**Maine Continuum of Care**

**Monitoring and Evaluation Form**

August 2019 finalized

**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** (MaineHousing). All forms and appropriate attachments must be received electronically by the Project/Monitoring Committeecontact (**Michael Shaughnessy)**, no later than 30 days after APR submission in Sage**.** Failure to submit by the deadline will have an impact on your monitoring and performance threshold score.

Please direct all questions to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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:**

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

 [ ]  Yes [ ]  No

**Housing First:** Does the project provide Housing First and/or Low Barrier implementation?

[ ]  Yes [ ]  No

**Financial:**

|  |  |  |
| --- | --- | --- |
| 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: |
| Does the agency have any outstanding delinquent federal debts?  | [ ]  Yes [ ]  No[ ]  N/A | If yes, please explain: |
| Has the agency reported any violations of federal law to HUD during the prior grant year? | [ ]  Yes [ ]  No[ ]  N/A | If yes, please explain: |

| **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
 | [ ]  Yes [ ]  No[ ]  Yes [ ]  No | If No, please explain:If No, please explain: |
| 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: |

|  |  |  |
| --- | --- | --- |
| **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 Sage 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 INDIVIDUAL:**

mshaughnessy@mainehousing.org