

HOW SUBRECIPIENTS SHOULD PREPARE FOR MONITORING

FHFC monitors recommend the following “TO DO” list in preparing for monitoring:

1. Prepare an Essential Documents Binder

The Essential Documents Binder is a collection of the pertinent information that forms the basis of the Subrecipient’s administration of program funds. The Binder should include as applicable:

- a. Office Policy and Procedures Manual
- b. Organizational Chart
- c. CRF Subrecipient Agreement (executed copy)
- d. Approved program uses (strategies)
- e. Interlocal Agreement
- f. Sub-Grantee and/or Sponsor contractual documents (executed)
- g. Monitoring Plan (Subrecipient Monitoring of Sub-Grantees and/or Sponsors)
- h. Program office financial internal tracking
- i. CRF Fund Chart of Accounts
- j. Periodic Reconciliations (Program office internal tracking to Finance Office CRF Fund accounts)
- k. Advertisement of the Availability of Funds
- l. Written Record Retention Policy (the Subrecipient’s)
- m. File Checklists (for each strategy used)

2. Organize Eligible Person, Household, Unit files

Files should be organized to aid with a timelier examination of documents. Files should be organized in sections, with each section labeled and identifying the documents to be found in the section. Recommended sections (with files to include) are:

- a. *Application Intake*
 - Application for Assistance
 - Signed Disclosures (False Statements, Public Records, Collection & Use of SSN, Consent/Authorization to Release Information)

b. *Determination of Eligibility & Notice of Award*

- Self-Certification of Income and COVID Hardship
- Subrecipient mandated eligible person or unit documentation (Compliance with requirements)
- Notice of Award / Letter of Commitment

c. Documents to Support Payments Made

(The following are only examples; exact documents will depend of the type of strategy under which assistance was provided)

- Lease Agreement
- Notice of Past Due Rent
- Notice of Past Due Mortgage Payments

d. *Payments*

- Payment Requests
- Invoices
- Verification of Payment (copy of check; EFT notice, etc.)

e. *Recorded Documents*

- CRF Lien Document (included subsequent modifications or amendments)

3. Organize Sub-Grantee and/or Eligible Sponsor files

Files should be organized to aid with a timelier examination of documents. Files should be organized in sections, with each section labeled and identifying the documents to be found in the section. Recommended sections (with files to include):

a. *Executed Contractual Document*

- An Executed copy of the contract or agreement between the Subrecipient and the Sub-Grantee or Sponsor, including amendments

b. *Documentation of Subrecipient Monitoring Activities*

- Various documents and files that evidence the Subrecipient's periodic monitoring of the Sub-Grantee or Sponsor's compliance in performing the terms and conditions of the contract or agreement

c. *Payments*

- Payment Requests
- Invoices
- Proof of Payment (copy of checks, EFT, etc.)

d. *Periodic Reconciling / Auditing*

- Subrecipient reconciling of payments to the contract amount
- Subrecipient's internal audit or other internal control procedures to verify the accuracy of payments and uses of funds.



**Coronavirus Relief Fund (CRF)
CRF Program Questionnaire
Fiscal Year 2020- 2021**

Subrecipient Name:	_____
County Name:	_____
Administrator Name:	_____

Please provide detailed responses to the following questions.

GENERAL INFORMATION

Program Office – Location

1. What is the name and location within the Subrecipient’s organizational chart of the program unit (office/department/division) responsible for administering funds provided under the CRF Subrecipient Agreement?

RESPONSE:

Identity and Contact Information – Chief Elected Official

2. Please provide the following information for the Subrecipient’s Chief Elected Official.

Chief Elected Official – Contact Information	
Name:	
Job Title:	
Email Address:	
Physical Address:	
Phone Number:	

FL Division of Emergency Management – Coordination with FHFC CRF Funding

3. If additional CRF funding has been received by the Subrecipient through the Florida Department of Emergency Management (DEM), and these DEM funds are also used for housing-related activities, please describe the processes and controls enacted to prevent a duplication of benefits.

RESPONSE:

Sub-Grantee(s)

4. Using the table below, please indicate whether a contract/agreement has or will be executed with one or more Sub-Grantees to administer any portion of the CRF. **INSERT ADDITIONAL ROWS AS NEEDED.**

List of Sub-Grantees Administering Any Portion of the CRF			
Sub-Grantee Name	Program/Strategy or "ALL"	Total Paid from CRF	# of Units Assisted
OR	<input type="checkbox"/>	Use the checkbox to indicate no Sub-Grantees were used.	

Request for Documentation #1

Attach to the completed questionnaire a copy of the executed agreement/contract (including amendments) for each Sub-Grantee compensated for administrative services associated with the CRF Subrecipient Agreement.

Eligible Sponsor(s)

5. Using the table below, please indicate whether a contract/agreement has or will be executed with one or more Eligible Sponsors to deliver services under the CRF Subrecipient Agreement. **INSERT ADDITIONAL ROWS AS NEEDED.**

List of Eligible Sponsors Awarded CRF Funds			
Sponsor Name	Housing Activity Under Which Award was Provided	Award Amount	# of Units Assisted
OR	<input type="checkbox"/>	Use the checkbox to indicate no Eligible Sponsors were used.	

Request for Documentation #2

Attach to the completed questionnaire a copy of the executed agreement/contract (including amendments) for each Sponsor awarded funds to aid in the delivery of services associated with the CRF Subrecipient Agreement.

Housing Counseling Services Provider(s)

6. Using the table below, please indicate whether CRF funds have or will be used for costs associated with housing counseling services provided under a contract/agreement with non-Subrecipient staff. **INSERT ADDITIONAL ROWS AS NEEDED.**

List of Housing Counseling Services Providers Compensated with CRF Funds			
Provider Name	Housing Activity Under Which Counseling was Provided	Total Compensation Amount	# of Participants Assisted
OR	<input type="checkbox"/>	Use the checkbox to indicate no Housing Counseling Providers were used.	

Request for Documentation #3

Attach to the completed questionnaire a copy of the executed agreement/contract (including amendments) for each Housing Counseling Services Provider awarded funds to aid in the delivery of services associated with the CRF Subrecipient Agreement.

Interlocal Agreements

7. Using the table below, provide information regarding an established Interlocal Entity responsible for administering the Subrecipient’s allocation of CRF funds under an executed Interlocal Agreement. **INSERT ADDITIONAL ROWS AS NEEDED.**

Interlocal Agreement - List of Participating CFR Subrecipients		
Subrecipient Names	Adopted Ordinance #	Adopted Resolution #
OR	<input type="checkbox"/>	Use the checkbox to indicate no Interlocal Entity / Agreement exists.

Request for Documentation #4

Please attach to the completed questionnaire a copy of the Interlocal Agreement (if applicable), including required ordinances and adopted resolutions.

Annual Gross Income

8. Using one of the checkboxes below, indicate the definition of “Annual Income” used in income-qualifying an Eligible Person or Household.

Annual Gross Income Definition	
<input type="checkbox"/>	<ul style="list-style-type: none"> • annual income as defined under the Section 8 housing assistance payments programs in 24 C.F.R. part 5;
<input type="checkbox"/>	<ul style="list-style-type: none"> • annual income as reported under the census long form for the recent available decennial census; or
<input type="checkbox"/>	<ul style="list-style-type: none"> • adjusted gross income as defined for purposes of reporting under Internal Revenue Service Form 1040 for individual federal annual income tax purposes.

Subrecipient (Locally) Mandated Eligibility Requirements

9. Using the table below, list any additional eligibility requirements (used in determining an Eligible Person, Household, or Unit) not included in the Subrecipient Agreement but which have been established and are required by the Subrecipient. **INSERT ADDITIONAL ROWS AS NEEDED.**

Subrecipient-Mandated Eligibility Requirements		
Requirement	Associated Housing Activity	Source for Verification of Eligibility
OR	<input type="checkbox"/>	Use the checkbox to indicate no locally mandated requirements.

10. Using the table below, list any award maximums that have been established for housing activities **(INSERT ADDITIONAL ROWS AS NEEDED):**

Housing Activity Name	Award Maximum
OR	<input type="checkbox"/> Use the checkbox to indicate no locally mandated requirements.

11. Using the table below, list the loan terms associated with housing activities provided in the form of either a deferred or hard pay loan **(INSERT ADDITIONAL ROWS AS NEEDED):**

Housing Activity Name	Loan Terms (Loan Type, Interest Rate, Recapture, Default, Forgiveness)
OR	<input type="checkbox"/> Use the checkbox to indicate no loan assistance provided.

ADMINISTRATIVE REQUIREMENTS

Establishment of a CRF Trust Fund

12. Was a separate CRF Trust Fund established or were CRF funds deposited into an existing “pooled” account?

RESPONSE:

- a. If a funds were deposited into a pooled account, describe how CRF funds are segregated from moneys associated with other funding sources maintained within the same account.

RESPONSE:

Request for Documentation #5

Attach to the completed questionnaire the following:

- **A copy of the most recent bank statement for the account to which CRF funds were deposited.**
- **A copy of the Subrecipient’s CRF Chart of Accounts**

Eligible Housing Activity and Award Form

13. Using the table below, list the housing activities (strategies) under which CRF funds will be delivered. For each, please state whether the assistance will be provided as a grant, deferred loan, or hard-pay loan. **INSERT ADDITIONAL ROWS AS NEEDED.**

Housing Activity Name	Award Form

Advertisement of Availability of CRF Funds

14. Was an advertisement published as required under the Agreement?

RESPONSE:

Request for Documentation #6
<p>Attach to the completed questionnaire a copy of:</p> <ul style="list-style-type: none"> • The NOFA published regarding funding associated with the applicable State fiscal year (including the publisher affidavit including the name of the publication and the date published; OR • A copy of the waiting list used to award funding.

File Management / Retention

15. Describe the process used to ensure all files and records pertaining to all CRF applicants (approved or denied); or Eligible Persons, Households, Sub Grantees, or Sponsors are being maintained in accordance with the Agreement. Each file must contain sufficient and legible documentation necessary to establish eligibility for, and payment of, CRF payments.

Using the table below, list all specific documents that are to be maintained for each housing activity approved for the delivery of CRF activities under the Agreement.

Housing Activity (Strategy) Name	Required Documents

NOTE:

- If File Checklists have been established for each approved strategy, those may be submitted in lieu of listing the documents here.
- If certain documents are maintained by another organizational unit of the Subrecipient, please provide the name of the unit.

Request for Documentation #7

If file checklists are available, attach to the completed questionnaire a copy of the checklists associated with each housing activity for which funds allocated have been either encumbered or expended. Also, please provide a copy of the Subrecipient’s written Record Retention policy.

Administrative Expenditures

16. Were any CRF funds used to reimburse the **SHIP Fund** for administrative costs incurred no earlier than March 1, 2020?

RESPONSE:

Project Delivery Costs (PDC) - CRF

17. Using the table below, please list below any Project Delivery Costs paid with CRF funds. **INSERT ADDITIONAL ROWS AS NEEDED.**

Project/Service Delivery Costs		
Amount	Associated Strategy	Deliverable(s) (Appraisals, Inspections, Title Searches, etc.)
OR	<input type="checkbox"/>	Use the checkbox to indicate no PDC are assessed and/or paid with CRF funds.

Are these PDC included in the lien document amount?

RESPONSE:

a. Were any CRF funds used to reimburse the **SHIP Fund** for project delivery costs incurred no earlier than March 1, 2020?

RESPONSE:

Housing Activity (Programmatic) Costs

18. Were any CRF funds used to reimburse the **SHIP Fund** for housing activity (programmatic) costs incurred no earlier than March 1, 2020?

RESPONSE:

Monitoring Requirements (Sub-Grantees and Eligible Sponsors)

19. In detail, describe the process used to monitor the activities of contracted Sub-Grantees or Eligible Sponsors selected to assist in the administration and/or delivery of CRF funded services.

a. What is the extent of the monitoring?

RESPONSE:

b. Are all terms and conditions of the contract/agreement monitored?

RESPONSE:

c. Does the monitoring include periodic reconciliations of payments made under the contract/agreement to the contract/agreement amount?

RESPONSE:

20. Has a written Monitoring Plan been developed to provide the processes and procedures used to evaluate a Sub-Grantee or Eligible Sponsor's compliance in performing the terms and conditions (including the Scope of Services) included in the contract/agreement?

RESPONSE:

21. Please describe how requests for payment are processed.

RESPONSE:

a. What signatures are required?

RESPONSE:

b. What supporting documentation is required?

c. **RESPONSE:**

PROGRAMMATIC REQUIREMENTS

Application for CRF Eligible Persons or Households Assistance

22. Describe the application intake document used for the collection of all information necessary to determine the eligibility of an applicant person or household. For example, was a new application created specifically for CRF or was an existing program application used?

RESPONSE:**Request for Documentation #8**

Attach to the completed questionnaire a copy of the application used for intake purposes for CRF.

23. Is a Right of Rescission notice provided to each client/consumer requesting assistance under a rehabilitation strategy where a security lien will be placed on the consumer's primary residence?

RESPONSE:**Request for Documentation #9**

Attach to the completed questionnaire a copy of the Right of Rescission notice provided to rehabilitation / repair applicants.

24. If the LG has collected an individual's social security number, the LG has stated in writing the purpose for its collection and has stated in writing the specific federal or state law governing its collection, use, and release.

RESPONSE:**Request for Documentation #10**

Attach to the completed questionnaire a copy of the Social Security Number Disclosure provided to all applicants / Eligible Persons.

Summary of Requested Documentation

Copies of the following items are requested to be submitted along with the completed questionnaire:

1. Executed agreement/contract (including amendments) for each Sub-Grantee compensated for administrative services associated with the CRF Subrecipient Agreement
2. Executed agreement/contract (including amendments) for each Sponsor awarded funds to aid in the delivery of services associated with the CRF Subrecipient Agreement
3. Executed agreement/contract (including amendments) for each Housing Counseling Services Provider awarded funds to aid in the delivery of services associated with the CRF Subrecipient Agreement
4. Executed Interlocal Agreement (if applicable), including required ordinances and adopted resolutions.
5. Most recent bank statement for the account to which CRF funds were deposited
6. Subrecipient's CRF Chart of Accounts
7. NOFA published regarding funding associated with the applicable State fiscal year (including the publisher affidavit including the name of the publication and the date published; OR a copy of the waiting list used to award funding
8. File checklists associated with each housing activity for which funds allocated have been either encumbered or expended.
9. Subrecipient's written Record Retention policy
10. Assistance application used for intake purposes for CRF
11. Right of Rescission notice provided to rehabilitation / repair applicants
12. Social Security Number Disclosure provided to all applicants / Eligible Persons
13. Interlocal Agreement (if applicable), including required ordinances and adopted resolutions
14. Housing office tracking of revenue and expenditures allocated to the applicable State fiscal year

The documentation listed above may be provided via ShareFile. NOTE: It is preferred that all requested documentation be provided within seven (7) business days from receipt of this questionnaire. Documentation can be provided in one submission OR staggered, i.e. those documents that are readily available and can be accessed quickly may be submitted first with the remaining documents submitted later (but within the 7-day period).

Please contact FHFC SHIP Compliance Monitoring staff if you have questions.