|  |  |  |  |
| --- | --- | --- | --- |
| **Guide for Review of HOPWA**  **Housing Planning and Rent Subsidies** | | | |
| **Name of Grantee:** | | | |
| **Staff Consulted:** | | | |
| **Program Year Under Review:** | | | |
| **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 participant'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 monitor core HOPWA program requirements for all HOPWA grants. There are six sections: A) Grant Administration and Responsibilities; B) Client Eligibility and Assessment; C) Record Retention and Access; D) Reporting; E) Short-Term Rent, Mortgage and Utility (STRMU) Programs; and F) Rental Assistance Programs. Sections A-D should be used to monitor all HOPWA grant programs. Sections E and F should be used for grants implementing those specific program activities. Programs with facility-based activities should use Exhibit 10-2 in addition to this Exhibit to monitor those specific program activities. Guidance on file selection and sampling to answer the Exhibit questions can be found in Section 10-5 of the Chapter 10 introductory text. Reviewers should use a combination of file samples, support documentation, and staff interviews to complete this Exhibit.

This Exhibit includes several questions that are only applicable to grants subject to 2 CFR part 200. These questions will be labeled “For Monitoring Covered by 2 CFR Part 200 Requirements” above the question, and should only be used for grants covered by 2 CFR Part 200. The Uniform Requirements at 2 CFR part 200 are applicable to the following HOPWA grants:

* **HOPWA Formula Grants awarded in any year that are subject to HOPWA requirements “as may be amended” are subject to 2 CFR part 200 as of December 26, 2014.** Grantees are required to comply with 2 CFR part 200 as of December 26, 2014, but were required to comply with 24 CFR part 84 or 85 in carrying out activities and incurring costs under their formula award before this effective date. Therefore, formula grants awarded for FY 2014 or earlier are subject to 2 CFR part 200 only for the portion of the operating period on and after December 26, 2014.
* **HOPWA Competitive Grants awarded in FY14 and subsequent years are subject to 2 CFR part 200 as of December 26, 2014.** HOPWA competitive grants awarded in FY13 and prior are not subject to 2 CFR part 200. HOPWA competitive grants awarded in FY 2013 and earlier remain subject to 24 CFR part 84 or 85 in place at the time of the award in accordance with the terms and conditions of the award.

For additional information on the applicability of 2 CFR part 200 requirements for CPD programs, please reference Notice CPD-16-04, *Additional Transition and Implementation Guidance for Recipients of Community Planning and Development (CPD) Funds for 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, accessed at: <http://portal.hud.gov/hudportal/documents/huddoc?id=16-04cpdn.pdf>

**Questions:**

A. Grant Administration and Responsibilities

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| a. Formula Grantees: Are the activities provided consistent with addressing the housing needs described in the HUD-approved Consolidated Plan?  [24 CFR 574.120] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |
| b. Competitive Grantees: Are the activities provided consistent with the housing needs described in the HUD-approved application and applicable NOFA or Renewal Notice requirements for the grant award?  [24 CFR 574.240] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Does the grantee and its project sponsors demonstrate cooperation and coordination with relevant government agencies responsible for services in the area served by the grantee for eligible persons?  [24 CFR 574.420] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Does the grantee only use funds for eligible HOPWA activities?  [24 CFR 574.300(a) and (b)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Is the grantee in compliance with the three (3) percent grantee administrative costs cap of the grant amount?  [24 CFR 574.300(b)(10)(i)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| If project sponsor administrative costs are being paid, are such costs within the seven (7) percent cap of the amounts received from the grant?  [24 CFR 574.300(b)(10)(ii)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| a. Does the grantee ensure that HOPWA grant funds are not used to make payments for health services or any item or service already covered under an insurance policy, health benefits plan, or prepaid health service?  [24 CFR 574.310(a)(2)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |
| 1. If the grantee has used HOPWA funds for health services or medical payments, does a review of selected client files document that the grantee and/or project sponsor have verifiable means of assuring that any such payments are:  * not otherwise reasonably expected to be made from another source; * approved project activities; and * comply with the grant agreement provision on the restricted use of HOPWA funds on health care costs?   [24 CFR 574.310(a) and 24 CFR 574.500(b)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| a. Has the grantee established written procedures and undertaken staff training efforts to ensure confidentiality and physical security of information regarding individuals receiving HOPWA assistance, including names and addresses?  [24 CFR 574.440] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |
| b. Do grantees and/or project sponsors only release or provide access to information on a client’s HIV/AIDS status or other related client eligibility documentation to qualified individuals who determine eligibility or provide support, or who oversee the provision of HOPWA assistance? (See CPD Notice 06-07.)  [24 CFR 574.440] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| a. Does the grantee have a writtenpolicy for termination of assistance that meets the minimum due process requirements in 24 CFR 574.310(e)(2)(ii)?  [24 CFR 574.310(e)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
| b. If a program participant has been terminated, was the process and determination for termination consistent with the organization’s policy?  [24 CFR 574.310 (e)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| a. Does the grantee support any eligible activities through project sponsors defined as faith-based organizations? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
| b. Are the HOPWA-supported activities clearly separated from and free of inherently religious influences of the faith-based organizations?  [24 CFR 574.300(c)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |

For Monitoring Covered by 2 CFR Part 200 Requirements

10.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Does the grantee have a system in place for complying with all requirements of the Federal award, including the Federal Funding Accountability and Transparency Act of 2006 (FFATA) and System for Award Management (SAM) requirements provided under 2 CFR parts 25 and 170? (If yes, describe the system.)  [2 CFR 200.300(b); 24 CFR 574.605] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |

For Monitoring Covered by 2 CFR Part 200 Requirements

11.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Does the grantee monitor its activities to assure compliance with applicable program requirements and that performance expectations are being achieved?  **NOTE:** Monitoring by the grantee must cover each program, function, or activity.  [2 CFR 200.328(a); 24 CFR 574.605] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |

For Monitoring Covered by 2 CFR Part 200 Requirements

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| If the award being monitored has been closed out, did the grantee:   * Repay any funds owed to HUD as a result of later refunds, corrections, or other transactions including final indirect cost rate adjustments? * Comply with the audit requirements in Subpart F of 2 CFR part 200? * Comply with property management and disposition requirements in Subpart D, §§200.310 – 200.316, if applicable?   [2 CFR 200.344; 24 CFR 574.605; 24 CFR 574.650] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

B. CLIENT ELIGIBILITY AND ASSESSMENT

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Do client files contain medical documentation confirming the client’s HIV/AIDS status?  [24 CFR 574.3, “Eligible Person”] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| a. Is there proof of verification of household family income and/or employment in client files?  [24 CFR 574.3, “Eligible Person” and “Family”] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |
| b. If the answer to “a” above is “no,” do the files reviewed contain “self-declarations of no income or employment” by the clients and the resident families? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Is there documentation that lists the number of persons living in the households or families at the time HOPWA assistance was provided?  [24 CFR 574.3, “Eligible Person” and “Family”] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| a. Does the grantee, and/or project sponsors conduct client housing needs assessments (such as client intake procedures, housing case management or other efforts) which serve to direct the type of housing assistance provided from HOPWA or other sources?  [24 CFR 574.500(b)(2)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
| b. If the answer to “a” above is “yes,” are client assessments of appropriate housing assistance and supportive services ongoing?  [24 CFR 574.500(b)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |

C. RECORD RETENTION AND ACCESS

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Does the grantee ensure that records are maintained for a four-year period to document compliance with the covered HOPWA award, including current and accurate data on the race and ethnicity or program participants?  [24 CFR 574.530] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Does HUD have access to all documents, papers, or other records of the grantee that are pertinent to the HUD award, in order to make audits, examinations, excerpts, and transcripts, including timely and reasonable access to the grantee’s personnel for purposes of interviews and discussions related to such documents?  [24 CFR 574.605; for monitoring NOT covered by 2 CFR Part 200 Requirements: 24 CFR 85.42(e) for states and local governments, and 24 CFR 84.53(e) for nonprofits; for monitoring covered by 2 CFR Part 200 Requirements: 2 CFR 200.336(a)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |

D. Reporting

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| a. Is the grantee implementing program activities that specifically target homeless populations? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
| b. Does the grantee enter client data into HMIS?  **NOTE:** HMIS is only a requirement if the grantee is targeting homeless populations and has signed a grant agreement requiring the use of HMIS. If HMIS is not part of the grant agreement, it should not constitute a finding. If the grantee/project sponsor does not use HMIS, please indicate how client-level data are collected below. | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Does the grantee submit a Consolidated Annual Performance and Evaluation Report (CAPER) or Annual Performance Report (APR) to HUD in a timely manner?  **NOTE:** Grant agreements require grantees to submit within 90 days of their operating period ending.  [24 CFR 574.500 and 24 CFR 574.520; For Monitoring covered by 2 CFR Part 200 Requirements: 2 CFR 200.328(b)(1)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Is the CAPER or APR submitted to HUD accurate, complete, and consistent with information in the Integrated Disbursement and Information System (IDIS) for the year being reviewed?  [24 CFR 574.520] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Is the CAPER or APR submitted to HUD accurate, complete, and consistent with the recipient’s support documentation for the actual outputs, outcomes, and funds expended for housing and support services provided during the reporting period being reviewed?  [24 CFR 574.520] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

E. Short-term Rent, Mortgage and Utility (STRMU) Programs

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Does the grantee have agreements with project sponsors for the use of a standard grant-wide tracking method for short-term rent, mortgage and utility assistance (STRMU) so that the time limitations are consistently and accurately enforced? (See Notice CPD 06-07.)  [24 CFR 574.330; 24 CFR 574.500] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| a. Does the grantee and/or project sponsor comply with time limitations on short-term rent, mortgage, and utility payments by not providing any individual more than 21 weeks’ assistance in any 52-week period?  [24 CFR 574.330(a)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |
| b. Does the grantee use one of the two acceptable calculation methods below for short-term rent, mortgage and utility assistance (STRMU) so that the time limitations are consistently and accurately enforced?  (i) The first method is to use a set standard annual period for all clients. This can be either the grantee's operating year under its HUD-approved Consolidated Plan, which is used for plan approval and for annual reporting to HUD or the calendar year, which begins January 1 and ends on December 31; or for a competitive grant, the operating year established under the grant agreement with HUD.  (ii) The second method is for grantees to establish a separate period of eligibility for each client. This is based on the beginning service date in which a STRMU payment is made on behalf of the client (e.g., the monthly period in which the first housing and/or utility assistance payment is made, including any overdue bills, prior to the date the client made the request). (See Notice CPD 06-07.) | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| a. Is STRMU assistance consistent with an assessment of the family’s housing or utility needs and connected to the establishment of a related individual housing service plan to address those on-going needs?  [24 CFR 574.330] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |
| b. If the client assessment shows an on-going housing affordability problem, does the grantee and/or project sponsor, to the maximum extent practicable, provide opportunities for placement in permanent housing or in a living environment appropriate to health or social needs for clients receiving short-term assistance? (See Notice CPD 06-07.)  [24 CFR 574.330] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| For STRMU assistance, does the grantee and/or project sponsor provide the opportunity for case management services from the appropriate social service agencies to assisted individuals, if eligible?  [24 CFR 574.330] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

F. Rental Assistance Programs

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Does the grantee have a method of tracking client eligibility and the amount of rental assistance provided through annual income re-certifications and resident rent payment determinations?  [24 CFR 574.310; 24 CFR 574.320; 24 CFR 574.500(b)(2)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Based on a sample review of client files, do records document that the resident rent payments charged (to the household) and the HOPWA subsidy payments based on fair market rents and reasonable rents were calculated as required and updated on an annual basis?  [24 CFR 574.310(d) and 24 CFR 574.320] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Are rental assistance projects providing participants with reimbursements for utility payments based on a current utility schedule and requiring the participant to pay amounts over the calculated resident rent payment?  [24 CFR 574.310(d) and 24 CFR 574.320] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Are rental assistance projects requiring participants to pay a correctly calculated resident rent payment and are not charging any additional fees?  [24 CFR 574.310(d); 24 CFR 574.320; and 24 CFR 574.430] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Do grantee and/or project sponsor files verify that housing habitability standards inspections are being made in connection with providing rental assistance?  [24 CFR 574.310(b)(2)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Does the grantee have verification procedures to ensure compliance with the Lead-Based Paint Poisoning Prevention Act for rental assistance where housing was constructed prior to 1978 and where children under age 6 are living and/or expected to reside?  [24 CFR 574.635 and 24 CFR Part 35] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |