**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](mailto:ggarrow@ohimaine.org)

**Donna Kelley, Kennebec Behavioral Health, E-Mail:** [dkelley@kbhmaine.org](mailto: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.org](mailto:dkelley@kbhmaine.org)[ggarrow@ohimaine.org](mailto:ggarrow@ohimaine.org)