



**EMERGENCY SOLUTIONS GRANT
NORTH DAKOTA HOMELESS GRANT
MONITORING REPORT AND GUIDELINES**
PLANNING AND HOUSING DEVELOPMENT DIVISION
SFN 60470 (05/23)

Grantee		Contact Person		
Address		City	State	ZIP Code
Grant Number(s)	Grant Amount	Monitoring Date		

GRANTEE PERFORMANCE, PROGRAM MANAGEMENT AND FAIR HOUSING

	Yes	No
Was the grant utilized as proposed in the grantee's application? (Review program description & grant application)	<input type="checkbox"/>	<input type="checkbox"/>
Were there any amendments to the grant? If yes, for what?	<input type="checkbox"/>	<input type="checkbox"/>
Does the agency have a grievance procedure for clients?	<input type="checkbox"/>	<input type="checkbox"/>
Does the agency have written position descriptions for staff administering this program?	<input type="checkbox"/>	<input type="checkbox"/>
Does the grantee have a fully accessible (i.e., barrier-free) site available for persons to apply for program benefits? If not, what accommodations are made available?	<input type="checkbox"/>	<input type="checkbox"/>
Is your agency currently participating in the HMIS?	<input type="checkbox"/>	<input type="checkbox"/>
For projects serving domestic violence victims, is there established written procedures regarding confidentiality of client records and the address/location of any project serving domestic violence victims?	<input type="checkbox"/>	<input type="checkbox"/>
Does the grantee have a written policy for the termination of clients? If no written guidance is available, interview staff to determine how terminations are handled. Describe:	<input type="checkbox"/>	<input type="checkbox"/>
Has the grantee posted all required notices relative to Equal Employment Opportunity and Fair Housing?	<input type="checkbox"/>	<input type="checkbox"/>
Does the grantee maintain and update a list of Fair Housing Resources?	<input type="checkbox"/>	<input type="checkbox"/>
Does the grantee use the Fair Housing logo on all materials relating to their housing programs distributed to the general public?	<input type="checkbox"/>	<input type="checkbox"/>
Has the program received any discrimination complaints?	<input type="checkbox"/>	<input type="checkbox"/>
Who is the Fair Housing contact person?		

FINANCIAL MANAGEMENT AND INTERNAL ACCOUNTING CONTROL MONITORING

What is your fiscal year? <input type="checkbox"/> Jan 01 – Dec 31 <input type="checkbox"/> June 01 - May 31 <input type="checkbox"/> July 01 – June 30 <input type="checkbox"/> Oct 01 – Sept 30 <input type="checkbox"/> Other

Are financial and related records maintained per program requirements after closeout of your grant? (5 years)		
Who is responsible for generating/maintaining financial statements and records? <input type="checkbox"/> Director <input type="checkbox"/> Bookkeeper/Accountant <input type="checkbox"/> Outside Accounting Firm <input type="checkbox"/> CPA <input type="checkbox"/> Other (employs a staff person who possesses a bachelor's degree in accounting or possesses experience in accounting along with college account credits or a bookkeeper whose work is overseen by an accounting firm.)		
Is supporting documentation maintained for all financial transactions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How often are financial reports prepared? <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually		
How often does the Board review financial statement and report? <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually		
Are receipts issued for all cash contributions received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are bank reconciliations performed monthly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there procedures for approving payments/cash to vendors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is the specified dollar amount required for Board approval?		
Who is responsible for writing checks and paying bills?		
Is more than one signature required for any check?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the Board authorize all bank accounts and check signers annually?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
List authorized Signatory(ies), by Title (there may be two or more signers)		
Are checks signed only when accompanied by approved invoices?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are the following insurance coverages currently in force? <input type="checkbox"/> Public Liability <input type="checkbox"/> Property <input type="checkbox"/> Worker's Compensation		
For staff salaries through ESG/NDHG funds, are you able to document that they work exclusively with homeless and/or near homeless clients?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the organization maintain records for the hours worked for each volunteer by type of job?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

FOR SHELTER FACILITIES ONLY

If applicable, are the following licenses current? (Provide documentation) <input type="checkbox"/> Certificate of Occupancy <input type="checkbox"/> Permit for Fire Marshall <input type="checkbox"/> Food Preparation <input type="checkbox"/> Programmatic Licensure (e.g., Substance Abuse, Day Care, etc.)		
	Yes	No
Does the agency have written confidentiality procedures which cover? <input type="checkbox"/> Locking/security of files <input type="checkbox"/> Written authorization of release of information	<input type="checkbox"/>	<input type="checkbox"/>
Do clients have a secure place to store personal belongings and documents?	<input type="checkbox"/>	<input type="checkbox"/>
Is there at least one homeless person or formally homeless person participating in the policy decision-making process regarding projects receiving funds?	<input type="checkbox"/>	<input type="checkbox"/>
Is the facility in compliance with all codes, general ordinances and laws zoning health department compliance, etc.?	<input type="checkbox"/>	<input type="checkbox"/>

Are there any unresolved issues?	<input type="checkbox"/>	<input type="checkbox"/>
Is there regular pest control services? If yes, how often?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a regular garbage removal and adequate storage (such as a dumpster with a lid)?	<input type="checkbox"/>	<input type="checkbox"/>
Are the housekeeping and maintenance plans adequate to assure that the facility is clean and in good repair?	<input type="checkbox"/>	<input type="checkbox"/>
Are clean linens provided for each client with a procedure to sanitize all linens and sleeping surfaces?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a crib, bed or mat with clean linen for each person?	<input type="checkbox"/>	<input type="checkbox"/>
Are fire drills conducted regularly, depending on the maximum length of stay? How often?	<input type="checkbox"/>	<input type="checkbox"/>
Are fire detection systems operating, and are they tested regularly? How often?	<input type="checkbox"/>	<input type="checkbox"/>
Are first aid equipment and supplies available at all times?	<input type="checkbox"/>	<input type="checkbox"/>
Is there adequate ventilation (i.e., bath-one operable window or fan; sleeping rooms-one operable window designed to open)?	<input type="checkbox"/>	<input type="checkbox"/>
Are food service areas adequate and sanitary?	<input type="checkbox"/>	<input type="checkbox"/>
Are interior and exterior lighting adequate?	<input type="checkbox"/>	<input type="checkbox"/>
Are entrances and exits clear of debris, ice and other hazards?	<input type="checkbox"/>	<input type="checkbox"/>
Do clients have sufficient shower/bath basins and toilets in proper operating conditions?	<input type="checkbox"/>	<input type="checkbox"/>

EXIT INTERVIEW

The monitoring is completed by an exit meeting with the appropriate staff or representative(s) to discuss the preliminary results of the monitoring visit and indicate that the grantee is to be formally informed of monitoring findings identified to date and any follow-up actions required of the grantee.

NOTES FOR EXIT INTERVIEW

Estimated date for providing written monitoring report to grantee
What unanticipated problems or barriers have arisen throughout the implementation of the grant program?
Does the grantee need additional technical assistance to resolve these barriers? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain

How can NDHFA be of more assistance to the grantee?

General Comments

MONITORING DOCUMENTATION CHECKLIST

Name of Agency	Name of Tenant	Date
----------------	----------------	------

ELIGIBILITY REQUIREMENTS

	Yes	No	Comment
Proof of Identification	<input type="checkbox"/>	<input type="checkbox"/>	
At Risk of Homelessness Certification	<input type="checkbox"/>	<input type="checkbox"/>	
Release of Information	<input type="checkbox"/>	<input type="checkbox"/>	
Screening Assessment of HMIS Printout	<input type="checkbox"/>	<input type="checkbox"/>	
Income Documentation (pay stubs, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Self-Certification	<input type="checkbox"/>	<input type="checkbox"/>	
Homeless Certification	<input type="checkbox"/>	<input type="checkbox"/>	

HOUSING REQUIREMENTS

	Yes	No	Comment
Verification of Income	<input type="checkbox"/>	<input type="checkbox"/>	
Intake and Assessment	<input type="checkbox"/>	<input type="checkbox"/>	
Progress Notes	<input type="checkbox"/>	<input type="checkbox"/>	
Utility Shut Off Notice (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
Documentation of Eviction (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
Lease/Rental Agreement	<input type="checkbox"/>	<input type="checkbox"/>	

Housing Plan (for re-housing and prevention)	<input type="checkbox"/>	<input type="checkbox"/>	
Rent Reasonableness (for re-housing and prevention)	<input type="checkbox"/>	<input type="checkbox"/>	
Habitability Standards Inspection Form	<input type="checkbox"/>	<input type="checkbox"/>	
Lead Based Paint Inspection Form	<input type="checkbox"/>	<input type="checkbox"/>	

ESG/NDHG FORMS

CLIENT ELIGIBILITY FORMS

Identification Documentation

There must be identification documentation for all household members whether receiving case management and/or financial assistance. Documentation must be a copy of one of the following: Drivers License, Social Security Card, Medicaid Card, Birth Certificate, Passport

Homeless Definition and Certification

The agency must complete the Homeless Definition and Certification indicating current living situation and provide the appropriate documentation as indicated on the form. Must be completed for each household.

Release of Information Form

A Release of Information form must be signed by each household member age 18 or older with a copy in file.

Intake and Assessment Form

The agency will conduct a comprehensive housing assessment with the household.

Income Documentation (pay stubs, etc.)

All sources of household income (for all adult members) must be verified and documented at intake and every three months to determine program eligibility. To be eligible for assistance, gross household income must be below 30% (ESG), 50% (NDHG) area median income (AMI) for the county in which the household is residing.

Self-Certification

Must be completed if required verifications/other documents cannot be provided and self-certification is the only way to verify information to determine program eligibility.

Lease/Rental Agreement

A lease is required for households receiving financial assistance such as rental assistance, security deposits, rental arrearages and utility payments/deposits.

Housing Plan (case notes)

A Housing Plan must be completed for all individuals that receive a housing assessment and are determined eligible for services.

Rent Reasonableness

Subrecipients must complete and file a Rent Reasonableness form for rental assistance above Fair Market Rent (FMR).

Habitability Standards Inspection Form

All units must meet Habitability Standards before financial assistance can be provided such as rental assistance, security deposits, rental arrearages and utility payments/deposits.

Lead-Based Paint Inspection

Lead-Based Paint Inspection is required for housing for properties if built before 1978 and if a child age 6 or younger or a pregnant woman will be residing in the unit.