Ozarks Alliance to End Homelessness

HUD CoC Grant Project Annual Monitoring Checklist

| Agency Name: | | Grant Number: | | |
|----------------------------|---------------------------|------------------|---|---|
| Grant Name: | | Start/End Dates: | | |
| New/Renewal Grant: | | Award Amount: | | |
| Remaining Balance: | | - | | |
| Annual Monitoring Comp | oletion Date: _ | | | |
| Category | Complete (S / NI / AC) | Notes | 1 st Agency Staff Reviewer Signature | 2 nd Agency Staff Reviewer Signature |
| Program Requirements | | ' | | |
| APR for current grant year | | | | |
| (since last monitoring) | | | | |
| Signed Grant Agreement | | | | |
| HMIS Mandatory | | | | |
| Collection Notice is | | | | |
| posted at intake/data | | | | |
| entry location | | | | |
| Available HMIS Report of | | | | |
| all clients served during | | | | |
| current grant year | | | | |
| Client File Requirements | | | | |
| Files reviewed have | | (See Client File | | |
| necessary required | | Checklist) | | |
| documentation | | | | |
| Files are organized & | | | | |
| consistent | | | | |
| Agency Requirements | | | | |
| Completed Environmental | | | | |
| Review | | | | |
| Standard Operating | | | | |
| Procedures | | | | |

S = Satisfactory NI = Needs Improvement AC = Area of Concern

Written policies
addressing:
Client Intake
Confidentiality
Client Record Keeping
Program Eligibility

Grievance Housing First

^{*}Note: Client File Checklist can be found in the OAEH Annual Monitoring Guide

Ozarks Alliance to End Homelessness

Annual Monitoring Signature Page

| Agency: |
|--|
| Grant Number: |
| The undersigned does, by his/her oath solemnly swear and affirm that he/she is the Executive Director or Authorized Representative of and as such officer or representative of such entity does solemnly swear and affirm that the above Annual Monitoring Checklist is true and complete. |
| Ву: |
| Printed Name: |
| Title: |
| On this day of, 20, before me, the undersigned notary, personally appeared, personally known to me, or proved to me through identification |
| documents and who swore or affirmed to me that the contents of the documents are truthful and accurate to the best of his/her knowledge and belief. |
| |
| Notary Public |

Once fully executed and notarized, a scanned version of this document may be submitted electronically to the OAEH via email. If submitted as such, the undersigned agrees that the signature is to be treated as an original signature and the document (in the form of a photocopy, PDF, or other electronic form) is to be treated as an original document with the same legal effect and enforceability as the original signed document. Regardless, the OAEH in its sole and absolute discretion reserves the right to request an original signed hard copy of the documents as it deems necessary. The undersigned is responsible for retaining an original signed hard copy in his/her files.