

The Houston Regional HIV/AIDS Resource Group, Inc.
HOPWA Provider Review Tool
0910 Contract Year

Date of Review: _____

HOPWA Provider	
Provider Location	
Period of Contract	
Period of Review	
Name of Provider Contact/Title	
AA Staff Present	
Other Program Staff Present	

A. Administrative			
Criteria	Satisfied?		Notes
1. Current RFP is on file.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Partial	<input type="checkbox"/> NA	
2. The correct budget, objectives, and work plan is on file.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Partial	<input type="checkbox"/> NA	
3. Current Subgrantee contract is on file.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Partial	<input type="checkbox"/> NA	
4. The Project reports are being submitted accurately and on time.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Partial	<input type="checkbox"/> NA	
Requirements:			
B. Current Grant Expenditure			
Grant Amount	Spent	% Spent	Spending: Under/Over
a. Emergency:			
b. Long-term:			
C. Fiscal			
Criteria	Satisfied?		Notes
1. The budget expenditures are on target.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Partial	<input type="checkbox"/> NA	
2. HOPWA Provider(s) are within the 7% administrative cost cap.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Partial	<input type="checkbox"/> NA	

C. Fiscal		
Criteria	Satisfied?	Notes
3. The Provider has a plan to address overspending/lapsing of funds.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	
4. Provider assures that expenditures are reported in the HOPWA Project Reports include the following for the period reviewed:		
• Emergency Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	
• Rental Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	
• Provider(s) Administrative cost	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	
• Provider(s) non-administrative operating cost (ex: HOPWA case manager salary, fringe, local travel, smoke alarms)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	
Requirements:		
D. Provider Review		
Criteria	Satisfied?	Notes
1. Providers develop a local policy to address the provision of assistance to survivors and remaining household members of clients entering incarceration, drug treatment, and hospice care.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	
2. Provider(s) has an outreach procedure and plan on file.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	
3. Provider(s) are on target with activities outlined in the outreach procedure and plan on file.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	
4. The AA and Provider(s) collaborate to develop emergency assistance caps (including utilities).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	
5. There is documentation that the Provider(s) has established a liaison with the local Section 8 authority.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	
6. The Provider(s) has a policy requiring HOPWA clients to apply for Section 8 Housing and renew this application every 90 days or as required by the Section 8 program.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	
7. The Provider(s) has a system to track requirement of HOPWA clients applying and renewing application for Section 8 Housing.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	
8. The Provider(s) has a system to track the actual number of clients transitioning to Section 8 or other types of housing in the contract year.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	

9. The Provider(s) has a policy/plan to prioritize clients on HOPWA waiting list. (Indicate number of clients on waiting list by Provider(s).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	
10. The Provider(s) has implemented their Quality Assurance Plan.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	
D. Provider Review		
Criteria	Satisfied?	Notes
11. The Provider(s) obtains the local Utility Allowance Schedule from the Public Housing Authority.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	
12. The Provider(s) uses the latest Income Table for use in establishing low-income eligibility.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	
13. The Provider(s) uses the latest Fair Market Rental rates table to establish maximum rental assistance allowances.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	
14. Provider(s) has evidence of filing IRS Form 1099 for rental assistance payments to individuals and partnerships.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	
Requirements:		
Other Comments:		

 Reviewer's Signature

 Date