

GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS

State Housing Trust Fund

EMERGENCY SOLUTIONS GRANTS MONITORING REPORT

[Note: All questions that address requirements contain the citation for the source of the requirement (statute, regulation, or grant agreement). If the requirement is not met, DCA must make a finding of noncompliance. All other questions (questions that do not contain the citation for the requirement) do not address requirements, but are included to assist the reviewer in understanding the participant's program more fully and/or to identify issues that, if not properly addressed, could result in deficient performance. Negative conclusions to these questions may result in a "concern" being raised, but not a "**finding**."]

Grantee Notification

Agency	
Date	
	Telephone/e-mail primary staff person, indicating need to conduct a monitoring visit (establish date, identify general subject areas and files to be monitored, identify grantee staff who will be participating, and ask for additional information that will assist with HTF staff with site-visit/inspection.)
	Proposed date for monitoring.
	Program areas to be reviewed:
	Grantee staff to be involved:
	Confirmation letter and Monitoring Guidelines provided to Grantee
	Follow-up telephone/e-mail contact confirming monitoring date and scheduling of inspections (2-3 days prior to monitoring visit).

PRE-MONITORING FILE REVIEW

Reviewer printed the list of contacts from the FileMaker database: Yes No

Reviewed list with Grantee: Yes No

Changes noted below in comment section and in database: Yes No

Type of Program:

Grant Number:

Grant Number:

Grant Number:

Funding Source(s):

Reviewer(s):

Date of Monitoring Visit:

Notes from review of contact database, grant file, application, reimbursement request, etc.

<p>_____</p>

Emergency Solutions Grants Corrective Action Plan

Organization			
Program Site Address			
Review Date			
Reviewer/s			
Purpose of Visit			
Corrective Action Plan due to DCA by			

<i>Deficiencies</i>	<i>Plan of Correction (please provide a plan for each deficiency)</i>

Comments (DCA):

Comments (Grantee):

<input type="checkbox"/> Approved by DCA	<input type="checkbox"/> Not Approved by DCA
---	---

Reasons for non-approval:

If not approved, the new Plan of Correction is due by:	Date:	
---	--------------	--

DCA Staff Signature:		Date:	
----------------------	--	-------	--



ON-SITE MONITORING REVIEW

Grantee Performance, Program Management

1. Agency has a copy of the current ESG executed Program Participation Agreement, Regulations to support the new HEARTH Act, approved amendments and other related documents.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Comments:</i>	

2. Required for all programs - Agency has written policies and procedures that require the following:	
○ Eligibility for all persons seeking assistance/protecting confidentiality	<input type="checkbox"/> Yes <input type="checkbox"/> No
○ Recordkeeping requirements/reflects HUD's priority order of verifying homelessness	<input type="checkbox"/> Yes <input type="checkbox"/> No
○ Require staff to document income when applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Comments:</i>	

3. Agency is in compliance with the following general program requirements.	
Area-wide system coordination (576.400)	
○ Coordination with other targeted homeless services	<input type="checkbox"/> Yes <input type="checkbox"/> No
○ Coordination with mainstream resources	<input type="checkbox"/> Yes <input type="checkbox"/> No
○ Participation in a centralized or coordinated assessment system (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No
○ Written standards for providing ESG assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No
○ Participation in HMIS	<input type="checkbox"/> Yes <input type="checkbox"/> No
Evaluation of Participant Eligibility and Needs (576.401)	
○ Initial Evaluations	<input type="checkbox"/> Yes <input type="checkbox"/> No
○ Re-evaluations for Homeless Prevention and Rapid Re-housing assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No
○ Annual Income	<input type="checkbox"/> Yes <input type="checkbox"/> No
○ Connecting program participants to mainstream and other resources	<input type="checkbox"/> Yes <input type="checkbox"/> No
○ Housing stability case management	<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments:

Terminating Assistance (576.402)

- | | |
|--|--|
| o Did grantee terminate ESG assistance for any participant during this grant cycle | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| o Did grantee establish and follow a formal termination process that... | |
| o Recognized individual rights | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| o Allows termination in only the most severe cases | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| o Written notice to program participant, with clear statement of reasons | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| o Participant had opportunity to present objection to third party | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| o Prompt written notice to program participant of final decision | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Comments:

Shelter and Housing Standards (576.403)

- | | |
|---|--|
| o Does facility meet basic habitability standards (documented) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| o Lead-based paint remediation and disclosure (ESG-funded shelters/housing) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| o Does grantee ensure rent reasonableness for all housing units | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Comments:

Conflict of Interest (576.404)

- | | |
|---|--|
| o Agency complied with HUD's Administrative Requirements on conflicts of interest | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

Homeless Participation (576.405)

- | | |
|---|--|
| o Board of directors or other policy/decision-making body | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| o Renovation, construction, maintenance, and operation of ESG facilities | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| o Agency is unable to meet homeless participation requirement (please use comment section to explain) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Comments:

Faith-Based Activities (576.406) – Grantee is in compliance:	
○ Must not engage in inherently religious activities as part of ESG-funded activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
○ Must not discriminate based on religion or religious belief	<input type="checkbox"/> Yes <input type="checkbox"/> No
○ Must not use ESG funds to rehabilitate structures used inherently religious activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Comments:</i>	

Grantee is in compliance with the State Education Policy	
○ Grantee is working with education provider to ensure that homeless families are aware of their rights and responsibilities under legislation	<input type="checkbox"/> Yes <input type="checkbox"/> No
○ Grantee considers homeless families’ education priorities when placing a family in any form of accommodation. The family should be placed as close to their place of education to avoid disruption	<input type="checkbox"/> Yes <input type="checkbox"/> No
○ Program policies and procedures are consistent with grantee’s legal obligations to homeless families	<input type="checkbox"/> Yes <input type="checkbox"/> No
○ A member of grantee’s staff is designated to be responsible to ensuring that all children access their appropriate education service, either by being enrolled in school or accessing an early education program within the community	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Comments:</i>	

Other Federal Requirements (576.407) – Grantee certified that it is in compliance with the following:	
○ Fair Housing Act, Uniform Administrative Requirements, Nondiscrimination in Federally Assisted Programs, Age Discrimination Act, Section 504 of the Rehabilitation Act, American with Disabilities Act, Equal Employment Opportunity Programs, Minority Business Enterprises, Women’s Business Enterprise, Drug Free Workplace, Debarred, Suspended, Ineligible Contractors, Affirmative Outreach, Section 6002 of the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act, Environmental Review under 24 CFR part 50,	<input type="checkbox"/> Yes <input type="checkbox"/> No <hr style="width: 50%; margin: 0 auto;"/> Certified by
○ Has the program received any discrimination complaints, any formal complaints?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Comments:</i>	

Displacement, Relocation, and Acquisition (576.408)	
○ Did grantee take reasonable steps to minimize displacement as a result of ESG funded project (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments:

ON-SITE MONITORING REVIEW

Grantee Performance, Program Management

4. Financial Policies and Procedures

What is Grantee's fiscal year? If other, please note:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Jan 01 – Dec 31 | <input type="checkbox"/> Jul 01 – Jun 30 | <input type="checkbox"/> Jun 01 – May 31 | <input type="checkbox"/> Oct 01 – Sept 30 |
|--|--|--|---|

- | | |
|---|--|
| o Does grantee's board adopt an annual budget before the beginning of each fiscal year? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| o Does the board authorize all bank accounts and check signers annually? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| o Does grantee have a current accounting policy and procedure manual? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| o Are financial and related accounting records maintained per program requirements (4 years) after closeout of the grant? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Comments:

5. Accounting Systems

Who is responsible for generating/maintaining financial statements & reports?

<input type="checkbox"/> Director	<input type="checkbox"/> Bookkeeper/Accountant	<input type="checkbox"/> Outside Accounting Firm	<input type="checkbox"/> Other, please explain
o Are they a CPA? If no, what are their qualifications?			<input type="checkbox"/> Yes <input type="checkbox"/> No
o Are financial and related accounting records maintained per program requirements (4 years) after closeout of the grant?			<input type="checkbox"/> Yes <input type="checkbox"/> No
o Does the grantee maintain a general ledger?			<input type="checkbox"/> Yes <input type="checkbox"/> No
o Is supporting documentation maintained for all financial transactions			<input type="checkbox"/> Yes <input type="checkbox"/> No
o Are bank reconciliations performed monthly? By whom?			<input type="checkbox"/> Yes <input type="checkbox"/> No
o Do the records adequately identify the source and application of funds for grant supported activities?			<input type="checkbox"/> Yes <input type="checkbox"/> No
o Do the actual outlays compare with budgeted amounts for each grant? Grantee provided budget vs actual, and income expense statement.			<input type="checkbox"/> Yes <input type="checkbox"/> No
o Does the grantee have procedures to record in-kind contributions?			<input type="checkbox"/> Yes <input type="checkbox"/> No
o Does the grantee maintain records of the hours worked for each volunteer by type of job			<input type="checkbox"/> Yes <input type="checkbox"/> No
o Does the board review appropriate financial statements and reports (budget-to-actual, balance sheet, statement of income and expense, cash flow analysis, etc.)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
o Are variances above a specified amount analyzed and/or explained to the board?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments:

6. Collections, Deposits, and Funds Control

<ul style="list-style-type: none"> ○ Is a mail log maintained by hand, in ink, of all funds received including cash and checks showing from whom received, the amount, and date? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> ○ Who opens the grantee's mail and maintains the mail log of receipts 	
<ul style="list-style-type: none"> ○ Are checks required to be restrictively endorsed immediately upon receipt? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> ○ Are pre-numbered duplicate receipts issued for all cash contributions received? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> ○ Are cash and checks kept in a locked cabinet or safe and deposited in the bank within 48 hours of receipt? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> ○ Are deposit slips prepared in duplicate form? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> ○ Who deposits receipts in the bank? 	
<ul style="list-style-type: none"> ○ Are records of checks and cash received reconciled to amounts deposited in the bank? (randomly pick one month and request a copy of bank statement) 	<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments:

7. Purchasing and Disbursement

<ul style="list-style-type: none"> ○ Are there written procedures for approval/authorization of payments by check and cash? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> ○ Are vendor invoices controlled in such a manner as to prevent duplicate payment? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> ○ Who is authorized to approve disbursements? 	
<ul style="list-style-type: none"> ○ Is prior written Board approved required for purchases in excess of a specified dollar amount? If yes, what amount? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> ○ Is board approval adequately documented? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> ○ Who is responsible for writing checks and paying bills? 	
<ul style="list-style-type: none"> ○ Is more than one signature required for any checks? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> ○ Are checks signed only when accompanied by approved invoices? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> ○ Have payroll taxes for the most recent quarter been paid? Confirm with canceled check. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> ○ For staff salaries paid with ESG Funds, documentation support that they work exclusively with homeless and/or near homeless clients? 	<input type="checkbox"/> Yes <input type="checkbox"/> No

○ If no, what percentage of staff time is spent working with homeless clients?

Comments:

Position	Total Staff Cost	%Homeless/Near Homeless Clients

8. Reimbursement Request

Program	Check #	vendor original invoice reviewed	canceled check/auto transfer on file	eligible expense
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Asset Management

o Does the grantee have an equipment/fixed asset inventory list available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
o How often are supplies and/or equipment inventoried?	<input type="checkbox"/> Yes <input type="checkbox"/> No
o Are work areas and storerooms appropriately secured to deter unauthorized entry?	<input type="checkbox"/> Yes <input type="checkbox"/> No
o Are records maintained documenting acquisition and disposition of all property purchased with grant funds? If applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments:

10. Homeless Management Information Systems	Documentation on file
Is there a unique program in HMIS for the shelter/transitional program.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Emergency Solutions Grants Program

2013

Grantee established a housing inventory in HMIS for the shelter/transitional program.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there a list of active authorized HMIS users?	Number of users	Agency Administrator	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do computers used to access the Pathways HMIS have a locking screen saver?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the privacy policy posted; either in office or on website?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is program profile correct and up-to-date?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Comments:

Client File Review	Entry Date	Exit Date	Terminated from program	<input type="checkbox"/> Yes <input type="checkbox"/> No
PROGRAM	<input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Transitional Housing	<input type="checkbox"/> Rapid Re-Housing <input type="checkbox"/> Prevention	<input type="checkbox"/> Street Outreach <input type="checkbox"/> Services only program	

DCA stipulates the use of specific formats and forms. Grantee is in compliance.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The order of priority for evidence establishing and verifying homeless status is: Third-party documentation, Intake worker observation, certification from the person seeking assistance. Grantee is in compliance.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Homeless Status		Documentation on file
Category 1	An individual or family who lacks a fixed, regular, and adequate nighttime residence.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Category 2	An individual or family who will imminently lose their primary nighttime residence.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Category 3	Unaccompanied youth under 25 years of age, or families with children and youth who do not otherwise qualify as homeless.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Category 4	An individual or family who qualifies for Emergency Shelter, Transitional Housing, Rapid Re-Housing if they also meet CATEGORY 1	<input type="checkbox"/> Yes <input type="checkbox"/> No
Domestic Violence		<input type="checkbox"/> Yes <input type="checkbox"/> No
At Risk of Homelessness		<input type="checkbox"/> Yes <input type="checkbox"/> No
Chronic Homeless		<input type="checkbox"/> Yes <input type="checkbox"/> No

Income	Documentation on file
File contain documentation to establish annual income; certification that consumer has insufficient support networks.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Case Management	Documentation on file
File adequately document completed Individual Service Plan (ISP) supported by ongoing assessment of service needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Rapid Re-Housing	Documentation on file
If Rapid Re-Housing, the household income for this client is at or below 50 percent AMI for the geographic area.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Client is paying a share of rent and utility costs. How much?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Appropriate 90-day re-certification is on file for this client.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> is at or below 50% AMI <input type="checkbox"/> risk of returning to homelessness <input type="checkbox"/> lacks resources	<input type="checkbox"/> Yes <input type="checkbox"/> No
Appropriate annual re-certification is on file for this client. Household income is below 30% AMI.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is case manager meeting with client at least once a month?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Homelessness Prevention	Documentation on file
If homelessness prevention, the household income for this client is below 30 percent AMI for the geographic area.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Client is paying a share of rent and utility costs. How much?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Appropriate 90-365 day re-certification is on file for this client.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> is at or below 30% AMI <input type="checkbox"/> risk of returning to homelessness <input type="checkbox"/> lacks resources	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is case manager meeting with client at least once a month?	<input type="checkbox"/> Yes <input type="checkbox"/> No

HMIS	Documentation on file
HMIS authorization for this consumer is on file.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Consumer was enrolled into the appropriate HMIS program within one week of program enrollment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did consumer refuse HMIS authorization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a hard copy file for consumer if he/she refused HMIS authorization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If consumer is no longer a participant, did agency discharge in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If consumer is no longer a participant, did agency conduct follow-up?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years Stable Housing	<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments/Recommendations:

Reviewer(s)

Date

Date

Approved

Manager

Date