

	YES	NO	COMMENTS
CONTRACT BENEFICIARIES			
How many persons are currently being/were served?			
Is this consistent with the contract?	<input type="checkbox"/>	<input type="checkbox"/>	
ESG funds are utilized to pay for the activity below:			
<input type="checkbox"/> Emergency Shelter			
<input type="checkbox"/> Essential Services			
<input type="checkbox"/> Rapid Re-housing			
<input type="checkbox"/> Street Outreach			
Are activities benefiting persons that fall under the Very Low Income category? <i>(All participants must be below 30% AML at assessment)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes	No	COMMENTS
CONTRACT REPORTING REQUIREMENTS			
Are the Programmatic Reports submitted timely monthly?	<input type="checkbox"/>	<input type="checkbox"/>	
PROGRAMMATIC			
Client Data Reports submitted monthly? (circle each month submitted) Mar Apr May June July Aug Sept Oct Nov Dec Jan Feb	<input type="checkbox"/>	<input type="checkbox"/>	
Project Status Reports submitted? (circle each month submitted) Mar Apr May June July Aug Sept Oct Nov Dec Jan Feb	<input type="checkbox"/>	<input type="checkbox"/>	
Employee Data Reports submitted? (circle each month submitted) Mar Apr May June July Aug Sept Oct Nov Dec Jan Feb	<input type="checkbox"/>	<input type="checkbox"/>	
Subrecipient Project Tally Sheet submitted monthly? (circle each month submitted) Mar Apr May June July Aug Sept Oct Nov Dec Jan Feb	<input type="checkbox"/>	<input type="checkbox"/>	
Mid-Year /Annual Performance Reports submitted? (circle each submitted) Mid-Year Annual	<input type="checkbox"/>	<input type="checkbox"/>	
FINANCIAL			
Cost Control Report submitted? (circle each month submitted) Mar Apr May June July Aug Sept Oct Nov Dec Jan Feb	<input type="checkbox"/>	<input type="checkbox"/>	

Cost Worksheet submitted? (circle each month submitted)	<input type="checkbox"/>	<input type="checkbox"/>	
Mar Apr May June July Aug Sept Oct Nov Dec Jan Feb			
Reimbursement Request submitted? (circle each month submitted)	<input type="checkbox"/>	<input type="checkbox"/>	
Mar Apr May June July Aug Sept Oct Nov Dec Jan Feb			
Personnel Cost Worksheet submitted? (circle each month submitted)	<input type="checkbox"/>	<input type="checkbox"/>	
Mar Apr May June July Aug Sept Oct Nov Dec Jan Feb			
	YES	NO	COMMENTS
ADMINISTRATIVE REQUIREMENTS			
Does Subrecipient maintain personnel records for all persons paid by or through ESG funds provided by HCCSD?	<input type="checkbox"/>	<input type="checkbox"/>	
Does Subrecipient maintain documentation of an Affirmative Action Program? (576.407)	<input type="checkbox"/>	<input type="checkbox"/>	
Does Subrecipient have documentation stating it is an Equal Opportunity or Affirmative Action Employer? (if applicable) (576.407)	<input type="checkbox"/>	<input type="checkbox"/>	
Have any personnel employed in the administration of the ESG funded program been used for political activities, sectarian or religious activities, lobbying, political patronage, and nepotism activities?	<input type="checkbox"/>	<input type="checkbox"/>	
Is Subrecipient operating program in compliance with OSHA requirements, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>	
Is Subrecipient adhering to the "Section 3 Clause" of the HUD Act of 1968? (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
Is Subrecipient adhering to the requirements of the Hatch Act? (Chap. 15 of Title V United States Code)	<input type="checkbox"/>	<input type="checkbox"/>	
Is documentation maintained for Conflict of Interest, if applicable? (576.404)	<input type="checkbox"/>	<input type="checkbox"/>	
Does Subrecipient have a copy of contract to reference?	<input type="checkbox"/>	<input type="checkbox"/>	
Is documentation maintained for Homeless participation requirement? (576.405)	<input type="checkbox"/>	<input type="checkbox"/>	
Is the project/program operating within the stated Scope of Service?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the Program Delivery being executed as stated in the contract?	<input type="checkbox"/>	<input type="checkbox"/>	
	YES	NO	COMMENTS
RECORDKEEPING			
Does the program maintain a grant file?	<input type="checkbox"/>	<input type="checkbox"/>	

Does the agency maintain an application file?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the agency maintain client files?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the agency maintain property files? <i>(if applicable)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the agency have a program procedure manual? <i>(Retain copy of pertinent areas for HCCSD file)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the agency keep records of assessments conducted for persons who were not eligible for ESG? <i>(how many per month, reasons for denial, was data entered into HMIS)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
	YES	NO	COMMENTS
OTHER MONITORING AREAS			
<input type="checkbox"/> CONFIDENTIALITY			
Are systems in place that ensure the confidentiality of individuals or family who applies for and/or receives ESG assistance? (576.500)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> GRIEVANCE PROCEDURE			
Are there written procedures to address grievances or complaints of employees and program participants?	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> LIMITED ENGLISH PROFICIENCY			
Does Subrecipient provide program information in the appropriate languages for the geographic area (i.e. Spanish)?	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> EQUAL ACCESS TO HOUSING			
Does the Subrecipient maintain an Equal Access Policy to ensure all participants have equal access to housing and shelter programs, regardless of marital status, sexual orientation, or gender identity?	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Violence Against Woman Act (VAWA)			
Is Subrecipient in compliance with the following VAWA requirements?			
Providing the following to program participants:			
• Notice of Occupancy Rights: explains VAWA protections, including the right to confidentiality and limitations of the protections.			
• Certification Form: to be completed by the survivor to document an incident of domestic violence, dating violence, sexual assault or stalking.			
<input type="checkbox"/> TERMINATION OF PROGRAM ASSISTANCE (576.402)			
Is there a formal process in place that recognizes the rights of individuals receiving assistance to due process of law when terminating assistance?	<input type="checkbox"/>	<input type="checkbox"/>	

<input type="checkbox"/> GRANTOR RECOGNITION			
Is grantee recognition maintained/observed for all items made available or possible through ESG funds provided by HCCSD?	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> PROGRAM CHANGES			
Have any significant changes been made to the program? (<i>i.e. staff changes, budget revisions, scope of services</i>)	<input type="checkbox"/>	<input type="checkbox"/>	
Were changes approved by HCCSD?	<input type="checkbox"/>	<input type="checkbox"/>	
Does Subrecipient maintain documentation of HCCSD approval of applicable amendments/revisions to Subrecipient Agreement? (<i>if applicable</i>)	<input type="checkbox"/>	<input type="checkbox"/>	
Records to be Maintained			
Are records maintained describing each activity undertaken?	<input type="checkbox"/>	<input type="checkbox"/>	
Do records maintained demonstrate each activity undertaken meets a national objective?	<input type="checkbox"/>	<input type="checkbox"/>	
Are records maintained documenting homelessness? (ESG programs only) (576.2)	<input type="checkbox"/>	<input type="checkbox"/>	
Is Sub recipient in compliance with the recordkeeping and reporting requirements. (576.500)	<input type="checkbox"/>	<input type="checkbox"/>	
Are records maintained documenting compliance with the fair housing and equal opportunity components of the ESG Program, to include providing reasonable accommodations to afford a persons with a disability the equal opportunity to use and enjoy housing (<i>if applicable</i>).	<input type="checkbox"/>	<input type="checkbox"/>	
Does Sub-recipient keep records of the participation in HMIS or a comparable database ?	<input type="checkbox"/>	<input type="checkbox"/>	
Has Sub-recipient maintained real property inventory records, which clearly identify properties purchased, improved, or sold? (<i>if applicable</i>)	<input type="checkbox"/>	<input type="checkbox"/>	
Has an annual agency audit been conducted in accordance with Generally Accepted Governmental Auditing Standards (the "Yellow Book")? (<i>if applicable</i>)	<input type="checkbox"/>	<input type="checkbox"/>	
Does Subrecipient maintain a completed copy of the Section 504 Self Evaluation and Transition Plan? (Obtain copy)	<input type="checkbox"/>	<input type="checkbox"/>	
Does Subrecipient retain copies on file of monthly programmatic and financial reporting requirements submitted to HCCSD? <i>See Contract Reporting Requirements above.</i>	<input type="checkbox"/>	<input type="checkbox"/>	

Retention			
Does Subrecipient have a system in place to retain records for 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	
**** Final Confirmation of Documentation			
Does supporting documentation exist in all files reviewed for each of the above questions?	<input type="checkbox"/>	<input type="checkbox"/>	