

# STATE SHELTER SERVICES COORDINATOR GRANT PROGRAM

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Operations Manual – Fiscal Year 2009



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# **GENERAL INFORMATION**

## **BACKGROUND**

State Shelter Grants are awarded by the Department of Housing and Community Development (DHCD) to nonprofit and local government providers of emergency shelter and transitional housing facilities for the homeless in Virginia. The State Shelter Grant (SSG) is comprised of both state and federal funds. DHCD provides the state portion of the award through allocations from the State General Fund. The federal portion of the SSG is TANF (Temporary Assistance to Needy Families) funds which originate at the U.S. Department of Health and Human Services, Administration for Children and Families and are provided to the Virginia Department of Social Services (DSS). In turn, DSS allots a portion to DHCD to administer and distribute as a part of the SSG program.

## **GOAL**

The goal of the State Shelter Grant (SSG) is to assist homeless families and individuals by providing financial support, technical assistance and training opportunities for local government and nonprofit agencies that provide services and support through the operation of emergency shelters and transitional housing facilities in Virginia.

## **OBJECTIVES**

The objectives of the SSG are:

1. To provide grant funds to emergency shelters and transitional housing facilities to pay for operating costs and the delivery of supportive services.
2. To provide grant funds to emergency shelters and transitional housing facilities for rehabilitation, repair and improvements to bring existing facilities into compliance with state and local health and building codes.
3. To improve agency operations and the delivery of services by providing technical assistance, training opportunities and information sharing.
4. To promote interagency collaboration, resource sharing and networking.

The specific objectives of TANF funds are:

1. To provide assistance to needy families.
2. To end dependence of needy parents by promoting job preparation, work and marriage.
3. To prevent and reduce out-of-wedlock pregnancies.
4. To encourage the formation of two-parent families.

## **FUNDING YEAR**

Fiscal Year 2009 (FY 09) begins July 1, 2008 and ends June 30, 2009.

## **AWARDS**

The 2008-2009 State Shelter Grant awards are determined through a tiered formula. 60 percent of the allocations are based on the number of beds. Level of services associated with the shelter accounts for another 20 percent and the shelter utilization rate accounts for the remaining 20 percent.

## **FISCAL YEAR 2010 FUNDING**

It is anticipated that funding appropriations for SSG for fiscal year 2010 will be comparable to those of fiscal year 2009. Therefore, a full application will not be required for fiscal year 2010 SSG funding. However, a grant renewal process will be required.

Renewal contracts will be contingent upon established grantees' compliance with grant guidelines, utilization rates, supportive services offered, timely submission of reports, expenditure rates of allocations and renewal responses.

# **GRANT REQUIREMENTS**

## **GRANT AGREEMENTS**

DHCD will enter into a Grant Agreement with each approved applicant on July 1, 2008. The Grant Agreement will specify the terms and conditions of the grant award. **The Grant Agreement must be signed and the full document (all pages) mailed to DHCD by July 31, 2008 or the award may be forfeited.** The Grant Agreement will require grantee compliance with the terms, conditions, and requirements of the agreement, the program and the laws of the Commonwealth.

The Grant period will begin July 1, 2008 and end June 30, 2009. A Grant Agreement is considered fully executed and in force when both parties have signed it.

Along with the Grant Agreement, a budget for the 2009 fiscal year must be submitted detailing the categories, amounts and match sources for the funding. Sites should contact their assigned Program Administrators for additional copies of all budget forms. They will be sent electronically upon request and must be completed in Excel.

## **PARTICIPATION IN LOCAL CONTINUUM OF CARE PLANNING GROUPS**

All DHCD grantees are expected to be active, participating members of their local Continuum of Care planning group. The following is DHCD's working definition:

*Participation in at least 51 percent of the overall Continuum meetings, serves on at least one committee and contributes work hours and staffing in the Continuum of Care application process by writing sections, proof reading, and/or researching, etc.*

DHCD acknowledges that Continuum of Care are unique organizations, specifically tailored to fit the needs and available resources within a community. For this reason, if the local Continuum of Care uses a different definition to describe "active member agency/organization," the grantee is held accountable to that definition.

**Agencies receiving SSG funds are expected to participate in the local Continuum of Care Homeless Management Information System (HMIS) where available.**

## **MATCHING FUNDS**

All SSG grantees are required to provide a dollar-for-dollar match for the SSG award amount. The match must be specific project to the SSG funding and must be received and expended within the grant year. Allowable sources of match are cash, the value or fair rental value of any donated material or building, the value of any lease on a building, any salary paid to staff to carry out the program of the recipient and the value of the time and services contributed by volunteers to carry out the program of the recipient.

Matching funds must be documented with all requests for reimbursements submitted in accordance with the reimbursement schedule. Match Expenditures forms may be obtained electronically through DHCD. Grantees should contact their Program Administrator for details.

## **KEEPING ACCURATE FINANCIAL AND SERVICE DELIVERY RECORDS**

Maintaining accurate records is an important aspect of quality management of SSG projects. Therefore, it is critical that full and accurate information about program activities and services provided with SSG funds is gathered and maintained. Grantees are expected to keep accurate records of the expenditure of funds and other program activities.

In order to report fully on program outcomes and activities, recipients should consistently gather demographic information on the population being served by the program and the types of activities being provided to participants. This information is reported quarterly to DHCD.

Additionally, grantees must maintain accurate client records and documentation. Client files will be reviewed carefully during on-site monitoring visits. Grantees are expected to provide

documentation through client files and agency policy and procedure based on the level of supportive services indicated in the approved FY 09 application. Those levels are as follows:

Service Level	Service Description
Intensive Case Management	<ul style="list-style-type: none"> <li>• Homelessness documented and verified</li> <li>• Thorough client assessment</li> <li>• Detailed service plan developed</li> <li>• Weekly documented, face to face, meetings that review service plan</li> <li>• Advocacy and referrals to needed services</li> <li>• Group trainings/education</li> <li>• Case files kept with frequent and consistent notes on client progress, agencies referred, budgets</li> <li>• Formally trained case workers who receive on-going, documented, training on issues relevant to the client population *</li> </ul>
Basic Case Management	<ul style="list-style-type: none"> <li>• Homelessness documented and verified</li> <li>• Basic, documented assessment</li> <li>• Basic, documented service plans</li> <li>• Regular, documented meetings with clients</li> <li>• Referrals to needed services</li> <li>• Group meetings</li> <li>• Case files kept with client information</li> </ul>
Information and Referrals	<ul style="list-style-type: none"> <li>• Homelessness verified</li> <li>• Clients sign in (when appropriate)</li> <li>• Information and referrals made on an as-needed basis</li> </ul>

\*Case workers must have a minimum of 20 hours of formal training, either through an institution of higher learning or recognized training classes or sessions annually, on issues related to the homeless population and/or case management skills.

Records shall be readily accessible to DHCD, appropriate state agencies, and the general public during the course of the grant agreement and shall remain intact and accessible for **five years thereafter**. The exception is in the event that any litigation claim or audit is started before expiration of the five year period the records shall be retained until such action is resolved.

### Financial Management Expectations

The following are expectations intended to address common issues and to strengthen the financial management practices of grantees/recipients in the SSG program:

- Employee time sheets should reflect actual times, not percentages. Likewise, time sheets should be signed and dated by the staff person and the supervisor.

- When staff salaries are shared among more than one SSG budget line (e.g., essential services and operating expenses), the time sheet should reflect the distribution of time between budget lines.
- If the expenditures are paid for by more than one source (e.g., federal, United Way, private donations), the split costs should be accurately tracked within the grantee's accounting system.
- Only actual incurred costs can be charged against the grant. For example, invoices for blocks of professional counseling time must show that participants were provided counseling services throughout that time period to be considered an actual, incurred cost.
- Grantees may not draw from their accounts until after the grantee has paid for the goods and services, and are seeking reimbursement for those expenses.

## **DISBURSEMENT OF FUNDS**

### **REQUEST FOR REIMBURSEMENT**

All funds (state and TANF) are disbursed by reimbursement only and must adhere to the following guidelines:

- To request a disbursement, a grantee must submit Request for Reimbursement and Match Expenditure forms. These must be completed in excel, printed, signed and **mailed**. Both state and TANF SSG funds should be requested on the same Request for Reimbursement form. Contact the Program Administrator for additional forms.
- Once complete, the form should be printed, signed and mailed to:
 

Program Administrator  
Homeless and Special Needs Housing Unit  
Department of Housing and Community Development  
501 North Second Street  
Richmond, VA 23219-1312
- Expenses must be recorded on the Request for Reimbursement form in accordance with the approved budget. The proper category must correspond with all reported expenses before the disbursement request can be approved. An amended budget may be submitted if a need to transfer money between categories occurs as the grant year progresses. The amended budget must be approved by the Program Administrator.
- Requests for SSG funds (TANF & State General Funds) must be submitted in

accordance with the following schedule:

- August 10, 2008 for expenditure period July 1, 2008- July 31, 2008\*
- September 10, 2008 for expenditure period July 1, 2008 - August 31, 2008\*
- November 10, 2008 for expenditure period September 1, 2008 - October 31, 2008
- January 10, 2009 for expenditure period November 1, 2008 - December 31, 2008
- March 10, 2009 for expenditure period January 1, 2009 - February 28, 2009\*\*
- May 10, 2009 for expenditure period March 1, 2009 - April 30, 2009
- **May 10, 2009 for projected state expenditures May 1, 2009 - June 30, 2009\*\*\***

\* Grantees have the option of submitting a reimbursement request for July expenditures by August 10, 2008. If a request is made in August for July expenditures, the September request is to reflect expenditures for only August.

**\*\*All TANF funds must be spent by April 30, 2009!! Grantees that have not expended all TANF funds by February 29, 2009 must project TANF expenditures for March and April along with the March 10, 2009 Request for Reimbursement.**

**\*\*\*Projections must be made for any unspent SGF SSG funds that are anticipated to be used through June 30, 2009.**

**FAXES WILL NOT BE ACCEPTED. ALL REQUESTS FOR REIMBURSEMENTS AND MATCH DOCUMENTATION MUST BE COMPLETED IN EXCEL, SIGNED AND MAILED (TO BE POST MARKED BY THE DATES INDICATED ABOVE)**

DHCD recommends receiving funds via electronic transfer. To establish an account go to the Virginia Department of Accounts web site (<http://www.doa.virginia.gov>) and select EDI (Electronic Data Interchange) from the menu of options on the left hand side of the page.

## **STATISTICAL REPORTING**

All grantees, including winter shelters, must submit **statistical reports** on a quarterly basis to DHCD. Statistical reports must be submitted for each of the four quarters in fiscal year 2009, even if SSG funds are not expended in the quarter. Statistical reports are **only accepted electronically** to the Homeless and Special Needs Housing unit of DHCD ([hsnh@dhcd.virginia.gov](mailto:hsnh@dhcd.virginia.gov)). Contact the Program Administrators for additional copies of quarterly reports.

The due date for quarterly reports are as follows:

- October 10, 2008 (for report period July 1, 2008- September 30, 2008)
- January 10, 2009 (for report period October 1, 2008- December 31, 2008)
- April 10, 2009 (for report period January 1, 2009- March 31, 2009)
- July 10, 2009 (for report period April 1, 2009- June 30, 2009)

Submission of the quarterly reports implies approval from the Executive Director and is considered final. Any changes to quarterly reports must be made by the fifteenth of the month in which the reports are due. DHCD reserves the right to withhold reimbursement payments if the Grantee fails to submit the quarterly reports in accordance with the prescribed schedule. Repeated non-compliance with reporting requirements may result in further grant restrictions.

DHCD is required to submit quarterly reports to the Virginia Department of Social Services. Delays in reporting may cause delays in processing TANF payments. Therefore, it is imperative that each grantee submits all reporting information accurately and in a timely manner.

## **DOCUMENTATION OF HOMELESSNESS**

Documentation of participants' homelessness situation is an equally important aspect of SSG project management. SSG recipients are required to maintain adequate documentation of homelessness status to determine the eligibility of homeless applicants. The documentation is typically obtained from the participant or a third party at the time of referral, entry, intake or orientation to the program. A copy of the documentation must be maintained in the client file.

### **How is Homelessness Defined?**

A homeless person is someone who is living on the street or in an emergency shelter, or who would be living on the street or in an emergency shelter without homelessness assistance. A person is considered homeless only when he/she resides in one of the places described below:

- In places not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings, on the street;
- In an emergency shelter;
- In transitional or supportive housing for homeless persons who originally came from the streets or emergency shelters;
- In any of the above places but is spending a short time (up to 30 consecutive days) in a hospital or other institution;
- Is being evicted within a week from a private dwelling unit and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing or their housing has been condemned by housing officials and is no longer considered meant for human habitation;
- Is being discharged within a week from an institution in which the person has been a resident for more than 30 consecutive days and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing; or

- Is fleeing a domestic violence housing situation and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing.

### Homelessness Verification and Documentation

The degree of documentation of homelessness required depends on the type of short- or long-term shelter provided. Projects providing short-term emergency shelter or support services only require a lower standard of proof of the person's prior living situation than projects providing long-term emergency shelter or transitional housing.

#### Short-Term Emergency Shelter/Services (1 – 30 Days)

Participant	Verification/Documentation Required
Persons living on the street	<p>Projects may provide short-term shelter and/or services - such as outreach, food health care, and clothing - to persons who reside on the streets or who are otherwise homeless. In these cases, it may not be feasible to obtain required verifications and associated documentation for each homeless person.</p> <p>If unable to verify that the person is living on the street or in short-term emergency shelter, the participant or a staff person may prepare a short written statement about the participant's previous living place. The participant should sign the statement and date it.</p>

#### Long-Term Emergency Shelter (1 – 180 Days)

Participant	Verification/Documentation Required
Persons living on the street or in short-term emergency shelter	<p>Information should be obtained to indicate that the participant is living on the street or in short-term emergency shelter. This may include names of organizations or outreach workers who have assisted them in the past, whether the client receives any general assistance checks and where the checks are delivered, or any other information regarding the participant's activities in the recent past that might provide documentation.</p> <p>If unable to verify that the person is homeless, the participant or a staff person may prepare a short written statement about the participant's previous living place. The</p>

	participant should sign the statement and date it.
Persons coming from another program for homeless persons	<p>Obtain written verification from the homeless program staff that the participant has been residing at the facility. The verification should be signed and dated by the referring agency personnel.</p> <p>Also, obtain written verification that the participant was living on the streets or otherwise homeless, was residing in another homeless program or was discharged from an institution or evicted from a private dwelling prior to living in the facility and would have been homeless (see below for required documentation for eviction from a private dwelling).</p>
Persons being evicted from a private dwelling	<p>Obtain evidence of formal eviction notice indicating that the participant was being evicted within a week before receiving homeless assistance. Also, obtain information on the participant's income and efforts made to obtain housing and why, without the homeless assistance, the participant would be living on the street or in an emergency shelter.</p> <p>If the participant's family is evicting, a statement describing the reason for eviction must be signed by the family member and dated. In other cases where there is no formal eviction process, persons are considered evicted when they are forced out of the dwelling unit by circumstances beyond their control. In those instances, obtain a signed and dated statement from the participant describing the situation. The grantee/recipient must make efforts to confirm that these circumstances are true and have written verification describing the efforts and attesting to their validity. The verification should be signed and dated.</p>
Persons from a short-term stay (up to 30 consecutive days) in an institution who previously resided on the street or in an emergency shelter	Obtain written verification from the institution's staff that the participant has been residing in the institution for less than 31 days and information on the previous living situation. See above for guidance.
Persons being discharged from a longer stay in an institution	Obtain evidence from the institution's staff that the participant was being discharged within the week before receiving homeless assistance. Obtain information on the income of the participant, what efforts were made to obtain housing and why, without the homeless assistance, the

	participant would be living on the street or in an emergency shelter.
Persons fleeing domestic violence	Obtain written verification from the participant that he/she is fleeing a domestic violence situation. If a participant is unable to prepare verification, the grantee/recipient may prepare a written statement about the participant's previous living situation for the participant to sign and date.

### **Transitional Housing (up to 24 months)**

<b>Participant</b>	<b>Verification/Documentation Required</b>
For clients being accepted into the TH program from a homeless situation	The same criteria required of long-term shelters must be used in these situations.
For clients coming from an emergency shelter	A statement from the referring agency indicating the client resided in the shelter is sufficient.

### **TERMINATION OF PARTICIPATION AND GRIEVANCE PROCEDURE**

Grantees and recipients in the program may terminate assistance provided to clients who violate program requirements. The termination, however, must allow for the due process of the terminated client's rights.

Grantees must have in place a procedure that governs the termination and grievance process. These procedures should describe the program requirements and the termination process, as well as the grievance procedure that might, for example, allow participants to request a hearing regarding the termination of their assistance.

It is important that recipient organizations effectively communicate the termination and grievance procedures to clients and ensure the procedures are fully understood. Staff is expected to verbally explain the procedures to clients upon entry, intake, or orientation to the program and make the procedures readily available to participants through written information. Posting the policy on a bulletin board in a common area within the facility is an effective way to ensure that the procedures are available for clients to access at any time.

### **PARTICIPATION OF HOMELESS PERSONS IN POLICY-MAKING AND OPERATIONS**

Each grantee must involve, to the maximum extent possible, homeless individuals and families in program policy and procedure making decisions, in the maintenance and operation of facilities and in the provision of services to residents of these facilities.

This might include, for example, involvement of a formerly homeless person on the Board of Directors, Advisory Council or similar entity that considers and sets program policy or makes decisions for the grantee. This involvement may also be in the form of client employment or volunteering in agency activities such as construction, renovation, maintenance, general operation of facilities, or provision of services. Other methods of achieving client involvement may include having a suggestion box, using chore lists and exit interviews, conducting regularly scheduled house meetings, encouraging clients to assist with children's programs, parenting classes or vocational training programming.

Grantees may request a waiver from this requirement when the grantee is unable to meet it and the grantee agrees to consult with homeless or formerly homeless persons in making program policy or decisions.

### **ENSURING CONFIDENTIALITY**

To ensure the safety and security of clients, grantees are required to develop and implement procedures to guarantee the confidentiality of client records. At a minimum, all client paper files and records should be secured when not in use in a locked file cabinet in a room that is also locked when staff is not present. Client records and files that are stored electronically must be password protected and should only be accessed by authorized agency personnel. Unique client identifiers should be used whenever possible. Confidentiality statements should be used and signed by any staff, volunteers or outside individuals who have access to client information.

### **DOCUMENTATION OF SERVICE PROVISION**

All grantees must maintain accurate client records and documentation. Client files will be reviewed carefully during on-site monitoring visits. Grantees are expected to provide documentation through client files and agency policy and procedure based on the level of supportive services indicated in the approved FY 09 application.

Records shall be readily accessible to DHCD during the course of the grant agreement time frame and shall remain intact and accessible for **five years thereafter**. The exception is in the event that any litigation claim or audit is started before expiration of the five year period the records shall be retained until such action is resolved.

### **ADMISSIONS AND SUPPORTIVE SERVICES GUIDELINES**

Applicants for all emergency shelter and transitional housing programs are required to offer supportive services as outlined in the application. Grantees may give preference to homeless persons who reside in their service area prior to becoming homeless. However, it is expected that any verified homeless person meeting the emergency shelter or transitional housing program's admission criteria will be provided with shelter and services if space is available, with no consideration to previous residency status or last address. **Providers of emergency shelter for victims of domestic violence who receive SSG funds may grant priority to domestic violence victims, but must provide services to women (and their dependents, when appropriate) who are homeless due to other causes when space is available.**

## **SANCTIONS FOR NONCOMPLIANCE**

If DHCD determines that a grantee is not complying with the requirements of the SSG program guidelines as defined in the Operations Manual, signed contract or other applicable federal or state laws, then DHCD may apply one or more of a variety of sanctions on the grantee.

These potentially include requiring that previously committed SSG funds are returned to DHCD or choosing not to provide future grant funding to the grantee. Specifically, sanctions that may be applied (in addition to any remedies that may otherwise be available) include:

- Issuance of a warning letter indicating that further failure to comply with such requirements will result in a more serious sanction;
- Conditioning of a future grant;
- Directing the grantee to stop incurring costs under the grant;
- Requiring that some or all of the grant amounts already disbursed to the grantee be remitted to DHCD;
- Reducing the level of funds the grantee would otherwise be entitled to receive; and/or
- Electing not to provide future grant funds to the grantee until appropriate actions are taken to ensure compliance.

## **REALLOCATION OF FUNDS**

DHCD continually monitors the use of all grant funds. DHCD reserves the right to reduce the grant award and reallocate funds to another agency. Prior to any action being taken the grantee will be contacted by the assigned Program Administrator and/or Program Manager to discuss funding concerns or issues. Grant budget amendments will be used for any changes in the grant funding allocation.

## **TECHNICAL REQUIREMENTS**

### **PERFORMANCE MEASURES**

- All Emergency Shelters receiving SSG funds (excluding winter shelters) must be able to document placement of a minimum of 10% of the homeless households served in fiscal year 2009 into transitional or permanent housing.
- Applicants providing transitional housing must be able to document placement of a minimum of 50% of the households who completed the transitional housing program in fiscal year 2009 into permanent housing. "Household" is defined as all clients including single individuals and families.

## MINIMUM STANDARDS

- Grantees are expected to have taken steps to meet the “Minimum Standards” for Homeless Programs by July 2009. The Minimum Standards are provided as Attachment I to this document.

## BUILDING AND HABITABILITY STANDARDS

Any building for which SSG funding is used for renovation, major rehabilitation or conversion must meet local government safety and sanitation standards. In addition, the following are a number of basic standards to ensure that shelter and housing facilities funded through the SSG program are safe, sanitary and adequately maintained.

**Structure and Materials** - The shelter building should be structurally sound to protect residents from the elements and not pose any threat to the health and safety of the residents.

**Access** - The shelter must be accessible and there should be a second means of exiting the facility in the case of emergency or fire.

**Space and Security** - Each resident should have adequate space and security for themselves and their belongings. Each resident must have an acceptable place to sleep.

**Interior Air Quality** - Each room or space within the shelter/facility must have a natural or mechanical means of ventilation. The interior air should be free of pollutants at a level that might threaten or harm the health of residents.

**Water Supply** - The shelter's water supply should be free of contamination.

**Sanitary Facilities** - Each resident should have access to sanitary facilities that are in proper operating condition. These facilities should be able to be used in privacy and be adequate for personal cleanliness and the disposal of human waste.

**Thermal Environment** - The shelter/facility must have any necessary heating/cooling facilities in proper operating condition.

**Illumination and Electricity** - The shelter/facility should have adequate natural or artificial illumination to permit normal indoor activities and support health and safety. There should be sufficient electrical sources to permit the safe use of electrical appliances in the shelter.

**Food Preparation** - Food preparation areas, if any, should contain suitable space and equipment to store, prepare and serve food in a safe and sanitary manner.

**Sanitary Conditions** - The shelter should be maintained in a sanitary condition.

**Fire Safety-Sleeping Areas** - There should be at least one working smoke detector in each occupied unit of the shelter facility. In addition, smoke detectors should be located near sleeping areas where possible. The fire alarm system should be designed for a hearing-impaired resident. Shelters are expected to pass a fire safety inspection, to be conducted by the local fire marshals office on an annual basis.

**Fire Safety-Common Areas** - All public areas of the shelter must have at least one working smoke detector. Shelters are expected to pass a fire safety inspection, to be conducted by the local fire marshals office on an annual basis.

## **ELIGIBLE GRANT ACTIVITIES**

### Eligible Activities

The state portion of the SSG **may be used** for one or more of the following activities:

- Rehabilitation, repair and improvements to bring existing emergency shelters and transitional housing facilities into compliance with state and local health and building codes.
- Operation costs such as administration (including staff), maintenance, rent, utilities, insurance, supplies and furnishings for emergency shelters and transitional housing facilities.
- The delivery of essential human services that address issues such as employment, substance abuse, education or health where such services do not duplicate or supplant existing local services.

The TANF portion of SSG **may be used for** the following activity:

- Operations and supportive services intended to achieve the purpose of the program as described for the state portion of the SSG allocation **with the exception of that related to structural rehabilitation, repair and improvements.**

Requirements related to SSG TANF:

- SSG TANF funds must be used for services related to individuals who have custody of minor children (includes individuals who are pregnant, who have custody of children less than 18 years old or a full-time secondary school student less than 19 years old who resides with the family).
- There must be an income limit for services provided under TANF. This income limit can be up to 200 percent of the federal poverty limit.

### Ineligible Activities

The state and TANF portions of the SSG **may not be used** for the following activities or for any activity that is in violation of federal law or the laws of the Commonwealth of Virginia:

- The provision of shelter or services to persons other than those who are homeless.
- Services related to unaccompanied minors who are not legally emancipated.
- The provision of emergency shelter to the homeless where clients are charged a fee/rent or required to make a donation to receive shelter.
- Services for which Section 8 rental vouchers or other rental subsidies that cover fair market rent costs for transitional housing and/ or emergency shelter units are being received.
- The provision of transitional housing for the homeless if either of the following apply:
  - Program fees charged exceed 30 percent of the resident's income;
  - The total annual income from rents exceeds 50 percent of the last year's total budget for the transitional housing program.
- To acquire/purchase new property (buildings, land, and structures). *Mortgage payments on existing property directly related to shelter services and administration are permissible.*
- Homeless prevention activities such as, but not limited to, mortgage or rental assistance and rental or utility deposits.
- The provision of beds for which third-party payments are received. This includes per diem payments from the Department of Social Services, the Department of Corrections and/or other state or federal agencies. FEMA funds that are provided on a per bed basis are exempt from this preclusion.
- The provision of day shelters with no overnight accommodations.
- Juvenile justice activities.

The SSG TANF **may not be used** for the following activities:

- Services provided for individuals without a minor child.
- Structural rehabilitation, repair and improvements.
- To provide medical services other than pre-pregnancy family planning services.

## **FAIR HOUSING**

All fiscal year 2008-2009 SSG grantees must perform some action in the area of enforcement and/or promotion to affirmatively further fair housing. During the grant year (July 1, 2008 - June 30, 2009), grantees must carry out a minimum of one activity to further fair housing. The activity may be chosen from the following list or may be one that has been specifically approved by the Program Administrator.

- Adopt a resolution endorsing the concept of fair housing and advertising the resolution through the local media.

- Enact a local fair housing ordinance substantially equivalent to federal or state law.
- Attend a fair housing workshop offered or approved by DHCD. A member of the Board or governing body, or the chief administrative official and another appropriate representative (local realtor, banker, etc.) must attend a fair housing workshop.
- Provide all project beneficiaries with a copy of a fair housing brochure.
- Enlist the participation of local realtors, lenders and homebuilders in an agreement and promotion of affirmative marketing, open housing and review of underwriting, credit criteria, etc. The agreement must be published through the local media.
- Conduct a public educational program for local housing consumers and providers and/or financial institutions regarding fair housing issues.
- Develop a public information network using local newspapers, radio stations, bulletin boards, churches, utility bill mailing, etc. to ensure all segments of the community are aware of fair housing requirements, especially realtors, landlords, financial institutions and minority households.
- Develop a fair housing assistance program to make housing opportunities known to minorities, to monitor compliance and to refer discrimination complaints to the proper authorities.
- Assess the special housing problems of women and minorities through surveys, etc. and determine any effects of discrimination. Develop a plan to assist in overcoming these effects.
- Develop or fund a community-based fair housing organization.

## **MONITORING**

DHCD staff will monitor the use of grant funds through a combination of a thorough review of all submitted reports, review of audit or financial statements, monitoring and site visits.

## **Homeless Programs – Minimum Standards**

We wish to acknowledge and thank Homeward in Richmond for allowing us to modify the established “Community Standards”, which are being used to certify homeless service providers in the metro Richmond area.

As a part of the grant application process, grantees must conduct annually a “self-study” to determine compliance with DHCD standards and expectations. If a grantee is found to be non-compliant, a corrective action plan must be provided explaining the actions the agency will take to meet expectations. A waiver for a particular standard will be considered if there is a clear and compelling reason articulated by the grantee.

If a grantee’s program is located in a community where a formal set of standards approved by the local Continuum of Care currently exists, the grantee is exempt from having to comply with DHCD’s Minimum Standards.

This document may be used as one of the review documents during an on-site monitoring review by a DHCD Program Administrator.

### **A. DOCUMENTATION**

The following organizational documents, policies, statements or certifications are key ingredients to a well-managed agency or organization.

- A1 The organization has formal by-laws that have been reviewed and approved by the Board of Directors within the last three years.
- A2 The organization has a written Conflict of Interest Policy that addresses conflicts of interest that involve members of the Board of Directors and all employees and volunteers of the organization.
- A3 The agency has written guidelines that are shared with all clients on its policies and rules regarding:
  - confidentiality
  - client rights and responsibilities
  - fee structure (if applicable)
  - payment guidelines (if applicable)
  - hours of operation
  - eligibility criteria

### **B. THE BOARD OF DIRECTORS**

The Board of Directors’ primary purpose is to assure that agencies fulfill their mission and meets their goals. More specifically, the Board of Directors’ purpose is to set broad

policy, review and approve programs and budgets developed and implemented by the Executive Director, and ensure financial stability and accountability.

- B1 The Board is responsible for the selection and annual performance review of the chief administrative officer.
- B2 The Board meets at least four (4) times annually and minutes of all meetings are kept.
- B3 The Board has approved an appropriate structure for fiscal management and responsibility.
- B4 The agency adheres to a written policy that ensures continuity, change in board membership and diversity of board members.
- B5 Each new board member receives orientation.
- B6 A Board needs assessment is conducted yearly and training provided that addresses the Board's needs.
- B7 The Board has a committee structure that specifies the purpose and composition, including but not limited to a finance committee.

#### **C. STRATEGIC PLANNING**

A vibrant organization must always have an understanding of the direction the organization will take in the future. A strategic plan is an essential document that reflects where the organization presently is and where the organization plans to be in the future and is reflective of the need to change to deliver quality services. It should detail how the agency intends to achieve its objectives by prioritizing goals and determining resources.

- C1 The Strategic Plan has been developed in partnership with the Board and key staff people and is reviewed at least every three years.
- C2 A Work Plan including measurable goals, target dates and responsible parties has been developed and is reviewed at least annually by the Board.

#### **D. FISCAL MANAGEMENT**

The stewardship function of the Board of Directors ensures fiscal responsibility of all funds received and spent by the agency.

- D1 The agency financial reports comparing budgeted versus actual balances should be provided to the Board at least quarterly.
- D2 The agency has sufficient cash to meet current obligations and has developed contingency plans to cover unexpected shortfalls in revenues and for redistribution of services if unexpected funding cutbacks should occur.

- D3 The agency receives a prompt audit (within six months of the fiscal year-end) conforming to GAAP (Generally Accepted Accounting Practices) standards and including a balance sheet and operating statement setting forth the agency's financial condition.
- D4 The audit and assessment letter are reviewed by the Board and any needed corrective action is formally enacted and followed to completion.
- D5 The agency develops and, with the help of a risk-management expert, assesses its policies, procedures and practices at least every two years, to identify and manage situations and conditions that might place undue risk on the organization.
- D6 The agency adheres to established comprehensive written internal fiscal control policies and procedures that contain a procurement policy.

**E. FUND DEVELOPMENT**

A fiscally sound agency should have a fund development plan that reflects a comprehensive strategy to secure the needed revenue for agency operations. Fund development activities are a primary responsibility of the Board.

- E1 The fund development plan has specific goals for various categories of funding (e.g., corporate giving, agency board of directors giving, grants, government contracts, special events, direct mail, planned giving, etc.) which include objectives and assignment of responsibility.
- E2 The agency makes every effort to access and develop several different streams of funding to provide a stronger more secure base for funding the organization.

**F. MARKETING AND PUBLIC RELATIONS**

It is important for an agency to inform the public of its mission and services so that members of the community are encouraged to support the work of the agency.

- F1 The agency has a marketing/public relations plan.
- F2 The agency has a policy regarding confidentiality and protection of consumer privacy, including consumer's written permission of release of information before the consumer can be presented in any manner to the public for marketing purposes.

**G. COMMUNITY RELATIONS AND COLLABORATION**

Collaboration among agencies strengthens the entire system, helps to close the gaps in service and promotes a community of cooperation.

- G1 The agency has positive working relationships with other homeless service agencies in the community.

G2 The agency has worked with neighborhood stakeholders in a good faith effort to develop a partnership with neighbors, neighborhood organizations, businesses and other groups.

## **H. PERSONNEL POLICIES, STAFF RELATIONS AND VOLUNTEER USE**

Written personnel policies that standardize the conduct of all employees and the use of volunteers are an essential component of good agency management.

H1 The agency has a Personnel Policies Manual that is approved by the Board of Directors and is reviewed at least every three years.

H2 The manual must include personnel policies that address:

- job descriptions for all positions including designated supervisor
- annual performance evaluations for all staff, including the Executive Director
- compensation and benefits plan
- grievance procedure for staff and volunteers
- conflict of interest and nepotism policy

H3 Professional development opportunities, either internal or external, are available to all staff every year.

H4 Each employee receives a copy of the policies, a job description, attendance and compensation information upon beginning employment.

H5 If volunteers are used, the agency must have a current volunteer training manual, a formal process for orientation and training for the task to be performed.

## **PROGRAM ADMINISTRATION STANDARDS**

### **I. PROGRAM CRITERIA**

Each agency should have a written plan for service delivery in the Continuum of Care for the homeless population.

I1 The agency has written client admissions policies which are posted or otherwise made known to clients and include re-entry policies and procedures. The agency can make its own rules about the right to leave and return to the facility, but these rules cannot be intended to unfairly discriminate against clients.

I2 The hours of operation are clearly posted.

I3 Reasonable efforts will be made to accommodate an applicant with a disability. If the program is not able to accommodate the applicant, referral to another appropriate program should be made.

- I4 The agency has a process for distributing and otherwise making known rules, regulations, disciplinary procedures and termination/suspension policies.
- There are written guidelines that are posted or that clients have been made aware of that describe unacceptable behaviors, such as violence, theft and any other activities that are against the law.
  - Consequences of rules violations are clearly stated and consistently enforced.
- There is an expectation that the staff is aware of client activities and behaviors.
- I5 The agency has a process for posting, reading and otherwise making known, the rights and responsibilities of residents that include a grievance policy for addressing alleged violations of clients' rights. Reasonable efforts shall be made to ensure that all residents, regardless of language, understand their rights and responsibilities.
- I6 There is evidence that the governing board or its agent, collects, evaluates and analyzes all grievances so that trends and patterns can be noted and corrections can be made.
- I7 The agency shall provide or arrange for food service or make known available services nearby.
- At sites where clients prepare their own food, clients have access to a kitchen. Food and other necessary supplies are provided on an as needed basis.
  - At sites where food is prepared for clients, the staff is knowledgeable in nutrition and sanitary food handling and safe food storage.
  - The agency makes a reasonable effort to meet medically and culturally appropriate dietary needs of residents.
- I8 If the agency holds funds or possessions on behalf of clients, the funds or possessions shall be returned upon request within two (2) business days of the client's request.
- I9 Each agency should provide reasonable access to a public or private telephone for use by facility clients or residents.
- I10 The agency has a written policy outlining the procedure related to consent for search when there is reasonable evidence of danger to self and others or of criminal activity.
- I11 Services for basic human needs cannot be denied if a client is unable to pay. Fees for some services may be required as part of a program, especially in long-term transitional programs. Fees for additional services must be reasonable and just.
- I12 The agency provides support services or makes referrals to appropriate support services such as:
- case management
  - assistance with employment opportunities
  - education and training

- medical and mental health services
  - transportation services
  - alcohol and drug treatment programs
  - assistance to secure long-term housing
  - material assistance programs
  - adult/children protective services
  - basic financial planning
- I13 The agency has a written process for evaluating the program outcomes so that information gained from the evaluation leads to modifications, changes or new programs that will improve or enhance the services offered and the services delivered.
- I14 The agency has a written procedure and can provide evidence that the procedure is being followed regarding:
- possession and use of controlled substances
  - prescription medication

## **J. STAFFING**

Each agency should have competent, well-trained staff that is able to successfully implement the program and provide services according to the mission of the agency. In addition to the Personnel Policies Manual (Personnel Policies, Section H1), each agency has a Policies and Procedures Manual that includes the following:

- J1 The agency has an organizational chart of the paid staff including written job descriptions, roles and responsibilities.
- J2 The agency has an appropriate number of paid and/or volunteer agency staff for the number of clients served so that goals and objectives of quality service delivery to clients can be achieved.
- J3 Daily logs are kept documenting shift activities, special instructions and accounts of unusual or special situations. There is evidence, such as initialing, that the logs are reviewed by staff.
- J4 At least one staff person is available at all times with verifiable training in emergency first aid, emergency evacuation and CPR procedures.
- J5 The agency will ensure that all relevant staff members receive training in the following areas:
- universal precautions for handling body fluids
  - TB protocol
  - emergency evacuation procedures
  - CPR, First Aid procedures
  - agency operating procedures
  - non-violent crisis intervention techniques

- community resources and social services programs
- ethical client practices
- recognition of elder and child abuse

Documentation is maintained that shows that employees' training is current or is scheduled to be completed within the new employee's first year.

## **K. ADMINISTRATION**

Proper oversight and management of programs ensure successful service delivery. An agency Policies and Procedures Manual enables consistent, standardized supervision and management and enhances the effectiveness of the program.

K1 The agency has established a data collection system which includes:

- participation with the local CoC HMIS initiative;
- implementation of an intake and client record keeping procedure that includes intake interviews and records of services provided; and
- a listing of each person residing in/or receiving services at each facility with the dates and types of services provided

In addition:

- Files containing client information are in a secure location and locked (or capable of being locked) to maintain confidentiality. Signed consent forms are included in the files.
- Records of accountability for any money management/payee programs, clients' funds or possessions are turned over for safekeeping.

K2 A written policy concerning the release form that clients would sign to receive services at another agency should be part of the orientation procedures for clients and for staff.

K3 The agency has a written policy and procedure for the length of time client files are retained and a procedure for destruction of files after the designated period of time.

## **L. FACILITIES CRITERIA**

All facilities should be in adequate repair and in compliance with local health, fire, electrical and building codes. Agencies should provide, to the best of their ability, a clean, adequate and safe space for clients.

L1 The facility must be kept in a sanitary condition. There is a written housekeeping plan and evidence that it is being implemented.

L2 There is a process for providing clean sheets, blankets and a towel for each client.

L3 There is evidence of adequate provision of pest control.

- L4 The general appearance of the building is well maintained. Facilities are in good repair. Windows and doors operate properly and are not broken. The facility is in a fit and habitable condition.
- L5 Restroom facilities include showers/baths, wash basins and toilets with handicapped accommodations. There is warm and cold running water. Facilities are clean and in good working order. In individual apartment units there is at least one toilet, washbasin and shower/tub per unit.
- L6 The facility has heating units for winter and the ability to create airflow in hot weather. Furnaces are kept clean and in good working order. Filters are changed routinely as evidenced by a building maintenance log. Fans and air conditioning, if available, are in good condition.
- L7 There is adequate natural or artificial illumination to permit normal indoor activities, including reading small print where posted.
- L8 In facilities housing children, testing for lead has been done and necessary remediation has taken place in accordance with applicable law.
- L9 There is evidence that radon testing has been done and necessary corrections made.
- L10 Hallways, stairwells and exits are well lit and there are back-up batteries for exit lights. There are exit signs with arrows clearly visible.
- L11 Exits, steps and walkways are clear of debris, ice, snow and other hazards. There is a process in place and utilized to maintain clear walkways. Exits are clearly marked and not blocked. All steps have handrails as required by applicable codes. Steps have treads or similar accommodation to prevent slipping.
- L12 First aid is complete and accessible to staff. In congregate units, a first aid kit with sufficient supplies to handle multiple occurrences is kept in a well-known accessible place.
- L13 The facility has written plans for identification, treatment and control of medical and health conditions (contagious diseases, body infestations) which implement Universal Precaution Procedures as required by OSHA standards. There is evidence that TB protocol is used. Staff members are trained in the implementation of disease prevention protocols.
- L14 There is a fire safety plan.
  - a. In congregate shelters, there are records of an annual fire inspection, a posted evacuation plan and an adequate fire detection system, regular fire drills and adequate fire extinguishers.

- b. The facility has documentation that employees are trained in fire safety procedures, including the use of fire extinguishers.
  - c. In independent units, there are working smoke detectors and posted evacuation plans.
  - d. In multiple units with common entrances, there is record of an annual fire inspection.
- L15 The facility has a written policy, posted in a manner that will communicate to the greatest number of residents possible, prohibiting the possession of weapons and there is evidence that the policy is implemented.
- L16 If the facility provides meals, it makes adequate provisions for the safe storage of foods.
- L17 There have been Phase I Environmental Studies done for all newly acquired property.
- L18 Residential facilities should have a written procedure that assures the safety and security of residents and staff and their possessions.
- L19 In independent units, windows can be secured.
- L20 Phones are readily accessible for 911/emergency calls.
- L21 The physical layout of the facility provides separate living, dining and sleeping facilities.
- L22 The size and design of the facility is compatible with the program and the number to be served.
- L23 Privacy is assured for bathing and toilet facilities and available for male and female use.
- L24 There is an adequate supply of bed linens, towels, washcloths, blankets and water resistant mattress covers for each occupant.
- L25 Private offices or rooms are available to staff for interviews, counseling sessions, examinations and treatment.
- M. SHELTER ENVIRONMENT AND RELATIONSHIPS**  
Each agency should strive to maintain a healthy, friendly environment for the benefit of staff/staff, staff/consumer and consumer/consumer relationships.
- M1 Each agency establishes and disseminates a clients' bill of rights.
- M2 The agency has a written procedure for applicants and clients to lodge complaints or appeals when decisions concerning them or services provided them are considered unsatisfactory.

M3 The agency is guided by the belief that all persons served by its facilities have a right to protection from physical abuse, inhumane treatment, and all forms of sexual abuse and exploitation.

**N. ESSENTIAL SERVICES**

N1 The agency develops a resource and referral list and updates the list annually. The referral list shall include referrals to all local community services.

N2 Within 12 hours of entering shelter, make contact with client, conduct a needs assessment and begin developing an action plan to enable client to become permanently housed.

N3 When appropriate, observe child and child/parent interactions for signs of child abuse and/or neglect and report to Child Protective Services as necessary.

N4 Develop a client file and document the provision of essential serves and other important information.

N5 Provide in-person crisis intervention, including supportive counseling and advocacy services when necessary.

N6 Within 48 hours establish a plan for regular face-to-face supportive counseling and case management services.

N7 Provide or make referrals to appropriate education/support groups.

N8 Provide and/or coordinate access to agency and community services to meet the individual's identified needs.

N9 Discuss client needs and coordinate service delivery at the direct service staff case management meetings.

N10 Develop and maintain a formal process for terminating assistance to an individual or family. At a minimum, there must be an appeals procedure with one level of administrative review for clients who are evicted or refused service from the facility for any reason. Clients must be informed in writing of the appeals procedure at intake.