



FY26 Monitoring Guide for Subrecipients

Program Review & Certification (PR&C)

Community Shelter Board (CSB) Columbus & Franklin County Continuum of Care

1. PURPOSE

The FY26 Monitoring Guide for Subrecipients provides a clear, concise, and collaborative overview of how CSB, as the Continuum of Care (CoC) Unified Funding Agency (UFA), conducts monitoring of funded programs.

Monitoring is a partnership-focused, risk-informed process intended to:

- Ensure compliance with HUD regulations, 2 CFR Part 200, and local written standards.
- Support strong program performance and data quality.
- Identify and address risk early.
- Promote continuous improvement across the homeless response system.

This guide summarizes expectations and processes. Detailed regulatory standards and monitoring tools are maintained in the **CSB UFA Monitoring Handbook**.

2. APPLICABILITY OF MONITORING

This monitoring framework applies to **programs and subrecipients receiving CoC and/or ESG funding administered by the Community Shelter Board (CSB)** in its role as the Continuum of Care Unified Funding Agency (UFA).

Programs that **do not receive CSB-administered funding**, but participate in HMIS, **are not subject to annual programmatic or fiscal PR&C monitoring**. These programs may be reviewed separately by the CSB HMIS Administrator for **data quality and system participation purposes only**, consistent with HUD HMIS requirements.

This monitoring framework does not expand CSB's oversight authority beyond CSB-funded programs, except where required by HUD or other applicable federal regulations.

While contractors, as defined under 2 CFR Part 200, are not subject to direct HUD monitoring, CSB, as a pass-through entity, requires all programs receiving CSB funds to maintain documentation demonstrating appropriate oversight of direct client services, consistent with 2 CFR § 200.331 (Partner Agency responsibilities for monitoring subrecipients).



Oversight documentation must evidence that services are delivered in accordance with applicable program requirements and include, but are not limited to:

- Case management.
 - Additionally, for **scattered site programs**, this includes at least 1 in-home visit per month (FY27 monitoring cycle).
- Individual Housing Service Plans (IHSPs).
 - Including the associate monthly case note on housing stability. (Can be quarterly in FY26, Monthly for FY27)
- Assessments and reassessments.
- Referrals and service coordination.
- Direct Client Assistance (DCA) documentation.
- *Eviction Reporting Documentation (PSH Programs).*

Partner Agencies are to provide evidence of having monitored subrecipients and contractors provide direct service at the time of their scheduled monitoring.

3. WHAT TO EXPECT DURING MONITORING

Monitoring at a Glance (FY26)

Before Monitoring

- CSB will notify your agency in advance of the monitoring period and scope.
- The PAs will receive a list of programs under review, applicable standards, and requested documentation.
- For desk monitoring, documents are submitted electronically by the stated deadline.
- For on-site monitoring, CSB will coordinate dates, logistics, and key staff availability.

During Monitoring

- CSB reviewers examine program, fiscal, and data documentation based on risk and funding type.
- Client files and corresponding HMIS records may be reviewed for eligibility, documentation, and accuracy.
- Staff interviews and walkthroughs may occur for on-site reviews.
- CSB staff focus on outcomes, systems, and implementation rather than isolated clerical errors.
- CSB will note any clerical errors and expect the Partner Agency to make prompt corrections.

After Monitoring



- CSB will hold an exit discussion to review preliminary observations.
- CSB will issue a written monitoring report outlining compliance status, observations, and any required corrective actions.
- If corrective action is needed, CSB will work collaboratively with your agency on timelines and expectations.

Our Shared Goal

Monitoring confirms compliance, identifies risk early, and supports continuous improvement so programs can remain focused on serving participants effectively.

4. ADMINISTRATIVE PROCESS (Preparation)

Scheduling

No later than the **first week of May**, the CSB PR&C team will provide Partner Agencies with the monitoring schedule for the upcoming cycle. Monitoring dates are established using CSB's risk-informed approach and are prioritized from highest to lowest risk.

- Each Partner Agency will provide CSB with **Primary and Secondary Monitoring contacts**. Monitoring communications will only be sent to these two individuals. The PR&C Manager will send the request for Primary and Secondary Monitoring contact information by the second week of April. All communications from the Partner Agency regarding the annual monitoring must include these two contacts.
- Monitoring type is assigned based on the assessed risk level.
 - Partner Agencies with an assessed risk score greater than or equal to 2.25 are scheduled for on-site monitoring. CSB may also select a representative subset of lower-risk Partner Agencies for on-site monitoring.
 - All other Partner Agencies are scheduled for desk monitoring. CSB reserves the right to change desktop monitoring to on-site monitoring after a 30-day notice is given to the Partner Agency.
- CSB recognizes the operational demands on Partner Agencies and requests a **good-faith effort** to accommodate scheduled dates.
- The PR&C team will work collaboratively with agencies to address scheduling conflicts when they arise.
- Partner Agencies may request a one-time delay of up to two weeks in emergency situations (approval is at CSB's discretion).

The scheduling notification will identify the programs and monitoring timeframe under review. Applicable Program Standards are available on [CSB's website](#) as part of the Monitoring Toolkits. **A separate set of Program Standards will no longer be supported.** If a program standard has not



been previously communicated to Partner Agencies, it will not be applied for that monitoring year and will be noted as not applicable.

(Please note that the standards listed in the toolkits have not been copied verbatim from old format. The Standard requirements have not been changed, only the way they are formatted.)

PR&C Preparation and Document Uploads

For each monitoring cycle, CSB will upload the CSB Monitoring Handbook to a secure, password-protected SharePoint site. Partner Agencies are expected to ensure that staff responsible for program operations, fiscal oversight, and monitoring are familiar with the handbook's contents. The handbook provides deeper and more detailed information into the monitoring process than this Subrecipient Monitoring Guide.

Additionally, there are sections of the CSB Monitoring Handbook that require the **Partner Agency to provide narratives and support documentation** as part of the overall monitoring process.

- CSB will establish structured SharePoint folders for Partner Agencies to upload requested monitoring materials.
- Uploads are limited to **organizational, fiscal, and procedural documentation**.
 - Client files must not be uploaded to SharePoint.
 - All client-level documentation must be entered into **Clarity**, except for domestic violence programs, which must follow applicable confidentiality and data protection requirements.
- Partner Agencies will receive access to designated SharePoint folders **no later than May 1**.
- CSB will make the specific Partner Agency's Program Monitoring Tools available through SharePoint. To support Partner Agencies who self-monitor throughout the year, copies of the Monitoring Tools will be uploaded to <https://www.csb.org/providers/monitoring/>.
 - These tools are available for Partner Agency use in FY26 and are provided to support preparation for FY27.

CSB does not utilize tiered monitoring standards or **limited** versus **full review designations**. Monitoring is conducted using a risk-informed approach, with scope and depth determined by the Partner Agency's assessed risk level from the previous monitoring year.

Program Review

Using selected client records, CSB assesses compliance with standards related to program operations, client rights, services planning, housing, and facilities. For each selected client record, CSB reviews documentation to confirm:

- Participant eligibility
- Compliance with applicable regulations and requirements
- Alignment with outcomes identified in the program's Program Outcomes Plan (POPs)



- Unit inspections (where applicable)
 - CSB may conduct random inspections of federally funded units.
 - CSB will not reimburse units that fail inspection until the unit has passed inspection.
- Reviewers focus on outcomes, systems, and implementation—not isolated clerical errors.
 - CSB will note any clerical errors and expect the Partner Agency to make corrections within 30 days.
- Potential concerns identified during review are documented using program-specific tools and discussed with Partner Agency staff before the conclusion of the monitoring.

Programming Compliance: HUD Critical Compliance Elements

Certain program requirements are considered critical; a single error may result in a monitoring finding. These items directly affect participant eligibility, rent amounts, housing safety, and the use of federal funds. For these areas, HUD expects every reviewed file to be correct, and all clerical errors discovered to be corrected within 30 days.

What This Means for Your Program

Partner Agencies are expected to ensure that:

- Participants are eligible, and eligibility is **clearly** documented.
- Rent is calculated correctly and supported by income documentation (as applicable).
- Rent is reasonable (and within FMR for ESG programs, as applicable).
- Units meet housing quality or habitability standards **before and during assistance** (as applicable).
- Payments are eligible and not duplicated by other funding sources.
- Leases and occupancy agreements are complete and appropriate (as applicable).
- Client protections (VAWA, Equal Access, Fair Housing) are followed.
- Financial records and procurement practices meet applicable requirements.
- Files are **complete, organized, and retained as required**.

Why This Matters

If one of these requirements is not met:

- HUD may issue a monitoring finding.
- Funds may have to be repaid.
- The issue may increase program risk level.
- Future funding may be affected.



CSB uses these standards to ensure consistency with HUD expectations and to help Partner Agencies identify and resolve issues early, before they become larger compliance problems. See **Appendix 2** for a detailed list and corresponding regulatory citations.

When critical compliance elements issues are identified, CSB's shared priority is timely correction and prevention of recurrence. Partner Agencies are expected to correct identified errors and implement quality improvement steps that **strengthen internal review processes**. Where applicable, overpayments or ineligible costs may require repayment.

For CSB programmatic requirements, the compliance threshold for reviewed records is 95%. Areas of concern documented on review tools may warrant a non-compliance determination, and CSB may request additional information to clarify documentation or process.

CSB PR&C may at any time require a second review. If after a second review the agency is still found to be non-compliant, **the agency will, at its own expense**, schedule and attend CSB-directed or third party-led Technical Assistance. Any third party-led TA must be approved by CSB prior to the event. A conditional contract amendment will be added to next year's contract, and the Partner Agency will be subject to on-site monitoring for the next fiscal/contract year.

5. CSB MONITORING APPROACH

CSB uses a risk-informed monitoring framework aligned with HUD Notice CPD-22-04 and HUD's UFA guidance. Monitoring activities are tailored based on **program risk, complexity, award size**, and **prior performance**.

Core Monitoring Components

- Annual Risk Assessment
- Annual Monitoring Plan
- Desk Monitoring
- On-Site Monitoring (as applicable)
- Fiscal Monitoring
- Program, Performance, and HMIS Data Monitoring
- Corrective Action and Follow-Up

Desk and on-site monitoring are complementary components of the overall monitoring approach. All subrecipients receive baseline monitoring; higher-risk programs receive enhanced and/or on-site review.

6. Annual Risk Assessment and Risk Levels

Each year, CSB conducts an Annual Risk Assessment for all Partner Agencies and funded programs in accordance with HUD Notice CPD-22-04 and CSB's UFA monitoring framework. The risk



assessment informs how monitoring resources are prioritized and determines the appropriate monitoring type, scope, and intensity for the year.

Risk is evaluated using standardized indicators defined in the CSB Monitoring Handbook (Appendix C – Risk Assessment Tool), which include organizational, fiscal, programmatic, and data-related factors.

Risk Assessment Indicators (CSB Monitoring Handbook, Appendix C)

Risk indicators assessed by CSB include, but are not limited to:

- Findings and sanctions (prior monitoring findings, audit findings, OIG issues)
- Financial staff capacity and internal controls
- Single Audit and financial reporting issues
- Invoice accuracy and responsiveness
- Program complexity (program type, funding structure, service model)
- Award size and program income volume
- HMIS data integrity
- Program outcomes (POPs)
- CSB client file monitoring results
- Time since last on-site monitoring
- Open or stalled activities
- Staff capacity and turnover
- Citizen complaints or negative media (where applicable)

CSB completes the risk assessment using a combination of prior year PR&C results, audit reports, internal control reviews, invoice monitoring, HMIS and performance data, and documented Partner Agency responsiveness.

Monitoring Risk Levels

Based on the Annual Risk Assessment, each Partner Agency and/or program is assigned a risk monitoring level:

- Low Risk – Standard desk monitoring (1)
- Moderate Risk – Enhanced desk monitoring (2)
- High Risk – On-site monitoring (3)

Risk levels determine the method, depth, and frequency of monitoring activities. Assignment to a lower risk level does not reduce baseline compliance requirements. All Partner Agencies remain responsible for meeting applicable HUD, federal, and CSB standards.

Enhanced Risk Partner Agencies



A Partner Agency may be designated as Enhanced Risk when significant or recurring issues indicate elevated risk to compliance, performance, or federal funds.

Enhanced Risk status may result in:

- Increased monitoring frequency or scope
- Additional documentation requirements
- Corrective actions incorporated into grant agreements or contracts
- Special conditions consistent with HUD guidance

Enhanced Risk status may remain in place **for up to three (3) monitoring cycles**, or until CSB determines that sustained remediation has been demonstrated.

Removal from Enhanced Risk Status

Removal from Enhanced Risk status is based on demonstrated, sustained improvement in the relevant risk indicators. Depending on the area(s) of concern, this may include:

- Clean audit opinions on financial statements, internal controls, and federal audits
- Consistent and timely expenditure of awarded funds
- Sustained fiscal compliance, including no significant invoice errors for six to twelve months (at CSB's discretion)
- Documented staff transition and continuity plans (where turnover was a contributing factor)
- Compliant PR&C results in previously identified risk areas.

CSB evaluates progress over time and determines when an Enhanced Risk designation may be removed. Typically, stability over three (3) monitoring cycles is needed to remove an Enhanced Risk designation, but agencies can request a review annually.

Why Risk Assessment Matters

Risk assessment supports HUD-aligned oversight and allows CSB to apply monitoring resources strategically, fairly, and transparently. A risk-informed approach:

- Focuses on areas with the greatest potential impact on federal compliance and participant protections.
- Reduces unnecessary administrative burden for lower risk programs.
- Supports early identification and resolution of issues before they become findings.
- Strengthens system-wide accountability and stewardship of public funds.
- Aligns CSB monitoring practices with HUD expectations under CPD-22-04.

This approach promotes consistency, equity, and continuous improvement across the Continuum of Care while protecting the integrity of CoC and ESG funding.



7. MONITORING TYPES

Desk Monitoring

Desk monitoring is conducted remotely and focuses on confirming compliance through submitted documentation and data. It typically includes review of:

- Policies and procedures
- Financial documentation and invoices
- Program and performance reports.
- HMIS data quality and accuracy
- Client file documentation (as applicable)
- Congregated and scattered site inspections

On-Site Monitoring

On-site monitoring is conducted when risk level or program complexity requires additional verification.

- Entrance and exit conferences.
- Facility walkthroughs to include safety inspections (if applicable)
- Staff interviews
- Client file sampling
- Observation of program operations

8. CLIENT FILE & DATA REVIEW

Client Record Selection

CSB uses a structured, risk-informed approach to selecting client records for monitoring. The goal is to ensure a fair, representative review while minimizing unnecessary administrative burden on Partner Agencies.

All required client file documentation, except for DV programs, will need to be digitized and uploaded into Clarity using the provided naming convention as structure in **Appendix 4**. Any documentation not provided in the requested format will not be considered for the monitoring.

- **Timing of Selection**
 - No earlier than ten (10) business days prior to the scheduled review and no later than five (5) business days before the review, CSB will identify:
 - Client records; and
 - Shelter bed lists, where applicable.



- Client records are selected from the applicable monitoring period, generally corresponding to the prior contract year (July 1 through June 30).
- **Sample Size**
 - Client file reviews include:
 - A minimum of ten (10) records; and
 - Up to a maximum of fifty (50) unduplicated clients served, based on the previous fiscal year.
 - For programs serving more than 100 clients, one (1) additional client will be added for every 25 clients served, up to a maximum of 50 total records.
 - If a program does not meet the minimum threshold:
 - All available client records will be reviewed.
 - CSB may combine projects or locations within the same program type to meet minimum sample size requirements.
- **Exited and Active Records**
 - Selected samples generally include:
 - At least 50 percent exited (closed) records.
 - If a program does not have enough exited records:
 - All exited records will be reviewed.
 - For long-term programs:
 - A portion of non-exited records may include participants who entered during the monitoring period.
- **Use of Internal File Reviews**
 - CSB strongly encourages Partner Agencies to conduct **regular internal client file reviews** aligned with CSB monitoring expectations.
 - When a Partner Agency documents quarterly internal reviews of **at least 10% of clients served per quarter or 30 records per quarter (whichever is greater)**, CSB will incorporate 25% of those records into the annual monitoring sample.
 - If there are fewer than 30 clients served in a quarter, then 100% of the clients will be monitored.
 - This practice:
 - Supports continuous quality improvement
 - Reduces duplicative review burden
 - Demonstrates effective internal controls
 - May reduce the number of additional records selected for review
 - Internal review documentation must be submitted by the **end of the first month following** the internally monitored quarter.
 - A place within the SharePoint upload site will be provided for internal file review results.
- **Adjustments Based on Risk**



- Consistent with its risk-informed monitoring approach, CSB reserves the right to adjust the size of the client record sample—either increasing or decreasing the number of records reviewed—based on:
 - Current risk assessment results; and
 - Monitoring needs for the applicable year.
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Client File Review Focus

CSB reviews a sample of client files and corresponding HMIS records to confirm:

- Participant eligibility
- Presence of required documentation
- Alignment between case files and HMIS data
- Compliance with program-specific requirements

CSB reviewers focus on systems, patterns, and outcomes, rather than isolated clerical errors, and discuss any questions or concerns with Partner Agency staff during the monitoring process.

HMIS Data Review

HMIS Access and Review Scope

- With authorization from the HMIS Database Manager, CSB reviewer(s) have HMIS user access to review required client-level records for monitoring purposes.
 - HMIS data review may include:
 - Comparison of HMIS data to Partner Agency client records; and
 - Comparison of Partner Agency shelter bed lists to the HMIS Program Roster report (shelter programs only).
 - CSB staff are responsible for extracting and compiling HMIS data using a universal data monitoring tool and for clearly communicating review results to Partner Agencies.
 - This Data Monitoring Tool will be uploaded both to the password-protected SharePoint site and on the www.csb.org website.
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HMIS Data Compliance Thresholds

- **HMIS Data Accuracy**
 - For a program to be deemed compliant, a minimum of 95 percent of required data elements for reviewed records must match source documentation.



- Because CSB requires 100% of data errors be corrected within 30 days of the final report, the previous 100% compliance at time of monitoring has been reduced to allow for human error.
 - For annual assessments:
 - Data elements required for collection at annual assessment must be entered with an 'Information Date' of no more than 30 days before or after the anniversary of the Head of Household's 'Project Start Date', regardless of the date of the most recent 'update' or any other 'annual assessment'.
 - **Accuracy Rates Between 90 and 94 Percent**
 - Agencies with HMIS accuracy rates between 90 and 94 percent will be:
 - Given the opportunity to review data with a CSB reviewer during the initial monitoring process; and
 - Provided clarification on discrepancies identified.
 - If accuracy does not reach 95 percent, following the review:
 - CSB may request additional documentation, clarification, targeted corrective actions, or a Quality Improvement Plan (QIP) consistent with the CSB Monitoring Handbook.
 - **Below 90 Percent Accuracy**
 - When HMIS accuracy falls below 90 percent for a program type:
 - The Partner Agency will be required to develop a QIP, as outlined in the CSB Monitoring Handbook.
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- **Corrections and Follow-Up**
 - Partner Agencies are expected to correct all identified data issues within 30 days, even when the 95 percent compliance threshold is met.
 - Corrections and Follow-Up:
 - Follow-up monitoring activities are **not punitive** and are used solely to verify that identified issues have been corrected and that corrective actions are functioning as intended.
 - A second review is **not routinely issued** and occurs only when CSB determines that additional verification is necessary to confirm compliance, resolution of findings, or sustained corrective action.
 - Follow-up activities may include targeted desk review, data verification, or limited on-site review, depending on the nature of the issue and associated risk.
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- **Shelter Bed List Comparisons (Shelter Programs Only)**
 - Compliance is achieved when:
 - The manual bed list information matches the HMIS Program Roster report.



- Only the list of people is compared not the data elements related to the persons unless they have also been identified for client file monitoring.
 - This review confirms the presence of clients in HMIS, not the accuracy of all associated data elements.
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Data Quality Expectations

Programs are expected to meet HUD data quality standards across the following dimensions:

- **Completeness**
 - Required fields are populated.
 - “Unknown” or “Data not collected” responses are considered errors according to HUD and will generate a finding. Consistent missing data errors could affect future funding for the entire system, not just the program. Required fields must meet a **95% completeness standard**.
 - If the data is **unknown** or **not collected**, there must be a **Case Note** entered into Clarity as to how and when the information will be made complete. The data should be in place before the monitoring.
 - In cases where there are documentation concerns, or providing the documentation would put the client at risk, the following is recommended:
 - There should be a case note in place noting the reason for any missing data.
 - Or reach out to the CSB Effectiveness team and request guidance.
- **Accuracy**
 - HMIS data matches source documentation.
 - Certain critical data elements—such as **project entry and exit dates**—must meet a **95% accuracy standard**.
 - Any critical data elements must be **corrected to 100%** within **30 days** of monitoring report.
- **Timeliness**
 - Data is entered within required timeframes.
- **Consistency**
 - Alignment is maintained across records and reports.

Monthly or Quarterly internal data monitoring will reduce the chances of a finding.

Quality Improvement and Shared Accountability

When monitoring finds data or documentation issues:

Partner Agencies



- Correct identified issues in a timely manner and all clerical errors within 30 days.
- Participate in collaborative discussions with CSB staff.
- Develop and implement a QIP when required, addressing:
 - Root causes
 - Corrective actions
 - Responsible staff
 - Ongoing internal monitoring procedures

CSB Staff

- Clearly document findings, observations, and expectations.
- Provide technical assistance and clarification as appropriate.
- Use monitoring results to inform risk assessment and future monitoring scope.

Our Shared Goal

Accurate client records and HMIS data protect participant eligibility, support effective service delivery, and ensure confidence in system-wide reporting. CSB and Partner Agencies share responsibility for maintaining strong documentation and data practices that support compliance, performance, and continuous improvement.

9. Financial Management, Internal Controls, and Fiscal Oversight

This section describes the shared responsibilities of CSB and Partner Agencies in ensuring that funds are managed in a manner that is allowable, accurate, well-documented, and consistent with 2 CFR Part 200, HUD program requirements, and CSB policies. **The intent of fiscal monitoring is to support sound stewardship, transparency, and continuous improvement.**

A. Internal Controls Review

What CSB Does	What Partner Agencies Do
Provides the Internal Controls Questionnaire and guidance	Complete and submit the Internal Controls Questionnaire in Submittable at least one week prior to the PR&C review
Reviews submitted policies and procedures	Maintain current written policies and procedures, including procurement, payroll, cost allocation, and insurance
Meets with fiscal staff during PR&C review	Participate in discussions and explain how internal controls are implemented

B. Annual PR&C Fiscal Review Activities

What CSB Does	What Partner Agencies Do
Reviews updated internal control documentation	Provide updated fiscal and organizational information as requested



Reviews of invoice trends and audit items	Be prepared to discuss audit findings related to CSB-funded programs
Assesses fiscal risk using a risk-based approach	Communicate material operational or staffing changes

C. Invoice Submission and Reimbursement Monitoring

What CSB Does	What Partner Agencies Do
Reviews invoices for accuracy and allowability	Submit complete invoices with clear descriptions, proper budget coding, and back-up.
Requests clarification as needed	Respond promptly and provide supporting documentation
Processes approved invoices for payment	Remove unallowable costs and resubmit corrected invoices

D. Payroll and Cost Testing

What CSB Does	What Partner Agencies Do
Selects risk-based samples for review	Maintain payroll, time sheets, and allocation documentation
Verifies payroll accuracy and allocation	Ensure payroll practices align with written policies

E. Risk Assessment and Follow-Up

What CSB Does	What Partner Agencies Do
Documents observations and recommendations	Implement corrective actions and maintain documentation
Provides technical assistance as needed	Engage collaboratively with CSB

F. Compliance Determinations

What CSB Does	What Partner Agencies Do
Issues determinations of Compliant or Non-Compliant	Review determinations and address required actions

G. Appeals

What CSB Does	What Partner Agencies Do
Reviews appeals and issues written determinations	Submit written appeals within two weeks with supporting documentation

10. MONITORING RESULTS & COMMUNICATION

Upon completion of the review of the selected records and standards, the CSB reviewer will discuss any areas of concern with agency staff.

At the conclusion of monitoring, CSB will issue written results that may include:



- Confirmed compliance
- Observations or recommendations
- Concerns
- Findings requiring corrective action

CSB prioritizes clear communication and collaborative discussion of results during exit conferences and follow-up.

Appeal Process for Monitoring Findings

Subrecipients can request a formal review of monitoring findings if they believe a determination was made in error.

A **Formal Appeal** must be submitted in writing to CSB within **fourteen (14) calendar days** of the issuance of the Final Monitoring Report. The appeal must clearly identify the specific finding(s) being disputed and include any supporting documentation or clarification that was not previously provided or fully considered during the monitoring process.

Submission of a formal appeal is required for any reconsideration of monitoring results. **CSB will not revise or amend reported findings without receipt of a Formal Appeal.**

Upon receipt, CSB will conduct a structured review of the appeal, which may include consultation with relevant departments (e.g., Grants, Finance, Data & Evaluation) to ensure consistency with regulatory requirements and internal standards. CSB may request additional information from the subrecipient as needed to complete the review.

The official monitoring appeal form can be found on the CSB website at:

<https://www.csb.org/providers/monitoring/>

CSB will issue a written determination following the appeal review. The outcome of this determination will be considered final.

Submission of an appeal does not delay required corrective actions or Quality Improvement Plan (QIP) timelines unless otherwise communicated in writing by CSB.

11. CORRECTIVE ACTION & FOLLOW-UP

When corrective action is required, subrecipients will submit a **Quality Improvement Plan (QIP)** outlining:

- Actions to be taken
- Responsible staff
- Timelines for completion
- Steps to prevent recurrence



CSB reviews documentation submitted to confirm resolution and may conduct follow-up monitoring as needed. Corrective action is intended to strengthen systems and support long-term success.

If a corrective action is significant enough or a Partner Agency does not complete a QIP, the agency may be deemed Enhanced Risk and corrective action may be included in the partnership agreement or contract. This enhanced risk status may be kept in place for up to three (3) years. Enhanced Risk status may be removed when the Partner Agency demonstrates sustained remediation of identified issues.

A copy of the QIP can be found in Appendix H of the CSB Monitoring Handbook and on the CSB website, <https://www.csb.org/providers/monitoring/>.

12. CONTINUOUS IMPROVEMENT

CSB encourages all subrecipients to use monitoring as a **continuous improvement tool** by:

- Reviewing performance and data regularly (quarterly is recommended)
- Identifying root causes of issues
- Updating policies, procedures, and training
- Tracking and sustaining improvements

Strong internal monitoring practices reduce risk and support positive outcomes for participants.

A Continuous Improvement Monitoring Form has been provided in Appendix J of the CSB handbook to assist PAs continuous improvement activities and is available on the website: <https://www.csb.org/providers/monitoring/>.

13. WORKING TOGETHER

Monitoring is a shared responsibility. CSB is committed to transparency, consistency, and partnership throughout the monitoring process. This guide has been presented for Board and Continuum of Care approval and reflects CSB's FY26 monitoring approach.

Questions, clarification requests, and early communication are always encouraged.

For detailed standards, tools, and regulatory references, please refer to the CSB Monitoring Handbook and related appendices as well as www.csb.org.



14. Statement of Authority

This monitoring approach is implemented by CSB in its role as the Continuum of Care Unified Funding Agency and Collaborative Applicant, consistent with 2 CFR Part 200, HUD program regulations, and CSB policies.

In the event of any inconsistency between summary guidance and detailed procedures, CSB will apply the interpretation most consistent with HUD regulations and written standards.

Last reviewed and approved by the CoC Board on 4/17/2026.



Appendix 1 – Selected Data Elements

This appendix outlines selected HMIS data elements used to assess data accuracy during monitoring. The focus of the review is to check HMIS data accuracy using client's source documents - ID, birth certificate (BC), social security card (SSC), income or zero income documentation (INC), disability certificate (DC) or social security income/social security disability income letter (SSI/SSDI). Missing source documentation will be handled on a case-by-case basis. The selected data elements listed are for monitoring purposes only and do not include every required data element in HMIS.

Required HMIS Data Elements (HUD)	Emergency Shelter (ES)	Rapid Re-Housing (RRH)	Permanent Supportive Housing (PSH)	Street Outreach (SO)	Transitional Housing (TH)	Critical Compliance Element
Universal Data Elements						
Name- First, Last	✓	✓	✓	✓	✓	YES
Social Security Number	✓	✓	✓	✓	✓	YES
Date of Birth	✓	✓	✓	✓	✓	YES
Race and Ethnicity	✓	✓	✓	✓	✓	NO
Disabling Condition (Diagnosed or Self-report. Response: Yes, No, Etc.)	✓	✓	✓	✓	✓	NO
Project Start Date	✓	✓	✓	✓	✓	YES
Project Exit Date	✓	✓	✓	✓	✓	YES
Destination	✓	✓	✓	✓	✓	YES
Relationship to HOH	✓	✓	✓	✓	✓	YES
Housing Move-In Date (Permanent Housing Programs)		✓	✓			YES
Prior Living Situation	✓	✓	✓	✓	✓	YES
Program Specific Data Elements						
Rental Subsidy Type (if applicable)	✓	✓	✓	✓	✓	YES
Income from Any Source	✓	✓	✓	✓	✓	YES
Monthly Income Amounts by Source	✓	✓	✓	✓	✓	YES
Annual Review completed within ±30 days of program anniversary (as applicable)	✓	✓	✓	✓	✓	YES
Shelter – Bed List ↔ HMIS Roster						
Daily shelter utilization list matched to HMIS Program Roster (presence of clients on roster)	✓					
Street Outreach						
Current Living Situation (Assessment)				✓		NO



Living Situation Type (ex. ES, Place not meant)				✓		NO
Date of Engagement				✓		NO
Release of Information (Must be renewed annually)						
Client Acknowledgement of Data Collection (Signed copy uploaded or electronic signature)	✓	✓	✓	✓	✓	NO
Release of Information: Verbal consent. (SO only, acceptable until a signature can be obtained.)				✓		NO



Appendix 2 - HUD Finding-Level Critical Compliance Elements Program Requirements

With Regulatory Citations (*Applies to CoC and ESG-Funded Programs*)

HUD monitoring distinguishes between *concerns* and *findings*. The requirements below are routinely treated as **finding-level standards** because noncompliance directly affects **participant eligibility, allowable costs, or statutory protections**.
For these requirements, 100% compliance is expected for each reviewed record.

A. Participant / Unit-Level Requirements

1. Participant Eligibility

- Eligibility is correctly determined and fully documented in accordance with program requirements.

Citations:

- CoC: 24 CFR § 578.103(a)
- ESG: 24 CFR § 576.500(b)

2. Required Participant Documentation

- Case files include required third-party or allowable documentation supporting eligibility, assistance, and continued participation.

Citations:

- CoC: 24 CFR § 578.103
- ESG: 24 CFR § 576.500

3. Rent Reasonableness

- Rent reasonableness is documented prior to providing rental assistance.
- ESG: Rent does not exceed Fair Market Rent (FMR) and is reasonable.

Citations:

- CoC: 24 CFR § 578.49(b)(2)
- ESG: 24 CFR § 576.106(d)

4. Participant Rent / Occupancy Charge Calculation

- Participant rent or occupancy charges are calculated correctly and supported by income documentation, including required recalculations when applicable.

Citations:



- ESG: 24 CFR § 576.106(b)
- CoC (documentation requirement): 24 CFR § 578.103

5. Housing Quality Standards / Habitability

- Units meet required habitability or HQS/NSPIRE standards.
- Required initial and ongoing inspections are completed, passed, and documented.

Citations:

- CoC: 24 CFR § 578.75(b)
- ESG: 24 CFR § 576.403(a), § 576.403(c)

6. Eligible and Non-Duplicative Assistance

- Assistance is allowable, within program limits, and not duplicative of other federal, state, or local subsidies.

Citations:

- CoC: 24 CFR § 578.53(e)
- ESG: 24 CFR § 576.106, § 576.500

7. Lease / Occupancy Agreements

- Required lease or occupancy agreements are executed, current, and consistent with program requirements and assistance type.

Citations:

- CoC: 24 CFR § 578.51(b), § 578.75(b)
- ESG: 24 CFR § 576.106(g)

B. Cross-Cutting Federal Requirements

8. VAWA Protections (where applicable)

- Required notices, confidentiality protections, and emergency transfer provisions are implemented and documented.

Citations:

- CoC: 24 CFR § 578.103(a), 24 CFR Part 5, Subpart L
- ESG: 24 CFR Part 5, Subpart L



9. Equal Access and Nondiscrimination

- Programs comply with Equal Access, Fair Housing, and nondiscrimination requirements.

Citations:

- 24 CFR § 5.105(a)(2)
- 24 CFR Parts 5, 8, and 91 (as applicable)

10. Financial Management & Cost Allowability

- Costs are allowable, allocable, reasonable, and supported by adequate documentation.

Citations:

- 2 CFR §§ 200.302, 200.403–200.405
- CoC: 24 CFR § 578.97(b)
- ESG: 24 CFR § 576.500(s)

11. Procurement and Conflict of Interest

- Procurement follows federal standards.
- Conflicts of interest are disclosed and addressed.

Citations:

- 2 CFR §§ 200.317–200.327
- 2 CFR § 200.112
- CoC: 24 CFR § 578.95(b)
- ESG: 24 CFR § 576.404

12. Record Retention

- Records are retained, accessible, and auditable for the required retention period.

Citations:

- CoC: 24 CFR § 578.103(c)
- ESG: 24 CFR § 576.500(y)



Appendix 3 – Subrecipient, Second Tier Subaward, and Contractor Determinations

Purpose

This exhibit describes how CSB and its funded partners distinguish between subrecipients and contractors and outlines the corresponding oversight and documentation expectations. Clear classification supports appropriate monitoring, reporting, and stewardship of federal funds in accordance with 2 CFR Part 200, including § 200.331, and applicable federal transparency requirements.

Policy Overview

CSB, in its role as a pass-through entity, is responsible for ensuring that federal funds are used in compliance with applicable program requirements. To support this responsibility, CSB evaluates the nature of each funding relationship to determine whether an entity is acting as a subrecipient or a contractor.

When an entity is determined to be a subrecipient, CSB applies pre-award and post-award risk assessment and monitoring consistent with CSB’s Monitoring Handbook and federal requirements.

When an entity is determined to be a contractor, the relationship is governed by procurement and contract management requirements. While contractors are not subject to subrecipient monitoring, CSB reviews invoices and deliverables against the contract to confirm allowability and performance.

This determination is documented and retained as part of the official award or contract file.

Important Clarification Regarding Contractors

While contractors, as defined under 2 CFR Part 200, are not subject to this Monitoring Guide, CSB requires all programs receiving CSB funds—regardless of classification—to maintain documentation demonstrating appropriate oversight of direct client services, consistent with 2 CFR § 200.331.

This documentation must demonstrate that services are delivered in accordance with applicable program requirements and may include, but is not limited to case management documentation, Individual Housing Service Plans (IHSPs), assessments and reassessments, referrals and service coordination records, and documentation of Direct Client Assistance (DCA).

Key Definitions

Contract: A legal instrument by which a non-federal entity purchases property or services needed to carry out a project or program under a federal award. (2 CFR § 200.22)



Contractor: A legal entity that enters into a procurement contract under a federal award with a recipient or subrecipient.

Pass-Through Entity: A non-federal entity that provides a subaward to a subrecipient to carry out part of a federal program. CSB serves as the pass-through entity for applicable federal awards. (2 CFR § 200.74)

Subrecipient: A non-federal entity that receives a subaward to carry out part of a federal program but is not an individual beneficiary. (2 CFR § 200.93)

Second Tier Subawardee: An entity that receives a subaward from a CSB subrecipient.

Subaward: An award provided by a pass-through entity to a subrecipient to carry out part of a federal award. (2 CFR § 200.92)

Federal Funding Accountability and Transparency Act (FFATA): Federal law requiring public reporting of federal awards through SAM.gov and USAspending.gov.

Determination Process

Prior to entering into an agreement, CSB—and where applicable, its subrecipients—evaluate the nature of the relationship using the characteristics outlined below. This assessment is based on the substance of the relationship, not solely on the form of the agreement.

Not all characteristics will be present in every situation, and professional judgment is expected. An entity may serve as a contractor in one context and a subrecipient in another.

Characteristics Indicative of a Subrecipient

An entity is more likely to be classified as a subrecipient when it determines participant eligibility or type of assistance provided; has performance measured against program objectives or funder-established outcomes; exercises programmatic decision-making authority; is responsible for complying with program-specific federal requirements; and uses funds to carry out a portion of the federal program for a public purpose.

Characteristics Indicative of a Contractor

An entity is more likely to be classified as a contractor when it provides goods or services as part of its normal business operations; offers similar goods or services to multiple purchasers; operates in a competitive marketplace; provides services that are ancillary to program operations; and is accountable primarily to the terms of the contract, rather than federal program compliance requirements.



Procurement and Documentation Requirements

All entities paid with federal funds—whether classified as subrecipients or contractors—must be procured and managed in accordance with applicable federal requirements, including 2 CFR Part 200 and relevant HUD regulations.

Subrecipient or contractor status is documented using CSB’s determination form and reflected in the executed agreement. Oversight documentation must be maintained and made available upon request.

Second Tier Subawards

When a CSB subrecipient subawards federal funds to another eligible agency, the subrecipient (or Partner Agency) must complete a subrecipient/contractor determination, conduct a risk assessment, monitor the second tier subaward consistent with 2 CFR §§ 200.331 and 200.332, consult with CSB prior to issuing the subaward, and provide CSB with a copy of the fully executed subaward agreement.

Summary

This framework supports consistent classification, appropriate oversight, and shared accountability across CSB-funded programs. The intent is to promote clarity, strengthen compliance, and ensure that funded services are delivered effectively and in alignment with federal and local expectations. The form follows on the next page.



Subrecipient, Second Tier Subaward, or Contractor Determination Form

Purpose

This form documents CSB's determination of whether an entity receiving federal funds is classified as a subrecipient, second tier subawardee, or contractor, consistent with 2 CFR Part 200, including § 200.331. This determination supports appropriate oversight and must be completed prior to executing an agreement or issuing funds.

Entity and Award Information

Entity Name: _____

Classification (check one): ☐ Subrecipient ☐ Second Tier Subawardee ☐ Contractor

Funding Agency / Pass-Through Entity: _____

Federal Project Title: _____

Federal Assistance Listing (ALN) Number: _____

Determination Assessment

This assessment is based on the substance of the relationship. Not all characteristics will be present in every situation, and professional judgment is required.

Characteristics Indicative of a Subrecipient (check all that apply)

- ☐ Determines participant eligibility or type of assistance provided
- ☐ Performance is measured against program objectives or funder-established outcomes
- ☐ Exercises programmatic decision-making authority
- ☐ Responsible for complying with applicable federal program requirements
- ☐ Uses funds to carry out a portion of a federal program for a public purpose

Characteristics Indicative of a Contractor (check all that apply)

- ☐ Provides goods or services as part of normal business operations
- ☐ Offers similar goods or services to multiple purchasers
- ☐ Operates in a competitive marketplace
- ☐ Provides services ancillary to program operations
- ☐ Primarily accountable to the terms of the contract

Determination Outcome

Based on the assessment above, the entity is determined to be:

☐ Subrecipient ☐ Second Tier Subawardee ☐ Contractor



Brief justification: _____

Certification

Staff Name (Printed): _____

Staff Signature: _____ Date: _____

Supervisor Name (Printed): _____

Supervisor Signature: _____ Date: _____

Note: Regardless of classification, CSB requires documentation demonstrating appropriate oversight of funded activities, consistent with 2 CFR § 200.331.



Appendix 4 – File Naming Conventions

Apply File Naming Conventions

In Clarity HMIS, in the client record, go to Files. Click add a file. Choose FY26 Monitoring Support Documents from the category list drop-down menu.

Use the following file naming format for all uploads:

- **Client File:** FY26_Client File_ [HMIS ID].pdf

Example:

- FY26_Client File_EF81BB1C2.pdf

If additional file uploads are necessary, add a description after the HMIS ID:

Example:

- FY26_Client File_EF81BB1C2_income.pdf