

Transitional Housing Program Review

U.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner



03607

Grantee	Grant No
Address	Effective Date Grant
	Phone No
	Date of Review

I. Persons Contacted for Review

Name	Relationship to Grant

(List additional persons in the Remarks Section)

II. Review of Services Plan

A. Type of supervision provided to participants On-Site Off-Site
Duties performed

- B. Do the grantee and participant records indicate that the services are being provided in compliance with the grant document?
- 1 Are the same services being provided in the Transitional Housing as specified in the application? Yes No
- 2 Are all services available/accessible to all participants? Yes No
- 3 Do the number of participants served appear to equal the numbers approved in the grant? Yes No
- 4 Does the grantee appear to be making full use of services available under the CHAP? Yes No

C. If the program is not in compliance with the grant document, what corrective actions are needed?

III. Staffing Review

A. Are there any staff vacancies? Yes No
If yes, which positions?

B. Is a written job description on file for each position? Yes No
If not, explain

C. Is the staffing consistent with approved budget and service plan? Yes No
Comments on "No" response

- D. Are staff resumes on file? Yes No
 Do resumes show any obvious inconsistencies between service plan and staff qualifications? Yes No
 If yes, explain

- E. Are staff salaries consistent with comparable area wages? Yes No

IV. Participant File Review

- A. Does the grantee maintain individual files on applicants to the Transitional Housing Project? Yes No
 If not, how does the grantee maintain a record of applicants?

- B. Is there a case history and initial assessment filed on-site for the participants? Yes No
 If not, where/how are records kept?

- C. Is access to the applicant/participant files limited to the "need to know" staff, e.g., project director, case manager, resident supervisor? Yes No
 Are the files secured? Yes No
 Is the method used satisfactory? Yes No
 Recommendations on any "No" response:

- D. Sample at least 10% of program participant files, or a minimum of three per grantee
 Are the following items kept in each one?
- | | Yes | No |
|--|--------------------------|--------------------------|
| Application to Transitional Housing | <input type="checkbox"/> | <input type="checkbox"/> |
| Initial Assessment/Case History | <input type="checkbox"/> | <input type="checkbox"/> |
| Service Plan | <input type="checkbox"/> | <input type="checkbox"/> |
| Residential Contract - Rent Computation
(make sure participants pay rent and that it is no more than 30% of adjusted income or 10% of gross income) | <input type="checkbox"/> | <input type="checkbox"/> |
| Date of Entry into Transitional Housing | <input type="checkbox"/> | <input type="checkbox"/> |
| Reassessment(s) | <input type="checkbox"/> | <input type="checkbox"/> |
| Service Plan/Program Changes | <input type="checkbox"/> | <input type="checkbox"/> |
| Date of Release from Transitional Housing | <input type="checkbox"/> | <input type="checkbox"/> |
| Documentation for Terminations and Appeals | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |

For any "no" answer, attach grantee plan to rectify, including date of completion.

V. Participant and Data and Record Review

- A. Does the grantee have a system in place to track each program participant from date of application to release/termination from program including accurate data for annual report? Yes No

- B. Do grantee records substantiate the following numbers given in the annual report?
- | | | |
|---|------------------------------|-----------------------------|
| Total number of participants in the transitional housing: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Total number of applications received | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Total number graduating from transitional housing: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

VI. Financial Records Review

A. General

- 1. Does the grantee maintain separate financial records that identify adequately the source and application of both SHDP and matching funds including rent computations, documentation for "soft matches," etc.? Yes No
If no, why not?

- 2. Are the financial records supported by documentation? Yes No
If no, what is the grantee doing to provide proper documentation?

- 3. Has the grantee established effective controls over, and accountability for, all SHDP funds and property? Yes No

- 4. Does the grantee maintain time sheets for all SHDP staff showing actual time spent on the SHDP? Yes No

- 5. Does the grantee maintain separate accounts for all funds assigned to the SHDP? Yes No
If not, when will they be separated from other operations (date)?

- 6. If there are any indirect grantee or subgrantee costs charged to the grant program, are they supported by an approved indirect cost proposal/cost allocation plan? Yes No

B. Specific Review

Review grantee's allocation of costs to verify that its procedures fully comply with OMB Circulars A-87/102, or A-110/122 as appropriate and A-128, using the following guidance

- 1. Does a spot check of a sample of the following items of cost reveal any obvious instances where these expenditures were not necessary and reasonable for proper and efficient administration of the program Yes No
 - a. salaries and related costs Yes No
 - b. administrative service contracts (e.g., legal, accounting, audit, consulting)? Yes No
 - c. travel expenditures? Yes No
 - d. other administrative costs? Yes No

- 2. Does a review of a sample of program expenditures reveal the existence of any unallowable costs as itemized in OMB Circular A-87, Attachment D, or A-110, including. Yes No
 - a. entertainment, contributions, donations? Yes No
 - b. general governmental expenditures including salary and expenses of the Chief Executive Offices of the grantee? Yes No
 - c. Are costs charged to the grant program allocable to, or included as a cost of, any other federally-financed program in either the current or a prior period? Yes No
 - d. Does a review of the personnel roster of staff being paid from program resources reveal any obvious instances of personnel being paid for, but not working on, program activities? Yes No

- 3. If the project site(s) is/are in a special flood hazard area and the grantee has received acquisition/rehabilitation/mod rehab. funds does the grantee retain flood insurance coverage as required under Section 102 of the Flood Disaster Protection Act of 1973? Yes No N/A

If the grantee needs to have flood insurance and does not, how and when will it rectify this deficiency?

- 4. If the grantee has received acquisition/rehabilitation/mod rehab funds, does it retain casualty insurance, naming HUD as the beneficiary, in an amount at least equal to the amount granted for acquisition/rehabilitation/mod. rehab ? Yes No N/A

If the grantee needs to have casualty insurance and does not, how and when will it rectify this deficiency?

VII. Physical Review

A. Are the plumbing (faucets, drains, toilets, etc) and electrical (switches, fixtures, etc) systems in working order?

Yes No

B. If the kitchen/dining area is a congregate or "public" facility, is there an appropriate, current, local health certificate?

Yes No

C. Is there a maintenance schedule?
Is it being adhered to?

Yes No
 Yes No

D. Are the grounds maintained appropriately?

Yes No N/A

E. In general, is the facility clean and habitable?
Are there any obvious areas of disrepair, e.g., peeling paint, water damage, broken windows?
If yes, how will the grantee correct the problem(s)?

Yes No
 Yes No

VIII. Remarks:

Provide any comments, observations or recommendations not covered in other sections Use this space also to complete responses to other questions and to provide your general observation on the overall performance of the grantee