

**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, if applicable	Included <input type="checkbox"/> N/A <input type="checkbox"/>	Click or tap here to enter text.
<b>Reports: Please contact the Data Center to ensure reports are accurate-prior to submission</b>		
Annual Performance Report (APR) for 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 grant operating year	Included <input type="checkbox"/> N/A <input type="checkbox"/>	Click or tap here to enter text.
<b>Participant Documents</b>		
Verification of homelessness for each participant entered in the operating year	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 households enrolled in the program during the operating year. One should be a current participant. One should be a participant exited from the program.	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.
<b>Administration/Spending</b>		
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.