

City of Springfield CoC Program Grant Management

Project Sponsor Monitoring Checklist

Springfield Monitoring Team Information

Monitoring Staff:

Date of Monitoring Visit:

CoC Program Grantee: Agency and Program Information

Agency:

Program Name:

Agency staff consulted:

Grant Amount:

Program Type:

☐ PSH ☐ RR ☐ TH

Number to be served:

Number of chronic beds/units:

Program serves: ☐ Individuals ☐ Families ☐ Both Individuals and Families

CoC Program grant funds are used for:

☐ Rental Assistance OR ☐ Leasing

☐ Operations

☐ Supportive Services

Is the agency a faith-based organization? ☐ Yes ☐ No

Is there an active restrictive covenant on one or more of the project properties? ☐ Yes ☐ No

PART 1: PROGRAM MONITORING, page 1

AGENCY OPERATIONS; POLICIES AND PROCEDURES		
Conflict of Interest		
1. The agency has written standards of conduct governing the performance of covered persons engaged in the award and administration of contracts. 24 CFR § 578.95(a); 24 CFR § 578.103(a)(11)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. The agency has a general conflict-of-interest policy for staff and Board members. 24 CFR § 578.95(c); 24 CFR § 578.103(a)(11)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. If the agency has granted an exception to the conflict of interest policy, the agency has documented the exception. 24 CFR § 578.103(a)(11)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Involvement of homeless persons		
1. There is at least one homeless/formerly homeless person is on the Board of Directors or equivalent policymaking entity. 24 CFR § 578.75(g)(1)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. The agency involves homeless individuals and families through employment; volunteer services; or otherwise; in constructing, rehabilitating, maintaining, and operating the project, and in providing supportive services for the project. 24 § 578.75 (g)(2)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Confidentiality		
1. The agency has written policies to ensure: <ul style="list-style-type: none"> Records containing protected identifying information of any individual/family receiving assistance will be kept confidential; The location of any family violence project will not be made public, except with the written permission of the person responsible for operating the project; and The location of any housing of any program participant will not be made public, except as provided in a preexisting privacy and as provided by law. 24 CFR § 578.103(b) (These policies are in addition to HMIS-related confidentiality/security requirements.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PART 1: PROGRAM MONITORING, page 2

Fair Housing and Equal Opportunity		
1. The agency has written nondiscrimination and equal opportunity policies that apply to housing and employment. 24 CFR § 578.93	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. The agency has policies and procedures for providing reasonable accommodations and reasonable modifications for persons with disabilities. 24 CFR § 100.204(a), 28 CFR § 35.130(b)(7)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. The agency maintains copies of marketing, outreach, and other materials used to inform eligible persons of the program and these materials show that the agency markets their housing and supportive services to those least likely to apply in the absence of special outreach. 24 CFR § 578.93 (c)(1)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. The agency has policies and procedures in place to provide meaningful access for Spanish-speaking and other Limited English Proficiency persons to access the agency's programs and services. 72 Fed Reg. 2732	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. The agency provides program participants with information on rights and remedies available under applicable federal, State and local fair housing and civil rights laws. 24 CFR § 578.93(c)(3)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Drug-Free Workplace		
1. The agency has a drug-free workplace policy statement which includes the requirement of notification to HUD if an employee is convicted for a criminal drug offense. 24 CFR § 84.13	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PART 1: PROGRAM MONITORING, page 3

POLICIES AND PROCEDURES FOR COC GRANT-FUNDED PROGRAM		
Number served		
1. The agency serves at least as many program participants as shown in its application for assistance. 24 CFR § 578.51(h)(3)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Termination Process		
1. The agency has a written policy for termination of participation for violation of program policies or occupancy agreements. 24 CFR § 578.91 (b)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Services Related to Housing Stability		
1. The supportive services funded by the CoC grant are necessary for maintenance of housing. 24 CFR § 578.53(a)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Residential Supervision		
1. The agency provides adequate residential supervision. 24 CFR § 578.75(f)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Program Fees		
1. The agency does not charge program participants program fees. 24 CFR § 578.87 (d) [Program fees are not the same as rent; program participants may be charged rent for housing.]	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Recordkeeping		
1. The agency has systems in place to ensure that records related to CoC-funded program are maintained for a 5-year period. 24 CFR § 578.103	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PART 1: PROGRAM MONITORING, page 4

REVIEW OF CoC PROGRAM PARTICIPANT FILES		
Eligibility: Homelessness		
1. Each participant file contains verification of homelessness status at the time of program entry. 24 CFR § 578.103(a)(3); 24 CFR § 576.500(b)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Eligibility: Disability		
1. <i>If the program provides permanent supportive housing (PSH)</i> , each participant file contains verification of participant's disability. 24 CFR 578.37(a)(1)(i)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	
Eligibility: Chronic homelessness		
1. <i>If the program has units dedicated to persons who are chronically homeless</i> , participant files contain verification of chronic homelessness.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	
Service Assessments		
1. The file contains participant assessments and service plans, updated at least annually. 24 CFR § 578.53(a)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Services Provided and Costs		
1. The file contains documentation of services provided and the agency tracks the amounts spent on those services. 24 CFR § 578.103(a)(9)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Duration of Services		
1. The file reflects that supportive services are made available throughout resident's entire time in the project. 24 CFR § 578.53(b)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. <i>Rapid rehousing</i> : the file reflects that program participant meets with case manager not less than once per month. 24 CFR 578.53 (b)(4)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	
Participants Terminated from Program		
1. If participant has been terminated from the program, file includes documentation that the agency followed its written procedure for termination of assistance. 24 CFR § 578.103(a)(7)(ii); 24 CFR § 578.91	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	

PART 1: PROGRAM MONITORING, page 5

RENTAL ASSISTANCE OR LEASING <i>Complete this section if the agency pays rental assistance or leasing costs for a unit that the program participant lives in.</i>		
Rental Agreement/Lease		
1. The program participant has an occupancy agreement or lease with the agency or with the property owner. 24 CFR § 578.77(a)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Units rented are not owned by the agency, related organization, or parent organization.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. <i>For project-based, sponsor-based, or tenant-based rental assistance:</i> initial lease must be at least one year, terminable for cause. The leases must be automatically renewable upon expiration for terms that are a minimum of one month long, except on prior notice by either party. 24 CFR § 578.51(l)(1)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	
4. <i>For transitional housing:</i> initial lease term must be at least one month. The lease must be automatically renewable upon expiration, except on prior notice by either party, up to a maximum term of 24 months. 24 CFR § 578.51(l)(2)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	
Habitability		
1. File includes documentation that units passed housing quality standards inspection prior to initial client move-in. 24 CFR § 578.75(b); 24 CFR § 578.103(a)(8)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. File includes documentation that unit has passed annual housing quality standards inspections, including an inspection within the last 12 months. 24 CFR § 578.75(b)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Dwelling unit is correct size: The dwelling unit must have at least one bedroom or living/sleeping room for each two persons. Children of opposite sex, other than very young children, may not be required to occupy the same bedroom or living/sleeping room. 24 CFR § 578.75(c)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. For supportive housing for persons with disabilities: the agency must make available meal preparation facilities for residents or provide meals. 24 CFR § 578.75(d)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	

PART 1: PROGRAM MONITORING, page 6

Unit Rents		
1. Documentation that rents are reasonable in relation to rents charged in the same geographic area for comparable space. 24 CFR § 578.49(b)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Rents do not exceed the HUD-determined Fair Market Rents (FMRs). This documentation must include chart showing current year's FMRs. 24 CFR § 578.49(b)(2)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Security deposit does not exceed two months' rent; in addition to the security deposit, the agency may also pay the final months' rent in advance. 24 CFR § 578.49(b)(4)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Annual Income		
1. The file contains an income evaluation form completed by program participant and source documents verifying income and assets (or, if source documentation not available, 3 rd party verification; or, if 3 rd party verification not available, written certification by program participant). 24 CFR § 578.103(a)(6)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. The file contains documents demonstrating that income is re-examined annually. 24 CFR § 578.77(c)(2)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Rent Calculation		
1. The file contains the annual rent calculation, and the calculation is accurate. BEST PRACTICE: The file contains a printout of the HUD rent calculation from www.onecpd.info/incomecalculator . 24 CFR § 578.103	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vacancies		
1. The agency does not pay rent for more than 30 days for any unit that has been vacated. Rent may not be paid on the vacated unit again until there is a new occupant. (NOTE: Brief periods of stays in institutions, not to exceed 90 days for each occurrence, are not considered vacancies.) 24 CFR § 578.51(i)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PART 1: PROGRAM MONITORING, page 7

LEASING

Complete this section if the agency leases buildings for the purpose of providing program services.

Rent Reasonableness (applies to rent for buildings or housing units)

1. Documentation that rents are reasonable in relation to rents charged in the same geographic area for comparable space. 24 CFR § 578.49(b)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Rents do not exceed rents charged for comparable units rented by the agency. 24 CFR § 578.49(b)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Security deposit does not exceed two months' rent; in addition to the security deposit, the agency may also pay the final months' rent in advance. 24 CFR § 578.49(b)(4)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. The agency must have an occupancy agreement, and, if applicable, a sublease.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PART 1: PROGRAM MONITORING, page 8

REQUIRED POLICIES AND PROCEDURES FOR SPECIFIC PROGRAMS/CIRCUMSTANCES		
Family Policies <i>Complete this section for any program that serves families with children</i>		
1. The age and gender of a child under age 18 must not be used as a basis for denying any family's admission to a project that receives funds under this part.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Faith-based Activities <i>Complete this section if the agency is a faith-based organization.</i>		
1. The agency serves all potential participants without regard to religious belief, refusal to hold a religious belief, or refusal to participate in religious services. 24 CFR § 578.87 (b)(1)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	
2. If the agency provides explicitly religious activities (worship, religious instruction, proselytizing), these activities are separate from HUD-funded activities and beneficiaries of HUD-funded activities are not required to participate. 24 CFR § 578.87 (b)(2)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	
Projects involving acquisition, new construction, and rehabilitation		
1. Records for acquisition, new construction, and rehabilitation must be retained for 15 years following the date the project is first occupied, or used, by program participants. 24 CFR § 578.103 (c)(2)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	
2. If the project resulted in dislocation of any persons, the agency complied with the obligations of the Uniform Relocation Act? 24 CFR § 578.83	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	
3. For projects including new construction or rehabilitation, records show that Section 3 reports have been completed and submitted timely? 24 CFR § 578.99 (i)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	
Transitional Housing		
1. Participants do not regularly exceed 24 months in the program. 24 CFR § 578.79	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. When a participant is in the program for longer than 24 months, the file documents the need for extended participation. 24 CFR § 578.79	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	
3. If participants stay longer than 24 months, is the number of participants with longer stays less than 50% of the total number served by the project? 24 CFR § 578.79	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	
Transfer Due to Domestic Violence		
1. <i>If a participant receiving tenant-based rental assistance has moved to a different CoC due to threat of imminent harm, the file must contain documentation of the domestic violence and imminent threat.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	

PART 2: FISCAL MONITORING

PART 2: FISCAL MONITORING, page 9

INTERNAL REVIEW		
Audit		
1. Is the agency subject to the OMB A-133 single audit requirement? (Required if \$500,000 or more in aggregate Federal funds expended);	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. If subject to A-133 audit, has the agency provided its most recent audit and management letter?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. If not bound by A-133 requirement, has the agency provided financial statements audited by a CPA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Board of Directors		
1. Has the agency provided the City a list of the members of its Board of Directors?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Authorized Check Signers		
1. Has the agency provided the city with a list of authorized check signers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Invoicing		
1. The agency submits invoices on a monthly basis.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Procurement		
1. The agency has a written procurement policy that meets the requirements of _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. The agency retains copies of all procurement contracts and documentation of compliance with federal procurement requirements. 24 CFR 578.103(a)(16)(iii)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Match		
1. The agency has documentation of the source and use of contributions made to satisfy the 25% match requirement (match may be cash or in-kind). Records must indicate the grant and fiscal year for which each matching contribution is counted. The records must show how the value placed on 3 rd party in-kind contributions was derived. To the extent feasible, volunteer services must be supported by the same methods that the organization uses to support the allocation of regular personnel costs. 24 CFR 578.73; 24 CFR 578.103(a)(10); 24 CFR 84.23; 24 CFR	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PART 2: FISCAL MONITORING, page 10

578.23(c)(6)		
Internal Controls		
1. The agency has written job descriptions for all HUD-funded positions.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. The agency has written policies specifying approval authority for all financial transactions and guidelines for controlling expenditures	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. The agency has written procedures for recording financial transactions, and an accounting manual and chart of accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Program Income		
Indirect Costs		
DOCUMENTATION REVIEW		
Salary Documentation		
1. Original timesheets	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Payroll sheets	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Cancelled checks to the employee	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. If time is divided between the CoC Program and another funding source, review time distribution records supporting the allocation of charges among the sources.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Space /Utilities Documentation/Leases		
1. Rental or lease agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Original invoices	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Cancelled checks to the landlord/mortgagee; utility company, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Unit inspection report	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Verification of what payment was used for (e.g., first months' rent, security deposit, etc.)	<input type="checkbox"/> Yes	

PART 2: FISCAL MONITORING, page 11

	<input type="checkbox"/> No	
Supplies		
1. Purchase orders	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Requisitions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Cancelled checks	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Determine where supplies are being kept	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Determine what cost objective is being used	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Review inventory list – any equipment shall be labeled as property of the City	<input type="checkbox"/> Yes <input type="checkbox"/> No	
INTERNAL CONTROLS		
1. Internal control questionnaire	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Review organizational chart	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Review job descriptions/definitions of employees' duties	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Review Project Sponsor's system of authorization and supervision	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Ensure that there is a separation of duties (authorizing, recording and custody should be separate)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Review control over assets	<input type="checkbox"/> Yes <input type="checkbox"/> No	
EVALUATION OF SELECTED TRANSACTIONS		
1. Is the expenditure allowable:		
a. Is the expenditure necessary, reasonable and directly related to the grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PART 2: FISCAL MONITORING, page 12

b. Is the expenditure authorized by the grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Source documentation evaluation		
a. Were the expenditures incurred during the term of the grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Was the money actually paid out?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c. Were the expenditures approved by the responsible agency officials?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d. Is there adequate documentation to support the expenditures?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the Project Sponsor maintain the appropriate records? Does the Project Sponsor maintain the following?		
a. Chart of accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Cash receipts journal	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c. Cash disbursements journal	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d. Payroll journal	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e. General ledger	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Does the Project Sponsor maintain documentation concerning its sources of funding?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PART 3: HMIS MONITORING, page 13

HMIS Operations; Policy and Procedures		
1. The agency has signed an HMIS Participation Agreement.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. If the agency provides data to ASIST and ASIST syncs with the Hampden County HMIS, the agency has signed a data-syncing agreement and has authorized the Hampden County CoC to be an administrator on the ASIST site.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. The agency has designated an HMIS Site Manager, who is the agency's single point of contact for the HMIS Lead Agency.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. The agency has ensured that each HMIS user within its agency has signed a user agreement stating full understanding of user rules, protocols and confidentiality.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Privacy		
1. The agency has a Data Collection/Privacy Notice posted in English and Spanish at each intake location.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. The agency has a written Privacy Policy or uses the CoC's written Privacy Policy.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. If the agency has a web site, the Privacy Policy is posted to the web site.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. The agency has a signed authorization for release of information form that it uses for any client for which the agency uses HMIS for data sharing.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. The agency ensures that all signed forms are locked in a designated location with limited access to staff.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. The Agency has executed the Agency Sharing Data Agreement, if applicable.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. The agency has a written client complaint policy.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. The agency has established a process of tracking all filed complaints and can provide copies of complaints and resolution to the HMIS Lead Agency if requested.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PART 3: HMIS MONITORING, page 14

Security		
1. Agency maintains a list of active HMIS users.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Agency regularly contacts the HMIS Lead when an employee leaves the agency, in order to make sure that the person's HMIS account is disabled.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Are the agency's HMIS workstations located in secure locations or, if not, are the workstations manned at all times?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Has the agency identified a person who will serve as the agency's HMIS security officer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Has the HMIS security officer completed an HMIS security self-certification within the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Does the agency have in place policies and procedures to protect hard copies (paper) with personal identifying information?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Data Quality		
1. At a minimum agency collects the Universal Data Elements for every client entered and minimum data quality standards are met.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. The agency enters Client Basic Demographic Data into the HMIS system at a minimum within one week of intake.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Agency staff review monthly reports received from HMIS Program Administrator and addresses any issues noted	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PART 4: MONITORING RESULTS

Program

Fiscal

HMIS

Is a follow-up visit necessary?

If so, date and time
scheduled?

Date of monitoring report

Date letter sent to Project Sponsor

Other notes
