

Exhibit 10-2
Housing Opportunities for Persons With AIDS
(HOPWA) Program

6509.2 REV-5 CHG-2

Guide for Review of HOPWA Facility-based Projects			
Name of Program Participant:			
Staff Consulted:			
Program Year Under Review:			
Name(s) of Reviewer(s):		Date:	

NOTE: All questions that address requirements contain the citation for the source of the requirement (statute, regulation, NOFA, or grant agreement). If the requirement is not met, HUD must make a finding of noncompliance. All other questions (questions that do not contain the citation for the requirement) do not address requirements, but are included to assist the reviewer in understanding the participant's program more fully and/or to identify issues that, if not properly addressed, could result in deficient performance. Negative conclusions to these questions may result in a "concern" being raised, but not a "**finding.**"

Instructions: This Exhibit is designed to evaluate compliance with HOPWA requirements governing building acquisition or rehabilitation of structures. The guidance on sampling in Section 11-5 of the introduction to this Chapter is to be used in selecting files, along with staff interviews, to answer the Exhibit questions.

Questions:

1.

a. For a competitive program participant, are the housing facility activities provided in a manner consistent with the housing needs described in the applicable HUD-approved NOFA or Renewal Notice requirements for a competitive grant award's fiscal year? [24 CFR 574.240}	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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Describe Basis for Conclusion:	

b. For a formula program participant, are the housing facility activities provided in a manner consistent with the housing needs described in the applicable HUD-approved Consolidated Plan requirements for the formula grant award's fiscal year? [24 CFR 91.220, 24 CFR 91.320, and 24 CFR 574.130]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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Describe Basis for Conclusion:	

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c. If the answer to either “a” or “b” above is “no,” what is the basis used for funding approved activities?
Describe Basis for Conclusion:

2.

Does the program participant demonstrate that HOPWA activities are consistent with the applicable Consolidated Plan of the jurisdiction (i.e., the site of the building)? [24 CFR 574.120 and 24 CFR 574.420]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe Basis for Conclusion:		

3.

If HOPWA funds are used for new construction, are the activities eligible, involving either single room occupancy dwellings (SROs) or multiunit community residences? [24 CFR 574.300(b)(4)]	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Describe Basis for Conclusion:			

4.

a. Does the program participant support operating costs for clients in community residences?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe Basis for Conclusion:		

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b. If the answer to “a” above is “yes,” are the agreements and certifications for the assisted community residences signed, consistent with the requirements at 24 CFR 574.340 and available for review? [24 CFR 574.340]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
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Describe Basis for Conclusion:

5.

a. Does the program participant support any eligible activities through project sponsors defined as faith-based organizations?	<input type="checkbox"/> <input type="checkbox"/> Yes No
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Describe Basis for Conclusion:

b. If the answer to “a” above is “yes,” are the HOPWA-supported activities clearly separated from, and free of religious influences of, the faith-based organizations? [24 CFR 574.300(c)]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
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Describe Basis for Conclusion:

6.

Does the program participant have a system in place for tracking the “Minimum Use Periods” for development activities related to: acquisition, conversion, lease, and repair of facilities to provide housing and services? [24 CFR 574.310(c)]	<input type="checkbox"/> <input type="checkbox"/> Yes No
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Describe Basis for Conclusion:

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7.

In reviewing compliance with the use periods for facilities, does an examination of related agreements, such as restrictive covenants, verify that the structures are to provide housing or assistance for the stipulated number of years (10 years for projects involving new construction, substantial rehabilitation, acquisition; and 3 years for projects involving non-substantial rehabilitation)? [24 CFR 574.310(c)]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe Basis for Conclusion: 		

8.

a. If the project included rehabilitation, repair or conversion, was the work performed in a satisfactory and cost-effective manner, following development standards, including environmental clearances and lead-based paint requirements? [24 CFR 574.510, 24 CFR 574.605 and 24 CFR 574.635]	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Describe Basis for Conclusion: 			

b. Were projects accepted for occupancy in a timely manner during the monitoring review period and based on approved development plans, such that greater than 5% of the units remain vacant? [24 CFR 574.605]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe Basis for Conclusion: 		

9.

[OS] a. After making visual inspections of residential housing facilities, are the habitability standards for the projects being met? [24 CFR 574.310(b)]	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Describe Basis for Conclusion: 			

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<p>b. Does the program have verification of compliance with the Lead-Based Paint Poisoning Prevention Act for rental assistance where housing was constructed prior to 1978 and where children under age 6 are living and/or expected to reside? [24 CFR 574.635 and 24 CFR 35]</p>	<input type="checkbox"/> <input type="checkbox"/> Yes No
<p>Describe Basis for Conclusion:</p>	

10.

<p>If individual housing units are being leased with HOPWA funds, are resident rent payments determined and collected monthly or used in determining the lease payment from HOPWA funds? (For projects using leasing funds for housing facilities, request records showing the amount of monthly/yearly rent, documentation showing comparable rents in the area, and applicable resident rent payments for the households assisted.) [24 CFR 574.310(d) and 24 CFR 574.320]</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
<p>Describe Basis for Conclusion:</p>	

11

<p>Do the HOPWA-assisted projects have adequate residential supervision to ensure that housing and service standards are met and the organizations involved demonstrate the capacity to administer the activities? [24 CFR 574.310, 24 CFR 574.340 and 24 CFR 574.410]</p>	<input type="checkbox"/> <input type="checkbox"/> Yes No
<p>Describe Basis for Conclusion:</p>	

12.

<p>Is there evidence to support that the program participant has established written procedures regarding confidentiality and physical security for client records and the address/location of any leased project? [24 CFR 574.440]</p>	<input type="checkbox"/> <input type="checkbox"/> Yes No
<p>Describe Basis for Conclusion:</p>	

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13.

Does the program participant have a written policy for terminations of occupancy, which demonstrates that the minimum due process requirements for termination are followed? [24 CFR 574.310 (e)]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe Basis for Conclusion: 		

14.

Except for short-term facilities, are projects charging participant rents as the only participant fee? [24 CFR 574.310(d), 24 CFR 574.320 and 24 CFR 574.430]	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Describe Basis for Conclusion: 			

15.

Except for short-term facilities, are resident rent payments charged by projects accurately calculated with adequate documentation and updated annually in client files? [24 CFR 574.310(d) and 24 CFR 574.320]	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Describe Basis for Conclusion: 			

16.

Do clients' files contain "CONFIDENTIAL" medical documentation that confirms their HIV/AIDS status? [24 CFR 574.3, "Eligible Person," and 24 CFR 574.440, "Confidentiality"]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe Basis for Conclusion: 		

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17.

a. Are there verifications of household family income and/or employment in client files? [24 CFR 574.3, "Eligible Person and Family," and 24 CFR 574.310(d)]	<input type="checkbox"/> <input type="checkbox"/> Yes No
Describe Basis for Conclusion: 	

b. If the answer to "a" above is "no," is there a self-declaration of "no income or employment" by the client and the resident family? [24 CFR 574.3, "Eligible Person and Family," and 24 CFR 574.310(d)]	<input type="checkbox"/> <input type="checkbox"/> Yes No
Describe Basis for Conclusion: 	

18.

Is there documentation that lists the number of persons living in the households or families? [24 CFR 574.3, "Eligible Person and Family"]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Basis for Conclusion: 	

19.

a. Are health services provided at facilities assisted with HOPWA funds?	<input type="checkbox"/> <input type="checkbox"/> Yes No
Describe Basis for Conclusion: 	

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b. If the answer to “a” above is “yes,” does a review of selected client files document that the program participant and/or sponsor have a verifiable means of assuring that any such payments are: <ul style="list-style-type: none"> • of last resort for any item or service not otherwise reasonably expected to be made from another source; • approved project activities, and • comply with the grant agreement provision on the restricted use of HOPWA funds on health care costs? [24 CFR 574.310(a) and 24 CFR 574.500(b)]	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td style="text-align: center;">N/A</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Yes	No	N/A					

Describe Basis for Conclusion:

20.

Do the program participant and sponsor(s) have agreements for the provision of services at a community residence from qualified service providers, demonstrating adequacy of funding and capacity to provide services? [24 CFR 574.340]	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>				
Yes	No				

Describe Basis for Conclusion:

21.

Does the program participant have procedures for ensuring that property and assets acquired with HOPWA funds for use at HOPWA-assisted facilities are used for authorized purposes? [24 CFR 574.500]	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>				
Yes	No				

Describe Basis for Conclusion:

22.

If HOPWA funds support short-term facilities, such as overnight shelters, do sponsors comply with the time limits (60 days in any 6-month period) and size limits (facility of 50 units or smaller)? [24 CFR 574.330]	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td style="text-align: center;">N/A</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Yes	No	N/A					

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23.

If HOPWA funds support short-term facilities, such as overnight shelters, do the sponsors comply with the requirements for case management services and an opportunity for placement in permanent housing? [24 CFR 574.330]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Basis for Conclusion: 	

24.

Does the program participant provide annual performance reports to HUD that contain the number of households/units of housing that were achieved during the participant's operating year in relation to the number of planned annual housing outputs? [24 CFR 574.520]	<input type="checkbox"/> <input type="checkbox"/> Yes No
Describe Basis for Conclusion: 	

25.

If the program participant is a:	
a. Formula recipient: Is the information in its Consolidated Annual Performance and Evaluation Report (CAPER) to HUD consistent with information in the Integrated Disbursement and Information System (IDIS), with respect to accuracy and completeness? [24 CFR 574.520]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
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b. Competitive recipient: Is the information in its evaluation report, the APR, accurate and complete when compared to the recipient's support documentation regarding the actual housing and support services provided for the reporting period being reviewed? [24 CFR 574.520]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Basis for Conclusion: 	

c. Does the program participant submit annual performance reports to HUD that report on actual housing outputs for households receiving rental assistance?	<input type="checkbox"/> <input type="checkbox"/> Yes No
Describe Basis for Conclusion: 	

d. For rental assistance and STRMU: Is the CAPER that is submitted to HUD accurate, complete (includes HOPWA charts for HUD-40110-D), and consistent with information reviewed during the monitoring?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Basis for Conclusion: 	

26.

Does the program participant provide annual performance reports to HUD which include the number of annual housing outcomes achieved during the participant's operating year (in terms of the housing status for beneficiaries who obtained stable living environments) in relation to the planned annual housing outcomes? [24 CFR 91.520 and 24 CFR 574.520]	<input type="checkbox"/> <input type="checkbox"/> Yes No
Describe Basis for Conclusion: 	