**State of California – Department of Housing and Community Development (HCD)**

**Emergency Housing and Assistance Program-Capital Development (EHAPCD)**

**EHAPCD MONITORING CHECKLIST**

***For* EMERGENCY SHELTERS (ES), TRANSITIONAL HOUSING (TH) AND SAFE HAVEN (SH)**

EHAPCD REP:       Contract #:       Site Visit Date:

**Maturity Date:**       **Based on:**

Borrower Name:

Borrower Contact Person/Phone #:

Borrower Mailing Address:

Project Name:

Project Address:

***PRE-SITE VISIT***

**I. DEVELOPMENT (Project) SPECIFICS**

**A. Activity**

|  |  |  |  |
| --- | --- | --- | --- |
| Activity Type | Original Award Amount | *Amended Award Amount* | Disbursed Amount in CAPES |
| 1. Acquisition |        |        |       |
| 2. New Construction |       |        |        |
| 3. Rehabilitation |        |        |        |
| 4. Administrative/ Non-Recurring Costs |       |        |        |
| **TOTALS** |        |        |        |

Have there been any Amendments to the Standard Agreement?       Yes/No

* If YES above, please explain:

**B.**  **Development Type:** (indicate all that apply) Emergency Shelter (ES)       Yes/No

Transitional Housing (TH)       Yes/No

Safe Haven (SH)       Yes/No

**C. Target Population: (check all that apply)**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Domestic Violence Victims | **[ ]**  | 9. Seniors | **[ ]**  |
| 2. Dually - Diagnosed | **[ ]**  | 10. Single Adults | **[ ]**  |
| 3. Families | **[ ]**  | 11. Single Men | **[ ]**  |
| 4. General Homeless | **[ ]**  | 12. Single Women | **[ ]**  |
| 5. Homeless Youth | **[ ]**  | 13. Substance Abusers | **[ ]**  |
| 6. Mentally Ill | **[ ]**  | 14. Veterans | **[ ]**  |
| 7. Persons Living with HIV/AIDS | **[ ]**  | 15. Others: (explain) | **[ ]**  |
| 8. Physically Disabled | **[ ]**  |       |

**II. INSURANCE & REPORTING**

A. Have the following items been received by EHAPCD:

1. Current Liability Insurance on file:       Yes/No Expiration Date:
2. Current Property Insurance on file:       Yes/No Expiration Date:

B. Annual Report (AR): Required #:       # AMC Rec’d:

 Reports Rec’d Years:

***SITE VISIT***

**III. PROJECT SPECIFICS**

**A. Facility Physical Description**:

1.Does the completed development match the work described in the application/scope of work?       Yes/No

If No, explain:

 2. What is the general condition of the project?

3. Are there any visual issues that need to be addressed at this project?       Yes/No

 If Yes, explain:

 4. **(Attach Photos) ![C:\Users\lboyle\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\BVPAD646\large-Digital-camera-compact--0-11126[1].gif]()**

**B. Bed Count**: (Verified at site visit)

|  |  |  |  |
| --- | --- | --- | --- |
|  *\* Per Standard Agreement*  | Emergency Shelter | *Transitional Housing* | Safe Haven |
| 1. \* No. of “New Beds” using EHAPCD funds |        |        |       |
| 2. \* No. of “Preserved Beds” using EHAPCD funds |       |        |        |
| 3. \* Total Bed Count, all funding sources |        |        |        |
| **TOTALS** |        |        |        |
| 4. Total Bed Count at time of site visit |        |        |        |

 Is there a change in the EHAPCD approved bed count ?       Yes/No

If YES above, please explain:

**C. Facility Occupancy Criteria**

1. Emergency Shelters and Safe Havens:
	1. Are the Rules of Occupancy and Maximum Stay conspicuously posted?       Yes/No
	2. What is the process for entering the facility?

1. Transitional Housing (including Domestic Violence Shelters):
	1. Are the Rental Procedures listed in the Policies and Condition of Stay?       Yes/No
	2. Do clients sign and receive a copy of the Policies and Condition of Stay?       Yes/No
	3. Is there a Client sign in/roll sheet and/or for self-sufficiency participation.

       Yes/No

Explain:

**D. Occupancy:**

 1. Average No. persons served Daily per Year:

 2. Average Annual Vacancy Rate:

3. Current Vacancy rate:       (Occupied Beds/Total Beds)

 4. Do you have a waiting list?       Yes/No # on Waiting list

5. List any facilities and organizations you have partnered with who provide alternative shelter accommodations:

Facility Name & Address: Organization Name:

* +
	+
	+

6. Any occupancy issues (high/low vacancy; high/low waiting list, etc.).

 Explain:

**IV. HOUSING COSTS**

A. Are clients required to pay any fee, rent, lease, vouchers, or contributions?       Yes/No If Yes, explain:

1. If YES, What method is used to determine the amount of rent to be charged?

Explain:

1. If NO rent is charged, what actions are taken to prepare client for permanent housing?

B. Is the ten percent (10%) rent "set aside" used for the client to obtain permanent housing?       Yes/No Explain:

1. Are the rent "set aside" funds for each client accounted for separately?       Yes/No Explain:

C. What method is used to track the dates of stay, rents (if collected) and the "set aside" funds? Explain:

**V. Client Services**

A. Does your organization require client participation in at least one self-sufficiency service as a condition of housing?       Yes/No

1. If YES, please list services offered to your clients:
*
*
*
1. How is client participation in self-sufficiency services tracked?

1. Are clients charged for self-sufficiency services other than rent?
	* If YES, please explain:

B. Is transportation provided to clients at no charge to alternative sites and/or off site services?

* If YES, please list the types of transportation provided to clients:

* If NO, how do clients access/pay for transportation needs?

C. Are clients provided referrals or placement to permanent housing?       Yes/No

* How are clients referrals or placement to permanent housing processed?

* How are clients referrals or placement to permanent housing tracked?

**VI. Comments/Notes**

**FOR HCD-AMC USE ONLY - DO NOT WRITE BELOW**

A Has the Department received any written comments regarding the borrower's program?

      Yes/No

If YES, please explain:

Project Response:

B. Client File Review to be completed by AMC at site visit (see attached chart)

 Number of files reviewed:       (standard is review of three files per contract year).

C. Summary of Exit Interview

1. Names and Title of Person(s) in attendance:

1. Items discussed:

C. AMC Manager approval.

1. This EHAPCD monitoring checklist has been reviewed and accepted by the Program Manager:

Program Manger Signature Date