



# **Kentucky Housing Corporation**

## **Street Outreach Toolkit**

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## Notice

This Toolkit serves as a reference document for the Kentucky Balance of State Continuum of Care (KY BoS CoC) implementation of Street Outreach programs. Forms are provided to meet documentation requirements to determine client eligibility, document service delivery, and report on outcomes for Street Outreach participants. To the best of our knowledge the information in this publication is accurate, however, Kentucky Housing Corporation nor its affiliates assume any responsibility or liability for the accuracy or completeness of, or consequences arising from, use of such information. Updates to content, typographic errors and technical inaccuracies will be corrected in subsequent publications. This publication is subject to change without notice. While the Toolkit contains resources and forms used to implement a street outreach project, it is not inclusive of all resources an agency needs to administer a project.

Please contact a KHC Housing Contract Administration (HCA) program representative or contact the [HCA Partner Agency Portal](#) with questions regarding use of this Toolkit or its contents.

## What is the Street Outreach Toolkit?

### Purpose

This Toolkit provides tools and resources to agencies to assist in achieving and maintaining compliance with applicable federal and state laws and program regulations used in the delivery and administration of street outreach programs.

### How to Use the Toolkit

The Toolkit provides a summary of the associated forms and documentation necessary to collect and retain on file when establishing client eligibility for street outreach services at program entry, specific documentation needed for services delivered, and documentation for client program exit.

### Where to Get More Help

Please contact the HCA Partner [Agency Portal](#) with questions or if additional assistance is needed with materials within this toolkit.

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## HOME-ARP Program

*Full regulations can be found at Notice CPD-21-10*

### **Overview**

The American Rescue Plan Act of 2021 (ARPA) allocated HOME Program funds to the Commonwealth of Kentucky through the U.S. Department of Housing and Urban Development (HUD) to provide street outreach services to literally homeless clients in the Kentucky Balance of State (KY BoS) Continuum of Care (CoC). Under the HOME-ARP Street Outreach (HOME-ARP SO) Program, Kentucky Housing Corporation (KHC) will provide subrecipient partner agencies throughout the KY Balance of State Continuum of Care (KY BoS CoC) HOME-ARP SO grants to provide eligible households with vital engagement services and necessary emergency financial assistance to ensure those living unsheltered are rapidly and effectively connected to permanent housing either through the KY BoS Coordinated Entry System (CES), or through program participant's own sphere of support network(s). **Street Outreach providers should refer to the KY BoS CoC's Street Outreach Service Standards document as a guide.** Funds are limited to the 118 counties in the KY BoS CoC. All HOME-ARP SO programs are required to participate in CES, enter client-level data into KYHMIS and operate with a low-barrier, housing-focused service orientation. The KY BoS CoC HOME-ARP SO program has been designed to mirror the Emergency Solutions Grant (ESG) Interim Rule and eligible SO activities as allowable under the American Rescue Plan Act.

### **Eligible Partner Agencies**

KHC will award funds to existing KY BoS CoC non-profit community-based service providers with the goal of maintaining and/or extending services supported with Emergency Solutions Grant-CARES Act (ESG-CV) funds. KHC will allocate funds via direct grants to subrecipients rather than via a competitive NOFA.

### **Allocation, Grant Term, Reporting & Referral Process**

- Funding will be provided via 36-month grant agreements.
- All programs are required to participate in the KY BoS Coordinated Entry System (CES) in order to provide the most viable access to appropriate permanent housing options for participants.

- Agencies will report on and provide documentation of services provided to eligible households via the KYHMIS system.
- Reporting will be required annually at a minimum, but may be required more frequently as program guidance is received from HUD.
- Funds will be managed and requested through KHC's Program Funding Draw Management (PFDm) System.
- Funding and expenditure levels will be reviewed quarterly to track progress toward grant completion and to compare levels of services provided as documented in HMIS. Funding adjustments can be made at the discretion of KHC management if sub-recipients are experiencing compliance issues or slow spending patterns.

### **Eligible Households**

To be eligible for HOME-ARP SO assistance, a household must meet the (1)(i) definition of Homeless as detailed by the Emergency Solutions Grant Interim Rule found at 24 CFR Part 576.2, specifically stated:

**Homeless means:(1) An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:(i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;**

### **Eligible Activities**

#### **Services**

HOME-ARP SO funds may be used for costs of providing essential services necessary to engage with persons experiencing unsheltered homelessness; connect them with emergency shelter, housing, or critical services; and provide urgent, nonfacility-based care to those who are unwilling or unable to access emergency shelter, housing, or an appropriate health facility. For the purposes of this section, those who are categorized as persons experiencing unsheltered homelessness means individuals and families who qualify as homeless under paragraph (1)(i) of the "homeless" definition under § 576.2. The eligible costs and requirements for essential services consist of:

### **(1) Engagement.**

The costs of activities to locate, identify, and build relationships with unsheltered homeless people and engage them for the purpose of providing immediate support, intervention, and connections with homeless assistance programs and/or mainstream social services and housing programs. These activities consist of making an initial assessment of needs and eligibility; providing crisis counseling; addressing urgent physical needs, such as providing meals, blankets, clothes, or toiletries; and actively connecting and providing information and referrals to programs targeted to homeless people and mainstream social services and housing programs, including emergency shelter, transitional housing, community-based services, permanent supportive housing, and rapid re-housing programs. Eligible costs include the cell phone costs of outreach workers during the performance of these activities.

### **(2) Case management.**

The cost of assessing housing and service needs, arranging, coordinating, and monitoring the delivery of individualized services to meet the needs of the program participant is eligible. Eligible services and activities are as follows: using the centralized or coordinated assessment system as required under § 576.400(d); conducting the initial evaluation required under § 576.401(a), including verifying and documenting eligibility; counseling; developing, securing and coordinating services; obtaining Federal, State, and local benefits; securing identification; monitoring and evaluating program participant progress; providing information and referrals to other providers; and developing an individualized housing and service plan, including planning a path to permanent housing stability.

### **(3) Emergency health services.**

(i) Eligible costs are for the direct outpatient treatment of medical conditions and are provided by licensed medical professionals operating in community-based settings, including streets, parks, and other places where unsheltered homeless people are living.

(ii) ESG funds may be used only for these services to the extent that other appropriate health services are inaccessible or unavailable within the area.



(iii) Eligible treatment consists of assessing a program participant's health problems and developing a treatment plan; assisting program participants to understand their health needs; providing directly or assisting program participants to obtain appropriate emergency medical treatment; and providing medication and follow-up services.

#### **(4) Emergency mental health services.**

(i) Eligible costs are the direct outpatient treatment by licensed professionals of mental health conditions operating in community-based settings, including streets, parks, and other places where unsheltered people are living.

(ii) ESG funds may be used only for these services to the extent that other appropriate mental health services are inaccessible or unavailable within the community.

(iii) Mental health services are the application of therapeutic processes to personal, family, situational, or occupational problems in order to bring about positive resolution of the problem or improved individual or family functioning or circumstances.

(iv) Eligible treatment consists of crisis interventions, the prescription of psychotropic medications, explanation about the use and management of medications, and combinations of therapeutic approaches to address multiple problems.

#### **(5) Transportation.**

The transportation costs of travel by outreach workers, social workers, medical professionals, or other service providers are eligible, provided that this travel takes place during the provision of services eligible under this section. The costs of transporting unsheltered people to emergency shelters or other service facilities are also eligible. These costs include the following:

(i) The cost of a program participant's travel on public transportation;

(ii) If service workers use their own vehicles, mileage allowance for service workers to visit program participants;

(iii) The cost of purchasing or leasing a vehicle for the recipient or subrecipient in which staff transports program participants and/or staff

serving program participants, and the cost of gas, insurance, taxes and maintenance for the vehicle; and

(iv) The travel costs of recipient or subrecipient staff to accompany or assist program participants to use public transportation.

## **ESG Program**

*Full regulations can be found at [24 CFR Part 576](#)*

### **Overview**

The Emergency Solutions Grants Program is designed to assist people with quickly regaining stability in permanent housing after experiencing a housing crisis. ESG is formula funding that is allocated from HUD to KHC annually. ESG funded projects are required to work in conjunction with CoC funded projects and the greater Continuum of Care planning system. ESG Program components that can be applied for include street outreach, emergency shelter, prevention, rapid re-housing, and HMIS. Under the ESG Program, Kentucky Housing Corporation (KHC) will provide subrecipient partner agencies throughout the KY Balance of State Continuum of Care (KY BoS CoC) ESG Street Outreach grants to provide eligible households with vital engagement services and necessary emergency financial assistance to ensure those living unsheltered are rapidly and effectively connected to permanent housing either through the KY BoS Coordinated Entry System (CES), or through program participant's own sphere of support network(s). **Street Outreach providers should refer to the KY BoS CoC's Street Outreach Service Standards document as a guide.** Funds are limited to the 118 counties in the KY BoS CoC. All ESG street outreach programs are required to participate in CES, enter client-level data into KYHMIS and operate with a low-barrier, housing-focused service orientation.

### **Eligible Partner Agencies**

Eligible Applicants include private non-profit organizations and units of local government. Faith-based organizations are eligible to apply but must provide all ESG-funded activities in a manner that is free from religious influence. Shelters that are not open year-round are not eligible to apply for ESG funding.

## **Allocation, Grant Term, Reporting & Referral Process**

- Funding will be provided via 18-month grant agreements.
- All programs are required to participate in the KY BoS Coordinated Entry System (CES) in order to provide the most viable access to appropriate permanent housing options for participants.
- Agencies will report on and provide documentation of services provided to eligible households via the KYHMIS system.
- Reporting will be required annually at a minimum, but may be required more frequently as program guidance is received from HUD.
- Funds will be managed and requested through KHC's Program Funding Draw Management (PFDM) System.
- Funding and expenditure levels will be reviewed quarterly to track progress toward grant completion and to compare levels of services provided as documented in HMIS. Funding adjustments can be made at the discretion of KHC management if sub-recipients are experiencing compliance issues or slow spending patterns.

## **Eligible Households**

To be eligible for ESG SO assistance, a household must meet the (1)(i) definition of Homeless as detailed by the Emergency Solutions Grant Interim Rule found at 24 CFR Part 576.2, specifically stated:

**Homeless means:(1) An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:(i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;**

## **Eligible Activities**

### **(1) Engagement.**

The costs of activities to locate, identify, and build relationships with unsheltered homeless people and engage them for the purpose of providing immediate support, intervention, and connections with homeless assistance programs and/or mainstream social services and housing programs. These activities consist of making an initial assessment of needs and eligibility; providing crisis counseling; addressing urgent physical needs, such as providing meals,

blankets, clothes, or toiletries; and actively connecting and providing information and referrals to programs targeted to homeless people and mainstream social services and housing programs, including emergency shelter, transitional housing, community-based services, permanent supportive housing, and rapid re-housing programs. Eligible costs include the cell phone costs of outreach workers during the performance of these activities.

## **(2) Case management.**

The cost of assessing housing and service needs, arranging, coordinating, and monitoring the delivery of individualized services to meet the needs of the program participant. Eligible services and activities are as follows: using the centralized or coordinated assessment system as required under [§ 576.400\(d\)](#); conducting the initial evaluation required under [§ 576.401\(a\)](#), including verifying and documenting eligibility; counseling; developing, securing and coordinating services; obtaining Federal, State, and local benefits; monitoring and evaluating program participant progress; providing information and referrals to other providers; and developing an individualized housing and service plan, including planning a path to permanent housing stability.

## **(3) Emergency Health Services.**

(i) Eligible costs are for the direct outpatient treatment of medical conditions and are provided by licensed medical professionals operating in community-based settings, including streets, parks, and other places where unsheltered homeless people are living.

(ii) ESG funds may be used only for these services to the extent that other appropriate health services are inaccessible or unavailable within the area.

(iii) Eligible treatment consists of assessing a program participant's health problems and developing a treatment plan; assisting program participants to understand their health needs; providing directly or assisting program participants to obtain appropriate emergency medical treatment; and providing medication and follow-up services.

#### **(4) Emergency mental health services.**

(i) Eligible costs are the direct outpatient treatment by licensed professionals of mental health conditions operating in community-based settings, including streets, parks, and other places where unsheltered people are living.

(ii) ESG funds may be used only for these services to the extent that other appropriate mental health services are inaccessible or unavailable within the community.

(iii) Mental health services are the application of therapeutic processes to personal, family, situational, or occupational problems in order to bring about positive resolution of the problem or improved individual or family functioning or circumstances.

(iv) Eligible treatment consists of crisis interventions, the prescription of psychotropic medications, explanation about the use and management of medications, and combinations of therapeutic approaches to address multiple problems.

#### **(5) Transportation.**

The transportation costs of travel by outreach workers, social workers, medical professionals, or other service providers are eligible, provided that this travel takes place during the provision of services eligible under this section. The costs of transporting unsheltered people to emergency shelters or other service facilities are also eligible. These costs include the following:

(i) The cost of a program participant's travel on public transportation;

(ii) If service workers use their own vehicles, mileage allowance for service workers to visit program participants;

(iii) The cost of purchasing or leasing a vehicle for the recipient or subrecipient in which staff transports program participants and/or staff serving program participants, and the cost of gas, insurance, taxes and maintenance for the vehicle; and

(iv) The travel costs of recipient or subrecipient staff to accompany or assist program participants to use public transportation.

## **CoC Program**

*Full regulations can be found at [24 CFR Part 578](#)*

### **Overview**

The CoC program is designed to promote a community-wide commitment to the goal of ending homelessness, by providing funding to quickly rehouse homeless individuals, families, persons fleeing domestic violence, dating violence, sexual assault, and stalking, and youth. The CoC program involves a highly competitive application process directly with HUD among Continuum of Care nationwide and usually takes place annually. Under the CoC Program, Kentucky Housing Corporation (KHC) will provide subrecipient partner agencies throughout the KY Balance of State Continuum of Care (KY BoS CoC) CoC SSO (including SNOFO) grants. The purpose is to provide eligible households with vital street outreach engagement services and necessary emergency financial assistance to ensure those living unsheltered are rapidly and effectively connected to permanent housing either through the KY BoS Coordinated Entry System (CES), or through program participant's own sphere of support network(s). Directly funded projects from HUD are also strongly encouraged to use these toolkit forms. The core function of CoC SSO is to help households obtain and maintain housing, **using the Street Outreach Service Standards document as a guide**. Funds are limited to the 118 counties in the KY BoS CoC. All CoC SSO programs are required to participate in CES, enter client-level data into KYHMIS and operate with a low-barrier, housing-focused service orientation.

### **Eligible Partner Agencies**

To apply for CoC Program funding, an applicant must be a nonprofit organization, State, local government, or instrumentalities of State or local governments. For-profit entities are not eligible to apply for grants or to be subrecipients of grant funds.

Organizations apply for HUD funding through an annual competition process. An eligible applicant would need to submit a project application to the CoC's designated Collaborative Applicant organization. The CoC designates one organization to be the Collaborative Applicant. The Collaborative Applicant

submits the complete application package which includes the CoC application and the individual project applications and their rankings.

### **Allocation, Grant Term, Reporting & Referral Process**

- Funding will be provided via 12-month grant agreements.
- All programs are required to participate in the KY BoS Coordinated Entry System (CES) in order to provide the most viable access to appropriate permanent housing options for participants.
- Agencies will report on and provide documentation of services provided to eligible households via the KYHMIS system.
- Reporting will be required annually at a minimum, but may be required more frequently as program guidance is received from HUD.
- Funds will be managed and requested through KHC's Program Funding Draw Management (PFDM) System.
- Funding and expenditure levels will be reviewed quarterly to track progress toward grant completion and to compare levels of services provided as documented in HMIS. Funding adjustments can be made at the discretion of KHC management if sub-recipients are experiencing compliance issues or slow spending patterns.

### **Eligible Households**

To be eligible for CoC SO assistance, a household must meet the (1)(i) definition of Homeless as detailed by the Continuum of Care Interim Rule found at 24 CFR Part 578.3, specifically stated:

**Homeless means:(1) An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:(i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;**

### **Eligible Activities**

(1) **Annual Assessment of Service Needs.** The costs of the assessment required by [§ 578.53\(a\)\(2\)](#) are eligible costs.

(2) **Assistance with moving costs.** Reasonable one-time moving costs are eligible and include truck rental and hiring a moving company.

(3) **Case management.** The costs of assessing, arranging, coordinating, and monitoring the delivery of individualized services to meet the needs of the program participant(s) are eligible costs. Component services and activities consist of:

- (i) Counseling;
- (ii) Developing, securing, and coordinating services;
- (iii) Using the centralized or coordinated assessment system as required under [§ 578.23\(c\)\(9\)](#).
- (iv) Obtaining federal, State, and local benefits;
- (v) Monitoring and evaluating program participant progress;
- (vi) Providing information and referrals to other providers;
- (vii) Providing ongoing risk assessment and safety planning with victims of domestic violence, dating violence, sexual assault, and stalking; and
- (viii) Developing an individualized housing and service plan, including planning a path to permanent housing stability.

(4) **Food.** The cost of providing meals or groceries to program participants is eligible.

(5) **Housing search and counseling services.** Costs of assisting eligible program participants to locate, obtain, and retain suitable housing are eligible.

- (i) Component services or activities are tenant counseling; assisting individuals and families to understand leases; securing utilities; and making moving arrangements.
- (ii) Other eligible costs are:
  - (A) Mediation with property owners and landlords on behalf of eligible program participants;



(B) Credit counseling, accessing a free personal credit report, and resolving personal credit issues; and

(C) The payment of rental application fees.

(iii) Housing counseling, as defined in [§ 5.100](#), that is funded with or provided in connection with grant funds must be carried out in accordance with [§ 5.111](#). When recipients or subrecipients provide housing services to eligible persons that are incidental to a larger set of holistic case management services, these services do not meet the definition of Housing counseling, as defined in [§ 5.100](#), and therefore are not required to be carried out in accordance with the certification requirements of [§ 5.111](#).

(6) **Legal services.** Eligible costs are the fees charged by licensed attorneys and by person(s) under the supervision of licensed attorneys, for advice and representation in matters that interfere with the homeless individual or family's ability to obtain and retain housing.

(i) Eligible subject matters are child support; guardianship; paternity; emancipation; legal separation; orders of protection and other civil remedies for victims of domestic violence, dating violence, sexual assault, and stalking; appeal of veterans and public benefit claim denials; landlord tenant disputes; and the resolution of outstanding criminal warrants.

(ii) Component services or activities may include receiving and preparing cases for trial, provision of legal advice, representation at hearings, and counseling.

(iii) Fees based on the actual service performed (i.e., fee for service) are also eligible, but only if the cost would be less than the cost of hourly fees. Filing fees and other necessary court costs are also eligible. If the subrecipient is a legal services provider and performs the services itself, the eligible costs are the subrecipient's employees' salaries and other costs necessary to perform the services.

(iv) Legal services for immigration and citizenship matters and issues related to mortgages and homeownership are ineligible. Retainer fee arrangements and contingency fee arrangements are ineligible.

(7) **Life skills training.** The costs of teaching critical life management skills that may never have been learned or have been lost during the course of physical or mental illness, domestic violence, substance abuse, and homelessness are eligible. These services must be necessary to assist the program participant to function independently in the community. Component life skills training are the budgeting of resources and money management, household management, conflict management, shopping for food and other needed items, nutrition, the use of public transportation, and parent training.

(8) **Mental health services.** Eligible costs are the direct outpatient treatment of mental health conditions that are provided by licensed professionals. Component services are crisis interventions; counseling; individual, family, or group therapy sessions; the prescription of psychotropic medications or explanations about the use and management of medications; and combinations of therapeutic approaches to address multiple problems.

(9) **Outpatient health services.** Eligible costs are the direct outpatient treatment of medical conditions when provided by licensed medical professionals including:

- (i) Providing an analysis or assessment of an individual's health problems and the development of a treatment plan;
- (ii) Assisting individuals to understand their health needs;
- (iii) Providing directly or assisting individuals to obtain and utilize appropriate medical treatment;
- (iv) Preventive medical care and health maintenance services, including in-home health services and emergency medical services;
- (v) Provision of appropriate medication;
- (vi) Providing follow-up services; and
- (vii) Preventive and non-cosmetic dental care.

(10) **Outreach services.** The costs of activities to engage persons for the purpose of providing immediate support and intervention, as well as identifying potential program participants, are eligible.

(i) Eligible costs include the outreach worker's transportation costs and a cell phone to be used by the individual performing the outreach.

(ii) Component activities and services consist of: initial assessment; crisis counseling; addressing urgent physical needs, such as providing meals, blankets, clothes, or toiletries; actively connecting and providing people with information and referrals to homeless and mainstream programs; and publicizing the availability of the housing and/or services provided within the geographic area covered by the Continuum of Care.

(11) **Substance abuse treatment services.** The costs of program participant intake and assessment, outpatient treatment, group and individual counseling, and drug testing are eligible. Inpatient detoxification and other inpatient drug or alcohol treatment are ineligible.

(12) **Transportation.** Eligible costs are:

(i) The costs of program participant's travel on public transportation or in a vehicle provided by the recipient or subrecipient to and from medical care, employment, childcare, or other services eligible under this section.

(ii) Mileage allowance for service workers to visit program participants and to carry out housing quality inspections;

(iii) The cost of purchasing or leasing a vehicle in which staff transports program participants and/or staff serving program participants;

(iv) The cost of gas, insurance, taxes, and maintenance for the vehicle;

(v) The costs of recipient or subrecipient staff to accompany or assist program participants to utilize public transportation; and

(vi) If public transportation options are not sufficient within the area, the recipient may make a one-time payment on behalf of a program

participant needing car repairs or maintenance required to operate a personal vehicle, subject to the following:

(A) Payments for car repairs or maintenance on behalf of the program participant may not exceed 10 percent of the Blue Book value of the vehicle (Blue Book refers to the guidebook that compiles and quotes prices for new and used automobiles and other vehicles of all makes, models, and types);

(B) Payments for car repairs or maintenance must be paid by the recipient or subrecipient directly to the third party that repairs or maintains the car; and

(C) The recipients or subrecipients may require program participants to share in the cost of car repairs or maintenance as a condition of receiving assistance with car repairs or maintenance.

(13) **Utility deposits.** This form of assistance consists of paying for utility deposits. Utility deposits must be a one-time fee, paid to utility companies.

(14) **Direct provision of services.** If the service described in paragraphs (1) through (14) of this section is being directly delivered by the recipient or subrecipient, eligible costs for those services also include:

(i) The costs of labor or supplies, and materials incurred by the recipient or subrecipient in directly providing supportive services to program participants; and

(ii) The salary and benefit packages of the recipient and subrecipient staff who directly deliver the services.

\*Under the SNOFO Rural Set Aside, Street Outreach can provide hotel/motel stays.

**Directions:** (1.) Circle the scenario that best describes the situation for the applicable category. (2.) Follow the steps for that specific situation. If the steps are not followed in order, due diligence must be documented. (3.) Check the box(es) indicating which documents were obtained. (4.) The staff member completing the form should print name and then sign and date the bottom of the applicable page. (5.) Have supervisor (or equivalent) review the checklist and verifications. Upon review, the supervisor will initial and date indicating review and approval. (6.) Retain the Homeless Eligibility Verification Checklist and the verifications that were obtained in the participant file as verification of homeless eligibility status.

<b>Category 1(i)</b> An individual or family with a primary nighttime residence that is a public or private place not designed or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport or camping ground.			
What is the current nighttime residence? (circle one)	Documentation Required	Document(s) Attached (select)	Supervisor Initial/Date
<b>The Street Category 1(i)</b>	<b>1 Third Party:</b> <b>a)</b> Documentation from outreach worker on <b>Form 101</b> or on the respective agency's letterhead with ALL of the information from <b>Form 101</b> . Forward <b>Form 101</b> to third-party to use as template to ensure all required information is obtained.		
	<b>b)</b> Written referral from another housing or service provider on <b>Form 102</b> or on agency letterhead with ALL of the information from <b>Form 102</b> . Forward <b>Form 102</b> to third party to use as template to ensure all required information is obtained.		
	<b>c) Oral:</b> Documented statement obtained from third-party when written third-party is not available. <b>Form 103</b> must be completed by agency staff. If you are using this method, you must also complete <b>Form 110</b> documenting the reason verification through methods 1a and 1b were not obtainable.		
	<b>2) Intake Staff Observation:</b> Intake staff observations must be documented on <b>Form 104</b> . If you are using this method, you must also complete <b>Form 110</b> documenting the reason verification through methods 1a and 1b were not obtainable.		
	<b>3) Self Certification:</b> A self certification by the individual seeking assistance must be completed on <b>Form 105</b> . <b>Note: If <u>all</u> criteria in section 2 of Form 105 are not applicable to the applicant's situation, this applicant is not eligible under this category.</b> If you are using this method, you must also complete <b>Form 110</b> documenting the reason verification through methods 1a, 1b and 2 were not obtainable.		
	<b>Due Diligence:</b> <b>Form 110</b> completed by agency staff describing efforts to obtain third-party verification.		

Staff Name

Signature

Date

## Outreach Worker Observation-Street Outreach

RE: \_\_\_\_\_ SSN XXX-XX-  
Applicant's Name (print) (last four digits)

The applicant referenced above has applied for assistance with our agency's federally funded housing program. Federal regulations require that we verify the homeless status of this individual. Written verification from an outreach worker must be obtained. The verification must include: the location and the date(s) the individual has slept in a public or private place not designed or ordinarily used as a regular sleeping accommodation for human beings, and the signature and title of agency staff.

I do hereby authorize the release of this information:

Applicant Name (print clearly) Signature of Applicant Date

### SECTION BELOW TO BE COMPLETED BY OUTREACH WORKER

(Applicant Name) \_\_\_\_\_ has slept in the following location(s)  
(enter dates for each selection):

- ☐ car \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_
- ☐ park \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_
- ☐ abandoned building \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_
- ☐ bus or train station \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_
- ☐ airport \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_
- ☐ camping ground \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_
- ☐ other \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Additional information:

\_\_\_\_\_  
\_\_\_\_\_

Name of agency: \_\_\_\_\_

Address: \_\_\_\_\_

**I certify this information is true and complete.**

Staff Name and Title Signature Date

**WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.**



## Written Referral From Housing/Service Provider-Street Outreach

RE: \_\_\_\_\_ SSN XXX-XX-  
Applicant's Name (print) (last four digits)

The applicant referenced above has applied for assistance with our agency's federally funded housing program. Federal regulations require that we verify the homeless status of this individual. Written referral from a housing or service provider must be obtained. The verification must include: the location and the date(s) the individual has slept in a public or private place not designed or ordinarily used as a regular sleeping accommodation for human beings, and the signature and title of agency staff. For each occurrence selected below, please specify the dates.

I do hereby authorize the release of this information:

Applicant Name (print clearly) Signature of Applicant Date

### SECTION BELOW TO BE COMPLETED BY THE HOUSING OR SERVICE PROVIDER STAFF

(Applicant Name) \_\_\_\_\_ has slept in the following location(s)  
(enter dates for each selection):

- ☐ car \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_
- ☐ park \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_
- ☐ abandoned building \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_
- ☐ bus or train station \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_
- ☐ airport \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_
- ☐ camping ground \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_
- ☐ other \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Additional information:

\_\_\_\_\_  
\_\_\_\_\_

Name of agency: \_\_\_\_\_

Address: \_\_\_\_\_

**I certify this information is true and complete.**

Staff Name and Title Signature Date

**WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.**

**Oral Verification from Outreach Worker or Housing/Service Provider  
Street Outreach**

---

RE: \_\_\_\_\_ SSN XXX-XX-  
Applicant's Name (print) (last four digits)

The applicant referenced above has applied for assistance with our agency's federally funded housing program. Federal regulations require verification of the homeless status of this individual. Written verification from an outreach worker or a housing/service provider must be obtained.

If unable to obtain written verification, an intake staff from the housing agency may request the information in an oral statement from the outreach worker or housing/service provider and document on this form. The required information includes: the location and date the individual has slept in a public or private place not designed or ordinarily used as a regular sleeping accommodation for human beings; signature and title of agency staff.

**SECTION BELOW TO BE COMPLETED BY AGENCY STAFF**

(Applicant Name) \_\_\_\_\_ has slept in the following location(s)  
(enter dates for each selection):

- |   |                     |
|---|---------------------|
| <input type="checkbox"/> car _____                  | from _____ to _____ |
| <input type="checkbox"/> park _____                 | from _____ to _____ |
| <input type="checkbox"/> abandoned building _____   | from _____ to _____ |
| <input type="checkbox"/> bus or train station _____ | from _____ to _____ |
| <input type="checkbox"/> airport _____              | from _____ to _____ |
| <input type="checkbox"/> camping ground _____       | from _____ to _____ |
| <input type="checkbox"/> other _____                | from _____ to _____ |

Additional information:

\_\_\_\_\_

\_\_\_\_\_

Name of individual providing information: \_\_\_\_\_

Title of individual providing information: \_\_\_\_\_

Contact number: \_\_\_\_\_

Date and time of conversation: \_\_\_\_\_

**I certify this information is true and complete.**

Staff Name and Title	Signature	Date
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**WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.**





## Intake Staff Observation-Street Outreach

RE: \_\_\_\_\_ SSN XXX-XX-  
Applicant's Name (print) (last four digits)

The applicant referenced above has applied for assistance with our agency's federally funded housing program. Federal regulations require that we verify the homeless status of this individual. Written verification from intake staff must be obtained. The verification must include: the location and the date(s) the individual has slept in a public or private place not designed or ordinarily used as a regular sleeping accommodation for human beings, and the signature and title of agency staff.

### SECTION BELOW TO BE COMPLETED BY INTAKE STAFF

(Applicant Name) \_\_\_\_\_ has slept in the following location(s)  
(enter dates for each selection):

- ☐ car \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_
- ☐ park \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_
- ☐ abandoned building \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_
- ☐ bus or train station \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_
- ☐ airport \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_
- ☐ camping ground \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_
- ☐ other \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Additional information:

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Name of agency: \_\_\_\_\_

Address: \_\_\_\_\_

**I certify this information is true and complete.**

Staff Name and Title	Signature	Date
----------------------	-----------	------

**WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.**

## Homeless Self-Certification-Street Outreach

RE: \_\_\_\_\_ SSN XXX-XX-  
Applicant's Name (print) (last four digits)

Federal regulations permit the use of these housing funds for individuals or families who are literally homeless. A certification from the individual or head of household seeking assistance is required. Verification of these circumstances may be required.

### THIS SECTION TO BE COMPLETED BY APPLICANT OR HEAD OF HOUSEHOLD

My current living situation is (select one and describe):

- ☐ car \_\_\_\_\_
- ☐ park \_\_\_\_\_
- ☐ abandoned building \_\_\_\_\_
- ☐ bus or train station \_\_\_\_\_
- ☐ airport \_\_\_\_\_
- ☐ camping ground \_\_\_\_\_
- ☐ shelter \_\_\_\_\_
- ☐ institution \_\_\_\_\_
- Name \_\_\_\_\_
- Address \_\_\_\_\_
- Living arrangement prior to admission into institution \_\_\_\_\_
- ☐ other \_\_\_\_\_

I last slept in this place \_\_\_\_/\_\_\_\_/\_\_\_\_. I have slept in this place since \_\_\_\_/\_\_\_\_/\_\_\_\_.

**I certify that the above selected statements are true and complete.**

\_\_\_\_\_  
Name (print clearly) Signature Date

**Received by:**

\_\_\_\_\_  
Staff Name and Title Signature Date

**WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.**



## Documenting Due Diligence-Street Outreach

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RE: \_\_\_\_\_ SSN XXX-XX-  
Applicant's Name (print) (last four digits)

The completion of this form is required when third-party source documentation is not provided or HUD's preferred method of verifying homeless status is not followed.

Potential reasons for not providing third-party verification include: safety of the individual(s), no third-party sources identified, inability to contact third party, etc.

Efforts reflecting attempts to follow HUD's preferred order include phone calls, emails, letters, faxes, etc.

When documenting the efforts and outcomes for phone call attempts, descriptions must include the name and title of the individual, contact number, date, and time. Copies of efforts to obtain third-party documentation through email correspondence, certified letters, faxes, etc. should be attached to this document.

Describe the reason(s) you were unable to acquire third-party verification:

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Describe efforts to follow HUD's preferred method of verification and the outcome:

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Document(s) attached: ☐ Yes ☐ No

If yes, specify:

---

---

**I certify this information to be true and complete.**

---

Staff Name and Title

Signature

Date

---

**WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.**

## Verification of Disability-Street Outreach

I authorize (agency) \_\_\_\_\_ to obtain necessary information regarding my disability status or that of a member of my household:

\_\_\_\_\_  
**(Print) Disabled Household Member      Relationship to Head/Applicant      XXX-XX-SSN (last 4 digits)**

I understand that this information is to help me qualify for appropriate housing and supportive services. By signing below I authorize the release of this information.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

**The above named person has applied for housing under a U.S. Department of Housing and Urban Development (HUD) program that requires verification of a disability under the applicable HUD definition. Please indicate which condition(s) you have diagnosed this person to have.**

- ☐ **1. A condition that:**
- Is expected to be long-continuing or of indefinite duration; **AND**
  - Substantially impeded the person's ability to live independently; **AND**
  - Could be improved by the provision of more suitable housing conditions; **AND**
  - Is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury.
- ☐ **2. A developmental disability (as defined in Section 102 of the Developmental Disability Assistance and Bill of Rights Act of 2000 (42 USC 15002)). Which means a severe, chronic disability of an individual that:**
- Is attributable to a mental or physical impairment or combination of mental and physical impairments; **AND**
  - Is manifested before the individual attains age 22; **AND**
  - Is likely to continue indefinitely; **AND**
  - Results in substantial functional limitations in three or more areas of major life activity; (a) Self-care; (b) Receptive and expressive language; (c) Learning; (d) Mobility; (e) Self-direction; (f) Capacity for independent living; (g) Economic self-sufficiency; **AND**
  - Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, or individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated. **OR**
  - An individual from birth to age 9, inclusive, who has a substantial developmental delay or specific congenital or acquired condition, may be considered to have a developmental disability without meeting three or more of the criteria described above if the individual, without services and supports has a high probability of meeting those criteria later in life.
- ☐ **3. The disease of acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiological agent for acquired immunodeficiency syndrome, including infection with the human immunodeficiency virus (HIV).**
- ☐ **Is not considered disabled according to the above definitions.**

**Please Print: THIS SECTION MUST BE COMPLETE TO BE VALID**

Name of Certifying Official (print clearly)	
Title/License #/State Issued (print clearly)	
Office Address	
Telephone and Fax	

**Your signature below certifies that the above named individual meets the disability definition indicated above AND you are professionally licensed by the state in which you practice to diagnose and treat the indicated disability.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.**

KHC Form HCA-123-SO (Rev. 3/25)



## Verification of Chronically Homeless Disability-Street Outreach

I authorize (agency) \_\_\_\_\_ to obtain necessary information regarding my disability status/disabling condition or that of a member of my household:

XXX-XX-

(Print) Disabled Household Member

Relationship to Head/Applicant

SSN (last 4 digits)

I understand that this information is to help me qualify for appropriate housing and supportive services. By signing below I authorize the release of this information.

Applicant Signature

Date

The above named person has applied for housing under a U.S. Housing and Urban Development (HUD) program that requires verification of a qualifying disability/disabling condition under the applicable HUD definition. Please indicate which disability and/or condition(s) you have diagnosed this person to have.

- ☐ **1. Substance use disorder**
- ☐ **2. Serious mental illness**
- ☐ **3. A developmental disability (as defined in Section 102 of the Developmental Disability Assistance and Bill of Rights Act of 2000 (42 USC 15002)). Which means a severe, chronic disability of an individual that:**
- Is attributable to a mental or physical impairment or combination of mental and physical impairments; **AND**
  - Is manifested before the individual attains age 22; **AND**
  - Is likely to continue indefinitely; **AND**
  - Results in substantial functional limitations in three or more areas of major life activity; (a) Self-care; (b) Receptive and expressive language; (c) Learning; (d) Mobility; (e) Self-direction; (f) Capacity for independent living; (g) Economic self-sufficiency; **AND**
  - Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, or individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated. **OR**
  - An individual from birth to age 9, inclusive, who has a substantial developmental delay or specific congenital or acquired condition, may be considered to have a developmental disability without meeting three or more of the criteria described above if the individual, without services and supports has a high probability of meeting those criteria later in life.
- ☐ **4. Post-traumatic stress disorder**
- ☐ **5. Cognitive impairments resulting from brain injury**
- ☐ **6. Chronic physical illness or disability**
- ☐ **Is not diagnosed with one or more of the above disabilities or conditions.**

**Please Print: THIS SECTION MUST BE COMPLETE TO BE VALID**

Name of Certifying Official (print clearly)	
Title/License #/State Issued (print clearly)	
Office Address	
Telephone and Fax	

Your signature below certifies that the above named individual meets the definition indicated above **AND** you are professionally licensed by the state in which you practice to diagnose and treat the indicated disability/disabling condition.

Signature

Date

**WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.**

KHC Form HCA-124-SO (Rev. 3/25)



## Verification of Receipt of Required Documents-Street Outreach

---

RE: \_\_\_\_\_ SSN XXX-XX-  
Applicant's Name (print) (last four digits)

It is required that the client be provided with the information listed below. The client's signature on this document when maintained in the client file will serve as proof of delivery to the client. Check all applicable actions below. The client must initial after each checked box.

☐ \_\_\_\_\_ Notification of Rights to Fair Housing information provided and reviewed

☐ \_\_\_\_\_ Anti-Discrimination Policy provided and reviewed

☐ \_\_\_\_\_ Personal Privacy Protection Policy information provided and reviewed

☐ \_\_\_\_\_ Confidentiality Agreement provided and reviewed

☐ \_\_\_\_\_ Grievance Policy and Appeals Process provided and reviewed

☐ \_\_\_\_\_ Termination Policy provided and reviewed

☐ \_\_\_\_\_ Program Policies and Rules provided and reviewed

I certify that I have provided the client with the information and policies noted above. I have reviewed all documents/publications indicated and allowed the client opportunity to ask questions regarding these documents to ensure a thorough understanding of the information.

\_\_\_\_\_  
Signature of intake staff or case manager

\_\_\_\_\_  
Date

**\*\*\*\*\*ALL ADULT HOUSEHOLD MEMBERS MUST SIGN THIS DOCUMENT\*\*\*\*\***

I/We understand that KHC and/or HUD may review the information contained in my/our file in order to verify my/our eligibility for the program or for auditing purposes.

I/we certify that I/we have received the documents noted above. I/we was provided the opportunity to ask questions and have those questions answered satisfactorily.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Household Member Signature

\_\_\_\_\_  
Date

## General Telephone Verification-Street Outreach

THIS FORM TO BE COMPLETED BY AGENCY STAFF PARTICIPATING IN TELEPHONE CONVERSATION

RE: \_\_\_\_\_ SSN XXX-XX-  
Applicant's Name (print) (last four digits)

Date of call: \_\_\_\_\_

Time of call: \_\_\_\_\_

Third Party Company Name: \_\_\_\_\_

Phone number called: \_\_\_\_\_

Spoke with: \_\_\_\_\_

Title: \_\_\_\_\_

Conversation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify the information above is a true and accurate representation of the telephone conversation that took place:

Agency Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.**

KHC Form HCA- 170-SO (Rev. 3/25)



## Initial Client Housing Plan for Street Outreach-Street Outreach

RE: \_\_\_\_\_ SSN XXX-XX-  
Applicant's Name (print) (last four digits)

Current location and housing situation (be specific): \_\_\_\_\_

Number in household: \_\_\_\_\_

Identify needs & barriers; establish goals, document referrals/supportive services

Housing Objective: establish or better maintain a stable living environment; help keep the focus on immediate needs, while assisting in the development of long-term housing plan

1. Identify needs/barriers to housing (What is causing housing crisis?)	Yes	No	Maybe
a) Lack of Shelter or Refuses Shelter			
b) Mental Health			
c) Lack of Income			
d) Rental History			
e) Criminal History			
f) Other, specify			

2. Initial housing goals (steps to eliminate barriers identified above)	To be completed by		
	Date	Caseworker √	Client √
a) Steps/Objectives			
b) Steps/Objectives			
c) Steps/Objectives			

3. List referrals/supportive services client received assistance in obtaining	Give details such as dates and referral/supportive service source

My signature below indicates my agreement and commitment to this housing plan. With my consent, my case worker will update and revise this housing plan as I progress through the program.

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_

Housing Advocate/Case Manager: \_\_\_\_\_ Date: \_\_\_\_\_

**WARNING:** It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.

KHC Form HCA-175-SO (Rev. 3/25)





## Client File Checklist-Street Outreach

RE: \_\_\_\_\_ SSN XXX-XX-  
Applicant's Name (print) (last four digits)

✓/ N/A	Required Documents in Client File	Comments (Date received, etc.)
	Application	
	HMIS Release of Information form	
	HMIS Intake form(s) for all household members	
	Client Verification of Receipt of Required Documents form	
	Homelessness Eligibility Verification Checklist	
	Homelessness status supporting source documentation or forms	
	Initial Client Housing Plan form	
	Documentation evidencing Essential Services provided, check all that apply:  ___ Engagement  ___ Referral to Shelter  ___ Provided Supplies  ___ Case management  ___ Emergency Health Services  ___ Emergency Mental Health Services  ___ Transportation  ___ Services for special populations	
	Case Management notes	
	Documentation of termination of assistance, if applicable	
	HMIS Exit form	

## HOME ARP Required Agency Policies

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**Agencies utilizing HOME American Rescue Plan (ARP) funds are required to maintain written policies and procedures by which to consistently administer the HOME ARP grant. The following individual agency policies should be established and maintained in program policies and procedures.**

- Termination of assistance policy: CPD Notice 21-10, Section VI.D.5
- Grievance policy: CPD Notice 21-10, Section VI.D.5
- Conflict of interest policy: 24 CFR 92.356
- Nondiscrimination and equal opportunity policy: 24 CFR 5.105
- Notification of Rights to Fair Housing: 24 CFR 5.105
- Personal Privacy Protection Policy: CPD Notice 21-10, Section VII.H.1
- Drug-Free Workplace Policy: Drug free Workplace Act of 1988, 2 CFR 2429(HUD), 2 CFR 182(OMB)
- Affirmative Marketing and Minority Outreach: 24 CFR 92.351

## Required Agency Policies

Agencies utilizing CoC program funds are required to maintain written policies and procedures by which to consistently administer the CoC grant. The following individual agency policies and procedures must be established and maintained in the agency's program policies and procedures:

<b><u>Required Policy</u></b>	<b><u>CFR Reference</u></b>
• Termination of Assistance	24 CFR 578.91
• Conflict of Interest	24 CFR 578.95
• Grievance Policy	24 CFR 966.50
• Nondiscrimination and Equal Opportunity	24 CFR 578.93
• Notification of Rights to Fair Housing	Title VIII of the Civil Rights Act of 1968
• Board Representation of Homeless Clients	24 CFR 578.75
• Faith-based Activities	24 CFR 578.87
• Affirmatively Furthering Fair Housing	24 CFR 578.93
• Other federal requirements	24 CFR 578.99
• Procurement	2 CFR Part 200
• Financial Policies and Procedures	2 CFR Part 200
• Drug Free Work Place	2 CFR Part 200
• Minority Business Enterprise/Women Business Enterprise	2 CFR Part 200

### **KHC Grant Agreement Reference**

- Personal Privacy Protection
- Equal Access Regardless of Sexual Orientation or Gender Identity
- Compliance with Federal Laws
- Program Compliance
- Limited English Proficiency

## ESG Required Agency Policies

---

**Agencies utilizing Emergency Solutions Grant (ESG) funds are required to maintain written policies and procedures by which to consistently administer the ESG grant. The following individual agency policies should be established and maintained in program policies and procedures.**

- Termination of assistance policy: 24 CFR 576.402
- Grievance policy: 24 CFR 966.50
- Conflict of interest policy: 24 CFR 576.500(p), 24 CFR 576.404(a) and (b)
- Nondiscrimination and equal opportunity policy: 24 CFR 576.407
- Notification of Rights to Fair Housing: Grant Agreement
- Personal Privacy Protection Policy: 24 CFR 576.500(a)
- Drug-Free Workplace Policy: Drug free Workplace Act of 1988, 2 CFR 2429(HUD), 2 CFR 182(OMB)
- Minority Business Enterprise/Women Business Enterprise (MBE/WBE): Grant Agreement



## Housing Contract Administration

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### Conflict of Interest

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August 2025

## GUIDANCE

Kentucky Housing Corporation  
1231 Louisville Road  
Frankfort, KY 40601  
**(502) 564-7630**



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## Notice

Kentucky Housing Corporation (KHC) provides this guidance as a resource for conflicts of interest that may arise through the administration of the following federal and state funding sources administered by KHC's Housing Contract Administration Department:

- HOME Single Family Production
- Kentucky Affordable Housing Trust Fund (AHTF) Single Family Production
- AHTF Single Family Repair
- Rural Housing Trust Fund (RHTF) Single Family Production
- RHTF Single Family Repair
- HOME Tenant Based Rental Assistance (HOME TBRA)
- Housing Opportunities for Persons with AIDS (HOPWA)
- Emergency Solutions Grant (ESG)
- Continuum of Care (COC)
- American Rescue Plan Emergency Rental Assistance (ARP-ERA)
- HOME - ARP

To the best of our knowledge, the information in this publication is accurate; however, neither Kentucky Housing Corporation nor its affiliates assume any responsibility or liability for the accuracy or completeness of, or consequences arising from, such information. Changes, typos, and technical inaccuracies will be corrected in subsequent publications. This publication is subject to change without notice. The information and descriptions contained in this guide cannot be copied, disseminated, or distributed without the express written consent of Kentucky Housing Corporation. This document is intended for informational purposes only. This guide addresses conflicts of interest only and is not inclusive of all resources needed to successfully administer a project.

Please contact a KHC technical assistance representative at the [Housing Contract Administration \(HCA\) Help Desk](#) if you have questions or need additional assistance.

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## Section I - Conflict of Interest Policy

**Kentucky Housing Corporation Conflict of Interest Policy:** All KHC-funded partner agencies are responsible for identifying situations in which a conflict of interest, whether real or perceived, may exist. If a potential conflict of interest is identified, in addition to following any agency conflict of interest policy, the KHC funded partner agency **MUST** request an exemption and receive written approval from KHC using the steps addressed in this guidance prior to assistance being provided.

**Types of potential Conflict of Interest transactions:** This list is not all-inclusive.

- **Non-Procurement Conflict of Interest transactions:** In general, all HUD Community Planning and Development Program regulations (HOME, ESG, COC, & HOPWA) prohibit grant-assisted activity benefiting funded partner agency employees, board members, or relatives of employees and board members.
- **Procurement Conflict of Interest transactions:** In general, 2-CFR 200 prohibits procurement of goods or services from organizations with an organizational or individual conflict of interest.
- **Organizational Conflict of Interest transaction:** An Organizational Conflict of Interest arises when an agency, due to its activities, or relationships with other persons or organizations, is unable (potentially unable, or even has the appearance of being unable) to perform objectively.
- **Kentucky Non-Profit Conflict of Interest Transaction:** KRS 273.219 – (1) A conflict of interest transaction is a transaction with the nonprofit corporation in which a director of such corporation has a direct or indirect interest...(2) For the purposes of this section, a director of a nonprofit corporation shall be considered to have an indirect interest in a transaction if: (a) Another entity in which he has a material financial interest or in which he is a general partner to a party to the transaction; or (b) Another entity of which he is a director, officer, or trustee is a party to the transaction and the transaction is or should be considered by the board of directors of the corporation.



## Section II – Due Diligence Documentation

The KHC Funded partner agency should obtain and maintain evidence that the following groups have been **asked to identify** potential conflicts of interests:

- **Employees and volunteers –**

1. Partner agencies must **gather & maintain** certain information regarding employees and volunteers for KHC's Conflict of Interest Compliance review. This information includes but is not limited to:
  - Names, titles and duties
  - Residential address
  - Names of other adult household members
  - Other Employers, business relationships, and/or other organizations this person may have ties with.
  - Employers of other adult household members, including business relationships, or other organizations the other adult household members are associated with.
2. Partner agencies must ask conflict of interest questions and document those answers by having the Employee (or volunteer) complete a Conflict of Interest Certification, on an annual basis. The questions to ask are:
  - Are you or anyone in your household related to or have a business relationship with a program participant (i.e. client)?
  - Are you or anyone in your household related to or have a business relationship with a contractor, a vendor, or a landlord that is paid by this agency?
  - Are you or anyone in your household related to or have a business relationship with a board member of this agency?
  - Are you or anyone in your household receiving payments from this agency other than normal wages and/or expense reimbursements associated with your employment?
3. Partner agencies must obtain and maintain a written narrative and/or explanation of any yes answer from the above questions. Then reach out to KHC to determine if a conflict of Interest disclosure and/or waiver is required.

- **Board members –**

1. Partner agencies must **gather & maintain** certain information regarding Board Members for KHC's Conflict of Interest Compliance review. This information includes, but is not limited to:
  - Name & position/title on the board
  - Residential address
  - Email address

- Names of other adult household members
  - Employers, business relationships, and/or other organizations this person may have ties with.
  - Employers of other adult household members, including business relationships, or other organizations the other adult household members are associated with.
2. Partner agencies must ask conflict of interest questions and document those answers by having the Board Member complete a Conflict of Interest Certification on an annual basis. The questions to ask are:
- Are you or anyone in your household related to or have a business relationship with a program participant (i.e. client)?
  - Are you or anyone in your household related to or have a business relationship with a contractor, a vendor, or a landlord that is paid by this agency?
  - Are you or anyone in your household related to or have a business relationship with an employee of this agency?
  - Are you or anyone in your household receiving payments from this agency?
3. Partner agencies must obtain and maintain a written narrative and/or explanation of any yes answer from the above questions. Then reach out to KHC to determine if a conflict of Interest disclosure and/or waiver is required.
- **Contractors/vendors/suppliers/Landlords & all other entities paid by the partner agency –**
    1. Partner agencies must **gather & maintain** certain information regarding any entity paid by the partner agency for KHC's Conflict of Interest Compliance review. This information includes, but is not limited to:
      - The entities legal name as registered with the KY Secretary of State's office, or if not a registered company, the name of the person being paid
      - Address
      - Contact information (phone number, email address)
    2. Partner agencies must ask conflict of interest questions and document those answers by having the contractor, vendor, landlord or other entity complete a Conflict of Interest Certification. The questions to ask are:
      - Are you or anyone in your household related to or have a business relationship with a program participant or this agency?
      - Are you or anyone in your household related to, or have a business relationship with, an employee, board member, or relative of an employee or board member of this agency?

- National retailers like Wal-Mart, Kroger, etc. are exempted from completing the conflict of interest certification unless there is a known family, personal or business relationship between the partner agency and the retailer that needs to be disclosed.
  - 3. Partner agencies must obtain and maintain a written narrative and/or explanation of any yes answers from the above questions. Then reach out to KHC to determine if a conflict of Interest disclosure and/or waiver is required.
- **Clients and program participants -**
    1. Partner agencies must **gather & maintain** certain information regarding clients and program participants for KHC's Conflict of Interest Compliance review. This information includes but is not limited to:
      - Names of client
      - Residential address
      - Names of other adult household members
      - Employers of client and other adult household members, business relationships, and/or other organizations these persons may have ties with.
    2. Partner agencies must ask conflict of interest questions and document those answers by having the client and other adult household members complete a Conflict of Interest Certification. If the client household remains in the program for more than one year, this information must be updated on an annual basis. The questions to ask are:
      - Are you or anyone in your household related to or have a business relationship with an employee at this agency?
      - Are you or anyone in your household related to or have a business relationship with a board member of this agency?
      - Are you or anyone in your household related to or have a business relationship with a contractor, a vendor, or a landlord that is paid by this agency?
      - Are you or anyone in your household receiving a payment from this agency other than the assistance and services of the program?
    3. Partner agencies must obtain and maintain a written narrative and/or explanation of any yes answers from the above questions. Then reach out to KHC to determine if a conflict of Interest disclosure and/or waiver is required.

## Section III – Conflict of Interest Procedures

### **Step 1: Determine if a *potential* conflict of interest exist**

- A. Gather the necessary due diligence documentation as directed in Section I
- B. Review and analyze the information.
- C. Research any connections or ties identified. Research may consist of
  - a. Internet searches (Secretary of State website, Google searches, Social Media searches, etc.)
  - b. Discussions with the interested parties
- D. Document every step taken and the results or outcome of each step

### **Common Conflict Scenarios:**

Potential conflicts of interest may arise from many situations. Use the decision tree located at the end of this publication to determine if the situation is or has the appearance of a potential conflict of interest. Some common examples of potential conflicts of interest are, but not limited to the following scenarios.

- A client presents for assistance and/or services and this client is related to someone who works at the agency or who is a board member of the agency.
- A vendor or contractor hired by the agency is related to someone who works at the agency or who is a board member of the agency.
- A landlord for an assisted unit is related to someone who works at the agency or who is a board member of the agency.
- A board member works for a company that has been hired to perform work for the agency.
- A landlord/vendor/contractor for an assisted unit is related to the client being assisted.\*
- An affiliated, subsidiary, or related agency is receiving or being paid with grant funds for a product or service.
- A volunteer or employee at the agency applies for assistance.
- A family member of a volunteer or employee applies for assistance.
- A vendor or contractor used by the agency for grant related expenditures is asked to donate money, goods, or services to an agency fund-raising event.
- A provider of professional services (Banker, Accountant, Lawyer, etc.) is associated with a member of the board, or an employee of the agency.

\*HOPWA allows for a possible exception to the potential conflict of interest created between a landlord and the assisted client by means of a “reasonable accommodation.” For more information, please see the HOPWA rule.

It is the partner agency's responsibility to identify, disclose, and document potential conflicts of interest. Not doing so can result in: findings; frozen, forfeiture or repayment of funds; suspension; debarment; and/or potential prosecution.

Conflicts of interest are situations and not allegations. ***Even the appearance of a conflict is a potential conflict of interest.*** If you have questions on whether something constitutes a conflict of interest, you should contact your legal counsel for advice or contact KHC for guidance prior to initiating the transaction.

## **Step 2: Notify KHC in Writing by Completing & Submitting a waiver request**

- A. Notify KHC in writing of any potential conflict of interest situation and inquire as to whether a waiver request for a conflict of interest exemption is necessary.
- B. If necessary or if instructed by KHC, use the Modification/Waiver Request form in the draw management system to request a conflict of interest exemption. The request must be accompanied with the items listed below. If your request does not include each item below, the request is incomplete and will not be processed.
  - **A written narrative** of the potential conflict of interest situation or transaction. This narrative must be detailed and include all the necessary information. To ensure all necessary information is included, make sure you have provided the who, what, when, where, why and how. The narrative should also indicate why you do or do not believe it is an actual conflict of interest.

The narrative should give specific information such as an identifier for the person (Initials), titles, duties and whether these duties or persons work with KHC or the federal funding. It should explain exactly how the conflicted situation came about, and it should explain any procedures the partner agency followed from the Agency's own conflict of interest policy along with the outcome or result.

- **Example # 1:** If the situation involves an employee's and/or board member's relative who is seeking assistance, you must detail:
  - 1) Exactly how the person seeking assistance came to know about the program;
  - 2) How they applied;
  - 3) The employee's and/or board member's role at the agency;
  - 4) Whether or not the employee and/or board member is involved with the KHC or federal funding and if so, how they are involved;
  - 5) What the normal application process is;
  - 6) Who are all the persons normally involved in the application and approval process; and was this application handled any differently. Why or why not?
  - 7) An indication of whether this person seeking assistance is eligible for the program in every other way; and
  - 8) Whether the agency believes granting this exemption would be furthering the mission of the program
  - 9) Whether the agency believes this situation does not constitute an actual conflict and why or why not.

- **Example # 2:** If the potential COI situation involves a vendor/landlord who is related to an employee or board member, then you must detail:
  - 1) Exactly how the vendor is related to the employee/board member;
  - 2) How the vendor/landlord was selected (explain the bid process, if a bid; the quoting process, if a quote; or other vendor/landlord selection method used);
  - 3) Identify all the persons normally involved in the vendor/landlord selection process and whether the conflicted employee/board member had a role in that process;
  - 4) Whether and how the employee or board member may benefit from this transaction;
  - 5) Whether using this vendor or choosing another would be detrimental to a program participant and or the program.
  - 6) Why an exception should be granted for this vendor and how that would further the mission of the program.

The examples above do not encompass all the different types of conflict situations; however, they give the idea of the level of detail needed in the narrative for the most commonly seen potential conflict of interest situations. KHC and/or the federal funder (e.g., HUD/US Treasury) may determine that additional information is needed to make a determination. To avoid delays in processing the request, it is best to be as detailed as possible with the narrative initially submitted.

- **A letter from legal counsel:** A letter from the partner agency's legal counsel is required. This letter must confirm that counsel has reviewed the specific circumstances of the potential conflict and has conducted the necessary legal research to determine whether granting the conflict of interest exception would violate any applicable laws, regulations, statutes, or local ordinances.
- **Evidence of public disclosure:** Public disclosure is typically demonstrated through a board meeting that is open to the public and properly advertised via public notice.
  - ***If HOME funding*** is involved, at least **two forms of public notice are required**.
  - For all other funding sources, one form of public notice is sufficient.

**The public notice must:**

- Be issued in advance of the meeting
- Clearly state the date, time, and location of the meeting;
- Identify the nature of the potential conflict or transaction being disclosed,
- Be accessible to the general public through appropriate channels (e.g., newspaper, agency website, public bulletin board)

**A. Acceptable forms of public notice:**

1. **Website Posting** (Including Social Media) – A notice published on the agency's official website qualifies as a valid posting. However, posting to both the website and the agency's social media page is considered a

single posting. Social media alone is not sufficient, as access typically requires a username and password, and therefore may not be considered fully “open to the public.”

2. **Electronic mailings** – (emails)
3. **Media Advertisements** (Newspaper and/or Television)
4. **Public Service Announcements** (Radio and/or Local Access Cable Channel)
5. **Display in public areas** – such as libraries, grocery store bulletin board, and neighborhood centers.

**B. Documentation of public notice:** To demonstrate compliance with public disclosure requirements, the following documentation must be provided based on the method(s) used:

**1. Website/Social Media Posting:**

- A screenshot of the page displaying the public notice.
- The screenshot must clearly show the URL (address bar) and a visible date and time stamp.
- The notice must remain posted until a written response is received from KHC and/or the applicable federal funding agency (e.g., HUD, U.S. Treasury).

**2. Electronic Mailings:**

- Copies of the email communications,
- Documentation verifying the recipient email addresses to which the mailings were sent.

**3. Media Advertisement:**

- **Newspaper:**
  - A copy of the newspaper page containing the notice.
  - The copy must clearly show the name of the publication and the date(s) of publication.
- **Television:**
  - Obtain source documentation from the station (or affidavit) confirming the name of the stations, the agreement, the information contained in the video, the scheduled dates and times the video aired.
  - The agency should maintain a copy of the video, as it may be required by request of KHC Legal and/or HUD

**4. Public Service Announcement :**

- Source documentation from the station (or affidavit) confirming the name of the station, the agreement, the information contained in the PSA, the scheduled dates and times the announcement aired.

- The agency should maintain a copy of the audio file, as it may be required by request of KHC Legal and/or HUD
5. **Display in public areas:**
- Provide a photo of the bulletin board showing the display of the public notice.
  - The image should be clear enough to read the notice while also capturing enough of the surrounding area to confirm it is located in a publicly accessible space.
6. **Board Meeting Minutes:**
- A copy of the official minutes from the public board meeting where the potential conflict was disclosed and discussed.
  - The minutes must document any motions and decisions made regarding the conflict.
  - Any board member with a conflict must abstain from voting, and this must be clearly noted.
  - The minutes must be signed by an unconflicted officer of the board.

**Important Reminder:**

Submitting a waiver request **does not authorize** a KHC-funded partner agency to proceed with any activities related to the transaction involving the potential conflict of interest.

A waiver or exception is **not considered granted** until the agency receives formal written approval from KHC and/or the applicable federal funding agency.

**Step 3: Waiver Request Process**

Once KHC receives the waiver request documentation, it will be forwarded to KHC's Legal Department for review. Legal will determine whether the request must be escalated to the appropriate federal funding agency (e.g., HUD, DOE, U.S. Treasury) for further consideration.

If the conflict involves state funds, KHC Legal will make the final determination regarding the waiver.

For federal funds, the federal agency will assess whether the request meets the threshold requirements and qualifies under the applicable regulatory exceptions. KHC and/or the federal agency may request additional information as needed.

**Step 4: The Decision**

The KHC-funded partner agency will receive a formal decision in writing. No activities related to the transaction may begin until this written determination is received. Proceeding without written approval will result in noncompliance and may result in repayment of any funds spent on an ineligible transaction.



## Section IV – Resources

### Definitions

**Employee:** For the purpose of conflict of interest, the term employee includes both paid and unpaid (such as volunteers), as well as those persons paid on a contract basis, and those persons acting as an agent or consultant, or on behalf of the funded partner agency.

**Exception:** The mechanism by which HUD waives the conflict-of-interest provisions.

**Family ties (i.e., what does “related to” encompass? Who is a relative?):** The spouse, parent, child, brother, sister, grandparent, grandchild, including steps, and in-laws; and any person cohabitating with a covered person, as well as any immediate family member related by blood, marriage, or adoption, but not distant relations such as cousins, aunts, uncles, who do not reside with the covered person.

*Example # 1:* A cousin living with the covered person is a potential conflict. A cousin not living with the covered person would not be a potential conflict.

*Example # 2:* A brother or stepbrother living with the covered person is a potential conflict. A brother or stepbrother not living with the covered person is still a potential conflict.

**Individual Conflict of Interest:** An employee, agent, consultant, officer, elected official, or appointed official, or other person working on behalf of the funded partner agency:

1. Who exercises or has exercised any function, or responsibility with respect to activities assisted under the funded program, *or*
2. Who is in a position to participate in a decision-making process, *or?*
3. Who gains inside information with regard to activities assisted under the program...

...For either him or herself, or for those with whom he or she has family or business ties, during his or her tenure or during the one-year period following his or her tenure.

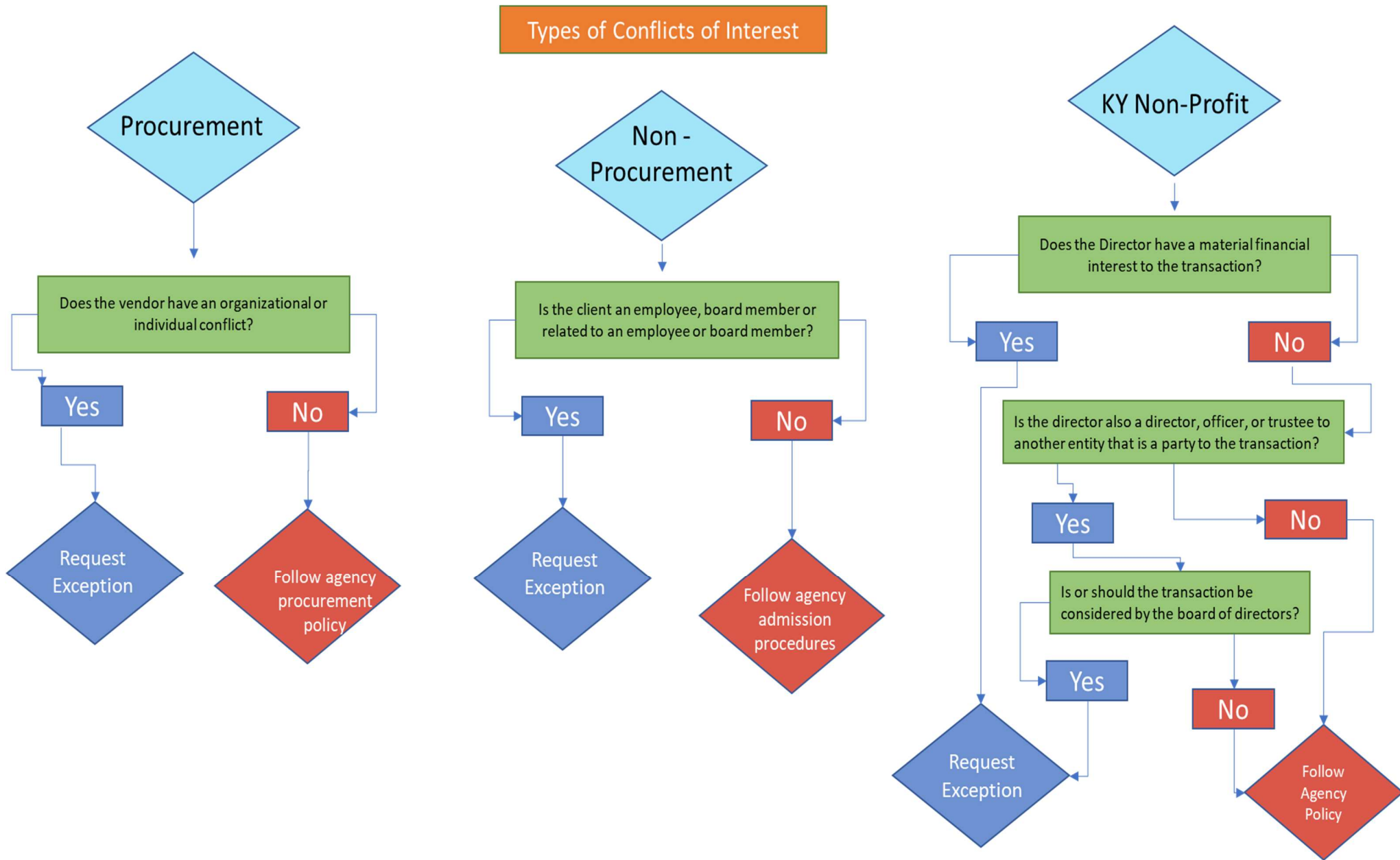
**Non-Procurement:** Transactions that do not involve the procurement of goods, or services.

**Organizational Conflict of Interest:** Because of relationships with a parent company, affiliate, or subsidiary organization, the funded partner entity is unable or appears to be unable to be impartial in conducting a procurement action involving a related organization.

**Procurement:** Procurement is the process of obtaining any property (purchase or lease), supplies, equipment or services. Some common services include employment, construction, engineering or architecture services, legal services, accounting services, etc.

**Vendor:** Any individual or business from whom your agency purchases goods or services—either for your organization or on behalf of clients. This includes, but is not limited to: building contractors, landlords, office supply companies, consultants, Certified Public Accountants (CPAs), attorneys, banks, and similar service providers.

# Decision Tree



Agency Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Date: \_\_\_\_\_

Category	Eligible Activity	Detail	Client(s)	Time Spent	Grant

Total Hours  
worked:

--

Hours per source:


Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Agency Name: West Sixth Client Services  
 Employee Name: Jimbo Jefferson  
 Date: 22-Dec-14

Category	Eligible Activity	Detail	Client(s)	Time Spent	Grant
HMIS	Data Entry	Entering new client information into HMIS	PQ	1	COC PH
HMIS	Data Entry	Entering client exit information into HMIS	BB	1	ESG
Leasing	Leasing Administration	Completing rent reasonableness comparison for client proposed unit	DM	1	COC PH
Supportive Services	Life Skills	Conducted budgeting and nutrition training session with 3 permanent housing clients	DOM, L. RA	1	COC PH
Supportive Services	Case Management	Securing services, assisting client with completion of KTAP application	D. 1	0.5	COC PH
Street Outreach	Engagement	Delivering meals and blankets to Smithtown tent city	JB, JH	1	ESG
Agency task	N/A	Covering phones	N/A	0.5	General
Prevention Rapid Rehousing	Case Management	Initial Evaluation	JD	1	ESG
Stabilization	Case Management	Initial Evaluation	JD	1	ESG
Leave Time	Vacation	N/A	N/A	1	
			Total Hours worked:	8	

**Hours per source:**

COC PH:	3.5	General:	0.5	Holiday:	
ESG:	3	CSBG:		Vacation	1
HOPWA:		Food Bank:		Sick:	

Employee Signature: Jimbo Jefferson

Date: 12/22/2013

Supervisor Signature: Ambet Alebac

Date: 12/22/2013

Employee Name: Jimbo Jefferson

Date: 24-Dec-13

Category	Eligible Activity	Detail	Client(s)	Time Spent	Grant
HMIS	Data Entry	Entering and exiting clients into HMIS	PQ,BB, BO	1	#1 COC PH/ ESG
Leasing	Leasing Administration	Completing rent reasonableness comparison	#2	1	COC PH
Supportive Services	Life Skills	#3 Budgeting and nutrition training session with 2 ESG client and 3 COC clients	DOM, KL, RAC, PP,JC	1.5	#3 COC PH
Supportive Services	Case Management	Securing services, assisting client with completion of KTAP application	DM	1	COC PH
Street Outreach	#4 Shelter	Delivering meals and blankets to Smithtown tent	JB, JH	2	ESG
Agency task	N/A	Covering phones and front desk	N/A	1.5	#5 COC PH
Holiday	N/A	Christmas Eve Agency Holiday	N/A	#6 8	#7 ESG
			Total Hours worked:	8	
Hours per source:	#8				
COC PH:		General:		Holiday:	
ESG:		CSBG:		Annual:	
HOPWA:		Food Bank:		Sick:	

Signature: Jimbo Jefferson

Date: #9

Signature: #10

Date: #10

## **Incorrect PAR Deficiencies**

1. Data was entered in HMIS for 3 clients. There is no differentiation of which program each client was enrolled in, and two grants are listed in the grant space. With this method there is no way to determine how much time should be charged to each of the grants.
2. An eligible client is not identified.
3. A total of 5 clients (2 ESG and 3 COC) were provided a budgeting and nutrition training session. The entire training session was charged to COC PH.
4. Time is labeled under an incorrect budget category (street outreach labeled as shelter activity).
5. Time spent on general agency duties is designated to the COC grant.
6. Leave time is reported for hours also reported as worked.
7. Leave time is not prorated to all applicable funding sources, but rather reported to one funding source.
8. Hours per funding source are not totaled.
9. The PAR is not dated by the employee.
10. The supervisor did not sign or date the PAR.