

Portland Continuum of Care Monitoring and Evaluation Form

Instructions: Please complete this form if your agency intends to apply for Renewal McKinney Vento Funding through the Portland Continuum of Care (PCOC) during the 2015 NOFA competition. If you do not intend to apply for renewal funding, please let the PCOC Collaborative Applicant know (City of Portland). All forms and appropriate attachments must be received electronically by _____, no later than October 20, 2015.

Please direct all questions to: Jon Bradley and/or Aaron Geyer

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. Please highlight any changes from past years (1000 character max.).

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

BUDGET

3. Check applicable budget line items that utilize HUD and/or matching funds.

ATTACH current project budget approved by HUD

- Leasing
- Rental Assistance
- Operating
- Supportive Services
- HMIS
- Project Administration

COC PROJECT PROCEDURE		
<p>4. 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></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>If No, please explain:</p>
<p>5. Agency 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, agency makes efforts to get the appropriate documentation. In order of preference:</p> <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	<p>If No, please explain:</p>
<p>6. 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>7. a. If project receives leasing or rental assistance funding, does agency 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?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p>If No or N/A, please explain:</p>
<p>8. If project serves families or youth, does agency 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)</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
9. Average Daily Bed Utilization Rate in most recent APR		If below 85% please explain why and describe plans for improvement.
Project Data Upon Client Exit (Leavers)		
10. % of participants employed at program exit		If below 20% please explain why and describe plans for improvement.
11. % of leavers with maintained/increased income		If below 20% please explain why and describe plans for improvement.
12. % of leavers with maintained/increased mainstream benefits		If below 20% please explain why and describe plans for improvement.
13. % of leavers who moved from transitional to permanent housing	N/A	If below 65% please explain why and describe plans for improvement.
14. % of participants who are still in permanent housing or left for permanent housing		If below 80% please explain why and describe plans for improvement.
Project Data for Clients Remaining (Stayers) – Only respond if no one exited the project over the past year		
15. % of stayers with maintained/increased income		If below 20% please explain why and describe plans for improvement.
16. % of stayers with maintained/increased mainstream benefits		If below 20% please explain why and describe plans for improvement.

HMIS		
Attach the following documents:		
<ul style="list-style-type: none"> • HUD UDE Data Completeness Detail Run the “HUD UDE Data Completeness Detail” report for this project for the same time frame as your most recent APR Operating Year for each program. <i>(Monitoring Committee will review monthly data completeness/data quality reports distributed by MaineHousing HMIS staff)</i>		
17. 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:

CoC Participation		
Measure	Result	Explanation if necessary
18. Have you maintained a voting attendance record? <i>(Attend 50% or more of meetings in the past 12 months)</i>		

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

All Monitoring returns must be received no later than October 20, 2015. 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: **Jon Bradley**, jbradley@preblestreet.org