

**Vermont Balance of State Continuum of Care/VT-500  
[Insert Year] Monitoring and Evaluation Form**

**Instructions:** Please complete this form if your agency intends to apply for Renewal McKinney Vento Funding through the Vermont Balance of State 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 CoC 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.).

<b>BUDGET</b>		
3. Check applicable budget line items that utilize HUD and/or matching funds.	<b>ATTACH current project budget approved by HUD</b>	<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
4. Drawdowns at least quarterly	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please explain:
5. Funds fully expended?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please explain:

**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**

6. 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:
7. 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:
8. 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:

**COC 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**

9. 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:
10. 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"> <li>• Third party documentation</li> <li>• Intake worker observations</li> <li>• Certification from the person seeking assistance</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please explain:

**COC PROGRAM POLICY AND PROCEDURE**

<p>11. 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"> <li>• Verification from a professional who is licensed to diagnose and treat condition OR</li> <li>• Disability verified by the Social Security Administration in the form of a VA disability check, or an SSDI check.</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p>If No or N/A, please explain:</p>
<p>12. 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>13. 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>
<p>14. Project implements Housing First</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 and Project Application with any Amendments**

<b>Measure</b>	<b>Result</b>	<b>Explanation if necessary</b>
<p>15. Average Daily Bed Utilization Rate in most recent APR</p>		<p>If below xx% please explain why and describe plans for improvement.</p>
<p>16. % of participants employed at program exit</p>		<p>If below xx% please explain why and describe plans for improvement.</p>
<p>17. % of leavers with increased income</p>		<p>If below xx% please explain why and describe plans for improvement.</p>
<p>18. % of leavers with increased mainstream benefits</p>		<p>If below xx% please explain why and describe plans for improvement.</p>

