

**Bergen County Continuum of Care  
2021 Desk Monitoring Questionnaire**

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

**Project Name:** \_\_\_\_\_

<b>CLIENT REVIEW (9 possible points)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Score</b>
1. Are clients eligible based on homeless status?				
2. Are clients eligible based on disabling conditions?				
3. Do the clients served in the project match the subpopulations the project has applied for?				
Notes:				

<b>HMIS COMPLIANCE (8 possible points)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Score</b>
1. Does the project's HMIS data have less than 10% of responses for Universal Data Elements listed as "don't know" or "refused"?				
2. Does the project's HMIS data have less than 10% of responses for Universal Data Elements as null or missing values?				
3. Does the project intake clients within the required 48 hour window?				
4. Does the project input the required annual updates within the 60 day window?				
Notes:				

<b>CLIENT FEEDBACK/STAFF TRAINING (5 possible points)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Score</b>
1. Does the agency administer a client satisfaction survey for this project?				
2. Does the agency provide clients with the rules and regulations for the project?				
3. Does the agency provide clients with a means of expressing and resolving a complaint or appeal?				
4. Is there a grievance procedure for the project?				
5. Does project staff have appropriate training for the level of services required for the grant?				
Notes:				

<b>FINANCIAL REVIEW (12 possible points)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Score</b>
1. Is the project sufficiently utilizing the funds awarded?				
2. Is the project drawing down funds from LOCCS on at least a quarterly basis?				
3. Does the agency have current/signed MOUs with any agency that is providing any service or administrative activity for the project?				
4. Is the adequate match being provided by the project for all funds requested?				
Notes:				

<b>PROJECT ADMINISTRATION (6 points)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Score</b>
1. Did the project submit the most recent Annual Performance Report to HUD within the 90 day window?				
2. Does the agency have a copy of the most recently signed grant agreement with HUD for this project?				
3. Does the project have any outstanding audit/monitoring findings with HUD?				
Notes:				

<b>Coordination &amp; Housing First (5 points)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Score</b>
1. Does the agency fill vacancies through the coordinated assessment process?				
2. Do program policies reflect use of coordinated assessment process?				
3. Does program eligibility and termination criteria support Housing First framework?				
Notes:				

**Total Score:** \_\_\_\_\_

<b>Additional Notes/Comments:</b>
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**Completed by:** \_\_\_\_\_

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