**Maine Continuum of Care**

**Monitoring and Evaluation Form**

October 2016

**Instructions:** Please complete this form if your agency intends to apply for renewal McKinney Vento funding through the MaineContinuum of Care**.** If you do not intend to apply for renewal funding, please let **the MCOC Collaborative Applicant** know (MaineHousing). All forms and appropriate attachments must be received electronically by the Project/Monitoring Committeecontacts (**Gail Garrow and Donna Kelley,)** no later than 30 days after APR submission in e-snaps**.** Failure to submit by the deadline will have an impact on your monitoring and performance threshold score.

Please direct all questions to:

**Gail Garrow, OHI Maine, E-Mail:** ggarrow@ohimaine.org

**Donna Kelley, Kennebec Behavioral Health, E-Mail:** dkelley@kbhmaine.org

**A separate form must be completed for EACH Funded HUD CoC Program project.**

Agency Name (From GIW): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grant # (From **e-snaps** APR)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Name (From GIW):

Project Address (es): \_\_\_\_\_

Contact for Project: \_\_\_\_\_

Contact for Monitoring (to answer questions on form): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: E-mail Address: \_\_\_\_\_

**Please answer the following questions in regard to the program during the Operating Year covered by your most recently submitted HUD APR:**

**1.** **Program Type**: [ ]  PSH [ ]  RRH [ ]  TH [ ]  Safe Haven [ ]  SSO

**Population(s) Served (Q3B3a of last Application)**: (Check all that apply)

[ ]  Chronic Homeless

[ ]  Veterans

[ ]  Youth (under 25)

[ ]  Families with children

[ ]  Domestic Violence

[ ]  HIV/AIDS

[ ]  Substance Abuse [ ] Mental Illness

[ ]  Other

**If other, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Housing First**: Does the project follow a “Housing First” approach? [ ]  Yes [ ]  No

**Chronic Homelessness:** Does the project prioritize chronically homeless individuals for openings?

 [ ]  Yes [ ]  No

**Program Description:** Please provide a **brief** program summary including information about the nature of the program and its services or operations for which the McKinney-Vento funding was used and any unique qualities the program brings to the COC in its use of HUD funding.

**2. Type of CoC HUD funding received** (Please put dollar amount in space provided):

[ ]  Leasing $\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  HMIS $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Supportive Services $\_\_\_\_\_\_\_

[ ]  Rental Assistance $\_\_\_\_\_\_\_\_

[ ]  Operating $\_\_\_\_\_\_\_\_\_\_ [ ]  Project Administration $\_\_\_\_\_\_\_\_\_\_

**Outline the award amount received and match (cash and in-kind) reported in e-snaps APR including match percentage (Q31a4. CoC Expenditures)**

|  |  |  |
| --- | --- | --- |
| Drawdown Rates: Has the project maintained consistent Quarterly Drawdowns for the most recent grant term? | [ ]  Yes [ ]  No[ ]  N/A | If No or N/A, please explain: |
| Have the funds been recaptured by HUD for the most recent expired grant term? | [ ]  Yes [ ]  No[ ]  N/A | If No or N/A, please explain: |
| Have you submitted a revised APR since you last Submitted?  | [ ]  Yes [ ]  No[ ]  N/A | If yes, Please explain why: |

**3. Resources and participant self-sufficiency.** Identify resources/supports participants receive:

**Mainstream resources the project provides or assists program participants in receiving (from last application Q4A2):**

[ ]  Assessment of service needs

[ ]  Assistance with moving costs

[ ]  Case Management

[ ]  Food

[ ]  Outreach Services

[ ]  Legal services

[ ]  Life Skills Training

[ ] Transportation

[ ]  Outpatient Health Services

[ ]  Employment Assistance and Job Training

[ ] Housing Search and Counseling

[ ]  Child Care

[ ]  Education Services

[ ]  Mental Health Services

[ ]  Substance Abuse Treatment Services

[ ]  Utility Deposits

Briefly describe services/resources available to participants noted above and/or any other resources not noted and how they assist households to achieve self-sufficiency.

**Non- cash benefits received by program participants (Q26.a1 APR):**

[ ]  WIC [ ]  Supplemental Nutritional Assistance Program

[ ]  MEDICAID Health Insurance [ ]  Section 8, Public Housing, Rental Assistance

[ ]  MEDICARE Health Insurance [ ]  TANF Child Care Services

[ ]  State Children’s Health Insurance [ ]  TANF Transportation Services

[ ]  Temporary Rental Assistance [ ]  Other TANF-funded Services

[ ]  VA Medical Services [ ]  Other Source \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **COC PROJECT PROCEDURES** |
| --- |
| 1. a. Each participant file contains verification of homelessness or chronic homelessness status at the time of program entry. 24 CFR § 578.103(a)(3); 24 CFR § 576.500(b)

*\*Note: Not all CoC Projects are required to service people experiencing chronic homelessness – see program summary on page 1 when reviewing policy*b. The project follows HUD’s written policies and procedures for documenting homelessness. (E.g., intake staff document eligibility; documentation is required for all persons seeking assistance; written policies state the evidence that may be relied upon to establish and verify homeless status, project makes efforts to get the appropriate documentation). In order of preference: * Third party documentation
* Intake worker observations
* Certification from the person seeking assistance

c. **I/ We are self-certified and are following the above procedures** **(4a. & 4b.)** | [ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No | If No, please explain:If No, please explain:Signature for Self-Certification\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. If the program provides PSH or TH for people with disabilities does each participant file contain verification of participant’s disability? 24 CFR § 578.37(a)(1)(i)
* Verification from a professional who is licensed to diagnose and treat condition OR
* Disability verified by the Social Security Administration in the form of a VA disability check, or an SSDI check.
 | [ ]  Yes [ ]  No | If No, please explain: |
| 1. a. If project receives leasing or rental assistance funding, does the project have follow HUD’s written policy for HQS inspections and does it complete inspection prior to move-in and annually? 24 CFR § 578.75(b); 24 CFR § 578.103(a)(8)

b. If project receives McKinney Vento funding, what type of third-party inspections do you receive?  | [ ]  Yes [ ]  No[ ]  N/A | If No or N/A, please explain:Recent Inspection date: |
| 1. If project serves families or youth, does the project follow HUD’s policy and have a designated staff person to be responsible for ensuring that children being served in the program are enrolled in school and connected to appropriate services in the community? 24 CFR § 578.23(c)(4) (iv)
 | [ ]  Yes [ ]  No[ ]  N/A | If No or N/A, please explain: |

|  |
| --- |
| **PROJECT DATA:** **Please ATTACH Most recent project E-Snaps APR and corresponding HMIS HUD COC APR****Please use identified APR questions to answer the following:** |
| **Measure** | **Result** | **Explanation if necessary** |
| 1. Average Daily Bed Utilization Rate in most recent APR

**APR Question: Q10. Bed Utilization Rate** | [ ]  Yes [ ]  No[ ]  N/A | If below 85% please explain why and describe plans for improvement. |
| 1. % of participants employed at program exit

**APR Question: Q24a** | [ ]  Yes [ ]  No[ ]  N/A | If below 20% please explain why and describe plans for improvement. |
| 1. % of leavers with maintained/increased income

**APR Question: Q24b2** | [ ]  Yes [ ]  No[ ]  N/A | If below 20% please explain why and describe plans for improvement.  |
| 1. % of leavers with increased/maintained mainstream benefits

**APR Question: Q26a1** | [ ]  Yes [ ]  No[ ]  N/A | If below 20% please explain why and describe plans for improvement. |
| 1. % of leavers who moved from transitional to permanent housing

**APR Question: Q29a1. And Q29a2. Destination at program Exit Leavers >90 Days and <90 Days** | [ ]  Yes [ ]  No[ ]  N/A | If below 65% please explain why and describe plans for improvement. |
| 1. % of participants who are still in permanent housing or left for permanent housing

**APR Question: Q29a1** | [ ]  Yes [ ]  No[ ]  N/A | If below 80% please explain why and describe plans for improvement. |
| 1. Performance Measures: project level per grant and APR:

Measure 1: Housing Stability goal met?Measure 2: 1. Increased total income or
2. increased earned income goal met?

**APR Question: Q36a** | [ ]  Yes [ ]  No[ ]  N/A[ ]  Yes [ ]  No[ ]  N/A |  |

|  |
| --- |
| **HMIS** |
| **The Projects Committee will request a report From HMIS directly on data for a specified period for all projects. Please explain any issues or concerns you have regarding your HMIS data not meeting HUD and or COC standards.**  |
| 1. Is your project participating in HMIS?
 | [ ]  Yes [ ]  No[ ]  N/A | If No or N/A, please explain: |

|  |  |  |
| --- | --- | --- |
| **CoC Participation** |  |  |
| **Measure** | **Result** | **Explanation if necessary** |
| 1. Have you maintained a voting attendance record?
 | [ ]  Yes [ ]  No | Who attends:  |
| 1. Do you participate in MCOC Sub-committees?
 | [ ]  Yes [ ]  No | Committee(s)and who attends:  |

*All information on this form is true and accurate to the best of my knowledge.*

Prepared by:

Name and Title Date

(If different from contact, at top)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email address Phone number

CEO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email address Phone number

Please save this document before returning it as an email attachment, along with all other documentation requested. Please return this (and all other documents) by email with names and titles typed in. All monitoring reports must be received no later than **30 days after e-snaps APR submission**.After review, the Monitoring Committee will contact you if they have any further questions or require more information. If there are no outstanding issues with your submission, you will receive a notice, informing you that your documentation has been accepted. Thank you, and feel free to contact the Committee with any questions.

**PLEASE E-MAIL YOUR PROJECT MONITORING DOCUMENTS TO THE FOLLOWING INDIVIDUALS:**

dkelley@kbhmaine.orgggarrow@ohimaine.org