**EHH General Monitoring Questionnaire**

*Revised 9/2018*

Wisconsin Department of Administration

Division of Energy, Housing and Community Resources (DEHCR)

Bureau of Supportive Housing

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| --- |
| **Agency Name**:  |
|  **Agency Representative Completing Questionnaire:** |
|  **Agency Representative Signature:** | **Date**:  |
| **DEHCR Reviewer**: | **Date of Review**:  |
| **Program(s) Being Reviewed**:  |

**Please fill out and return this questionnaire to DEHCR *at least five (5) days in advance* of your scheduled monitoring date.**

If a question asks you to have something **available for review**, have the required document(s) ready at the monitoring visit. Documents can be electronic or hard-copy; they will not be taken by DEHCR staff. If needed, copies will be requested on the day of the monitoring visit. Electronic copies should be clearly labeled and consolidated into one location. Paper documents should be marked with the corresponding question number from this questionnaire. If a question refers to “programs”, it is referring to the program(s) being monitored.

Use the following checklist to ensure you’ve prepared all the required supporting documentation.

|  |  |  |
| --- | --- | --- |
|  | Q1 | Documentation outlining signature authority |
|  | Q5 | List of board of directors or equivalent |
|  | Q9 | Conflict of interest policy |
|  | Q10 | Confidentiality policy |
|  | Q11 | Release of information forms |
|  | Q13 | Nondiscrimination policies regarding beneficiaries and employees |
|  | Q15 | Non-English publications |
|  | Q20 | Emergency transfer plan |
|  | Q21 | Financial Procedures Manual |
|  | Q22 | Payment approval forms |
|  | Q27 | Documentation of agency policies/practices related to using small, local, women- and/or minority-owned businesses for supplies and services |
|  | Q28 | Chart of accounts (applicable portion) |
|  | Q29 | Proof of insurance |
|  | Q30 | Most recent financial audit |
|  | Q32 | Agency budget describing expenses, revenue and match for relevant programs |
|  | Q35 | Cost allocation plan |
|  | Q36 | A payroll record example  |
|  | Q37 | Deposit process documentation for one payment/reimbursement *(if not direct deposit)* |
|  | Q38 | Payroll practices and procedures |
|  | Q40 | Complete backup documentation for one month’s expenditure report |
|  | Q46 | Written Standards of programs |
|  | Q49 | Termination policy  |

**Agency Evaluation Questionnaire**

1. Who has authority to sign contracts on behalf of your agency? Have documentation **available for review**.
2. Has your agency complied with all applicable federal, state, and local laws, ordinances, and regulations in effect during the performance period of the contract? If not, in what areas is your agency non-compliant?
3. Is or has your agency been the subject of any current or past suits, claims, or actions of any nature resulting from any of your operations? If yes, provide details.
4. In the last 12 months, have there been any major challenges or changes in the following areas for your agency? If yes, explain the impact of each.
	1. Fiscal well-being
	2. Agency and program leadership
	3. Board of Directors
	4. Purpose or mission
	5. Ability to provide services as outlined in DEHCR contracts
	6. Other
5. Have a list of your agency’s board of directors (or equivalent policy-making entity) **available for review**.
	1. Are any of your board members (or equivalent) homeless or formerly homeless? *(24 CFR 576.405(a))*
6. How are homeless individuals/families involved in providing services and developing program policies? How is feedback collected? *(24 CFR 576.405(c))*
7. Grantees cannot assign or subcontract administrative work under their agreements with DEHCR without prior authorization from the Division. Has your agency maintained administrative responsibility for the program(s)? *(Contract Article 5)*
8. Have you submitted all reports required for the program(s) in a timely manner? If not, please explain. *(Contract Article 30)*
9. Have a copy of your agency’s Conflict of Interest Policy **available for review**. Do you provide services or contracts to employees, family members, board members, or any person who is in a decision-making position in the agency? *(24 CFR 576.404)*
10. Have a copy of your agency’s Confidentiality Policy **available for review**. *(24 CFR 576.500(x))*
11. Have templates of all release of information forms signed by program participants **available for review**. *(Contract Article 36)*
12. Where are program participant records stored? Who has access to the records? *(Contract Article 36)*
	1. How long are program participant records retained? *(24 CFR 576.500(y))*
13. Nondiscrimination and Affirmative Action Requirements
	1. Does your agency have a Nondiscrimination Policy regarding beneficiaries? Have a copy **available for review**. *(24 CFR 5.105(a), 576.407(b))*
	2. Does your agency have a Nondiscrimination Policy regarding employment and hiring practices? Have a copy **available for review**. *(24 CFR 5.105(a), 576.407(b))*
	3. How does your agency ensure equal opportunity treatment for both employees and beneficiaries?
14. Are programs and services free from religious requirements? If no, please explain. *(24 CFR 576.23(b))*
15. Does your agency have resources and practices in place to communicate with all potential beneficiaries, including those who don’t speak or read English? Detail those resources/practices and have non-English publications **available for review**. *(24 CFR 576.407(b))*
16. In what ways are your facilities accessible to people with disabilities? If your facilities are not accessible, what accommodations does your agency provide to serve clients with disabilities?
17. Are Fair Housing notices posted in a conspicuous place within your agency visible for all to see? *(24 CFR part 110)*
18. What does your agency do to ensure compliance with Drug Free Workplace requirements? *(24 CFR 5.105(d))*
19. How does your agency ensure compliance with anti-lobbying requirements? *(24 CFR 87; Contract Article 37)*
20. Does your agency comply with the Violence Against Women Act (VAWA)? Have a copy of your agency’s emergency transfer plan **available for review**. *(24 CFR 576.409)*

**Financial Management Evaluation Questionnaire** (24 CFR 84)

**Financial Procedures**

1. Does your agency have a Financial Procedures Manual, which provides guidance for controlling expenditures such as purchasing requirements and travel authorizations? Have a copy **available for review**.
2. Describe your agency’s payment approval process step-by-step, including the names and positions for all persons involved. Have copies of all forms used in this process **available for review**.
3. Are your fiscal records, blank checks, petty cash, credit cards, etc. secured in a limited-access area? Who has access to these items?
4. Briefly describe your agency’s segregation of responsibilities to ensure that no one individual has complete authority over an entire financial transaction (i.e. how do you ensure that the person who opens the mail is not the same person who prepares the bank deposit?)
5. Did your agency purchase any property/equipment with DEHCR funds?
	1. If yes, list the purchases and explain the process your agency used. *(24 CFR 84.44 and 85.36; Contract Article 33)*
6. Prior to hiring contractors, do you determine whether they are listed on the federal debarment list? *(24 CFR 5.105(c); Contract Article 38)*
7. Does your agency make every effort to utilize small business, local business, woman-owned business and minority-owned business sources of supplies and services and to hire low to moderate income individuals? Have records of those efforts **available for review**. *(24 CFR 84.44(b) and 85; Section 16.75(3m)(b) Wis. Stats)*
8. Have a copy of your agency’s chart of accounts **available for review**, highlighting the funding source for each program to demonstrate they are accounted for separately.
9. Do you have sufficient insurance, fidelity or surety bonding with theft coverage for board members, employees, and volunteers? If no, please explain. Have a copy of your proof of insurance **available for review**. *(Contract Article 31)*
10. When was your agency’s last audit completed, if applicable? Where there any findings? If yes, what were they and how were they resolved? Have your most recent audit **available for review**. *(Contract Article 29)*
11. Has your agency used DEHCR funds to supplant other funds? If yes, explain how and why.

**Fund Balances**

1. Have a copy of your agency’s budget **available for review**, highlighting revenue, expenses, and match for each program.
2. Are the administrative and project expenditure drawdown requests for the program(s) on schedule? If no, explain why not. Is your rate of expenditure unexpectedly fast or slow in any funding category?

**Program Income** *(money earned by your agency from the use of grant funds) (24 CFR 84.24 & 576.201(f))*

1. Did your agency generate any program income from the program(s)? If yes, explain how the funds were tracked and disbursed.

**Financial Documentation**

1. Have a copy of your agency’s cost allocation plan **available for review**. If you use DEHCR funds for administrative or indirect costs, how do you allocate those costs?
2. **Provide for review** an example of a payroll record.
	1. If salaries, wages, or benefits are being paid by a combination of grant funds, ensure payroll records clearly define payments among the funding sources. Payroll records should demonstrate that both direct and indirect costs are being documented in accordance with generally accepted practices and contract requirements.
	2. For all timesheets, highlight hours worked on each program.
3. Does your agency receive payments from DEHCR through direct deposit?
	1. If no, **provide for review** documents showing the deposit process for one payment/reimbursement from check receipt to bank deposit for each of the programs. Include backup documents such as checks, check/mail logs, deposit slips and receipts, bank statements, etc.
4. **Provide for review** a copy of your payroll practices and procedures related to the program(s).
5. How long do you retain financial records for the program(s)? *(24 CFR 576.500(y))*
6. **Provide for review** one month’s expenditure report with backup documentation. Include the following:
	1. One EHH **expenditure report** (your choice of which month)
	2. Itemized list of **associated expenses** for the report (including match expenses)
	3. **Backup documentation** for EACH expense (including match expenses) used to create the report (provide backup documentation for lead agency expenses only)

*For further guidance on how to complete this question, refer to Appendix 1 of this questionnaire.*

**Program Evaluation Questionnaire**

1. List your agency’s hours of operations and geographic areas served.
2. Does your agency use Homeless Management Information System (HMIS) or an HMIS-comparable database? List the name of the database used. *(24 CFR 576.400 (f))*
3. Describe your agency’s role and involvement in the local Continuum of Care (CoC). How do you coordinate with other homeless and mainstream resources? *(24 CFR 576.400(b))*
4. Describe your agency’s participation in required Point-in-Time homeless count events. *(Contract Program Rule 11)*
5. How do the programs participate in coordinated entry? *(24 CFR 576.400(d))*
6. How do you ensure the programs comply with the local Written Standards? Have a copy of the programs’ Written Standards **available for review**. *(24 CFR 576.400(e))*
7. To receive services, are program beneficiaries required to engage in any activities beyond those outlined in the grant contract? If yes, please explain why and describe those activities.
8. **How** has agency staff been trained in the following areas?
	1. Nondiscrimination
	2. Client rights
	3. Confidentiality
	4. Health and safety
	5. Contract requirements
	6. Program operations
9. **Provide for review** a copy of the termination policy that is provided to program beneficiaries. *(24 CFR 576.402)*

**Appendix 1**

This appendix provides guidance on completing Questions 40 and 41.

The goal of these questions is to break down the total of an expenditure report into its individual expenses.

In addition to the expenditure/match report, you are asked to provide two kinds of documentation:

* Itemized lists of associated expenses for each expenditure/match report
* Backup documentation for EACH expense used to create each expenditure/match report

**Itemized List of Expenses**

DEHCR staff should be able to reconcile your itemized lists to your expenditure report. Itemized lists should include, at minimum, the following information for each expense submitted as part of the report:

* The date of the original charge
* The budget category of the expense
* The vendor (e.g. landlord, utility provider, payroll, etc.)
* A brief description of the expense
* The total amount of the expense

A simple way to organize your itemized lists is in an Excel file formatted similarly to the following table:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Budget Category | Vendor | Description | Amount |
| 4/10/2018 | Rent Assistance | Landlord | Rent Payment | 750.00 |
| 4/15/2018 | Staff Salaries/Benefits | Payroll | Wages – JS (caseworker) | 1,000.00 |
| 4/15/2018 | Staff Salaries/Benefits | Benefits | Benefits – JS (caseworker) | 250.00 |
|  |  |  | TOTAL | 2,000.00 |

**Backup Documentation**

For each expense, provide backup documentation sufficient to demonstrate that your agency was charged a certain amount on a certain date. For most expenses, that means providing either an invoice or a payable with the expense amount, date, and vendor.

Examples of backup documentation for common expenses include:

* Office supplies and related purchases
	+ Original receipt, invoice, or agency payment authorization
* Rent checks
	+ Signed lease OR invoice from landlord OR other agency document authorizing monthly rent payments in the amount of $N to the landlord on behalf of the participant
		- If the agency is not paying 100% of the bill, the document(s) provided should indicate how much the agency is paying
* Utility payments
	+ Utility bill OR other agency document authorizing the utility payment, either once or monthly, on behalf of the participant
		- If the agency is not paying 100% of the bill, the document(s) provided should indicate how much the agency is paying
* Motel vouchers
	+ Original receipt, invoice, or agency payment authorization
* Employee payroll
	+ Original timesheet demonstrating hours worked and to which program they were allocated; AND
	+ Payroll register OR other document demonstrating how much employee was paid, pre-tax
* Employee benefits
	+ Sufficient documentation to demonstrate how much the agency is paying for employee’s benefits, and how often
* Any allocated cost
	+ A list of each type of cost which contributed to the allocated cost pool (e.g. administrative salaries, audit costs, travel)

DEHCR staff may have additional questions depending on the types of cost submitted.