

| Guide for Review of S+C Match Documentation | | | |
|--|--|-------------|--|
| Name of Grantee: | | | |
| Staff Consulted: | | | |
| Name(s) of Reviewer(s) | | Date | |

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

Instructions: This Exhibit is designed to determine if the statutory match requirement is being met, based on Section 453 of the McKinney-Vento Act and 24 CFR 582.110.

Question:

1.

| For the project year being reviewed, enter the amount of S+C rental assistance expended in column 2 and the value of supportive services provided to clients in column 3. Place an "X" in the appropriate "Yes" or "No" in column 4 to show whether the program participant is on track to meet its match. | | | | |
|--|---------------------------------------|------------------------------|------------------|----|
| Year | S+C Rental Assistance Amount Expended | Value of Supportive Services | Match on Track * | |
| | | | Yes | No |
| 1 | \$ | \$ | | |
| 2 | \$ | \$ | | |
| 3 | \$ | \$ | | |
| 4 | \$ | \$ | | |
| 5 | \$ | \$ | | |
| 6 | \$ | \$ | | |

* On-site review is for the purposes of verifying that the grantee's records adequately support the match amounts in the Annual Program Report.

2.

| | |
|--|---|
| Are the supportive services appropriate and adequate to the special needs of the clients? [24 CFR 582.5 Definitions, <i>Supportive Services</i>] | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Describe Basis for Conclusion: | |
| | |

Exhibit 12-4
Shelter Plus Care (S+C) Program

3.

| | | | |
|---|--------------------------|--------------------------|--------------------------|
| Is an ongoing assessment conducted for supportive services required by the participants of the program? [Section 456(2) of the McKinney-Vento Act] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Describe Basis for Conclusion: | Yes | No | N/A |
| | | | |
| | | | |