

**U.S. Department of Labor
Veterans' Employment and Training Service**

**HVRP
ON-SITE ASSESSMENT FORM**

I. GRANT PROFILE:

Grantee's Name: Grant Number:
Grantee Address:
Contact Person: Telephone Number:
Email Address:
Funding Level (Grant Amount):
Period of Performance: Start Date: End Date:
Date of Assessment or Monitoring Visit:
VETS staff person completing the assessment:

II. Abstract (Key Findings):

- A. Major Points of the Review:

- B. Recommendations for Improvement(s):
 - 1. Issue(s):

 - 2. Action(s) recommended:

III. Narrative Summary of Findings:

- A. Summary of program performance:

- B. Discuss accomplishments and challenges:

- C. Comparison of Planned Goals to Actual Performance:

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IV. Program Performance:

- A. Corrective Action Plan (CAP) required? YES/NO
- B. Compliance Issues:
- C. Recommended Action(s) required:
- D. Recommended time frame for compliance:
- E. Recommendation(s) for improvement:

V. Program Features:

- A. Year to Date (YTD) Performance Goals Quarter Ending:

**Table 1
Actual Outcomes Compared to Planned Outcomes Worksheet**

Critical Indicator	Actual	Planned	% of Plan
# Enrollments:			
Placement Rate for All Exitters			
Avg. Hourly Wage at Placement for All Exitters			
Placement Rate for the Chronically Homeless			

The following are advisory performance indicators beginning in PY 2017:

- The number of placements;
- the computed average cost per placement;
- the percentage of program participants who are in the unsubsidized employment during the second quarter after exit from the program;
- the percentage of program participants who are in unsubsidized employment during the fourth quarter after exit from the program; and
- the median earnings of programs participant who are in unsubsidized employment during the second quarter after exit from the program.

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B. Participant Eligibility:

1. Were enrolled clients homeless individuals? YES/NO
If no, provide an explanation:

2. Were enrolled individuals veterans? YES/NO
If no, provide an explanation:

C. Required Features:

1. Have veterans who have experienced homelessness been employed by the grantee for outreach or direct client contacts? *Explain and provide veteran name and job title.*

2. Have linkages with other programs and services been established, to include DVOP staff?

3. Has a service been provided by JVSG, WIOA or other staff per VPL 03-16?

4. Are documented client employment services focused, such as, increasing the veterans' employability or matching homeless veterans with potential employers?

D. Scope of Program Design:

1. Are program operations conducted, to a practical degree, at shelters, day centers, soup kitchens or similar locations? *Explain:*

2. Is coordination evident with DVOP, SWA, WIBs, American Job Centers (formerly One Stop Centers)? *Explain:*

3. Have community awareness activities taken place? *Explain:*

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4. Is coordination evident with VA facilities in the area? Explain:

5. Is coordination evident with veteran service organizations? Explain:

6. Are necessary client referrals made to:

- | | |
|------------------------------------------|--------|
| i. Treatment Facilities: | YES/NO |
| ii. Rehabilitation Services: | YES/NO |
| iii. Counseling Service: | YES/NO |
| iv. Housing Assistance: | YES/NO |
| v. Employment and job training services: | YES/NO |

7. Was Stand Down support planned and provided? YES/NO

E. Participant Files:

1. Number of files reviewed:

Comments:

2. Do participant files contain client information?

If No, explain why not:

3. Are participant files updated to reflect training, expenditures, referrals and placements? YES/NO

If No, explain why not:

4. Has an individual employment plan (IEP) been developed for all participants? YES/NO

If No, explain why not:

5. Is a copy of the IEP in the participant's file? YES/NO

If No, explain why not:

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6. Are the records of the IEP maintained or updated, at a minimum, on a monthly basis? YES/NO

If No, explain why not:

7. Does the IEP include an assessment of the participant's abilities, barriers to employment and skill deficiencies? YES/NO

If No, explain why not:

8. Are at least 80% of enrolled participants receiving some form of training? YES/NO

If No, explain why not:

9. Does the grantee track participant's post-program employment and earnings outcomes? YES/NO

If No, explain why not:

F. Budget/Administration

1. Do actual staffing levels agree with those described in the grant? YES/NO

Grant Staff:

NAME	TITLE	% OF TIME	ADMIN	PROGRAM

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2. Does the grantee have documenting evidence of expenditures (e.g., sub-agreements, invoices, purchase orders, travel costs, equipment, supplies)?
Explain:
3. Does the grantee have a system of internal controls or Audits? Explain:
4. Does the grantee have a process for allocating costs for the grant funds (and outside/in-kind funds if applicable)? Explain:
5. Are cost categories, i.e., On the Job Training (OJT), classroom training, and support service costs, being tracked separately? Explain:
6. Is there a system to de-obligate unexpended funds from individual sub-contracts? YES/NO
7. Were required technical and financial grant reports submitted on time? Explain: YES/NO
8. Does the funding plan, Federal Financial Report and the Technical Performance Report crosswalk? Explain: YES/NO
9. Case Management File Review:
- a. Name of the veteran's file that was reviewed:
 - i. Findings:
 - ii. Was employer called to validate employment? YES/NO
 - iii. Name of person who validated employment?

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- b. Name of the veteran's file that was reviewed:
- i. Findings:
 - ii. Was employer called to validate employment? YES/NO
 - iii. Name of person who validated employment?
- c. Name of the veteran's file that was reviewed:
- i. Findings:
 - ii. Was employer called to validate employment? YES/NO
 - iii. Name of person who validated employment?
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- i. Findings:
 - ii. Was employer called to validate employment? YES/NO
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h. Name of the veteran's file that was reviewed:

i. Findings:

ii. Was employer called to validate employment?

YES/NO

iii. Name of person who validated employment?

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i. Findings:

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YES/NO

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G. Audits:

1. What was the date of the last audit?

2. Were there any administrative findings?

YES/NO

If Yes, explain the findings:

H. Additional Comments: