2017 HUD CoC Competition Evaluation Instrument

For all HUD CoC-funded projects in the Chicago Continuum of Care
General Instructions
Each year, as the Collaborative Applicant, All Chicago carries out an evaluation of all agencies and projects applying for renewal HUD Continuum of Care (CoC) funds. In 2017, all agencies receiving HUD CoC funding must submit an Evaluation Instrument. This includes projects formerly classified as Supportive Housing Program (SHP), and Shelter Plus Care (SPC). The CoC program funds Permanent Housing (PH), Rapid Re-housing (RRH), Transitional Housing (TH) and Supportive Service Only (SSO) programs.

The 2017 Evaluation Instrument contains 2 sections, the Agency Component (worth 17 points) and the Project Component (worth 63 points). All agencies must submit one Agency Component, followed by Project Components for each project receiving HUD CoC funding that had a grant period operating between January 1, 2016 to December 31, 2016. Please note, all former Shelter Plus Care (Long Term Rental Assistance or LTRA) projects must submit an evaluation, regardless of renewal date. All agencies are required to utilize the 2017 Instruction Manual to complete the Evaluation Instrument. If you have questions, please email CoCPrograms@allchicago.org.

Attachment Checklist for Submission
This checklist is provided to aid you in ensuring your submission is complete. Please refer to the Instruction Manual for detailed information on how to submit the Evaluation Instrument.

Threshold Section
☐ Most recent Audit Report & Management Letter
☐ Including A133 (if applicable)
☐ Waiver Request letter for any “No” response (if applicable) (Q1-Q3)

A. Agency Certification Checklist
No attachments necessary for this section

B. Agency Governance
☐ Policies and Procedures for Continuous Quality Improvement

C. Consumer Focus and Representation
☐ Consumer Rights documentation

Additional Financial Review
☐ TWO (2) most recent Employer’s Quarterly Federal Tax Returns, Form 941
☐ Most recent 990 IRS Form: Return of Organization Exempt Form Income Tax
☐ Explanatory Letter for any “No” response (if applicable) (Q1-Q3)
Cover Page Information

Agency Information

Agency Name

Associated HUD Project Names
1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Project (include all CoC-funded projects)
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

Project component must be filled out for each project.

Primary Contact Information for Agency Component

<table>
<thead>
<tr>
<th>Contact Name</th>
<th>Contact Phone Number</th>
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<tr>
<td>_____</td>
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Contact Title

Contact Address + City, St, Zip

Contact Email Address


Threshold Questions
Threshold questions must be answered affirmatively, if applicable, in order to be considered for renewal funding. If the question is applicable, and if an agency cannot answer affirmatively, an explanatory letter must be submitted for review. Reviewers may request additional information, and will determine if the agency is eligible for a threshold waiver.

1. Does the agency agree to maintain the confidentiality of non-HMIS records pertaining to any individual or family who receives family violence prevention or treatment services with HUD CoC funding?

<table>
<thead>
<tr>
<th></th>
<th>□ Yes</th>
<th>□ No</th>
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2. 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?

   If “Yes, other equivalent policymaking entity,” please describe the entity, its nature, and how the person is able to participate in the space below:

   ______

<table>
<thead>
<tr>
<th></th>
<th>□ Yes - Board</th>
<th>□ Yes - Other</th>
<th>□ No</th>
<th>□ N/A – Government Agency</th>
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3. Does the agency have a clean, independent financial audit completed within 9 months of the end of the fiscal year?

   □ Audit Report & Management Letter attached (required)
   □ A133 attached (required, if applicable)

<table>
<thead>
<tr>
<th></th>
<th>□ Yes</th>
<th>□ No</th>
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Additional Financial Review

For planning purposes, Chicago’s CoC is developing a plan to ensure that agencies are financially stable enough to continue operating the HUD CoC grant, therefore, these questions will be used to assess all agencies. All attachments are required, though a “No” response to any of these questions will not automatically result in any action being taken. If the question is applicable, and if an agency cannot answer affirmatively, an explanatory letter must be submitted for review by All Chicago.

1. Can the agency demonstrate that it has met its payroll obligations consistently for at least the last 6 months? ☐ Yes ☐ No
   ☐ Agency’s TWO (2) most recent Employer’s Quarterly Federal Tax Returns, Form 941 are attached. Provide 2 most recent quarterly statements (required)

2. Can the agency demonstrate overall fiscal capacity to continue operating all of its HUD CoC grants? ☐ Yes ☐ No
   ☐ Agency’s most recent 990 IRS Form: Return of Organization Exempt From Income Tax attached (required)

3. Has the agency executed grant agreements for all of its HUD CoC grants for the term beginning in 2016? ☐ Yes ☐ No
A. Agency Certification and Site Visit Requirements

The certification checklist is a way for agencies to demonstrate compliance with the standards outlined by HUD and the Chicago CoC, without having to submit the extensive documentation required in the past. The certification checklist must be completed and signed by an Authorized Representative of the agency and verify that the required standards and documentation are in place. All Chicago, in conjunction with the Service Providers Commission and the Lived Experience Commission, will be conducting site visits to selected agencies and will request the supporting documentation to support any responses below.

Grant Management

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

2. The agency has a system in place to accurately track grant matching as it is expended.

3. The agency compares actual expenditures for the grants with the budgeted amounts (including the amounts budgeted for each eligible expenditure category) on a regular, ongoing basis per grant agreement.

4. The agency has cash management procedures in place to ensure that payment for project costs have already occurred, or will occur within 3 business days of the date of the deposit of grant funds.

5. The agency has accounting procedures in place to ensure that expenditures are supported by appropriate documentation, including time and activity sheets for wages, and that program costs are eligible under the grant program.

6. The agency has a system in place for maintaining its financial records relative to the grant 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.

7. The agency has internal financial controls in place that ensure duties are divided, or segregated, among distinct staff persons to reduce the risk of error or inappropriate actions.

Staff Policies and Procedures

8. The agency has written documentation of staff rules and regulations that includes job descriptions, job duties and responsibilities that staff receives upon hire.

9. The agency has the following Human Resource policies in place and provides training on:

   a. Sexual harassment
   b. Non-discrimination
### c. Whistle blower policies that protect against retaliation

- Yes
- No

### d. Employee Code of Conduct

- Yes
- No

### e. Employee and consumer grievance procedures

- Yes
- No

### f. Confidentiality policies

- Yes
- No

### g. Conflict of interest policy

- Yes
- No

### h. Explanation of employee benefits

- Yes
- No

### i. Employee expectations (work hours, calling off work, performance management and review, confidentiality, discipline and termination of employment)

- Yes
- No

### j. Safety and evacuation procedures to ensure safety of staff and consumers

- Yes
- No

### 10. The agency has written staff evaluation procedures and forms to ensure all agency staff, which has been employed for at least one year, participated in an evaluation process that occurs at least annually.

- Yes
- No

### 11. The agency has a practice or policy that ensures all staff participates in supervision that occurs at least monthly.

- Yes
- No

### 12. The Agency is able to provide documentation that demonstrates any of the following to support staff in providing the housing first approach:

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>a.</td>
<td>On-site, ongoing support (ex: regular group supervision, regular supervision, team meetings)</td>
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</tbody>
</table>
|   | Yes
|   | No |
| b. | Off-site, ongoing support (ex: from peers, roundtables, constituency groups) |
|   | Yes
|   | No |

### Homeless Management information System (HMIS) Policies and Procedures

### 13. The agency is able to demonstrate a posting of the Standard Agency Privacy Posting displayed where consumers can easily view the sign.

- Yes
- No
- N/A – DV Agency

### 14. If the agency has a website, is the Standard Agency Privacy Practice Notice posted on the website? If Yes, please include a link to the notice here: _____

- Yes
- No
- No Website
- N/A – DV Agency

### 15. The agency is able to demonstrate that all HMIS Users at the agency have signed the HMIS End User Policy and Code of Ethics.

- Yes
- No
- N/A – DV Agency
## Consumer Focus and Participation in Agency Operations

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<tr>
<td><strong>16.</strong> The agency has a written policy 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.</td>
<td>Yes</td>
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<tr>
<td><strong>17.</strong> The agency is able to provide documentation that demonstrates the direct consumer input to the Board or other policymaking entity (i.e. agenda/minutes where consumer input was discussed with Board representation present).</td>
<td>Yes</td>
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<tr>
<td><strong>18.</strong> The agency is able to provide documentation that demonstrates volunteer opportunities or other ways to engage consumers or former consumers in the community or within the agency.</td>
<td>Yes</td>
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<tr>
<td><strong>19.</strong> The agency is able to demonstrate how the feedback received from Consumer Engagement Sessions or Consumer Satisfaction Surveys were implemented based on the narrative provided during the Evaluation Instrument process.</td>
<td>Yes</td>
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B. Agency Governance: 4 Points

It is the priority of the Chicago CoC to ensure that all agencies operate under the highest quality of standards, and continually seek to improve, as they further the goal of ending homelessness. The following questions seek to assess CoC involvement and continuous quality improvement. Questions in the Certification Checklist are also related to this category.

1. Does someone from your agency participate as an active member of any of the following committees/commissions (2016 Membership)? If Yes, please complete chart below.

   ☑  For
   Yes
   ☐  No

<table>
<thead>
<tr>
<th>CoC Committee/Commission</th>
<th>Name of Member(s)</th>
</tr>
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<tbody>
<tr>
<td>Chicago CoC Board of Directors</td>
<td></td>
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<tr>
<td>System Performance and Evaluation Committee (SPEC)</td>
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<tr>
<td>HMIS Committee</td>
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<tr>
<td>Membership Committee</td>
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<tr>
<td>Coordinated Access Steering Committee</td>
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<tr>
<td>Taskforce on Homeless Youth</td>
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<tr>
<td>Plan 2.0 Employment Task Group</td>
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<tr>
<td>Service Providers Commission Executive Committee</td>
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<tr>
<td>Service Providers Commission</td>
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<tr>
<td>Collaborative Applicant Committee</td>
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<tr>
<td>Charter Amendment and Interpretation Committee (CAIC)</td>
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<td>Plan Advisory Committee</td>
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<td>Advocacy Committee</td>
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<td>Constituency Groups (list name of group(s) below):_____</td>
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<tr>
<td>Other:_____</td>
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2 points for Yes and completed chart.

Responses verified with Committee Rosters and Attendance

2. The agency has standards or policies in place to ensure that continuous quality improvement processes are used to improve project operations for the following:

   ☑  Yes
   ☐  No

   - Assessment of project performance
   - Measurable goal setting
   - Data collection and monitoring
   - Scheduled review of participant charts
   - Correction plans if standards are not met
   - Established process for reporting outcomes and performance throughout agency

2 points for Yes and attachments

Agency has attached policy or policies for all of the above (required). See Instruction Manual for details on acceptable documentation.
C. Consumer Focus and Representation: 13 Points

It is a priority of the Chicago CoC to ensure that all services reflect the expressed needs of persons who are experiencing homelessness. The CoC believes that when consumers are provided opportunities to contribute experiences and expertise related to the assistance and services that they receive, projects and the continuum are strengthened.

1. Does the agency’s Board (or an equivalent policy-making entity) presently have a member who is currently housed in your project, or who is homeless, or was previously homeless within the last 10 years?  
   - Yes  
   - No  
   1 point for Yes

2. Does the agency provide avenues for direct consumer input to the Board of Directors for the agency, other than administering a consumer survey or having active membership on the Board (or equivalent policy-making entity)?  
   - Yes  
   - No  
   1 point for Yes

3. Describe the process for consumers to provide anonymous feedback.  
   Please provide a narrative that describes how the process is made anonymous and prevents negative consequences in the space below.  

4. Does the agency have a written notice that is posted/distributed to consumers, and that documents the rights of each consumer, which, at minimum, addresses and clearly describes each of the following items listed below:  
   - Confidentiality  
   - Non-discriminatory practices  
   - Right to refuse services and have consequences, if any, explained  
   - Prohibition of conflict of interest or code of ethics (as relates to consumer/staff relationships)  
   - Redress and grievance process  
   - Consumer Rights documentation attached (required).

5. Does the agency encourage consumers to participate in the day-to-day operations of the agency? If Yes, please complete the chart below.  
   - Weekly “house” or “floor” meetings  
   - Elected resident councils  
   - On-site employment opportunities for consumers (not employment services)  
   - Off-site group and/or individual feedback  
   - Self-led, volunteer projects  
   - Other: ____  
   1 point for Yes and completed chart
6. Does the agency currently (or within the last year) employ consumers or former consumers of homeless services?

☐ Yes 1 point for Yes
☐ No

7. Does the agency regularly receive and respond to feedback from consumers?

If Yes, please first indicate how the agency receives feedback in chart (select all that apply):

<table>
<thead>
<tr>
<th>☑ For Yes</th>
<th>Feedback Process</th>
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<tbody>
<tr>
<td>☐</td>
<td>Selected for a 2016 Consumer Engagement Session*</td>
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<tr>
<td>☐</td>
<td>Conducts at least annual consumer satisfaction surveys</td>
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<tr>
<td>☐</td>
<td>Other (please specify): ______</td>
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*Agencies selected for a Site Visit in 2016 also participated in a CES. If you did not participate in a Site Visit/CES in 2016, please do not check this option.

The agency must demonstrate through narrative how it responded to the feedback received through the process indicated above:

Describe at least one issue that arose from feedback. Those participating in a 2016 CES must respond to an issue that arose from this session. ______

How did the agency resolve the issue or how is it planning to resolve the issue if not already resolved? ______

How will the agency communicate this response to consumers? ______

Certification

☐ By checking this box and entering the Authorized Representative name in the space below, I certify (1) to the statements contained in certification checklist (2) that the information throughout the application is true, complete, and accurate to the best of my knowledge and (3) all supporting documentation will be made available if selected for a site visit conducted by CoC representatives and All Chicago staff.

__________

Authorized Representative Signature (type name and title)

Please refer to the detailed instructions for a definition of authorized representative.