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| **Family Self-Sufficiency (FSS)**  **Grant Program Review**  **PHA Self-Assessment Checklist** |

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| --- | --- | --- | --- |
| Field Office Name & Code |  | PHA Name & PHA number |  |
| Respondent name, title, phone, email |  | | |
| Grant Year(s) Reviewed & Grant Numbers |  | **Date of review** |  |

***General Information*:**

Your FSS program has been chosen to be monitored by your local Field Office. Please complete this self-assessment and return to your local field office by the date requested.

Please use the comment box to describe the reason for your response. Be prepared to discuss your findings with the Field Office, if needed.

To complete this review, you may need to refer to the following:

FSS webpage <https://www.hud.gov/program_offices/public_indian_housing/programs/hcv/fss>

* Corresponding Fiscal Year FSS NOFO
* 24 CFR §984
* Grant Agreement
* Job Description(s)
* FSS Action Plan
* SEMAP report
* Participant files
* Escrow Account information
* Any recent IG Audits, PHA reviews, IPA Audits, etc.

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| **A. General Program Implementation and Outcomes** |

1. Do you have a current FSS Action Plan on file at the HUD field office?

Yes  No

Date last version/edit was approved by HUD? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Should be June 2022 or later. All approved Action Plans since then meet regulatory requirements.)

Comments:

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1. What is your most recent FAM Score

[Current FAM Scores Spreadsheet (2022)](https://www.hud.gov/sites/dfiles/PIH/documents/FAM_2022_Workbook_Final.xlsx)

Comments:

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1. Indicate the last three fiscal years in which you were funded for FSS.

Comments:

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1. If you were not funded under one or more of the last three NOFOs, why not? (e.g., did not qualify because you were not serving enough participants? Forgot to apply? Application was late?)

Comments:

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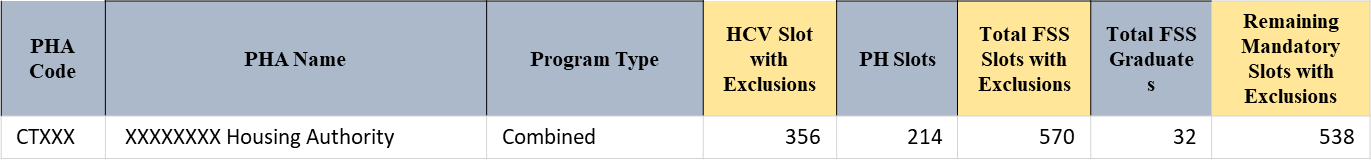
1. If the grant amount was reduced in any of the last three years, indicate why. (e.g. you dropped below the number of participants required to maintain level funding or you requested less funding.)

Comments:

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1. Do you have slots left on a mandatory FSS program? If so, how many are remaining? *(The mandatory slot number grew for every new unit/voucher added to the PHA between 1990-1998 then should have been being reduced for each graduation since then. The number of mandatory slots was built and is reduced according to the FSS Statute, Section 23 in the 1937 Housing Act.)*

* You may request a report that looks like this from your Field Office.



* The HCV and PH slots come from HQ historical records – we are doing our best to ground-truth these. If you disagree, you should present documentation with this self-assessment.
* Graduations come from PHA reporting in PIC. If you believe they are wrong, you may indicate that you will fix PIC or provide documentation for the correct number of graduations.

Yes  No

Comments:

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1. What is the Program Size indicated in your FSS Action Plan? (See r*egulatory requirement under 24 CFR §984.105). The “Program Size” must be AT LEAST EITHER (whichever is higher)*
   1. *The number of currently required mandatory slots OR*
   2. *The number of mandatory slots indicated on an FO-approved exception request OR*
   3. *The number of participants the PHA is funded to serve per the latest NOFO competition.*

*If not mandatory and not funded, you may set any program size they wish.*

*That number is a MINIMUM. You may set the Program Size at ANY number they feel they can effectively serve. You then must work to maintain that program size.*

Program Size (please list Mandatory (from Q.6) + Voluntary = TOTAL)

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Comments:

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1. a. How many participants were enrolled in the program according to the PIC Report in Appendix C of the most recent NOFO?

Most recent Appendix C -<https://www.hud.gov/sites/dfiles/SPM/documents/FY22AppendixC2022Aug3.pdf> (this reports on CY21 participation) This will be updated in Q4 FY24.

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8b. How many PH/HCV/PBV participants (DO NOT include PBRA in this question) are currently enrolled based on your PHA’s internal records?

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Do these two numbers (8a & 8b) match (or are very close?)

Yes  No

*(if not, the final report will indicate that the you must update your process for entering FSS data into PIC and rectify the PIC numbers to your records. Refer to PIH Notice 2016-8 and webinars which can be found on the HUD FSS web page)*

Comments:

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1. Are you serving any PBRA residents?

Yes  No

Please indicate if those participants are residents of PHA-owned PBRA properties (such as a result of a RAD conversion) or if you have a partnership with another local PBRA owner to serve their PBRA residents.

* If a PHA is serving PBRA residents, the PBRA owner must have an approved PBRA FSS Action Plan and the PHA and PBRA owner must have a Cooperative Agreement. Please indicated in the comments if
  + a PBRA FSS Action Plan has been approved and
  + a Cooperative Agreement between the PHA and the PBRA owner is needed or in place.

Comments:

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How many PBRA participants are currently enrolled based on your PHA’s internal records?

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1. Including PH/HCV/PBV AND PBRA residents, how many total residents are being served by the PHA’s FSS program (8b + 9 above)?

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Is this close to the Program Size indicated in the FSS Action Plan (#7 above)?

Yes  No

Comments:

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1. How many FSS graduates did you have last calendar year?

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11b. What was your graduation percentage from the latest FAM Score?

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| **GRADUATION MEASURE AND SCORE** | |
| ow2G | row2H |
| **Graduation Score** | **Graduation Measure** |
| **Based on Graduation Measure: 10** = 42% or Higher **7.5** = 31% to 41.99% **5** = 15% to 30.99% **0** = Below 15% | **Average of:** 2022, 2021, and 2020 Graduation Measures |
| **10 = Best** | **Higher = Better** |
| 5.0 | 28% |

1. According to your PHA’s internal records, how many FSS enrollments were there last calendar year?

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1. According to your internal records, how many FSS participants were terminated from the FSS program last calendar year?

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For what reason(s)?

Comments:

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1. How much escrow (number of participants and amount of escrow funds) was forfeited by terminated participants last calendar year?

Number of participants

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| --- |
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Amount of escrow funds

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| --- |
| $ |

Comments:

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1. Do you have an active and functional Program Coordinating Committee as required by regulation *(see 24 CFR §984.202)?*

Yes  No

Indicate how often the PCC meets and if it includes the required partners. *(The makeup of the PCC is required to be in the FSS Action Plan.)*

Comments:

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15a. Do you have MOUs with your PCC partners? (This is not required, it’s just a good practice.)

Yes  No

How often do you review and update the MOUs?

Comments:

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15b. Do you regularly track in-kind service contributions? (This is not required, it’s just a good practice)

Yes  No

Comments:

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1. Is the PHA keeping Escrow funds in an interest-bearing account per requirements at *24 CFR §984.305(a)?*

[**Accounting Brief #26 - Financial Reporting for the Family Self-Sufficiency (FSS) Program**](https://www.hud.gov/program_offices/public_indian_housing/reac/products/fass/pha_briefs)

[**PIH Notice 2022-20 on Establishment of the Escrow Accounting Line and Use of Forfeited FSS Escrow**](https://www.hud.gov/sites/dfiles/OCHCO/documents/2022-20pihn.pdf)

Yes  No

Comments:

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1. Are the escrow bank account statements being reconciled to FSS Contracts of Participation?

Yes  No

How often?

* Escrow must be credited/deposited each month (new regulation)
* Interest must be allocated on a pro-rated basis at least once a year

Comments:

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1. Are participants receiving proper notification of escrow accounts on at least an annual basis as required by *24 CFR §984.305(a)(3)?*

Yes  No

Comments:

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| **B. Staffing** |

1. How many FSS Program Coordinators were funded by the grant? How many FSS Program Coordinators do you employ? *(this may be more than the number funded by the grant but should not be less.)*

Number of FSS Program Coordinators Funded

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19b. Have all positions authorized in the budget been filled?

Yes  No

19c. Number of FSS Program Coordinators Employed – if more than funded, indicate source of funds in comments. If less than funded, indicate why in the comments. This report [FY23 New and Renewal Awards](https://www.hud.gov/sites/dfiles/PIH/documents/FY23%20FSS%20Award%20Announcements.xlsx) includes the number of positions funded for each grant in FY23 funding.

Comments:

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1. What is the Participant-to-Coordinator Ratio?

Use PHA’s # of Participants (#10): # FSS Program Coordinators Employed (19c)

*This should be AT LEAST*

* *25:1 if you have 1 full-time FSS Program Coordinator*
* *15:1 if you have only one part-time FSS Program Coordinator*
* *50:1 for every full-time FSS Program Coordinator more than 1*

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20b. What is the Participation Ratio from the latest FAM Score? *(a ratio of less than 1 may indicate a reporting problem)*

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| **PARTICIPATION MEASURE AND SCORE** | |  |  |
| row2G | row2H | row2I | row2J |
| **Participation Score** | **Participation Measure** | **2022 Participation Rate** | **Average of 2022, 2021, 2020 Participation Rates** |
| **Based on Participation Measure: 10** = 2.2 or Higher **9** = 1.95 to 2.19 | **8** = 1.7 to 1.94 **7** = 1.45 to 1.69 | **6** = 1.2 to 1.44 **5** = 0.95 to 1.19 | **0** = Below 0.95 | **Higher of:** 2022 Participation Rate  OR  Average of 2022, 2021, and 2020 Participation Rates | **Ratio of:** Number of FSS participants in 2022 compared to the Minimum Number Expected by HUD | **Ratio of:** FSS participants from 2020 to 2022 compared to the Minimum Number Expected by HUD |
| **10 = Best** | **Higher = Better** | **Highlighted column is** | **HIGHER of the two** |
| 5 | 1.02 | 0.96 | 1.02 |

1. Do all positions have job descriptions?

Yes  No

Comments:

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1. Do job descriptions correspond to the NOFO requirements *(refer to the Eligible Activities section in the most recent NOFO)* and the actual tasks performed?

Yes  No

Comments:

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1. Are FSS Program Coordinators required to perform any standard housing functions for NON-FSS residents?

Yes  No

*(Unless the FSS Program Coordinator is paid with non-FSS funds in addition to FSS grant funds, this is against program rules. Refer to most recent NOFO or Grant Agreement for language. If this is the case, you must cease. If the FSS Program Coordinator is paid with non-FSS funds, the percent of time on non-FSS activities may not exceed the percent of salary)*

Comments:

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1. Are FSS Program Coordinators required to perform any standard housing functions for FSS participants? (*If so, per the NOFO, you must have sought approval from the field office by showing that these activities are adding benefit to the FSS program. For instance, many FSS Program Coordinators prefer to do their own rent re-certifications for FSS participants because they feel it keeps them abreast of the current situation of their families and makes the process smoother within the PHA.)*

Yes  No

If the answer is YES, please indicate what has been approved, when, and by whom (you may attach the correspondence).

*IF the answer is NO, does the FSS Program Coordinator coordinate regularly with the Housing Specialists or Property Managers that do the standard housing work to stay abreast of income and employment changes of FSS participants?*

Comments:

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1. Does the FSS Program Coordinator have a copy of the FSS regulations, the NOFO, the Grant Agreement, the PHA’s FSS Action Plan?

Yes  No

*(If NO, the final report will indicate that the FSS Program Coordinators must have access to all of these essential documents.)*

Comments:

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1. Have all FSS Program Coordinators completed the HUD-issued Promising Practices online training? (The requirement is that at least one person at each program has taken the training between 4/1/24 and 7/31/24 or, if that person left the organization, another person after 7/31/24) <https://www.hudexchange.info/trainings/courses/family-self-sufficiency-training/>

Yes  No

Comments:

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1. Have the FSS Program Coordinators received any training on the FSS program regulations other than the HUD-issued Promising Practices Guidebook and on-line training? If so, which training(s)?

Every PHA has the opportunity to include a training stipend (any amount) in their calculation of fringe benefits when they make their NOFO request for salary+fringe. Did you include this in your FY22 and/or FY23 funding request?

Yes  No

Comments:

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1. Have the FSS Program Coordinators received any training on services coordination/case management/coaching other than the HUD-issued Promising Practices guide and on-line training? Which training(s)

Yes  No

Comments:

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1. How many years of experience in administering the FSS program does each FSS Program Coordinator have?

Comments:

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1. Is there someone in a supervisory role that has more experience with FSS or other Service Coordination programs?

Yes  No

Comments:

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1. Do you participate in a peer-to-peer exchange (e.g. Regional Round-Table) with other FSS grantees?

Yes  No

Comments:

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| **C. Grant and Financial Management (to be verified by the Field Office)** |

1. Do you (the FSS Program Coordinator or another department such as Finance) have a satisfactory knowledge of how to access and draw funds from LOCCS?

Yes  No

Comments:

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1. Does your PHA draw funds from LOCCS at least once every 90 days (i.e. quarterly)? *(Monthly is preferred. Often, we are seeing that PHAs will pay the FSS Program Coordinator out of other funds and then “pay themselves back” when they get around to drawing FSS funds. This is not allowed. Please see Grant Agreement for draw and expenditure requirements.)*

Yes  No

Comments:

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1. Are the funds drawn from LOCCS disbursed within three calendar days of request as required by the Grant Agreement?

Yes  No

Comments:

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1. Are you on track to expend the full grant amount of your current grant by the expiration of the grant term?

Yes  No

Comments:

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1. Has HUD recaptured any FSS funds from your PHA within the past 3 years? If so, why?

Yes  No

Comments:

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1. Is your PHA currently undergoing or planning any RAD conversion activity?

Yes  No

If so, do you understand the implications for your FSS program and participants.

Yes  No  N/A

Date of anticipated RAD conversion (if applicable)

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If you have converted to PBRA under RAD, are you in compliance with the requirements*?*

* [CSS Repositioning matrix](https://www.hud.gov/sites/dfiles/PIH/documents/CSS%20Matrix.pdf)
* **4. Family Self Sufficiency (FSS).** Public Housing residents that are currently FSS participants will continue to participate in the FSS program once their housing is converted under RAD. The Project Owner must ensure that these participants continue to be served by an FSS program. The PBRA owner may administer their own FSS program or enter into a Cooperative Agreement with the PHA, another PHA or another owner, allowing the partner entity to provide service coordination to PBRA participants in accordance with the requirements of 24 CFR Parts 984 and 877, and current and future guidance published by HUD. In all program administration scenarios, the Project Owner must submit an FSS Action Plan to HUD for approval upon RAD conversion where there converted participants. Under a Cooperative Agreement, the Project Owner must assume responsibility for the administrative duties associated with FSS such as calculating and crediting escrow and reporting.
* Per the FSS Final Rule, all PHAs with FSS funding may use that funding to serve public housing, HCV/PBV, and/or PBRA residents, provided that there is a cooperative agreement in place between the PHA and PBRA owner and all entities have an approved FSS Action Plan.

Comments:

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1. Has your FSS program been audited by HUD’s IG in the past five years? If so, what were the findings?

Yes  No

Comments:

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If there were findings, have they been resolved satisfactorily?

Yes  No

Comments:

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1. Did you have any major unresolved program management findings from an Inspector General audit, HUD management review, or Independent Public Accountant (IPA) audit for your HCV or PH programs, or other program compliance problems?

Yes  No

If yes, did any of the findings have any bearing on the FSS program, and have they been resolved?

Yes  No  N/A

Comments:

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| **D. Grantee Reporting and Closeout** |

1. Did you submit the annual report (SF 425 Financial Report and certifications of completion and compliance) in a timely manner (within 180 days of the end of the grant term (POP END date))?

Yes  No

Comments:

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1. Is the FSS program regularly included in the PHA’s Independent Audit

Yes  No  N/A

Are the results of an audit of the FSS program provided to the Field Office?

Yes  No

Date Independent Audit was submitted to local HUD Office?

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Comments:

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1. Are you subject to the Housing Counseling Certification rule? (<https://www.hudexchange.info/resource/5191/housing-counseling-new-certification-requirements-final-rule/>)

Yes  No

If YES, are you in compliance?

Yes  No  N/A

Comments:

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| **FSS File Review** | |

**Do your client files (paper or electronic) include:**

* Completed FSS Application (in whatever format is used at the PHA)
* Contract of Participation (HUD-50650 or similar) with correct dates i.e. 5/1/2016 to 4/30/2021 (for old CoPs) or to 5 years from the first re-certification of income after the execution date of the CoP (for new CoPs)
* If the FSS participant is extended an additional year or two, is the original end date crossed off of the contract and a new date written in? Is the ITSP amended as well and has the FSS participant signed off on it?
* Corresponding documentation should be with ITSP e.g. if goal is to obtain GED, a copy of GED certificate should be with ISTP. The PHA must follow its own policies on documentation of goal attainment, as defined in the FSS Action Plan.
* 50058’s should be in chronological order with corresponding Escrow Calculation sheets
* Annual Escrow statements should be in file, with beginning balance, deposits, interest
* Case notes should be in file in chronological order - they should reflect meetings that conform with the PHA’s policies on number of contacts (some may do once a month, some once a year, some may have a triage system where more meetings are required until the person is in training/employed, etc.…. the point is that the files should show that the PHA is following their own policies.)
* “releases of Information” in file, new ones should be signed annually (no reg on this, required if the FSS Program Coordinator will be sharing client information with partners.)
* Exit documents should be: proof that no $ is owed to PHA, documents that family is free of Welfare Assistance (if applicable), employment verification and proof that they have completed all goals in ITSP. The FSS Action Plan must include standards of documentation.
* If the family was terminated, is there evidence, conforming with the PHA’s policies, of attempts to contact and notify that termination was imminent?

Please note: links and requirements on this document will be updated if/when they change. This document is current as of 8/21/24.

Each Housing Agency (PHA/owner) must implement the FSS Program in compliance with 24 CFR 984 and 24 CFR 877.

Public reporting burden for this collection of information is estimated to average 1.0 hours per response, including the time for reviewing instruc­tions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Response to this collection of information is mandatory by law (Section 23 (c) & (g) of the U.S. Housing Act of 1937, as added by Section 554 of the Cranston-Gonzalez National Affordable Housing Act (PL 101-625) and Section 306 of the Economic Growth, Regulatory Relief, and Consumer Protection Act (P.L. 115-174) for participation in the FSS program.

The information collected on this form is considered sensitive and is protected by the Privacy Act. The Privacy Act requires that these records be maintained with appropriate administrative, technical, and physical safeguards to ensure their security and confidentiality. In addition, these records should be protected against any anticipated threats to their security or integrity which could result in substantial harm, embarrassment, incon­venience, or unfairness to any individual on whom the information is maintained.

HUD may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

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