

**[Insert CoC Name] Continuum of Care
[Insert Year] Monitoring and Evaluation Form**

Instructions: Please complete this form if your agency intends to apply for Renewal McKinney Vento Funding through the **[Insert CoC Name]** Continuum of Care in **[Insert Year]**. If you do not intend to apply for renewal funding, please let **[Insert Agency and Name]** know. All forms and appropriate attachments must be received electronically by the **[Insert CoC Name]** Monitoring Committee contacts, **[Insert contact names]**, no later than **[Insert Dates]**.

Please direct all questions to: **[Insert contact names and email address]**

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

Agency Name: _____

Program Name: _____

Program Type: PSH RRH TH Safe Haven SSO

Project Address (es): _____

Contact Person: _____

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 Summary. Please provide a brief program summary including information about the type of program, population served, and the specific services or operations for which the McKinney-Vento funding was used (1000 character max.).

2. Self Sufficiency. Include information about the services available to participants and how the program will help households work towards and achieve self-sufficiency (1000 character max.).

BUDGET		
<p>3. Check applicable budget line items that utilize HUD and/or matching funds.</p>	<p>ATTACH current project budget approved by HUD</p>	<p><input type="checkbox"/> Leasing <input type="checkbox"/> Rental Assistance <input type="checkbox"/> Operating <input type="checkbox"/> Supportive Services <input type="checkbox"/> HMIS <input type="checkbox"/> Project Administration</p>

AGENCY POLICY AND PROCEDURE**Attach the following documents:**

- **Proof of participation by homeless or formerly homeless person**
- **Policy for inclusion of participants in project**
- **Conflict of Interest policy**

4. There is at least one homeless/formerly homeless person on the Board of Directors or equivalent policymaking entity. 24 CFR § 578.75(g)(1)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please explain:
5. The agency involves homeless individuals and families through employment; volunteer services; or otherwise; in constructing, rehabilitating, maintaining, and operating the project, and in providing supportive services for the project. 24 CFR § 578.75 (g)(2)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please explain:
6. The agency has a general conflict-of-interest policy for staff and Board members. 24 CFR § 578.95(c); 24 CFR § 578.103(a)(11)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please explain:

COG PROGRAM POLICY AND PROCEDURE**Attach the following documents:**

- **Sample standard homeless and chronically homeless (if applicable) verification forms**
- **Project policy and procedure documenting:**
 - **Process for verifying homelessness and chronic homelessness (if applicable)**
 - **Process for documenting disability (if applicable)**
 - **Policy for HQS inspections (if applicable)**
 - **Policy and/or job description for linking youth to education**

7. 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) <i>*Note: Not all CoC Projects are required to service people experiencing chronic homelessness – see program summary on page 1 when reviewing policy</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please explain:
8. Agency has 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, agency makes efforts to get the appropriate documentation. In order of preference: <ul style="list-style-type: none"> • Third party documentation • Intake worker observations • Certification from the person seeking assistance 	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please explain:

COC PROGRAM POLICY AND PROCEDURE

<p>9. 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)</p> <ul style="list-style-type: none"> • 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. 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p>If No or N/A, please explain:</p>
<p>10. If project receives leasing or rental assistance funding, does agency have 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)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p>If No or N/A, please explain:</p>
<p>11. If project serves families or youth, does agency have a policy and 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)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p>If No or N/A, please explain:</p>

PROJECT DATA – ATTACH Most recent project APR

Measure	Result	Explanation if necessary
<p>12. Average Daily Bed Utilization Rate in most recent APR</p>		<p>If below 85% please explain why and describe plans for improvement.</p>
<p>13. % of participants employed at program exit</p>		<p>If below 20% please explain why and describe plans for improvement.</p>
<p>14. % of leavers with increased income</p>		<p>If below 54% please explain why and describe plans for improvement.</p>
<p>15. % of leavers with increased mainstream benefits</p>		<p>If below 56% please explain why and describe plans for improvement.</p>
<p>16. % of leavers moved from transitional to permanent housing</p>		<p>If below 65% please explain why and describe plans for improvement.</p>

17. % of participants who are still in permanent housing or left for permanent housing		If below 80% please explain why and describe plans for improvement.
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HMIS		
<p>Attach the following documents:</p> <ul style="list-style-type: none"> • UDE Data Completeness report • DKR letter grade <p>Follow the link below or copy and paste into your browser to access a video that will explain how to run the “UDE Data Completeness Report”, and how to make any corrections or updates needed to improve your data completeness. http://mainehmis.org/2011/12/07/coc-ude-data-completeness-and-dkr-reports-video/</p> <p>Run an UDE Data Completeness report for this project for the same time frame as your most recent APR Operating Year for each program.</p>		
18. Is your project participating in HMIS?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If No or N/A, please explain:
19. What is your UDE Data Completeness grade?	ATTACH	UDE grade: _____
20. What is your DKR letter grade?	ATTACH	DKR grade: _____

CoC Participation		
Measure	Result	Explanation if necessary
21. # of meetings attended in past 12 months		If below 80% please explain why and describe plans for improvement.

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

Please save this document before returning it as an email attachment, along with all other documentation requested. If your agency does not have access to a scanner, please return this (and all other documents) by email with names and titles typed in, but also print, sign and mail a paper copy of this form for **[Insert CoC Name]** records. All Monitoring returns must be received no later than **[Insert Date]**. After review, the Monitoring Committee will contact you if any they have any further questions or require more information. Thank you, and feel free to contact the committee with any questions.

Email to: **[insert contact email address]**