements such as timely and accurate requisition submissions. It is the Subrecipient’s responsibility to notify the NC ESG Office of changes in business hours or if the Subrecipient will be closed for an extended amount of time. The general time limit to produce these files or other requested materials is 15-30 minutes.