

## Monitoring Checklist: HOME Reservation Rehab Monitoring Tool

**Agency:** \_\_\_\_\_

**Contract(s):** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Contact:** \_\_\_\_\_

**Reviewer:** \_\_\_\_\_

Previous PY Findings? Yes\_\_\_\_\_ No\_\_\_\_\_

Level of Risk: (High, Medium, Low)

If Yes, please describe findings or attach monitoring results letter:

<b>AGENCY POLICIES AND PROCEDURES - (Obtain full policy and procedure manual for file) Rehabilitation Program 24 CFR 92</b>	
Does the agency have a separate manual for HOME rehabilitation program?	
Does the manual specify eligibility screenings of applicants?	
Are there client education procedures?	
Are there procedures for notifying homeowners about awards/rejections?	
Are there specific standards within the manual?	
Contractor selection procedures?	
Does the agency maintain a list of qualified contractors?	
Are there procedures for settling disputes between contractors and clients?	
Does the agency have procedures for flood insurance protection?	
Are there procedures to comply with housing standards 24 CFR 92.251(b) - Describe method used.	
<ul style="list-style-type: none"> <li>• Health and Safety</li> </ul>	
<ul style="list-style-type: none"> <li>• Major Systems- structural support; roofing; cladding and weatherproofing (e.g., windows, doors, siding, gutters); plumbing; electrical; and heating, ventilation, and air conditioning</li> </ul>	
<ul style="list-style-type: none"> <li>• Lead Based Paint</li> </ul>	
<ul style="list-style-type: none"> <li>• Accessibility</li> </ul>	
<ul style="list-style-type: none"> <li>• State and Local Codes</li> </ul>	
<ul style="list-style-type: none"> <li>• UPCS</li> </ul>	
Are there inspection procedures?	
Are there written standards for materials?	
Are there written procedures for evaluating proposals for allowable costs?	
Are there written procedures to determine contractor license, insurance, and debarment?	
Are there written procedures for change orders?	
Are there written procedures for inspection prior to release of payment?	
Are there written procedures that ensure contractor performs in accordance with contract?	

## AGENCY CERTIFICATION

**Agency** \_\_\_\_\_

Describe below any current or pending litigation, allegations, administrative proceedings or investigations by any party, especially any regulatory agency or funding entity, which could potentially impact the reputation or financial viability of the agency. *If none, write "None".*

*"I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT, AND THAT I HAVE DISCLOSED ANY ISSUES THAT COULD IMPACT THE REPUTATION OF THE AGENCY."*

**Printed Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Title** \_\_\_\_\_

**Date** \_\_\_\_\_

**CERTIFICATION OF PROOF OF REVIEW REGARDING CLIENT  
SENSITIVE OR PROPRIETARY INFORMATION**

During the course of monitoring visits, MFA employees may need to acquire knowledge of materials, procedures, and information of a confidential or sensitive nature. MFA staff member \_\_\_\_\_ hereby certifies that any information that was needed for the monitoring visit that is of a sensitive or proprietary nature, as indicated on the monitoring tool, was visually reviewed but not removed from the agency to ensure protection of the client's personal information.

This certification confirms that the program manager's signature/initials on the monitoring tool are certifying that the confidential information has been reviewed during the on-site monitoring visit.

**Documents Reviewed:**

**Client Data**

- Applications: \_\_\_\_
- Eligibility Verification: \_\_\_\_
- Income Verification: (if applicable) \_\_\_\_
- Utility Allowance: (if applicable) \_\_\_\_
- Lease: (if applicable) \_\_\_\_
- HMIS or Osnium records: \_\_\_\_

**Agency Staff Data**

- Employment records: \_\_\_\_
- Application/Resume: \_\_\_\_
- Conflict of Interest: \_\_\_\_
- Confidentiality form: \_\_\_\_
- Board of Director's COI and Confidentiality forms: \_\_\_\_

**Other PII Documents not listed above:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
MFA Program Manager Signature

\_\_\_\_\_  
Documents Review Date



**MONITORING CHECKLIST – ALL PROGRAMS**  
**Fair Housing and Equal Opportunity (FHEO)**

Learn more about FHEO, or contact the Housing Discrimination Hotline: 1.800.669.9777 (Voice) 1.800.927.9275 (TTY)

Question	Y	N	Notes
<b>FHEO Policy</b>			
1. Are FHEO language and logos included on websites and social media? Are FHEO language and logos included in promotional materials, handbooks, policies and procedures manuals, and other program literature? Page No. ____	<input type="checkbox"/>	<input type="checkbox"/>	
2. a. Does the agency appear to be providing services and/or housing without discrimination on the basis of race, color, national origin, religion, disability, sex, or familial status? (Federal Fair Housing Act) b. Does the agency appear to be providing services and/or housing without discrimination on the basis of ancestry, sexual orientation, gender identity, or spousal affiliation? (NM Human Rights Act)	a. <input type="checkbox"/>  b. <input type="checkbox"/>	a. <input type="checkbox"/>  b. <input type="checkbox"/>	
3. Does the agency appear to be providing services and /or housing without discrimination on the basis of age? (Age Discrimination Act of 1975)	<input type="checkbox"/>	<input type="checkbox"/>	
4. Do responses to the Section 504 Certification Form indicate compliance with the federal equal opportunity and accessibility compliance guidelines, and state and local regulations? (Requires verification of 504 Certification) (Section 504 Rehabilitation Act of 1973)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Client/Beneficiary Data</b>			
1. Does the agency maintain client/ recipient/beneficiary information by race, ethnicity, gender, age and disability?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Employment Practices</b>			
1. Do advertisements for employment contain equal opportunity language? Are EEO language and logos included on websites and social media? (The Office of Federal Contract Compliance - Equal Employment Opportunity)	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is documentation maintained regarding hiring, promotions, transfers, demotions, dismissals, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	

**Complaints/Findings of Non-Compliance**

1. Has the agency received any FHEO complaints?	<input type="checkbox"/>	<input type="checkbox"/>	
2. If yes, has the agency taken adequate remedial action?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Has the agency received any determinations of past discrimination?	<input type="checkbox"/>	<input type="checkbox"/>	
4. If yes, has affirmative action been taken?	<input type="checkbox"/>	<input type="checkbox"/>	

**I acknowledge that the information provided above is true and correct.**

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

**MODIFIED GENERAL MONITORING TOOL – NO POLICIES**

Agency:		Date:	
Program:		Reviewer:	
Contract #:		Agency Staff Present:	

**FISCAL OPERATIONS - (Complete Fiscal Operations Test & attach)**

<ul style="list-style-type: none"> <li>• Has MFA received the agency’s most recent annual audit?</li> <li>• What was the year end date of the audit? _____</li> <li>• Did the audit comply with the requirements?</li> <li>• Is the audit in Tracker?</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Is the agency required to procure for an auditor every 3 years? (as outlined in NMAC Section 2.2.2.7.(C)-<b>governmental agencies only</b>)</li> <li>• If yes, did the agency procure within the required 3-year timeframe? If no, did the agency procure for an auditor within the last 6 years? (as outlined in NMAC 2.2.2.8 G(1)(b)(i))</li> <li>• Did the agency choose a different auditor?</li> <li>• Is the appropriate procurement policy included in their fiscal policies and procedures manual? <b>(Obtain proof of most recent auditor procurement)</b></li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

**COST ALLOCATION PLAN – Subpart E 200.416 (2 CFR 200)**

<ul style="list-style-type: none"> <li>• Is the agency receiving administrative funds or are they billing MFA for shared costs from this award? If yes, proceed to the following questions:</li> <li>• Which of the following is used by the agency to bill indirect costs:                         <ul style="list-style-type: none"> <li><input type="checkbox"/> Cost Allocation Plan (provide plan)</li> <li><input type="checkbox"/> Federally Negotiated Rate (provide approved rate documentation from cognizant agency) Rate _____ Cognizant Agency _____</li> <li><input type="checkbox"/> 10% De Minimus Rate (see performance agreement)</li> </ul> </li> <li>• If using a CAP, has the plan been approved and dated within 1 year?</li> <li>• Does the CAP show the methodology of how shared costs are being billed to MFA</li> <li>• Is the agency following their plan based on the indirect costs billed to the program?</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>          Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
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**INSURANCE REQUIREMENTS - Subpart E 200.447 (2 CFR 200)**

<ul style="list-style-type: none"> <li>• Does the agency have insurance coverage that meets the contract requirements? Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>• Is MFA named as an additional insured? Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>• Are insurance premiums paid and current? Yes <input type="checkbox"/> No <input type="checkbox"/></li> </ul> <p>Policy # _____</p> <p>Invoice Date _____</p> <p>Total Invoice Amt. _____</p> <p>Total Premium _____</p> <p>Check # (or proof of payment) _____</p> <p>Amount of Payment _____</p> <p>Date of Payment _____</p> <p>Date Payment Cleared Bank _____</p> <p><b>(Obtain copy of insurance invoice and payment information)</b></p>	
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**PERSONNEL - Subpart E 200.413 (2 CFR 200)**

<ul style="list-style-type: none"> <li>• Are any staff members paid from the grant funds? If yes, complete Personnel File Checklist and Personnel Billing Review Tool. Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>• Does the agency have a satisfactory policy/procedure for documenting personnel expenses? Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>• Are Personnel Activity Reports used to track time spent on the grant? If not, how is time tracked? _____ Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>• If a staff member is paid from more than 1 source of grant funds, is there adequate documentation to support the time billed to each source? Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>• Are the activities performed under the grant allowable? Yes <input type="checkbox"/> No <input type="checkbox"/></li> </ul>	
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Agency Name

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MFA Program Manager Signature

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