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| Attachment 1: CHF Agency/ Organizational Capacity Assessment and Certifications |
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1. **Agency Capacity Assessment: Homelessness Program Management Experience:**

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| 1. Describe your agency’s experience and background in working with the homeless population.
2. Provide a description of how your organization uses HMIS, or a comparable database to meet State and Federal standards on data collection, data entry, data quality, reporting and confidentiality requirements.
3. For comparable databases what is the name of the software that your organization uses to record data? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Are you able to produce the Consolidated Annual Performance and Evaluation Report directly from this database?

Y or No  |

1. **Agency Certifications (All Applicants respond to the following questions):**

Write “YES” if the agency performs the function described and “NO” if it does not. Some functions listed in section are compulsory and required for funding.

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| HOMELESS CONSUMER PARTICIPATION |  |  |
| 1. Does the agency have representation of a person who is homeless or formerly homeless on the board of directors or a policymaking entity directly responsible for making policy for the project(s) for which funding is being requested?
 |  |
| **FINANCIAL MANAGEMENT** |  |
| 1. Do the accounting records for the organization (or agency) identify the source and use of all funds, including information on:
 |  |
| -All grant awards received |  |
| -Authorizations or obligations of awards received |  |
| -Un-obligated balances |  |
| -Program income |  |
| -Total actual outlays or expenditures to date |  |
| 1. Are the accounting records of the agency supported by adequate source documentation such that the combination of source documentation and accounting records provides a complete audit trail, documenting when a purchase was requested and by whom, how it was formally approved, what funds were used to pay for it, when it was paid and for how much?
 |  |
| 1. Does the agency use employee timesheets that allow employees to track grant funded time spent on CHF related activities separately from time spent and funded from other resources?
 |  |
| 1. Does the agency have a system in place for maintaining its financial records for four years or until any litigation, claim, audit, or other action involving the records has been resolved, whichever comes later?
 |  |
| 1. Does the organization have in place an effective system of internal controls that:
 |  |
| * Ensures adequate controls over invoice approvals, employee reimbursements and accuracy of payroll reports
 |  |
| * Ensures segregation of duties so that no one person approves, verifies and signs checks
 |  |
| * Ensures adequate oversight of monthly statements
 |  |
| * Ensures that there are protocols in place for preserving electronic records
 |  |
| 1. The agency is an equal opportunity employer in accordance with all federal regulations?
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| 1. In the last two years, there were no fines or liens levied against the agency (paid or unpaid)?

 *Example: a fine for not paying payroll tax.* |  |
| 1. In the last two years, no funds from other grants that serve homeless individuals and/or persons with AIDS/HIV from any other funder were required to be returned?
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| 1. If you answered no to any of the questions above, please explain why?
2. Please briefly describe your organization’s experience, if any, managing federal grants.
3. **Program Certifications**
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| 1. *Homelessness Prevention and Rapid Rehousing/State Rental Assistance Program Requirements: Compliance with CHF Standards: Answer yes, no or N/A to each question.*
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| *Requirement* | *Y, N or N/A* |
| The program has policies and procedures in place to detect fraud (relating to program participant’s eligibility). |  |
| The program follows written rules that describe the length of time that any participant may receive assistance.  |  |
| The program follows written policies that describe the depth of assistance that any participant may receive (maximum length of time) etc. |  |
| The program has a signed rental assistance agreement (signed by landlord and program representative) for each unit supported with CHF rental assistance funds. |  |
| The agency affirmatively markets the program/project to all individuals/families in need of services on a non-discriminatory basis regardless of race, ethnicity, sex, gender, gender identity, national origin, familial status, or disability who may qualify for those services/facilities. |  |
| The program promotes fair housing laws and provides clients with information about fair housing. |  |
| A unit habitability inspection is completed before any housing is approved, plus a lead-based paint visual assessment, as applicable. |  |
| A cost reasonableness survey is completed for each unit supported with CHF funds. |  |
| The program keeps written records for all clients assisted, including documents to determine eligibility under HUD's homelessness definition. |  |
| The program follows written policies for assessing, prioritizing, and reassessing individuals' needs for Rapid Rehousing/State Rental Assistance. |  |
| The program follows written policies and procedures to ensure coordination with other service providers.  |  |
| Case managers assist households to connect with other services, such as employment, job training services, financial management etc. |  |
| Case managers assist households to resolve housing crises that may occur. |  |
| Program participants are required to meet with a case manager monthly. |  |
| 1. *Shelter Program Requirements: Compliance with CHF Standards. Check the following that apply to your shelter (answer yes, no or N/A to each question.*
 |
| *Requirement* | *Y, N or N/A* |
| The agency follows a written schedule for regular habitability inspections of the shelter. |  |
| The shelter was either constructed after 1978, determined to be free of lead-based paint, or the agency follows a regular schedule for lead-based paint visual inspections. |  |
| The agency affirmatively markets the program/project to all individuals/families in need of the facilities/services on a non-discriminatory basis regardless of race, ethnicity, sex, gender, gender identity, national origin, familial status, or disability who may qualify for those services/facilities. |  |
| The agency follows a written reasonable accommodation policy to ensure shelter is provided to persons with disabilities, in compliance with ADA. |  |
| The agency follows written policies to meet the safety needs of victims of domestic violence, dating violence, sexual assault, and stalking. |  |
| The shelter takes steps to ensure meaningful access to programs and activities for limited English Proficiency (LEP) Persons. |  |
| The program complies with HUD’s Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity published on February 3, 2015. |  |
| The agency promotes fair housing laws and provides clients with information about fair housing. (including handing out pamphlet |  |
| The shelter keeps written records for all clients assisted, including documents to determine eligibility under HUD's homelessness definition. |  |
| The agency keeps a written record of all individuals that are denied shelter due to ineligibility. |  |
| The agency follows written policies for admission, diversion, referral, and discharge, including length of stay. |  |
| The agency actively implements shelter diversion strategies. |  |
| The agency follows written policies for assessing, prioritizing, and reassessing individuals' needs for essential services. |  |
| The agency follows written policies and procedures to ensure coordination with other service providers. |  |
| All children served by the program are connected with McKinney Services within the local school system. |  |
| The shelter serves families with minor children and has no restrictions regarding the age or gender of the children. |  |
| 1. *Street Outreach: Compliance with CHF Requirements: Indicate Yes, No or Not applicable*
 | *Y, N, or N/A* |
| The agency follows written policies that describe the standards for targeting and providing essential services. |  |
| The program assists individuals to either access shelter or permanent housing. |  |
| The agency follows written policies and procedures to ensure coordination with service providers.  |  |

1. If you answered no to any of the program certifications above, please explain why?

CERTIFICATION

**To the best of my knowledge and belief, the data in this/these applications submitted is true and correct. The governing body of the applicant has duly authorized this document. The applicant will comply with Federal and State Regulations if Consolidated Homeless Funds are awarded.**

**Warning**: If you knowingly make a false statement on this form, you may be subject to civil penalties under Section 1001 of Title 18 of United States Code. In addition, any person who knowingly and materially violates any required disclosures of information is subject to civil penalty not to exceed $10,000 for each offense.

I certify that I have read and understand all the instructions related to this application and the information provided is true and correct.

Click here to enter text. Click here to enter a date.

Signature of Executive Director Date

Click here to enter text. Click here to enter a date.

Signature of Board President Date

***\*Electronic signatures are acceptable***