Emergency Solutions Grant and ESG Phase II (ESG)

Review Preparation Worksheet

Agency:	
Project Number:	
City:	
Contact Person:	
Contact Phone Number:	
Director of Agency	
Representatives Present:	
Grant Period Covered:	
Compliance Officer:	
Date of Review:	

Desk Review Conduct Prior to Site Visit

Application File	Yes	No	N/A	Comments
Review Approved Application and Attachments from Program file				
Other:				
Grant File	Yes	No	N/A	**Comments**
Review the Executed Grant Agreement				
Note any approved Grant Modifications (if applicable).				
Does this agency utilize sub-recipients agency's for administering the grant?				
What activities was this grant was awarded for? (Street Outreach, Emergency Shelter, Homeless Prevention, Rapid Rehousing assistance, HMIS, Administrative Activities)				

Financial Information	Yes	No	N/A	
Record the budget information				
Obtain copy of audit from agency - If agency expend over $500,000 in federal funds during the past operating year, agency audit required. (OMB Circular A-133 standards) Review for any audit findings and list if any reported. (be aware of noted audit findings during review)				
Obtain copy of current Program Budget				
Has the agency made changes to the budget? If so, do the changes adhere to the plan established in the application?				
Grant amount and budget category amounts.				
What are the approved budget categories?				
What is the dollar amount of required match for this grant? (Exhibit A grant agreement) Required 1:1				
Agency Financial Management Policies should be requested at the time of scheduling and reviewed in advance of on-site monitoring.	**Yes**	**No**	**N/A**	
Review the Financial Management Policies				
Does the agency's Financial Procedures address the recording of transactions, an account manual, and a chart of accounts?				
Does the agency's Financial Procedures address the maintenance of financial records?				
Does the agency's Financial Procedures provide guidelines for controlling expenditures, such as purchasing requirements and travel authorizations?				
Does the agency's Financial Procedures address the authority for approving financial transactions?				
Obtain copy of most current Authorized Signature Form, Who is authorized to sign checks?				

Agency Policy Review: (policies should be requested at the time of scheduling and reviewed prior to onsite visit.)	**Yes**	**No**	**N/A**	
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?				
Review agency procurement procedures - Does the agency's procurement procedures adhere to Federal Procurement Regulations and THDA Policies?				
View agency Personnel Policies				
View agency's Drug Free Workplace Policy				
Obtain a copy of the agency written program policies and procedures (576.400 e) in advance of the review.	**Yes**	**No**	**N/A**	
Do agency policies define program intake system, rent processes, inspection requirements?				
Do the policies reveal language that supports fair housing practices?				
Does the agency have a written non-discrimination Policy and Equal Opportunity Policy? If so, Are services provided to clients without regard to race, color, national origin, sex, religion, disability, familial status, or age?				
Does agency policy adequately address equal access regardless of sexual orientation or identity? Does agency ensure that staff do not inquire about the sexual orientation, gender identity or marital status of an occupant?				
Does the agency have a conflict of interest policy meeting requirements at 576.404?				
Does the agency maintain a privacy protection policy which protects non-published personal client information?				

Agency:	
Project Number:	
City:	
Contact Person:	
Director of Agency:	
Representatives Present:	
Compliance Officer:	
Date:	

Site Review	Yes	No	N/A	Comments
Is the agency location Section 504 Compliant?				
Are Fair Housing Posters prominently displayed at the agency?				
Does file evidence verify that clients are informed of their right to fair housing at application or intake?				
How is the agency's written Grievance Procedure shared with clients?				
Have there been any Fair Housing Discrimination complaints made against the agency during this grant term and if so has THDA been notified of the complaint?				
Does the agency maintain a written language assistance plan?				
Obtain a copy of the Agency Information Sheet				
Does the Agency Information Sheet indicate the agency employs more than 15 people?				
If Agency employs more than 15 people, who is the 504 Coordinator?				
Does the agency comply with 576.405 which states that the recipient must provide for the participation of not less than one homeless individual or formerly homeless individual on the board of directors or in other equivalent policy making entities?				
Are current or previous clients involved in operation activities of the shelter? (May also involve employment and volunteer opportunities) 576.405 c.				
Is there a designated staff person to ensure McKinney Act and Education Requirements are met?				
If the recipient agency utilizes sub-recipients, are there executed written agreements on file? (applies to cities)				
Are ESG funds utilized for salary costs?				

List staff and title for those persons paid with ESG funds				
Have there been changes in key personnel since application? If yes, was THDA notified of these changes?				
Does a review of Time and Activity sheets reveal ESG paid staff are working on ESG activities? (summary from time sheet tab)				
Are payments for employee salaries supported by timesheets indicating actual times? (Summary from Time and Activity Tab)				
Are the ESG Salaries and wages reported on the invoice based on supporting payroll documentation?				
If salaries are being paid from more than one source, do the fiscal records clearly define payments among the funding sources?				
Are all administrative costs properly classified?				
Are adequate time and activity sheets being used by the agency? (Refer to Time and Activity Sheet tab to input specifics)				
Are all funds used for Financial Assistance and Client Services allocated to the appropriate activity types and NOT to the administrative budget?				
Have admin grant funds been expended for eligible administrative costs? (cities only)				
If this agency is a Domestic Violence Provider, or provides legal services, verify that a data base is in use which generates unduplicated aggregate reports based on the data entered. Verify by viewing the data base and reports that can be generated.				
Are the agency's fiscal records and valuables secured in a limited-access area?				
Do the agency's financial records (bank statements & cancelled checks) indicate that no cash payments were provided directly to the program participants?				

Do the financial records indicate that the grantee has effective internal control over, and accountability of, all grant funds, property and other assets?				
Required total match funds per grant agreement. See Desk review tab				
Does the agency have a record of incoming match funds to date?				
Does the agency have a detailed record of match expenditures to date?				
Are grant expenditures on target to meet the grant requirements by the close of the grant?				
Beds designated for chronically homeless?_____				Beds filled with chronically homeless _____
Beds designated for veterans? _____				Beds filled with veterans_____
How many beds committed for families, youth and children_____				How many beds are filled with family, youth, or children _____
Total slots committed to be served_____				
How many persons are being/ have been served?				
What % of the grant is committed to Rapid Re-Housing?				
Does agency maintain a denied client file ?				
Are clients notified in writing of the reason for their denial of service?				
Are any instances noted in which a family has been denied services based upon the fact that the household has members under age 18? (24CFR576.102)				

Client File Review

Household Name	
Where is the client residing? Address or shelter	
# of Household members?	
Date of Entry into ESG Program - (Application/ Intake Date)	
Date of Entry into ESG Program - (Application/ Intake Date)	
View evidence that this clients information has been entered into HMIS or a comparable reportable data base if a Victim Services Provider.	
What is the end date of assistance for this client?	

General Client File Information	Yes	NO	N/A	Comments
Is the client still enrolled/receiving assistance?				
If the client is no longer enrolled/receiving assistance document the date of termination and reason. (ex. agency terminated, client reached max assistance)				
If this client was terminated from the program, does the file contain evidence that due process for termination was adequately managed? 576.402 (1. Written notice to the participant containing a clear statement of the reason for termination, 2. A review of the decision, in which the participant is given the opportunity to present written or oral objections before a person other than the person(or subordinate of the person) who made or approved the termination decisions, **AND** 3. Prompt written notification to the program participant.) NOTE: Termination under housing relocation and stabilization and rental assistance does not bar the recipient or sub recipient from providing further assistance at a later date to the same individual or family.				
Is the client file documented with a Release and Obtain Information form and a personal privacy protection policy?				
Was the client provided with a written grievance policy?				
Was the client provided with a termination of appeals policy?				
Does the file document that the client has been informed of their rights to fair housing?				
Has the client been provided with a lead based paint disclosure? 576.403				
Has the client been provided with the Dangers of Lead Based Paint informational brochure? (available at EPA.gov)				
What date was the initial needs assessment conducted?				
Homeless Verification 576.2	**Yes**	**NO**	**N/A**	**Comments**
Under which category does this person/family meet HUDs definition of homelessness? See below:				
Category 1. Literally Homeless: Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning 1) Has a primary nighttime residence that is a public or private place not meant for human habitation, or 2) is living in a shelter or place designated to provide temporary living arrangements(including congregate shelters, transitional housing, and hotels or motels paid for by charitable organizations or the government)				
Which of the Required Documentation is present : 1) Written observation by the outreach worker or 2) Written referral by another housing or service provider or 3) Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in a shelter; 4) For individuals exiting an institution one of the forms of evidence above **AND** a. discharge paperwork or written/oral referral or b. written record of intake workers due diligence to obtain evidence AND certification by individual that they exited the institution.				
A client in this homeless category can be served with Street Outreach, Emergency Shelter, Rapid Re-housing. Which category was this client served under?				
Category 2. Imminent Risk of Homelessness: Income below 30% AMI and insufficient resources immediately available to stabilize housing. Individual or family who will imminently lose their primary nighttime residence, provided that: 1)Residence will be lost within 14 days of the date of the application for homeless assistance, 2) No subsequent residence has been identified **AND** 3) The individual or family lacks the resources or support networks needed to obtain other permanent housing.				
Which of the Required Documentation is present : 1) A court order resulting from an eviction notifying the individual that they must leave or 2) for individuals leaving a hotel or motel evidence that they lack the financial resources to stay OR 3) a documented and verified oral statement AND 4) Certification that no subsequent residence has been identified, AND 5) Self-Certification or other written documentation that the individual lacks the financial resources and support necessary to obtain permanent housing.				
A client in this homeless category can be served with Emergency Shelter, and Homeless Prevention. Which category was this client served under?				

Category 3. Homeless under other Federal Statutes: Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who: 1) Are defined as homeless under the other federal statutes 2) have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application, 3) Have experiences persistent instability as measured by two moves or more during the 60 days prior to the homeless assistance application **AND** 4) Can be expected to continue in such status for an extended period of time doe to special needs or barriers.				
Which of the Required Documentation is present: 1) Certification by the non-profit or state or local government that the individual or head of household seeking assistance met the criteria of homelessness under another federal statute **AND** 2) certification of no PH in the last 60 days **AND** 3) Certification by the individual or head of household and any available supporting documentation that (s)he has moved two or more times in the past 60 days **AND** 4) Documentation of special needs or 2 or more barriers.				
A client in this homeless category can be served with Emergency Shelter, Rapid Re-housing. Which category was this client served under?				
Category 4: Fleeing/Attempting to Flee DV: Any individual or family who: 1) is fleeing or attempting to flee domestic violence,2) has no other residence 3) Lacks the resources or support networks to obtain other permanent housing.				
Which of the Required Documentation is present: VSP's: An oral statement by the individual or head of household seeking assistance which states; they are fleeing ; they have no subsequent residence; **AND** they lack resources. Statement must be documented by a self-certification by the intake worker. For non-VSP's- 1) an oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the caseworker. Where the safety of the individual or family is not jeopardized the oral statement must be verified; **AND** certification by the individual or head of household that no subsequent residence has been identified **AND** self certification or other written documentation that the individual or family lacks the financial support networks to obtain other housing.				
A client in this homeless category can be served with Street Outreach, Emergency Shelter, Rapid Re-housing and Homeless Prevention. Which category was this client served under?				
Category 5: At Risk of Homelessness: (1) An individual or family who: (i) Has an annual income below 30% of median income for the area, as determined by HUD AND (ii) Does not have sufficient resources or support networks, immediately available to prevent them from moving to an emergency shelter or another place as described in paragraph (1) of the "homeless" definition AND (iii) Must meet one of the following conditions: (A) Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homeless prevention assistance; (B) Is living in the home of another because of economic hardship; (C) Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance: (D) Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by Federal, State, or local government programs (E) Lives in a single room occupancy or efficiency apartment or unit in which there reside more than two persons or lives in a larger housing unit in which there reside more than 1.5 persons per room, as defined by the HUD census bureau; (F) Is exiting publicly funded institution, or system of care(health care facility, mental health facility, foster care or youth facility, or correction program or institution;) or (G) Otherwise lives in housing that has characteristics associated with instability and increased risk of homelessness, as identified in the recipients approved consolidation plan; or (2) A child or youth who does not qualify as "homeless" under this section but qualifies as "homeless" under other applicable sections. 2. All families with children and youth defined as homeless under other federal statutes other than this subtitle, but are not defined as "homeless" under any Federal statute other than this subtitle, but are not defined as homeless under section 103 and shall also include the parents or guardians of the children or youth.				

Which of the required documentation is present?: MOVED FREQUENTLY: Evidence that the client has moved two or more times within the past 60 days for economic reasons, LIVING IN THE HOME OF ANOTHER DUE TO ECONOMIC HARDSHIP: Prepared statement from the person in whose home the client is residing, NOTIFIED THAT THEIR RIGHT TO OCCUPY THEIR HOUSING OR CURRENT LIVING SITUATION WILL BE TERMINATED: Must be in writing and state that the termination will be within 21 days after the date of application for assistance. LIVES IN A HOTEL OR MOTEL: Evidence that the client is living in a hotel or motel and how it is being paid for. LIVES IN SEVERELY OVERCROWDED HOUSING: Evidence that the client lives in a single-room occupancy or efficiency apartment unit in which more than two persons, on average reside or another type of housing in which there reside more than 1.5 persons per room. EXITING AN INSTITUTION: Written notification from the institution.				
A client in this homeless category can be served with homeless prevention funds. Which category was this client served under?				
Street Outreach 576.101	**Yes**	**NO**	**N/A**	**Comments**
Is this client living on the street? ***If NO, proceed to Emergency Shelter Section***				
Is there evidence in the file that the client been **engaged by the agency**? (activities consisting of making an initial assessment of needs and eligibility, provided crisis counseling, having urgent physical needs met such as blankets, toiletries, clothes, meals, and receiving referrals targeted to homeless people and mainstream social services and housing programs including emergency shelter, transitional housing, community based services, permanent supportive housing and rapid-rehousing programs.				
Has the client received an **evaluation of needs** 576.401 (a) and **documented case mgt**.? (including verifying and documenting eligibility; counseling; developing; securing and coordinating services; obtaining Federal and State and local benefits; monitoring and evaluating program participant progress; providing information and referrals to other providers; and developing an individual housing and service plan including planning a path to permanent housing stability.)				
Has the client received **emergency health services?** (i) Eligible costs are for the direct outpatient treatment of medical conditions and are provided by incensed medical professionals operating in community-based settings, including streets, parks, and other places where unsheltered people are living (ii) may only be used for these services to the extent that other appropriate health services are inaccessible or unavailable in the area, (iii) consists of assessing a program participant's health problems and developing a treatment plan; assisting program participants to understand their health needs; providing directly or assisting program participants to obtain emergency medical treatment; and providing medication and follow-up treatment.				
Has the client received **emergency mental health services?** (i) Eligible costs are the direct outpatient treatment by licensed professionals of mental health conditions operating in community-based settings, including streets, parks, and other places where unsheltered people are living. (ii) may only be used for these services to the extent that other appropriate mental health services are inaccessible or unavailable within the community. (iii) mental health services are the application of therapeutic processes to personal, family, situational, or occupational problems in order to bring about positive resolution of the problem or improved family functioning or circumstances and (iv) eligible treatment consists of crisis interventions, the prescription of psychotropic medications, explanation about the use and management of medications, and combinations of therapeutic approaches to address multiple problems.				
Has the client received assistance with **transportation**? For clients, eligible transportation costs is for travel to emergency shelters or other service facilities including (1) the costs of a program participants travel on public transportation, and expenses for service workers to transport or travel to provide services to the client.				
Emergency Shelter 576.102	**Yes**	**NO**	**N/A**	**Comments**
Does this client reside in an emergency shelter? ***If NO proceed to Homeless Prevention Housing Relocation and Stabilization Section***				
Was a needs evaluation prepared for this client? If yes, record the date the evaluation was conducted.				
List the eligible assistance noted in the client file: counseling, assistance in obtaining benefits.				
Has the client received **child care assistance**?576.102 (ii) If yes, is the child receiving care under the age of 13, or disabled and under age 18? How has the agency verified that the childcare agency is licensed?				
Has the client received **educational services**? 576.102 (iii)(eligible services include instruction or training in consumer education, health education, substance abuse prevention, literacy, ESL, and GED and costs (such as books, supplies, materials) associated with each, counseling and referrals to community resources)				

Has the client received **employment assistance and job training**? 576.102 (iv) (costs of employment assistance and job training programs are eligible, including classroom, online, and or/computer instruction; and services that assist individuals in securing employment, acquiring learning skills, and/or increasing earning potential)				
Has the client received **outpatient health services**? 576.102 (1)(v)(costs for the direct outpatient treatment of medical conditions and are provided by licenses medical professionals. ESG may only be used for these services to the extent that other appropriate health services are unavailable within the community)				
Has the client received **legal services** 576.102 (1)(vi). **A**. Eligible costs are the hourly fee's for legal advice and representation by attorney's licensed and in good standing with the bar association of the State in which the services are provided and by persons under the attorneys supervision regarding matters that interfere with the clients ability to obtain and retain housing, **B.** for services for which other legal services are unavailable within the community, **C.** Eligible subject matters are child support, guardianship, paternity, emancipation, and legal separation, orders of civil remedies for victims of domestic violence, dating violence, sexual assault, and stalking, appeal of veterans and public benefit claim denials, and the resolution of outstanding criminal warrants. **D.** Component services or activities may include client intake, preparation of cases for trial, provision of legal advices, representation at hearings, and counseling. **E.** Fee's based on the actual services performed are also eligible but only if the cost would be less than the cost of hourly fee's. Filing fee's and other necessary court costs are also eligible. If the sub recipient is a legal services provider and performs the services itself, the eligible costs are the sub recipient's employee's salaries and other costs necessary to perform the services. **F.** Legal services for immigration and citizenship matters and issues relating to mortgages are ineligible costs. Retainer fee arrangements and contingency fee arrangement's are ineligible costs.				
Has the client received **lifeskills training**? 576.102 (vii) The costs of teaching critical life mgt. skills that may never have been learned or have been lost during the course of physical or mental illness, domestic violence, substance abuse, and homelessness are eligible costs. Services must be necessary to assist the participant to function independently in the community. Component lifeskills training are budgeting resources, managing money, managing a household, resolving conflict, shopping for food and needed items, improving nutrition, using public transportation, and parenting.				
Has the client received mental health services? 576.102 (viii) eligible costs are the direct outpatient treatment by licensed professionals of mental health conditions. B. ESG funds may only be used for these services to the extent that other appropriate mental health services are unavailable or inaccessible within the community. C. services are the application of therapeutic processes to personal, family, situational, or occupational problems in order to bring about positive resolution of the problem or improved individual or family functioning or circumstances. Problem areas may include family and marital relationships, parent-child problems, or symptom management. eligible treatment consist of crisis interventions, individual, family, or group therapy sessions, the prescription of psychotropic medications or explanations about the use and mgt. of medications; and combinations of therapeutic approaches to address multiple problems.				
Has the client received **substance abuse treatment** services? 576.102 (ix) **A.** Eligible substance abuse treatment services are designed to prevent, reduce, eliminate, or deter relapse behaviors of substance abuse or addictive behaviors and are provided by licensed or certified professionals. **B**.ESG funds may only be used for these services to the extent that other appropriate substance abuse treatment services are unavailable or inaccessible within the community. **C.** eligible treatment consists of client intake and assessment, and outpatient treatment for up to 30 days. Group and individual counseling and drug testing are eligible costs. ***Inpatient detoxification and other inpatient drug or alcohol treatment are not eligible costs.***				
Has the client received **transportation** services? 576.102 (x) eligible costs consist of the transportation costs from the program participants travel to and from medical care, employment, childcare, or other eligible essential services facilities. These costs include the following: **A**. The cost of a program participant's travel on public transportation, **B.** if service worker's use their own vehicles, mileage allowance for service worker's to visit program participants, **C.** the cost of purchasing or leasing a vehicle for the recipient or sub recipient which transports program participants, and the cost of gas, insurance, taxes, and maintenance for the vehicle and **D.** the travel costs of recipient or sub recipient staff to accompany or assist program participants to use public transportation.				
HOMELESS PREVENTION: Housing Relocation and Stabilization 576.103 and 576.105	**Yes**	**NO**	**N/A**	**Comments**
Was this client served with ***HOMELESS PREVENTION*** **HOUSING RELOCATION AND STABILIZATION** funds? (eligible if client meets criteria under "at risk of homelessness" or meets criteria in paragraph 2,3, or 4 of the homeless definition in 576.2 and have an annual income below 30% AMI for the area. ***If NO proceed to Homeless Prevention Short Term and Medium Term Rental Assistance***				
Is there evidence that receipt of this service prevented the client from entering an emergency shelter or places not meant for human habitation?				

Is there adequate documentation in the file to verify the household annual income is below 30% Area Median Income?				
Was income determined using the standard for calculating income listed in 24 CFR 5.609?				
Does the file indicate client income has been re-evaluated not less than once every three months to determine ongoing eligibility? 576.401 (program participant does not have an annual income that exceeds 30% AMI, **AND** lacks sufficient resources and support networks to retain housing without ESG assistance.				
Is file documented with a complete, signed habitability inspection form?				
If yes, was **FINANCIAL ASSISTANCE** provided? (Rental app fee's, security deposit equal to no more than 2 months rent, the last months rent, utility deposit, utility payments(can pay up to 24 months of utility payments, gas, electric, water, sewage per program, per service, including up to 6 months in arrears per service if the bill is in a household members name, or proof of responsibility for the utility), moving costs including up to 3 months of temporary storage. (Arrears of storage fee's are not eligible).				
Housing Stability Case Mgt. 576.401e. Has the client met with a case manager not less than once per month to assist the participant in ensuring long-term housing stability AND to develop a plan to assist the participant to retain permanent housing once the ESG assistance ends? Should be verified by case notes reflecting the meetings and content summary.				
If yes, were **SERVICES COSTS** accessed? (housing search and placement 576.105, Housing stability case mgt.576.104, Mediation, Legal services involving housing, Credit Repair(credit counseling and other services NOT including payment of a debt)				
How has the agency documented that the clients receiving these services have not received the same type of assistance through other public sources, or to a program participant who has been provided replacement housing payments under the URA, during the period of time covered by the URA payments?				
Has agency ensured that with the exception of housing stability case mgt., other services have not exceeded 24 months assistance in a 3 year period?				
HOMELESS PREVENTION: Short Term and Medium Term Rental Assistance 576.103 and 576.106	**Yes**	**NO**	**N/A**	**Comments**
Was this client served with ***HOMELESS PREVENTION*** **SHORT OR MEDIUM TERM RENTAL ASSISTANCE** funds? (eligible if client meets criteria under "at risk of homelessness" or meets criteria in paragraph 2,3, or 4 of the homeless definition in 576.2 and have an annual income below 30% AMI for the area. ***If NO proceed Rapid Re-Housing Housing Stabilization Section***				
Is there evidence that receipt of this service prevented the client from entering an emergency shelter or places not meant for human habitation?				
Is there adequate documentation in the file to verify the household annual income is below 30% Area Median Income?				
Does the file indicate client income has been re-evaluated not less than once every three months to determine ongoing eligibility? 576.401 (program participant does not have an annual income that exceeds 30% AMI, **AND** lacks sufficient resources and support networks to retain housing without ESG assistance.				
Has client's total rental assistance (in any combination) including the last months rent paid in advance, exceeded 24 months in three years?				
Did the client receive or is the client receiving **short term** rental assistance? (up to 3 months)				

Housing Stability Case Mgt. 576.401e. Has the client met with a case manager not less than once per month to assist the participant in ensuring long-term housing stability AND to develop a plan to assist the participant to retain permanent housing once the ESG assistance ends? Should be verified by case notes reflecting the meetings and content summary.				
Did client receive or is the client receiving **medium term** rental assistance? (more than 3 months but not more than 24 months)				
Was client assisted with one time payment of up to 6 months of rental arrears, including any late fee's on those arrears?				
If the client is receiving rental assistance, designate if it is tenant based or project based.				
Are clients in this program required to share in the cost of rent?				
If client is required to pay a portion of the rent, is the amount based upon written agency policy?				
Is this client receiving TBRA assistance? If yes, determine that the client has received nothing more than a one time payment of rental arrears.				
If the client is residing in a housing unit receiving project based rental assistance or operating assistance through other public sources, can it be determined that nothing more than a one time payment of rental arrears has been paid on behalf of the client.				
Has this client received URA assistance? If so, can it be determined that the client did not receive rental assistance during the time period they received assistance under the URA.				
Does the unit for which assistance is being provided meet HUD FMR standards?				
Have rent reasonableness comparisons been completed and is the unit rent reasonable?				
Is file documented with a complete, signed habitability inspection form?				
Is there an executed rental assistance agreement between the sub recipient agency and the property owner?				
For rental assistance is there a legally binding written lease for the rental unit. (Required, unless the assistance is solely for arrears) Lease must be between the owner and the program participant				
Tenant -based rental assistance: Has the program participant remained in the housing which was leased, maintained or renewed the lease, and remained eligible to receive ESG rental assistance? (If not, no further payment can be made to the owner for this unit)				
Can it be determined that the sub recipient is not the landlord?				
Rapid Re-housing - Housing Relocation and Stabilization 576.104 and 576.105	**Yes**	**NO**	**N/A**	**Comments**
Has the client received **housing relocation and stabilization assistance** under the **Rapid Re-housing** component? (eligible for clients who meet the criteria under paragraph 1 of the homeless definition in 576.2, or who meet the criteria under paragraph 4 of the homeless definition and live in an emergency shelter or other place described in paragraph 1 of the homeless definition.) No income guideline to qualify. ***If NO proceed to Rapid Re-Housing Short Term and Medium Term***				
Housing Stability Case Mgt. 576.104e. Has the client met with a case manager not less than once per month to assist the participant in ensuring long-term housing stability AND to develop a plan to assist the participant to retain permanent housing once the ESG assistance ends? Should be verified by case notes reflecting the meetings and content summary.				
Is file documented with a complete, signed habitability inspection form?				
Does the file indicate client income has been re-evaluated not less than once annually to determine ongoing eligibility? 576.104 (program participant does not have an annual income that exceeds 30% AMI, **AND** lacks sufficient resources and support networks to retain housing without ESG assistance.				
If yes, was **FINANCIAL ASSISTANCE** provided? 576.105(Rental app fee's, security deposit equal to no more than 2 months rent, the last months rent, utility deposit, utility payments(can pay up to 24 months of utility payments, gas, electric, water, sewage per program, per service, including up to 6 months in arrears per service if the bill is in a household members name, or proof of responsibility for the utility, moving costs including up to 3 months of temporary storage.) (Arrears of storage fee's are not eligible).				
If yes, were **SERVICES COSTS** accessed? 576.105 (Housing search and placement , Housing stability case mgt., Mediation, Legal services involving housing, Credit Repair(credit counseling and other services NOT including payment of a debt))				
How has the agency documented that the clients receiving these services have not received the same type of assistance through other public sources, or to a program participant who has been provided replacement housing payments under the URA, during the period of time covered by the URA payments?				
Has agency ensured that with the exception of housing stability case mgt., other services have not exceeded 24 months assistance in a 3 year period?				

Rapid Re-housing - Short Term and Medium Term Rental Assistance 576.104 and 576.106	Yes	NO	N/A	Comments
Has the client received **short term or medium term rental assistance** under the **Rapid Re-housing** component? (eligible for clients who meet the criteria under paragraph 1 of the homeless definition in 576.2, or who meet the criteria under paragraph 4 of the homeless definition and live in an emergency shelter or other place described in paragraph 1 of the homeless definition.) No income guideline to qualify.				
Does the file indicate client income has been re-evaluated not less than once annually to determine ongoing eligibility? 576.401 (program participant does not have an annual income that exceeds 30% AMI, **AND** lacks sufficient resources and support networks to retain housing without ESG assistance.				
Has client's total rental assistance (in any combination) including the last months rent paid in advance, exceeded 24 months in three years?				
Did the client receive or is the client receiving **short term rental assistance**? (up to 3 months)				
Housing Stability Case Mgt. 576.401e. Has the client met with a case manager not less than once per month to assist the participant in ensuring long-term housing stability AND to develop a plan to assist the participant to retain permanent housing once the ESG assistance ends? Should be verified by case notes reflecting the meetings and content summary.				
Did client receive or is the client receiving **medium term rental assistance**? (more than 3 months but not more than 24 months)				
Was client assisted with one time payment of up to 6 months of rental arrears, including any late fee's on those arrears?				
If the client is receiving rental assistance, designate if it is tenant based or project based.				
Are clients in this program required to share in the cost of rent?				
If the client is required to share in the cost of the rent is adequate third party income documentation in the client file?				
Is this client receiving TBRA assistance? If yes, determine that the client has received nothing more than a one time payment of rental arrears.				
If the client is residing in a housing unit receiving project based rental assistance or operating assistance through other public sources, can it be determined that nothing more than a one time payment of rental arrears has been paid on behalf of the client.				
Has this client received URA assistance? If so, can it be determined that the client did not receive rental assistance during the time period they received assistance under the URA.				
Does the unit for which assistance is being provided meet HUD FMR standards?				
Have rent reasonableness comparisons been completed and is the unit rent reasonable?				
Is file documented with a complete, signed habitability inspection form?				
Is there an executed rental assistance agreement between the sub recipient agency and the property owner?				
For rental assistance is there a legally binding written lease for the rental unit. (Required, unless the assistance is solely for arrears) Lease must be between the owner and the program participant				
Tenant -based rental assistance: Has the program participant remained in the housing which was leased, maintained or renewed the lease, and remained eligible to receive ESG rental assistance? (If not, no further payment can be made to the owner for this unit)				
Can it be determined that the sub recipient is not the landlord?				

Agency:				
Project #:				
Reference: 576.403 b. Minimum standards for emergency shelters: Any building for which ESG funds are used for conversion, major rehab, or				
Shelter Inspection	Yes	No	NA	Comments
Is the shelter building structurally sound?				
If major renovation or conversion was carried out with ESG assistance, is the shelter equipped with Energy Star and Watersense products and appliances?				
Is the shelter accessible? (Section 504 of the Rehab Act (29 USC794) and implementing reg.'s at 24 CFR Part 8; The Fair Housing Act (42USC)and implementing reg.'s at 24 CFR Part 100 and Title II of the ADA and 24 CFR part 35; where applicable				
Is there adequate space and security? Except where the shelter is intended for day use only, the shelter must provide each participant in the shelter with an adequate place to sleep and adequate space and security for themselves and their belongings.				
Interior air quality: Each room or space within the shelter must have a natural or mechanical means of ventilation. The interior air must be free of pollutants at a level that might threaten or harm the health of the residents.				

Water supply: The water supply must be free from contamination				
Sanitary facilities: Residents must have access to sufficient sanitary facilities that are in proper operating condition, are private, and are adequate for personal cleanliness and the disposal of human waste.				
Thermal environment: The housing must have any necessary heating/cooling facilities in proper operating condition.				
Illumination and electricity: The structure must have adequate natural or artificial illumination to permit normal indoor activities and support health and safety. There must be sufficient electrical sources to permit the safe use of electrical appliances in the structure.				
Food preparation: All food prep areas must contain suitable space and equipment to store, prepare, and serve food in a safe and sanitary manner.				
Sanitary conditions: The housing must be maintained in a sanitary condition.				
Fire safety: There must be a second means of exiting the building in the event of a fire or other emergency.				

Each unit must contain at least one battery operated or hard wired smoke detector, in proper working condition, on each occupied level of the unit. Smokes must be located to the extent practicable, in a hallway adjacent to a bedroom, if the unit is occupied by hearing impaired persons, smoke detectors must have an alarm system designed for the hearing impaired persons in each bedroom occupied by a hearing-impaired person.				
The public areas of all housing must be equipped with a sufficient number, but not less than one for each area of battery or hard wired smoke detectors. Public areas include, but are not limited to, laundry rooms, community rooms, day care centers, hallways, stairwells, and other common areas.				