

Risk Analysis					PO ID
Subrecipient Agency:					
City/Town:					
Subrecipient Agency Contact & Title:					
Subrecipient Agency Executive Director:					
Grant Period Covered:					
MaineHousing Monitoring Staff & Title:					
Date of Monitoring Prep:					
<p>Risk Criteria considerations include:</p> <ul style="list-style-type: none"> • Risk exposure to MaineHousing's ESG Program • The likelihood that a subrecipient has failed to comply with program requirements, or; • The subrecipient has performed unacceptably <p>Subrecipient Agency Risk is assessed to:</p> <ul style="list-style-type: none"> • Determine subsubrecipients that pose the highest risk to MaineHousing's ESG Program • Identify the level of monitoring that may be completed with the subsubrecipient. • Determine most effective means to identify and carry out actions to increase subsubrecipient effectiveness <p>In completing this worksheet, MaineHousing staff will provide an assessment of the subsubrecipient, using the four standard factors selected to determine the level of risk a subsubrecipient may pose to a HUD program. The four factors include: Grant Management, Financial Management, Services & Satisfaction, and Physical Plant factors. Listed under each factor is a set of one or more subfactors. Each subfactor identifies a set of criteria that will define a numeric value based on risk level. MaineHousing staff are to choose the appropriate risk level based on the definition provided and assign the numeric value that is indicated. One score should be assigned for each subfactor that best represents your assessment of the factual information available on this subrecipient. This score should be indicated in the Rating Box. Assessment indicators used in evaluating criteria should be available through current reporting systems or readily available information.</p>					
FACTOR 1 – Grant Management Description					
<p>Factor Definition: Extent to which the subrecipient has the capacity to carry out the ESG program according to established requirements.</p> <p>Rating Considerations: The basis for the rating in this factor is based on information that directly evidences the subrecipient's capacity to administer the grant, including: MaineHousing staff should award point values to subfactors A through E. Choose only one risk score for each subfactor from the point values listed below.</p>					
FACTOR 1 – GRANT MANAGEMENT		Level of Risk	Risk Score	Rating	Comments
<p>A. Subrecipient Reporting: Tracking mechanism will be accurate sharefile submission of ESHAP Applications, Reports, and Performance indicators.</p> <p><i>Criteria: Risk is based on the subrecipient ability to meet reporting deadlines, ensure completeness and accuracy of reports, and achieve Performance Measures. Reports and submissions should include: ESHAP Program Application, Quarterly reporting, and Performance submissions.</i></p>					
<p>i. In the last three program years, 1 or more of subrecipient's required submissions were incomplete, not submitted utilizing the prescribed process, or indicate the subrecipient was unable to meet performance outcomes as outlined in the ESHAP Program Guide.</p>		High	10		
<p>ii. While the most recent submission had no issues, in the last three program years, one or more of the subrecipient's required submissions was incomplete, not submitted utilizing the prescribed process, or indicate the subrecipient was unable to meet performance outcomes as outlined in the ESHAP Program Guide.</p>		Medium	5		
<p>iii. In the last three program years, all of the subrecipient's required submissions have been complete AND have been received as prescribed AND all performance outcomes have been met as outlined in the ESHAP program guide.</p>		Low	0		
<p>B. Subrecipient Staff Capacity: Tracking mechanism must be a comprehensive excel training spreadsheet and include primary Navigator Contact logs as well as any complaints or grievances in regards to each shelter.</p> <p><i>Criteria: Risk is based on current staff's ability to ensure compliance with the regulations and fulfill all of the subrecipient's obligations under the program (includes financial staff that may be separate from administrative). (Key staff is defined as staff with assigned management and administrative responsibilities for program compliance with rules and regulations.)</i></p>		<p><i>"Has there been any staff vacancies in key ESG positions (such as the Primary Navigator or Financial management longer than 6 months, 3-6 months, or less than 3 months?"</i></p> <p><i>"Has key ESG staff failed to attend more than one mandatory training over the past 3 years, two years or never missed any training?"</i></p>			
<p>i. During the last three program years, one or more vacancies for key ESG staff remained open for more than six months (such as the Primary Navigator or Financial Management staff for ESG); OR key staff have failed to attend more than one mandatory training over the past three years (Such as HMIS, ESHAP Navigator, or ESG Financial Management Trainings).</p>		High	10		
<p>ii. One or more vacancies for key staff have remained open for the past 3 to 6 months; OR key program staff have been hired in the past two program years, but lack necessary experience and have missed at least one HMIS, ESHAP, or ESG mandatory program training.</p>		Medium	5		
<p>iii. Any key staff vacancies remained open for less than three months AND any key staff hired in the past program year have received or do not need program training.</p>		Low	0		

C. Subrecipient Findings and Sanctions (Monitoring and Agency Audits)					PO ID
<i>Criteria: Risk is based on agency audits and the monitoring of the subrecipient's program by the recipient to ensure compliance with program requirements.</i>					
i. Within the last three program years, the subrecipient has had serious or numerous violations of regulations, recurring monitoring finding(s), failure to resolve open findings in a timely manner, or poor performance that is ongoing and that the subrecipient has failed to improve within a reasonable time period; OR sanctions have been imposed on the subrecipient: OR the subrecipients has not been monitored within the last five years.	High	10			
ii. Within the last three years, the subrecipient has had at last one finding that is still open and unresolved; OR has, within the last three years, had sanctions removed from the subrecipient.	Medium	5			
iii. Within the last three years, the subrecipient has been monitored and there have been no violations, findings, or performance issues identified.	Low	0			
D. Subrecipient Cross-Cutting Requirement Compliance Criteria: Risk is based on whether the subrecipient has received a monitoring finding within the last three years regarding any of the cross-cutting programmatic requirements (Relocation, Environmental, FHEO, etc.).					
i. Within the last three program years, the subrecipient has received one or more findings on any of the cross-cutting programmatic requirements.	High	5			
ii. None of the criteria in subfactor (i) applies.	Low	0			
Subtotal for Management Assessment (Max. 35 pts.)	Max Score:	35	0		

FACTOR 2 – FINANCIAL MANAGEMENT					
Factor Definition: Extent to which the subrecipient accounts for and manages financial resources in accordance with approved financial management standards and the amount of potential monetary exposure.					
Rating Considerations: The basis for the MaineHousing Staff's rating in this factor is derived from information that could be obtained from, but not limited to, financial management and information systems such as: Integrated Disbursement and Information System (IDIS), audit management systems, A-133 or other audits, assessment of subrecipient's drawdown history, submission of required documents, timeliness standards and expenditure rates as they relate to financial management and history of financial activities and subrecipient performance reports.					
MaineHousing Staff should award point values to subfactors A through E. Choose only one risk score for each subfactor from the point values listed below.					
FACTOR 2 – FINANCIAL MANAGEMENT	Level of Risk	Risk Score	Rating	Comments	
A. Staff Capacity for Financial Compliance					
<i>Criteria: Risk is based on the key financial management staff's ability to administer the financial management responsibilities for the ESG program. (Key financial management staff is defined as staff with direct oversight of financial records and/or distribution of program funds.)</i>					
i. During the last three program years, staff have demonstrated an inability to administer the financial management responsibilities for the ESG program as evidenced through serious or repeated violations of regulations or deficiencies of Part 85, 84, A-87, A-122.	High	10			
ii. During the last three program years, staff have demonstrated an inability to administer the financial management responsibilities for the ESG program as evidenced by at least one violation of regulations or deficiencies of Part 85, Part 84, A-87 or A-122.	Medium	5			
iii. No financial management deficiencies have been identified as evidenced through violations or findings.	Low	0			
B. Grant Amount					
<i>Criteria: Risk is based upon the subrecipient's grant amount for the most recently completed program year.</i>					
i. The subrecipient's grant amount for the most recently completed program year falls within the top 10% of all ESG-funded subrecipients within the recipient's jurisdiction for the program year.	High	5			
ii. The subrecipient's grant amount for the most recently completed program year falls between 50-90% of all ESG grants awarded within the recipient's jurisdiction within the same program year.	Medium	2			
iii. The subrecipient's grant amount for the most recently completed program year falls within the lowest 50% of all ESG grants awarded within the recipient's jurisdiction within the same program year.	Low	0			

C. Subrecipient Audits (A-133 or other)					PO ID
<i>Criteria: Assessment is based on the timely submission of the A-133 program audits for subrecipients of federal funds (must be an A-133 Audit if in excess of \$500,000 on an annual basis), but special emphasis is placed on the review of the management letter that should accompany the audit, taking into consideration whether or not the subrecipient has received a finding and/or the auditor noted recommendations in a management letter based on its current accounting practices. Audits are due within 9 months from the end of the grantee's program year.</i>					
i. During the last three program years, the subrecipient has not been timely in its submission of the required audits; OR has received a finding and/or has received recommendations in a management letter based on its current accounting practices.	High	5			
ii. None of the criteria in subfactor (i) applies.	Low	0			
Subtotal for Financial Management (Max. 20 pts.)	Max High Risk Score:	20	0		

FACTOR 3 – SERVICES & SATISFACTION

Factor Definition: Extent to which program participants express satisfaction or dissatisfaction with the delivery of program services and the extent to which HUD subrecipients effectively and efficiently deliver services to intended beneficiaries/program participants.

Rating Considerations: The basis for MaineHousing Staff's rating in this factor is derived from information that could be obtained from, but not limited to: client- or citizen-originated correspondence, subrecipient responses, Freedom of Information Act (FOIA) requests, Congressional inquiries, citizen complaints, press information, loss of subrecipient support, failure to reply or submit reports, Consolidated Plans, Annual Action Plans, Consolidated Annual Performance and Evaluation Reports (CAPERs), automated tracking systems, correspondence, release of funds requests, local-, HQ-, or subrecipient-generated automated reports or spreadsheets, and the Integrated Disbursement and Information System (IDIS). The MaineHousing Staff should consider the subrecipient's overall effectiveness in carrying out program activities and delivery to target populations.

MaineHousing Staff should award point values to subfactors A through E. Choose only one risk score for each subfactor from the point values listed below.

FACTOR 3 – SERVICES & SATISFACTION	Level of Risk	Risk Score	Rating	Comments
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A. Subrecipient Citizen Complaints or Negative Media Exposure

Criteria: Risk is based on the receipt of citizen complaints and/or negative media exposure resulting in violations of ESG regulations and/or any other funded programs (i.e., State, Federal, Municipal, Local, Private, Town, Code and Fire, Child Safety, etc.).

"Has the program or shelter received any citizen complaints during the past three program years through such sources as: Citizen in person complaints, letters, phone calls, hot line complaints, newspaper articles, or any other source?"

i. Citizen complaints have been received during the last three program years through such sources as: Citizen letters, phone calls, hot line complaints, newspaper articles, etc., and, upon investigation and considering the subrecipient's response, resulted in violations of ESG regulations or findings.	High	5		
ii. Citizen complaints have been received during the last three program years through such sources as: Citizen letters, phone calls, hot line complaints, newspaper articles, etc., and, upon investigation and considering the subrecipient's response, have not been found to be violations of ESG regulations but are concerns that could lead to possible future violations if not addressed by the subrecipient.	Medium	3		
iii. No valid complaints have been received during the most recently completed program year as described in (i) or above.	Low	0		

B. Subrecipient Responsiveness

Criteria: Risk is based upon subrecipient's timely response to citizen complaints received.

i. Subrecipient has failed to respond to complaints and/or citizen inquiries forwarded through HUD within prescribed timeframes during the last three program years.	High	5		
ii. Subrecipient has responded to complaints and/or citizen inquiries OR has not received any complaints forwarded through HUD within prescribed timeframes.	Low	0		

C. Meeting Program Objectives

Criteria: Risk is based on the subrecipient's ability to carry out activities in compliance with program requirements and its ability to resolve known problems.

i. Sanctions have been placed on subrecipient for failing to meet program requirements during the most recently completed program year; OR the subrecipient is not complying with sanctions that were previously placed on it within the three most recent program years; OR there are known problems identified through review of reports or information received that indicate subrecipient is currently not in compliance or is carrying out ineligible activities.	High	10		
ii. The subrecipient has been in noncompliance for meeting program requirements or carrying out ineligible activities one or more times within the past three years AND the subrecipient is currently working toward compliance.	Medium	5		
iii. Activities carried out by the subrecipient during the three most recent program years are in compliance with program requirements AND there are no known problems.	Low	0		

D. Subrecipient Participation and Involvement					PO ID
<i>Criteria: Risk is based on the subrecipient's level of participation and interaction with various stakeholder groups that would help them be informed of current issues, initiatives, best practices, changes in regulations and other important information.</i>		"Do you regularly attend CoC, regional and statewide homeless council meetings?"			
i. In the last year, Subrecipient has not attended or participated in meetings of the Continuum(s) of Care that cover their area of operation AND has not attended or participated in the Statewide or Regional Homeless Council OR any other local or population specific working groups.	High	10			
ii. In the last year, Subrecipient has attended meetings, but is not a member in good standing (eligible to vote) of the Continuum(s) of Care that cover their area of operation AND has not attended or participated in the Statewide or Regional Homeless Council OR any other local or population specific working groups.	Medium	5			
iii. Subrecipient is a member in good standing (eligible to vote) of the Continuum(s) of Care that cover their area of operation AND regularly participates in the Statewide or Regional Homeless Council OR other local or population specific working groups.	Low	0			
Subtotal for Services & Satisfaction Assessment (Max. 30 pts.)	Max Score:	30	0		

FACTOR 4 - PHYSICAL

Factor Definition: Extent to which ESG-funded emergency shelters are maintained and operated according to established ESG, HQS and Recipient standards.

Rating Considerations: See Above for Factor Definition

The MaineHousing Staff should award a point value to subfactor A. Choose only one risk score from the point values listed below.

FACTOR 4 - PHYSICAL		Level of Risk	Risk Score	Rating	Comments
A. Physical Condition of Emergency Shelters					
<i>Criteria: Risk is based on the subrecipient's use of ESG funds for renovation or shelter operations and the related emergency shelter's physical condition.</i>					
i. MaineHousing has not conducted an on-site review of the physical conditions of the subrecipient's ESG-funded emergency shelter(s) within the past three program years; OR previous monitoring findings (on-site or remote) concerning the physical condition of ESG-funded emergency shelters remain unresolved.	High	15			
ii. MaineHousing has not conducted an on-site review of the physical conditions of the subrecipient's ESG-funded emergency shelter(s) within the past two program years; OR previous monitoring findings (on-site or remote) concerning the physical condition of ESG-funded emergency shelters have been resolved.	Medium	6			
iii. MaineHousing has conducted an on-site review of the physical conditions of the subrecipient's ESG-funded emergency shelter(s) during the last two program years AND there were no findings relating to shelter standards.	Low	0			
Subtotal for Physical Assessment (Max. 15 pts.)	Max Score:	15	0		

Overall Risk Assessment – Total Score & Level of Risk

FACTOR	MAXIMUM SCORE	POINTS ASSIGNED
1. Grant Management	35	0
2. Financial Management	20	0
3. Services & Satisfaction	30	0
4. Physical	15	0
Total	100	0

HUD - File Review Sample Sizes
50 or fewer: 5
51-600: 5 - plus 1 for each increment of 50 over 50
601-2000: 16 - plus 1 for each increment of 100 over 600
over 2000: 30 - plus 1 for each increment of 200 over 2000

Total Score	Level of Risk
51+	High
30-50	Medium
Less than 30	Low

I.	General Applicant Information					PO ID
	Owner Entity					
	Shelter name					
	Shelter Street Address (NON DV)					
	Town/City					
	Zip					
	Contact Name					
	Contact Phone & Email					
II.	Bed Inventory Information (See Application Question 7b.)	On App	On HIC	Observed	Comments	PO ID
	Target Population(s)				Individuals	
	Number of Beds for Single Adult Individuals					
	Number of Beds for Families with Children					
	Number of Family Units					
	Number of Beds designated for Youth					
	Number of Beds designated for Chronically Homeless					
	Number of Beds designated for Veterans					
III.	Submission Information	Yes	No	N/A	Comment	PO ID
	Was the application submitted on time?					
	Was the application submitted according to instructions?					
	Was the application complete as originally submitted?					
	If no, were missing or incomplete items provided in a timely manner?					
	Does the program provide access 365 days per year? (see app Q4) (Rule 3A)					
IV.	Application Question Review	Yes	No	N/A	Comment	PO ID
	1 Is there an adequate Description of Applicant Organization?					
	2 Is there an adequate Narrative describing Organizational Capacity? (30-A MRSA					
	3 Does the applicant describe local concerns/issues not supported through this funding? What local initiatives or resources will/could be utilized to support?					
	4 Is there a "turn-away" policy or process once the shelter reaches bed capacity?					
	5 Does the applicant describe internal training to be offered to Navigators?					
	6 Does the applicant serve clients who also regularly utilize other shelters?					
	6A If yes, do they have a policy or process currently in place for ensuring the clients needs are being met?					
	7 Do they operate a fixed shelter facility?					
	7A If yes, are all facilities listed by Name and Address (non-DV) in the application?					
	7B See Section II, above, Bed Inventory Information. Is this information complete?					
	7C If yes, do they list how many beds will be reported on the next Housing Inventory Chart for each facility?					
	8 Do they anticipate serving clients who meet HUD's homeless definition, who are not able to access their shelter for various reasons?					
	8A If yes to 8, do they provide an adequate explanation?					
	8B Do they have experience providing: Street Outreach, Homelessness Prevention, or Rapid Re-Housing activities for at least one year?					
	9 If applying for the first time, do they adequately describe these activities? (Skip if they have previously applied for Shelter Funding at MaineHousing.)					
	10 Have they received any written citizen complaints in the last 12 months?					
V.	Emergency Shelter, Emergency Housing Provider Minimum Threshold Requirements	Yes	No	N/A	Comment	PO ID
	1 Staff tasked with providing Navigator Services will attend annual MaineHousing Navigator Training. (Rule 2N)					
	2 The agency is a regular and active participant in the Maine Continuum of Care or the Portland Continuum of Care, in accordance with the CoC's respective governance charters and performance criteria. (Rule 2D)					
	3 The agency has the administrative and financial management capacity necessary to administer and to account for the use of the applicable grant in accordance with the funding requirements. (Rule 2G)				(Attachment A)	
	4 The agency will meet the objectives and strategic goals to end homelessness as outlined in the Maine Consolidated Plan.					

	In accordance with Emergency Shelter, Emergency Housing Provider Minimum Threshold Requirements, the agency certifies that:	Yes	No	N/A	Comment	PO ID
5	We will meet the objectives of the Program under which we are applying as set forth in the applicable Program Guide. (Rule 2I)				(Attachment A)	
6	We will participate in and meet the performance and reporting requirements of the Homeless Management Information System (HMIS) or a comparable database if the Applicant serves victims of domestic violence. (Rule 2J)					
7	We will not engage in any explicitly religious activities, such as worship, religious instruction, or proselytization, as part of the activities and services funded with any grant for activities or services covered by this rule; and if religious activities are offered, they must be offered at a separate time or location from the activities and services covered by this rule; and participation in those religious activities must be voluntary for persons receiving assistance with funds covered by this rule. (Rule 2K)				(Attachment A)	
8	We will operate our programs free from discrimination on the basis of age, race, color, religion, national origin, physical or mental disability, sexual orientation, or gender in accordance with applicable federal and state fair housing laws. (Rule 2L)				(Attachment A)	
9	We will comply with Section 504 of the Rehabilitation Act of 1973, which prohibits disability discrimination in programs that receive HUD funds. (Rule 2M)				(Attachment A)	
10	We will comply with all MaineHousing requirements. (Rule2N)					
11	We will provide adequate sleeping space or beds, and clean and functioning shower and toilet facilities. (Rule 3B)					
12	We will provide safe and nutritious food, including breakfast or access to breakfast and, if open 24 hours, also provide lunch and dinner or access to lunch and dinner. (Rule 3C)					
13	We will involve homeless individuals and families, to the maximum extent practicable; in constructing, renovating, maintaining and operating facilities assisted under ESG; in providing assistance under ESG; and in providing services for occupants of facilities assisted under ESG. (This involvement may include employment or volunteer services.) (24 CFR 576.405 & 576.500)					
14	We will treat all guests with dignity and respect, regardless of religious or political beliefs, cultural background, disability, gender identity or sexual orientation. (Rule 3D)					
15	We will provide shelter and housing services based upon a Rapid Re-housing or Housing First. (Rule 3E)					
16	We will operate at Bed Capacity unless the homeless response system is experiencing demand insufficient to fill capacity. (Rule 3F)					
17	We will provide linkages and access to community resources such as health care, job readiness and employment services, mainstream Resources, and educational services to assist guests in achieving housing stability, consistent with the CoC Ending Homelessness Prioritization Chart. (Rule 3G)					
18	We will assess guests for housing prioritization and services to enable mobility to permanent housing with adequate supports. (Rule 3H)					
19	We will inform guests of their rights and responsibilities, including specific shelter policies and program rules. (Rule 3I)					
20	We will accept eligible persons regardless of their ability to pay or their eligibility for reimbursement or actual reimbursements from any third party source, including local, municipal, state, or federal funding sources. (Rule 3J)					
21	We have no guest lease requirements. (Rule 3K)					
22	If serving families with children, we will provide space other than open dormitory style and do not require involuntary family separation for admission. (Rule 3L)			✓	(Attachment A)	
23	We will provide separate accommodations for single male and female consumers. (Rule 3M)					
24	We will protect the privacy and confidentiality of guests and their personal information. (Rule 3N)					
25	We will provide training, policies, procedures and regular maintenance to encourage, improve, and maintain the health and safety of guests, volunteers and staff. (Rule 3O)					

Emergency Shelter, Emergency Housing Provider Minimum Threshold Requirements		No	N/A	Comment	PO ID
26	We will post fire, disaster, and other emergency procedures in a conspicuous place and review the procedures with each guest. (Rule 3P)				
27	We will maintain a daily and confidential census of shelter clients including precise sleeping locations. (Rule 3Q)				
28	We will operate in compliance with all applicable federal, state and local codes, laws and regulations. (Rule 3R)			(Attachment A)	
29	We will act in accordance with the restrictions on lobbying in 31 U.S.C. 1352 and implementing regulations in 24 CFR Part 87, which require that no federally appropriated funds have been paid or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of a federal agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any federal contract, grant, loan or cooperative agreement. (USC 31 Section 1352 & HUD 24 CFR Part 87)			(Attachment B)	
30	We will prohibit any employee, agent, consultant, officer, or elected or appointed official, who exercises or has exercised any functions or responsibilities with respect to assisted activities, or who is in a position to participate in a decision-making process or gain inside information with regard to such activities, from obtaining a personal or financial interest or benefit from the activity, or from having an interest in any contract, subcontract or agreement with respect thereto, or the proceeds there under, either for him or herself or those with whom he or she has family or business ties, during his or her tenure or for one year thereafter. (24 CFR §576.404)			(Attachment E)	
IX.	Attachments & Exhibits	Yes	No	N/A	Comment
A.	Certification Regarding Lobbying (31 USC § 1353)				
B.	Homeless Consumer Participation Certification (24 CFR § 576.405 & Rule 2E)				
C.	ESG Minimum Data Requirements and Participation Certification				
D.	Applicant Conflict of Interest Disclosure Form (24 CFR § 576.404)				
E.	Shelter Budget Form (2 CFR § 200.302)				
F.	Certification of Local Approval for Nonprofit organizations (24 CFR § 576.202 (a)(2))				
G.	Homeless Initiatives Contact Form				
H.	Documentation of 501(c)(3) status. (24 CFR § 576.2, Rule 2A)				
I.	Most recent audit completed by an outside firm and accompanying management letter. (A133 or comparable) (2 CFR § 200.500 et seq.)				
J.	Corporate Resolution from Board of Directors to approve application submission.				
K.	An organizational chart showing titles and lines of authority for all individuals with any role in approving or recording of financial transactions. (2 CFR § 200.303)				
L.	List of agency board of directors outlining who each member represents.				
M.	If any of your shelter written policies and procedures for standards that address the following areas have changed since your prior application submission please include it. If you have had no policy changes in the previous program year we will refer to the documents we have on file.				
N.	Applicant organization's non-discrimination policy with a paragraph narrative indicating how the general public will be informed of the policy. (24 CFR § 576.407 (a-b))				
O.	Client Grievance Policy				
P.	Client Termination Policy (24 CFR § 576.402)				
Q.	Evidence of policies and procedures that outline approval authority for financial transactions and guidelines for controlling expenditures. (2 CFR § 200.300-309)				
R.	Procurement (2 CFR § 200.318-326)				
S.	Access to shelter services (Rule 3S)				
T.	Residential rights and responsibilities (Rule 3S)				
U.	Personnel and facility operations (Rule 3S)				

V	Health and safety (Rule 3S)				
W	Food preparation and distribution (Rule 3S)				
X	HMIS / Data Security Protocols (69 Fed. Reg. 146 § 4.3)				
Y	Fair Housing Policies (42 USC § 3601 et.seq.)				
Z	Drug Free Workplace Policy (41 USC § 8102 (a)(1))				

Monitoring Preparation Checklist				PO ID
Date of Monitoring Prep:	1/0/1900			
Subrecipient Agency:		0		
City/Town:		0		
Subrecipient Agency Contact & Title:		0		
Contact Phone Number:				
Grant Period Covered:	0			
MaineHousing Monitoring Staff & Title:		0		
Review Approved Application and Attachments from Program file				
Review the Executed Grant Agreement				
Note any approved Grant Modifications (if applicable).				
Review agency/program level data reports and performance measures.				
Operations Allocation:				
Stabilization Allocation:				
Performance Allocation:				
Executive Director:				
Shelter Director and/or Program Manager:				
Primary Financial Contact:				
Primary Navigator Services Contact:				
Primary HMIS Contact:				
Name & Title of other key staff to be contacted:				
Name & Title of other key staff to be contacted:				
Name & Title of other key staff to be contacted:				
Subrecipient - General Review		Comments	Risk Score 1yr ago	Risk Score 2 yrs ago
Date of Last Review:	3/11/2015		NA	NA
Summary of Previous Findings:				
			NA	NA
Summary of Previous Concerns:				

This form should be completed prior to a site visit, but after a thorough review of the agency's Application for funding, previous monitoring results, data reports, and any other relevant documentation available for the applicable time frame. Any concerns should be addressed during the site visit with the agency.

	Based on the Current Year's Preliminary Review, Are there areas of concern regarding:	Yes	No	Comments & Follow-up Needed	Concern 1 yr ago	Concern 2 yrs ago	PO ID
1	Risk Analysis: Does the overall score indicate the agency or program is at high risk for non-compliance?						
2	Risk Analysis: Is there a high risk associated one or more specific factors on the Risk Analysis?						
3	Application Review: Was the agency's Application incomplete or otherwise inadequate?						
4	Application Review: Are there any particular areas of concern raised by the information provided in the Application?						
5	Data & Security: Do the agency's data reports indicate poor performance or an inability to record and report data as required? (HMIS team to advise)						
6	Data & Security: Are there any concerns about the agency's ability to maintain the security and confidentiality of client information?						
7	Financial: Are there concerns about the agency's ability or capacity to properly fulfill the financial responsibilities of the grant?						
8	Financial: Are there concerns about the specific activities grant funds are used for, or the agency's recordkeeping or reporting regarding the use of grant funds? (Financial Program Officer will advise)						
11	TBRA: Are there concerns about the agency's ability to access and utilize TBRA or other available housing resources? (Data accessed from STEP timeline sheet)						
12	TBRA: Are there concerns about the agency's ability to properly determine client eligibility, client income, tenant rent estimates, comprehensive Housing Stability Plans, or the ability to provide appropriate level of ongoing supports to clients once housed? STEP Program Officer will advise.						
14	Continuum of Care: Are there any concerns regarding the agency's participation their local Continuum of Care activities, or are there concerns associated with the compliance related to Continuum of Care requirements or the agency's System Performance Measures?						
15	Are there concerns about the agency's compliance with any specific HUD ESG Requirements? (ESG Fair Housing, Record Retention, Outreach, RRH, Prevention, or other)						

HMIS / Data Review and Security

PO ID

0

Program Outcome Cerification Report Date: _____

A	Quarters 1-4:	1	2	3	4	Concern	
1	Total Clients Served						These cells are filled based upon the ESAHP Program Outcome and Performance Reports, APR, and Data Quality Reports. The figures need to be looked at in context - for this specific shelter, given their capacity and the population they serve - as well as in comparison to other shelters, in order to identify any unusually high or low figures. These should also be examined over time to identify trends or patterns, again, for this shelter and in comparison to other shelters. Any concerns should be addressed during the site visit.
*	Total Clients >14 days						
2	Total Clients with VI SPDAT (75%)						
3	% Of Clients >14 Days w/ VISPDAT						
4	% Of Households w/ VISPDAT Score >3 & HSP (75%)						
5	% Of Households w/ Housing Stability Plan & 30 Day Services (90%)						
6a.	% Of Clients Exiting to Permanent Housing						
6b.	Performance Measures #1 (Y/N)						
7a.	% Of Clients Returning to Homelessness <6 Months						
7b.	Performance Measures #2 (Y/N)						
8	Project APR's Submitted: Complete& on Time						
9	Data Quality Shelter Grade (non-dv)					non dv only	
10							

B	Data Collection Requirements (unless prohibited by VAWA) (Maine Homeless Rule, Part 7)	Yes	No	N/A	Comment	PO ID
1	Has the agency entered into a Business Associate Agreement to share certain Homeless Management Information System (HMIS) data with the other homeless providers? (24 CFR § 578.7 (b), Rule 7A) (non-dv only)	✓				
2	Does the agency enter client data as prescribed by MaineHousing and HUD in accordance with requirements set forth in the current HMIS Data Standards Manual, & the HEARTH Act, AND ensure data completeness & quality in regard to program performance measures on a monthly basis AND submit reports as prescribed by MaineHousing or HUD? (24 CFR § 576.500 (n), Rule 7B)	✓				
3	Does the agency enter client data on the VI-SPDAT and assessment criteria, AND information associated with program performance measures and Housing Stability Plan, and data on outcomes and housing stability as prescribed by MaineHousing, to be used for performance measurement, research, or evaluation? (24 CFR § 576.400(b))					
4	Is data entered into Bowman Systems, LLC ServicePoint® system, the designated vendor for HMIS data entry, OR- for providers of services to victims of domestic violence who are exempt from entering data into HMIS in accordance with the Violence Against Women Act (VAWA), does the agency maintain a comparable database and collect the equivalent data required to satisfy all documentation and reporting requirements? (69 Fed. Reg. 1466 (July 30, 2004) § 1.4.3)	✓				
5	Does the agency submit de-duplicated aggregate reports as required by MaineHousing? (69 Fed. Reg. 146 (July 30, 2004) § 1.4.3, Rule 7E)	✓				
C	Reporting Requirements (Rule, Part 8)	Yes	No	N/A	Comment	PO ID
1	Does the agency provide client data prescribed by MaineHousing in a form or forms prescribed by MaineHousing to centralized data collection systems prescribed by MaineHousing as often as required by MaineHousing? (HIC, PIT) (69 Fed. Reg. Rule 7B)	✓				
2	Does the agency provide all reports & required client data in accordance with requirements at the time of funds disbursement in order to receive funding?	✓			outcomes report	
3	A report will not be considered submitted unless MaineHousing determines that the report is sufficiently complete and all client data is valid. Are agency reports completed when submitted?	✓			outcomes report	

Prior to each visit, have the HMIS Team run a report for the agency listing their current licensed users and their last login date to see if they have people who are not logging in regularly, who may no longer need a license, or who may need to be reminded about data timeliness and security issues.

D

	Data Security	Yes	No	Finding	Concern	Comment
1	Is the number of licensed Service Point Users (or Authorized DV Data Users) appropriate for the size of the agency?					
2	Are there Licensed Service Point Users (or Authorized DV Data users) who no longer need access to the data system?					
3	Has there been staff turn-over of any positions working with client data in the last 12 months?					
4	Does anyone who is not a licensed (Authorized) user have access to Service Point (or DV data)?					
5	Does your agency have written policies regarding data access, use, and security (if not already on file)?					
6	Do all staff with access to electronic data have unique User IDs and Passwords (DV only)?					
7	Is electronic data entered in a timely manner? (note frequency: daily, 48 hrs, weekly?)					
8	Does the agency shred or otherwise properly destroy unneeded paper records/reports? What frequency?					
9	Does the agency utilize appropriate electronic security software (firewalls/virus/malware protection)?					
10	Does the agency have written policies/documentation regarding security for staff who work from home with client data?					
11	Does the ROI allow for the client to opt out of any or all forms of identifiable collection (DV only)?					
12	Does the agency have Client ROI forms to allow for sharing client data with other agencies (DV n/a)?					
13	Does the agency have current Data Sharing Agreements with any/all such agencies (DV n/a)?					
14	Does your agency conduct criminal background checks on Security and Administrative users?					*Future Regulation
15	Does your agency have a designated HMIS Security Officer (or DV equivalent)?					*Future Regulation
16	Does the agency have a written policy to notify MaineHousing in the event of a security breach?					*Future Regulation
17	Do all staff with access to client data receive security training at least annually?					*Future Regulation

Financial Management and Capacity

Financial Management and Capacity						PO ID
1	Agency/ Owner Entity					General comments and observations:
2	Shelter Name					
4	Executive Director Name					
5	Executive Director Contact info					
6	Financial Officer Name					
7	Financial Officer Contact info					
I	Financial Information	Yes	No	Finding	Concern	
1	Did the subrecipient provide a copy of audit from agency.					[24 CFR 84.26; 24 CFR 85.26; 24 CFR 576.407(c)]
1a	Did the review of the audit indicate or list any findings?					
2	Did the subrecipient provide a copy of the Program Budget?					
3	Has the subrecipient made changes to the budget?					
3a	If so, do the changes adhere to the plan established in the application?					
4	Review and list the approved budget categories.					
II	Agency Financial Management Policies Review	Yes	No	Finding	Concern	Comments
1	Did the agency provide an organization chart that illustrates the actual lines of authority/ responsibility?					
2	Did the agency provide a chart of accounts and/or an account manual that includes a complete listing of the account numbers used to support the control required to ensure that resources used do not exceed resources authorized?					
3	Are primary duties for key employees of the subrecipients defined in regard to financial management?					
4	Do the agency's Financial Procedures address the recording of transactions?					
5	Do the agency's Financial Procedures address the maintenance of financial records? (Record Retention)					
6	Do the agency's Financial Procedures provide guidelines for controlling expenditures, such as purchasing requirements and travel authorizations?					
7	Do the agency's Financial Procedures make it clear that all personnel are responsible for communicating to appropriate supervisory officials any operating problems or noncompliance with laws and regulations?					
8	Do the agency's Financial Procedures address the authority for approving financial transactions?					
9	Review policies for evidence of separation of duties - are internal controls including segregation of duties defined that effectively reduce the opportunity for an individual to perpetrate or conceal errors or irregularities in financial transactions and in the course of normal duties?					
10	Does the agency have written policies and procedures to ensure that ESG funds are used in accordance with ESG requirements and sufficient records (invoices, contracts, purchase orders) to determine if ESG requirements are being met?					[24 CFR 576.500(a)]
11	Does the agency have a Procurement Policy for substantial purchases and/or the award and administration of contracts that use ESG funds that ensures free and open competition; requires documentation regarding the need for such purchases; an RFP/Bid process; and cost analysis if appropriate?					

III	Financial Requirements	Yes	No	Finding	Concern	Comments	PO ID
1	Are ESG funds utilized for salary?						
2	If ESG funds were utilized for Administrative Costs, were these eligible and properly documented?					[24 CFR 576.108(a)(1), (2), and (4)]	
3	If ESG funds were utilized for Indirect Costs were these eligible and consistent with an indirect cost rate proposal in accordance with Uniform Administrative Requirements?					[24 CFR 576.109; 2 CFR 576.500(u)]	
4	Does a review of Time and Activity sheets reveal ESG paid staff are working on ESG activities?					[24 CFR 576.500(u)]	
5	Are payments for employee salaries supported by timesheets indicating actual times?						
6	Are the ESG Salaries and wages reported on the invoice based on supporting payroll documentation?						
7	If salaries are being paid from more than one source, do the fiscal records clearly define payments among the funding sources?						
8	Are adequate time and activity sheets being used by the agency?						
9	Were ESG funds used to establish or maintain an HMIS or a Comparable Database, or for staff time doing Data Entry, and if so, is it properly documented?					[24 CFR 576.400(f); 24 CFR 576.107(a)(3); 24 CFR 576.107(b)]	
10	Are all funds used for Financial Assistance and Client Services allocated to the appropriate activity types and NOT to the administrative budget?						
11	Do the agency's financial records (bank statements & cancelled checks) indicate that no cash payments were provided directly to the program participants?						
12	Do the financial records indicate that the grantee has effective internal control over, and accountability of, all grant funds, property and other assets?						
13	Are grant expenditures on target to meet the grant requirements by the close of the grant?						
14	Were all ESG expenses allowable, allocable, and reasonable?					24 CFR 576.100-576.109; 576.500(u)(2); 84.21(b)(6); 85.22	

TOUR

Program Officer Completing Tour:					
	Yes	No	F/C	N/A	Comments:
ESG Specific Questions:					
Are all computers with identifiable client information kept in a secure area? (69 Fed. Reg. 146 (July 30, 2004) § 4)					
Are all paper files with identifiable client information kept in a secure area? (95 USC § 522a et. seq.)					
Is there an HMIS Privacy Notice prominently displayed where client intake occurs? (or DV equivalent) (69 Fed. Reg. 146 (July 30, 2004) § 4)					
Are the agency's fiscal records and valuables secured in a limited- access area?					
Are the Fire, Disaster, and Emergency procedures posted in a conspicuous place? (30-A MRSA)					
Is the fair housing notice posted in a public area for all entering the premises to view?* (24 CFR § 576.407 (a-b))					*If not in file
Is the grievance policy posted in a public are for all entering the premises to view?*					*If not in file
Is the client termination policy posted in a public area for anyone entering the premises to view?* (24 CFR § 576.402)					*If not in file
Subrecipient specific questions:					

Bed Count:	In App	HIC	In Person
Individual:			
Family:			
Overflow:			

Reports:	Yes	No	NA
VI SPDAT Only Client List			
ServicePoint User Last Login Report			
Data Completeness Report			