

## FY 2019 Texas Balance of State Continuum of Care CoC Applicant Monitoring Certification

The Monitoring Certification must be submitted to THN as part of a larger Continuum of Care application package by 08/23/2019 at 5:00 PM for consideration. Applicant answers and attached documents will be assessed by the Independent Review Team and contributes to a Project Application score and ranking. Applicants may explain any required attachment to this certification by attaching a statement on Agency letterhead

Agency Name: _____	Primary Contact: _____
Project Name: _____	
Project Funding Type: _____	
Project Component Type: _____	

### A. Agency Contract History

Has your Agency been the recipient or sub-recipient of any federal or state awards in the last 3 years?

If yes, please list the contracting Agency, Start and End Date, and the contract budget below			
Agency	Start Date	End Date	Total Budget

Is your Agency subject to the Single Financial Audit requirements of 2 CFR 200, Subpart F?

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### A. Agency Monitoring History

Has your Agency been monitored by any Federal or State Agency in the last three years?

If yes, please list the monitoring Agency, start and end date of the visit, and Findings y/n			
Agency	Start Date	End Date	Findings (Y/N)

Please attach a copy of any monitoring report from the last 3 years, if that monitoring resulted in a "Finding" or a disallowed cost, regardless of source

<i>By placing my initials in the box to the right, I am affirming that I have attached all monitoring reports that resulted in a "finding" or disallowed cost, regardless of source</i>	
<i>By placing my initials in the box to the right, I am affirming that there are no monitoring reports in the last 3 years that resulted in a finding or in a disallowed cost</i>	

Signature _____	Date _____
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