Pre-Screening Form
(To be completed by site visitors – No Points)

Agency Name: _____Project Name _____

Contact Name: _____ **Phone:** _____

Email: _____

Address: _____

Type of HUD Funding (choose all that applies):

HMIS: _____   **Permanent Housing (PH)** _____   **Temporary Housing (TH)** _____
Social Services Only (SSO) _____

1. What population does the program serve (check all that applies)?
   - ☐ Single Adults'   ☐ Families (with children under age 18)
   - ☐ Veterans   ☐ Other: _____
   - ☐ Chronic Homeless   ☐ Homeless   ☐ Disabled   ☐ Other: _____

2. If program work with families, does the program ensure that a staff person has designated responsibility for ensuring that children are enrolled in school and connected to appropriate services in the community?
   - ☐ Yes   ☐ No, if no explain: _____

3. The program has access to specialized resources for consumers in the program to meet the unique needs of consumers with psychosocial barriers (i.e., substance use counseling, psychiatric services, bilingual materials, interpreter) and / or physical disabilities (i.e., large print, Braille materials, ADA requirement for accessibility that were in place at time of original grant award)?
   - ☐ Yes   ☐ No, if no explain: _____

4. The project has a tracking system in place that tracks the status of the award through the technical submission, grant agreement, development activities, start of operations, amendments, end of operations and renewals. The tracking system also communicates dates of submission of APR's audits, and required monitoring remedies / sanctions.
   - ☐ Yes   ☐ No, if no explain: _____

5. What percentage of NOFA program staff attend professional development training (other than diversity trainings such as Drug Free Workplace training) within the last calendar year? _____%

6. What percentage of NOFA program staff participated in diversity training (which may include topics such as race, cultural, religion, sexual orientation, gender or age, and affirmation action recruitment policy of agency) within the last calendar year? _____%

   *Please attach list of all mandatory staff trainings.

Threshold Questions:

1. Does the agency provide for the participation of at least one homeless or formerly homeless individual on the board of directors or other equivalent policymaking entity?
   ☐ Yes   ☐ No, if no explain: _____
   ___Initials

2. Does the agency have a clean, independent financial audit completed within 6 months of the end of the fiscal years?
   ☐ Yes   ☐ No, if no explain: _____

3. Can agency demonstrate that it has met its payroll obligation consistently for at least the last 6 months?
   ☐ Yes   ☐ No, if no explain: _____

4. Can the agency demonstrate overall fiscal capacity to continue operating all of its HUD CoC Grant?
   ☐ Yes   ☐ No, if no explain: _____

Program Specifics:

1. The agency ensures that HUD-funded services are made available to all eligible persons, according to the agency's eligibility policies, and does not discriminate on the basis of marital or familial status, political or religious belief, ethnic group identification, medical condition, sexual orientation, military status, or physical / mental disability.
   ☐ Yes   ☐ No, if no explain: _____

2. The agency has internal controls to ensure that grant funds are being used appropriately; to control waste, theft and inefficiency, to ensure accuracy and reliability of financial information, and to encourage compliance with policies.

☐ Yes ☐ No, if no explain: _____

3. The agency has a system in place to accurately track grant matching (25% match / leverage for all HUD Funds) as it is expended.

☐ Yes ☐ No, if no explain: _____

_____

*Please attach most current log of grant matching totals.

4. The agency has a system in place for maintaining its financial records relative to the grant for three years from its last expenditure report to HUD, or until any litigation, claim, audit or other action involving the records has been resolved, whichever comes later.

☐ Yes ☐ No, if no explain: _____

5. The agency has the following written notice that is posted / distributed to consumers, and that the rights of each consumer, which, addresses each of the following?

- Non-discrimination _____ Yes _____ No
- Consumer grievance and redress procedures _____ Yes _____ No
- Confidentiality policies _____ Yes _____ No
- **Conflict of interest policy** **_____ Yes _____ No**
- Consumers rights and responsibilities _____ Yes _____ No
- Written eligibility criteria _____ Yes _____ No
- Consumer has ability to provide anonymous feedback * explain "no" on next page _____ Yes _____ No

WHAT IS YOUR AVERAGE DAILY CENSUS?

PLEASE SUBMIT A COPY OF YOUR FINANCIALS

Did agency have to return any money from previous years? _____ Yes _____ No
If "yes" why was money not spent: _____
Certification:

_____ **By checking this box and entering the Authorized Representative name in the space below, I certify that the information throughout the application is true, complete, and accurate to the best of my knowledge.**

_____ **Signature**

_____ **Title**