

Agency Name: Click or tap here to enter text.
Grant Number: Click or tap here to enter text.
Program Name: Click or tap here to enter text.

Grantee Document Checklist

Program Documents	Included	Notes for NCCEH Staff
Grant Information Form (sent by NCCEH)	Included <input type="checkbox"/> N/A <input type="checkbox"/>	Click or tap here to enter text.
Program written goals and objectives	Included <input type="checkbox"/> N/A <input type="checkbox"/>	Click or tap here to enter text.
Job Description: Program Director	Included <input type="checkbox"/> N/A <input type="checkbox"/>	Click or tap here to enter text.
Job Description: Case Manager	Included <input type="checkbox"/> N/A <input type="checkbox"/>	Click or tap here to enter text.
Job Description: Housing Specialist	Included <input type="checkbox"/> N/A <input type="checkbox"/>	Click or tap here to enter text.
Job Description: Other Grant/Program Staff	Included <input type="checkbox"/> N/A <input type="checkbox"/>	Click or tap here to enter text.
Staff and Training Form (sent by NCCEH)	Included <input type="checkbox"/> N/A <input type="checkbox"/>	Click or tap here to enter text.
Program Policies and Procedures	Included <input type="checkbox"/> N/A <input type="checkbox"/>	Click or tap here to enter text.
Program Participant Agreement	Included <input type="checkbox"/> N/A <input type="checkbox"/>	Click or tap here to enter text.
Reports: Please contact the Data Center to ensure reports are accurate-prior to submission		
Annual Performance Report (APR) for last completed grant operating year. Pull PDF from SAGE	Included <input type="checkbox"/> N/A <input type="checkbox"/>	Click or tap here to enter text.
HMIS Report 0640 (HUD Data Quality Framework) for last completed grant operating year	Included <input type="checkbox"/> N/A <input type="checkbox"/>	Click or tap here to enter text.
Participant Documents		
Verification of chronic homelessness for each chronically homeless head of household entered in the operating year	Included <input type="checkbox"/> N/A <input type="checkbox"/>	Click or tap here to enter text.
Verification of homelessness and disability documentation for each non-chronically homeless head of household entered in the operating year	Included <input type="checkbox"/> N/A <input type="checkbox"/>	Click or tap here to enter text.
For each non-chronically homeless household entered in the operating year, documentation of process to find a chronically homeless household prior to taking the non-chronically homeless household	Included <input type="checkbox"/> N/A <input type="checkbox"/>	Click or tap here to enter text.

VI-SPDAT for each household entered in the operating year	Included <input type="checkbox"/> N/A <input type="checkbox"/>	Click or tap here to enter text.
Copy of sample lease or sublease	Included <input type="checkbox"/> N/A <input type="checkbox"/>	Click or tap here to enter text.
House rules, if applicable	Included <input type="checkbox"/> N/A <input type="checkbox"/>	Click or tap here to enter text.
Written notice to all households terminated from the program during the operating year	Included <input type="checkbox"/> N/A <input type="checkbox"/>	Click or tap here to enter text.
Two complete client files for any households enrolled longer than 6 months (may be from any CoC grant operated by the agency)	Included <input type="checkbox"/> N/A <input type="checkbox"/>	Click or tap here to enter text.
List of clients referred to each program who were deemed ineligible for the program, with reason for ineligibility	Included <input type="checkbox"/> N/A <input type="checkbox"/>	Click or tap here to enter text.
Spending		
eLOCCS Grant Summary Screenshot (last fully completed grant year)	Included <input type="checkbox"/> N/A <input type="checkbox"/>	Click or tap here to enter text.
eLOCCS Voucher List Screenshot (list of vouchers with dates for last fully completed grant year)	Included <input type="checkbox"/> N/A <input type="checkbox"/>	Click or tap here to enter text.
Match documentation	Included <input type="checkbox"/> N/A <input type="checkbox"/>	Click or tap here to enter text.
Financial Audit for previous fiscal year, if applicable	Included <input type="checkbox"/> N/A <input type="checkbox"/>	Click or tap here to enter text.