

**Programmatic Monitoring and Standards Assessment Tool for  
Administering Awards under the Community Services Block Grant  
Program to Public CAAs**



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Prepared by

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*The State Community Services Office has assembled the following monitoring guides and checklists in an effort to provide comprehensive procedures for monitoring agencies that are awarded subcontracts under the Community Services Block Grant program. These guides and checklists are a work-in-process. As new ideas and innovative techniques and procedures emerge, both through “hands-on” use by our Program Specialists and Fiscal monitoring staff, as well as the continual training and collaborating with others throughout the year, the guides and checklists are modified in an effort to make the monitoring process as efficient and effective as possible.*

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## Section I

### Monitoring Overview

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## FEDERAL REQUIREMENT

The CSBG Act of 1998 requires the State CSBG office to monitor designated local Community Action Agencies at least once every three years (42 USC Chapter 106, Sec 9914(a))

## STATE LEGISLATION

The State of Utah has designated the State Community Services Office as the lead agency to administer the Community Services Block Grant Program in Utah pursuant to Public Law Section 676B(a)(1).

## DEFINITION OF MONITORING

The State Community Services Office (SCSO) defines monitoring as a comprehensive approach to ensuring compliance with Federal, State, Eligible Entity performance goals, administrative standards, financial requirements and Federal regulations governing the CSBG program, including reviewing, assessing, evaluating, and improving the quality and types of services provided by CSBG sub-recipients to low-income individuals and families.

## GUIDING PRINCIPLES TO MONITORING

- **Mutual Respect** – In working with local boards, staff, and consultants, SCSO recognizes and will value the unique knowledge, ability, and independence of each person. We are committed to treating all persons fairly and maintaining credibility by matching actions with words.
- **Open Communication** – Effective communication is key in facilitating good working relationships amongst partners, and SCSO is committed to keeping lines of communication open. The purpose of our communications is to assist in developing solutions to problems, to share program improvement ideas, and to provide information on new developments in the anti-poverty field. We will communicate frequently through a variety of tools and media. SCSO is committed to listening to suggestions and concerns, to gaining an understanding of local operations, and to assisting local CAAs in pursuing their priorities.
- **Joint Problem Solving** – SCSO believes that a team approach to problem solving is in the best interest of all parties involved. Our office sincerely believes that collectively SCSO, the CAA, and our other community action partners can arrive at the best solution to any situation. Through a team approach to problem solving, we can come up with the best strategies for program development, conflict resolution, and compliance issues. SCSO wants to promote an environment in which our office and all our community action partners will be open to change and can work together in exploring options and developing mutually agreeable solutions. The goal is to have agencies function independently but with SCSO support in an effort to meet the needs of local communities within the parameters set by legislation.

## MONITORING METHODOLOGY

The Program Specialist is the key contact person between SCSO and the CAAs. This individual performs ongoing monitoring through desktop reviews of the agency's periodic requests for reimbursement and program performance reports. Any problem encountered by the CAA should be addressed with the Program Specialist.

In addition to the ongoing desktop reviews, the following tools, checklists, and guides are currently used by the State Community Services Office to monitor the financial, programmatic and administrative compliance of sub-recipients awarded funding under the Community Services Block Grant program. These guides and checklists were developed over a period of several months utilizing information from various resources, including a review of the monitoring tools used by several other states, organizational standards templates, and in partnership with CAP Utah.

## INTRODUCTION TO CSBG MONITORING TOOLS

The *CSBG Pre-Visit Questionnaire* and *Internal Control Questionnaire* are sent or emailed out to the CAA at least three weeks in advance of an on-site visit. We have found this method to be quite effective as a representative from the CAA provides the information in advance, allowing the Program Specialist or Fiscal Auditor an opportunity to review the information before the actual on-site visit and customize the review planning process. An electronic version of these tools has been developed to facilitate the response of the CAA within the context of the documents.

The *Monitoring Tool for Program Specialists* is used for interim monitoring visits, and focuses on reporting, governance, client eligibility and program operations.

The **CSBG organizational standards** provide a standard foundation of organizational capacity for all CSBG Eligible Entities (CEEs) in Utah. The Federal Office of Community Services' Information Memorandum (IM) 138 provides direction on establishing organizational standards by FY 2016 and includes the final wording of the standards developed by the OCS-funded organizational standards Center of Excellence (COE). The COE-developed organizational standards are comprehensive and were developed by and for the CSBG Network through the work of the CSBG Working Group. They work together to characterize an effective and healthy organization while reflecting the vision and values of Community Action and the requirements of the CSBG Act.

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## Section II

# Scheduling and Preparation

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**PROCEDURES FOR SCHEDULING  
AND PREPARING FOR  
THE ON-SITE  
PROGRAMMATIC REVIEWS**



## Planning the On-Site Visit

Notify the agency by telephone and email least three weeks in advance of planned visit. Ask for input from the sub-recipient's Executive Director/Project Director to select specific date and time and to develop an agenda that serves the needs of all parties. Ask the agency to prepare an electronic or physical file of need documents for review. Via email send the agency director and program manager the notification letter, pre-visit questionnaire, and other documentation listed in the letter.

**The Association receives a different notification letter than the CAAs, see the association Monitoring tool for the correct letter.**

### 1- SEND NOTIFICATION LETTER WITH APPROPRIATE ENCLOSURES:

#### PROGRAM SPECIALIST:

- Necessary attachments as listed in the letter
- Pre-visit Questionnaire
- Organization Standards and required documentation

### 2- REQUEST THE FOLLOWING DOCUMENTATION

- Documents, data, and systems to be returned with the questionnaire;
  - Most recent Board Roster
  - Most recent board Minutes
- Documents, data, and systems to be made available for onsite monitoring as they related to CSBG**
  - Most Recent CSBG Application and work plan
  - Award notification(s) and copy of executed contract/amendments
  - Client eligibility requirements
  - Documentation of participation by low income and or homeless individuals in the planning process.
  - Documentation of current corrective action plans and audits with accompanying descriptions of progress to date, if applicable.
  - Agency service referral list (for review)
  - List of all client files for the monitor to choose from.
  - Copy of the latest employee and Director's evaluation/appraisal.
  - Documents related to any termination of federal or state funding in the last year
  - If there are changes please provide the new organizational Chart that relates to the department or agency carrying out the CSBG.
  - Board member packet
  - Employee policies and procedures

### 3- OTHER PRE-VISIT PREPARATORY TASKS:

#### **Review pertinent materials in the agency's contract file including:**

- ❑ The contract/amendments
- ❑ Work Plan/Scope of Work
- ❑ Approved budget by categories
- ❑ Progress & financial reports

#### **Review the following board documents**

- ❑ **Last year's board roasters**
- ❑ **Last year's board minutes**
- ❑ **Last year's board by-laws**

Note timeliness of agency's submission of required reports, review previous site visit reports including any follow-up documentation, review agency's most recent independent audit report and any other available monitoring reports such as Head Start PRISM.

Gather all forms, instruments, and other information needed for the site visit, such as monitoring tools, checklists, client list for programmatic & administrative points and guides.



## Notification Letters

### [SAMPLE NOTIFICATION LETTER FOR PROGRAMMATIC REVIEW]

[Date]

[Contract Person]

[Agency]

[Mailing Address]

[City, State & Zip Code]

**Re: FY CSBG Monitoring Notification Confirmation Letter**

**Contract# [insert contract #]**

Dear [insert name]:

The State Community Services Office (SCSO) will be conducting an on-site monitoring visit with your agency regarding the Community Services Block Grant program for **fiscal year [insert date]**. The visit is scheduled for **[Day, Month & Year at Time]**. We appreciate your cooperation and partnership in the CSBG networks efforts to maintain quality services and standards.

Attached to this letter you will find the following documents:

- A Pre-visit Monitoring Questionnaire.
- List of the organizational standards and correlation documentation you should have ready for our review.
- List of other documentation to have ready for our review (these documents may be reviewed during or after the visit)

The Pre-visit Questionnaire must be returned to our office no later than one week prior to the monitoring visit.

This on-site visit should take most of the business day. The purpose of this visit is to review and discuss the following documents for program compliance:

- ✓ Your agency's current program application/work plan/amendments
- ✓ Award notification(s) and executed contract
- ✓ Any relevant correspondence regarding the CSBG contract
- ✓ Any financial reports related to this fiscal year funding
- ✓ For review and discussion – progress reports, client files and other documents pertaining to this program

The following are instructions regarding the preparation and assessment of the Organizational Standards issued by the Federal OCS:

- 1- Each CAA is responsible to review each Standard and prepare the documentation that is required.
- 2- Each question will be verified by the SCSO Program Specialist using required documentation.
- 3- If there are standards that your organization believes it cannot meet due to a lack of capacity, resources, please inform SCSO prior to the monitoring visit.

The State CSBG Program Specialist is requesting that the following individuals be available to participate during the time of the monitoring, if Possible:

- HR Manager or equivalent
- Financial Manager or equivalent
- Agency Director,
- CSBG Program Manager or equivalent,
- Case Manager(s) or equivalent,
- and three to four other staff who are billed to CSBG

Lastly, please allow for a 15 minute slot in your governing/advisory board meeting for the program specialist to ask questions relating to the boards roles and responsibilities.

I am looking forward to meeting with you, your staff, and board members you wish to be in attendance for this visit. Please feel free to call me if you have any questions or concerns regarding my upcoming visit.

Sincerely,

## In-Office Pre Visit Questionnaire

Agency: \_\_\_\_\_ Contract Number: \_\_\_\_\_

SCSO Program Specialist: \_\_\_\_\_ Review Date: \_\_\_\_\_

**The following are question that the CSBG Program Specialist should answer and review before visiting the Agency**

### PRE VISIT IN-OFFICE QUESTIONS

	Yes	No	Comments
Is the agency submitting the RFF forms on a timely basis?			
Are expenditures reported by the agency to date within the budgeted amounts by category per the contract?			
Has the agency submitted required quarterly reports (Form 508-A) on a timely basis?			
Does SCSO have a copy of the most recent Board roster?			
Does the Board roster include the name, title, address, sector represented, date appointed or elected, and term expiration date for all Board members?			
Have all Board Minutes been submitted to SCSO?			
<b>Board Minutes</b>			
Do the Minutes Contain the Following			
<ul style="list-style-type: none"> <li>• Date, Time, Location</li> <li>• Regular or Special Meeting</li> <li>• Number and name of Attendees</li> <li>• Presence of a Quorum</li> <li>• Guests in attendance</li> <li>• Action on minutes</li> <li>• Major proposals and the actions taken</li> <li>• Treasures Report</li> <li>• Major Discussions</li> <li>• Committee Reports</li> <li>• Compensation Decisions</li> </ul>			
Do Minutes list Board members in attendance & absent?			
Is there evidence in the Minutes that the Board uses community needs and service gap analysis to establish service priorities and adopt program objectives?			
Do the Minutes indicate that the agency's Board fully participates in the development, planning, implementation, and evaluation of the CSBG program?			
Do the Board By-laws establish procedures under which a low income individual or organization serving low income individuals may petition for adequate representation?			

Are all staff positions identified in the CSBG Contract application, and any amendments thereto, filled?			
Is the agency gathering and tracking all information needed to complete the CSBG program reports?			
Are program outcomes sufficiently documented?			
If reported expenditures exceed budgeted amounts by line item, has the agency requested an amendment to the original budget and/or provided adequate explanation for any significant variances?			
Do By-laws specify a method for selection that is appropriate for each Board sector? <b>(review by laws)</b>			
Do By-laws state that written advance notice, including an agenda, shall be given to the Board members at least 5 days in advance of Board meetings? <b>(Review By Laws)</b>			

## Agency Pre Visit Questionnaire

**\*\*Questions that Ask 'Yes' or 'No' please highlight your response in Yellow\*\***

Agency: \_\_\_\_\_ Contract Number: \_\_\_\_\_

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

### A-GENERAL INFORMATION

Number of Counties\_\_\_\_and/or Municipalities\_\_\_\_being served by agency?

Who handles the oversight responsibilities related to the agency's CSBG program?

Briefly describe the collaboration that occurs to address poverty issues throughout the various areas served:

**Indicate which population(s) your organization serves with CSBG funds(676(b)(1)(A)):**

**\*Highlight, in yellow, the populations you serve\***

- Low income individuals and families
- Homeless families and individuals.
- Migrant or seasonal farm workers
- Elderly low income individuals and families

**Indicate which Federal Objectives are being met through CSBG program operations:**

**\*Highlight, in yellow, the Objects you are meeting\***

- |   |  |
|---|--|
| 1. <input type="checkbox"/> Employment        | 5. <input type="checkbox"/> Emergency Services |
| 2. <input type="checkbox"/> Education         | 6. <input type="checkbox"/> Linkages           |
| 3. <input type="checkbox"/> Income Management | 7. <input type="checkbox"/> Self-Sufficiency   |
| 4. <input type="checkbox"/> Housing           | 8. <input type="checkbox"/> Health             |

**Indicate which National Goals are being met through CSBG program operations:**

**\*Highlight, in yellow, the goals you are meeting\***

1.  Low-income people become more self-sufficient.
2.  Conditions in which low-income people live are improved.
3.  Low-income people own a stake in their community.
4.  Partnerships among supporters and providers of services to low-income people are achieved.
5.  Agencies increase their capacity to achieve results.
6.  Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive systems.

**B-TRIPARTITE BOARD**

Type of Board Member	# of Seats	# of Vacancies	% of Total Board	% of Attendance*
Elected Public Officials				
Low-Income Representatives				
Private Sector Representatives				
<b>Total</b>				

*\*# attending from the subgroup / # that should be attending from the subgroup= % of Attendance*

- a) How many of the low income representatives are actually from a population that is identified in your needs assessment as low-income? Guidance from IM 82 states that some of the low-income representatives should be low income individuals.
- b) What are the major racial and ethnic populations in your services area that are also associated with the populations that you serve?
- c) Of the major racial and ethnic populations you serve, are they represented by at least one of your low-income board members

<b>Board Skill / Background / Expertise</b>	
Board Member Name	Occupation / Professional Skills / Background

- a) Briefly describe how Board members are made aware of their roles and responsibilities regarding CSBG program operations?

**C-CLIENT FILES**

- a) Are client files complete, on-site, and available for inspection by SCSO staff?..[ ] Y [ ] N  
**If ‘No,’ please request five to ten CSBG related client files from your subcontractors or other off site facilities for inspection during the onsite monitoring.**
  
- b) Do client files, at a minimum, contain the following documents and information:
  - \_\_\_\_\_ Intake application (including demographic data)
  - \_\_\_\_\_ Household income
  - \_\_\_\_\_ Gross income for all household members over 18
  - \_\_\_\_\_ Source documentation for determining income and income types and amounts
  - \_\_\_\_\_ Calculations used to determine annualized gross income
  - \_\_\_\_\_ Type of service or assistance
  - \_\_\_\_\_ Date(s) of service
  - \_\_\_\_\_ A plan for moving the client toward self-sufficiency
  - \_\_\_\_\_ Follow-up information
  - \_\_\_\_\_ Review of service(s) provided and impact on the individual or family
  - \_\_\_\_\_ Referrals and follow-up
  - \_\_\_\_\_ Current poverty guidelines
  
- c) Does the agency have a posted grievance process for those denied services?.....[ ] Y [ ] N
  
- d) Describe procedures the agency has in place regarding denial of services to applicants determined ineligible for services?

**D-PROGRAM OPERATIONS**

- a) Briefly describe, what is the agency’s current assessment of its progress towards accomplishing the objectives of its CSBG related programs as stated in the Application and Work Plan?
  
- b) Please list any current Corrective Action Plans (CAPL), Technical Assistant Plans (TAP), Quality Improvement Plans (QIP), or unresolved findings (UF) or compliance issues previously brought to the agency’s attention that are unresolved or have been resolved since the last monitoring visit. These plans and findings will result from monitoring or Organizational Standard Assessments.

**Please list any other corrective action prescribed by other government or funding agencies.**

CAPL, TAP, QIP, UF	Current Status	Time left to complete
Other Prescribed Corrective Action	Current Status	Prescribing Agency


- c) Does the agency have adequate staff assigned to administer the CSBG program activities effectively and efficiently?
- d) What skill gaps is the agency experiencing in its staff?
- e) Please provide one to two specific examples of how your agency's / organization's programs and services are reducing poverty?
- f) What services does your agency offer that are duplicated in your services area?
- g) Describe how an individual experiencing poverty uses your services and comes out more economically stable and is no longer considered in poverty? (Please provide a general flow of how this happens and two examples of how this has happened)
- h) What is the morale of the staff in your organization? How is morale measured? What is the staff turnover rate over the past 5 years (list rates by year)?
- i) Are all of the counties and/or municipalities in the agency's service area served equitably?
- j) How many clients were moved out of poverty last reporting year?



**E-SUB-CONTRACTORS / SUB-GRANTEES**

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- a) Does the agency sub-contract for any of the CSBG program services provided?  
 Y (if yes please answer the questions below)  N (If no skip to the Agency Self Assessment)
- b) How many sub-contracts has the agency entered into for the current CSBG program? \_\_\_\_
- c) Who handles the oversight responsibilities for the agency's subcontractors?
- d) Are contracts with all subcontractors available for review by SCSO staff?..... Y  N
- e) How often does the agency monitor its subcontractors?
- f) Briefly describe your agencies monitoring process for subcontractors (how often it occurs, what is monitored, and any significant findings):  
*Reference: CSBG Contract, Attachment B, Sec. 8; OMB A-133*
- g) Does the agency require all subcontractors to submit periodic, detailed reports which provide information necessary for the agency to complete timely and accurate reports as required in its contract with SCSO?..... Y  N
- h) Does the agency provide ROMA training for all of its subcontractors?..... Y  N
- i) When was the last ROMA training conducted for subcontractors? \_\_\_\_\_

**F- SUBCONTRACTOR MONITORING ASSESSMENT (ANSWER IF APPLICABLE)**

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If applicable, fill in the following requested information regarding monitoring or subcontractors.

**Subcontractor Agency Name:**  
**Subcontractor contact person:**  
**Date of Last Monitoring:**  
**Monitoring Type:**  
**Monitoring Location:**  
**Frequency:**

**Subcontractor Agency Name:**  
**Subcontractor contact person:**  
**Date of Last Monitoring:**  
**Monitoring Type:**  
**Monitoring Location:**  
**Frequency:**

**Subcontractor Agency Name:**

**Subcontractor contact person:**  
**Date of Last Monitoring:**  
**Monitoring Type:**  
**Monitoring Location:**  
**Frequency:**

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**Subcontractor contact person:**  
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**Monitoring Type:**  
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**Frequency:**

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**Subcontractor contact person:**  
**Date of Last Monitoring:**  
**Monitoring Type:**  
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**Frequency:**

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## Section III

### Program Monitoring

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### **CSBG PROGRAM SPECIALIST**



# Board Meeting Attendance Report

## Board Members during the Meeting

Agency: \_\_\_\_\_ Contract #

SCSO Program Specialist/Representative:

Meeting Called to Order: \_\_\_\_\_ (date/time)

Meeting Chaired by:

Current Size of Board: \_\_\_\_\_ Total Board Members Present:

Were meeting notice, agenda, & minutes distributed prior to the meeting? .....[ ]Y [ ]N

How far in advance?

Was attendance taken? .....[ ]Y [ ]N

Title of person responsible for keeping attendance records:

Was a quorum present at the meeting? .....[ ]Y [ ]N

Were the minutes of the previous meeting reviewed and approved? .....[ ]Y [ ]N

If applicable, were corrections made to previous minutes? .....[ ]Y [ ]N

Briefly describe the topics and reception of the Executive Director's Report:

Presentation of report: [ ] Written [ ] Oral

Recommendations for Board actions:

**FINANCIAL REPORT**

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Presentation of report:  Written  Oral

Is the Board provided with current financial information? .....Y N

Highlights of report as presented:

**COMMITTEE REPORTS**

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The committees presenting a report:

_____	_____
_____	_____
_____	_____
_____	_____

**PROGRAM REPORTS**

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Presentation of report:  Written  Oral

Highlights of report as presented:

**OLD/NEW BUSINESS**

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Highlights, if applicable:

Time Adjourned: \_\_\_\_\_

Program Specialist observations/comments, including, but not limited to:

Board member(s) preparedness:

Meeting procedures followed:

Other comments (Attitude and participation of board members):

Was the prepared agenda followed? ..... [ ]Y [ ]N

**QUESTIONS FOR THE BOARD OF DIRECTORS**

**The following should be asked directly to the board or a group of board members**

	Yes	No	Comments
Does the board engage in activities with the Staff <i>(provide description)</i>			
Does the board engage in fundraising activities (only for private CAAs)			
Does the Board evaluate the effectiveness of the Director? <b>(Review Minutes)</b>			
a. What Methodology does the board use?			
Does the Board review the evaluations and performance of Staff? <b>(Review Minutes)</b>			
How was the board individually and as a whole made aware of the board members roles and responsibilities?			
Do the programs operated by the agency contribute to the agency's overall mission, and does each program achieve measurable outcomes that help to change the lives of low-income people?			
When was the last time the board reviewed its own by laws?	<i>(verify with meeting minutes)</i>		

## Monitoring Tool for Program Specialists

Agency: \_\_\_\_\_ Contract Number:

Program Specialist: \_\_\_\_\_ Date of Visit:

Agency Staff involved in the review:

Was a CSBG Pre-Visit Questionnaire mailed out to the agency at least three weeks in advance of the scheduled on-site visit?.....[ ]Y [ ]N

Did the agency complete and return the questionnaire one week prior to the visit.....[ ]Y [ ]N

### Category A- (who should be involved) Agency Director and or Program Specialist

#### SECTION 1- GOVERNING BOARD REVIEW

##### 1.1- BOARD GOVERNANCE SYSTEM

Review the agency's Board roster, information provided by the agency on the CSBG pre-visit questionnaire, and interview appropriate agency staff to complete the following:	Yes	No	Comments
Do representatives of low-income persons reside in the neighborhood from which they were elected?			
Have 25% of either public or low-income sector Board seats remained vacant for more than 90 days?			
Does the Board approve the agency's policies? <span style="color: red;">View Minutes</span>			
Do Board members receive ROMA training?			
What is the date of the last ROMA training for the Board?			
Does the Board have committees structured to fully address its fiduciary and governance responsibilities?			
What are the different board sub committees?			
How often do the committees meet / and are they performing their assigned duties?			
What is the orientation process for the new members of the board?			
<b>Does the orientation packet include the following</b> <span style="color: red;">Re-verify using packet</span>	Yes	No	Comments



Board Manual (if one exists)			
Organization History, Mission, Vision and values			
Roles and responsibilities of the board and staff			
Board committees and committee vacancies			
Financial and time expectations of board members			
Annual calendar of events			
An organizational chart			
Tripartite Board By-Laws			
Tour of the facility			
Code of Ethics			

### 1.2- BOARD ROLES AND RESPONSIBILITIES

	Yes	No	Comments
Does the Board participate in the following: <b>(See IM 82 for guidance)</b>			
Program Development Program Planning Program Implementation And Evaluation of the programs to serve low income communities			
Does the board fill the following best practices of Role and Responsibilities: <b>(if applicable)</b>			
Determine the mission and purpose of the agency / organization			
Select the chief executive / director			
Support and evaluate the chief executive / director			
Ensure adequate financial resources			
Protect assets and provide proper financial oversight			
Build a competent board			
Ensure legal and ethical integrity			
Enhance the organization's public standing / public awareness			

### 1.3- BOARD MEETINGS AND MINUTES

<b>Review the Minutes of the agency's Board meetings to re verify the following:</b>	Yes	No	Comments
How often does the Tripartite Board meet?	Monthly / Quarterly / Bi-annually		
Are regular Board meetings open to the public?			
Does the Board monitor staff development/training needs, plans and outcomes?			

Does the Board formally evaluate major programs every three to five years, including regulatory compliance and outcome analysis?			
Is there a quorum at most board meetings?			
Is the board an advisory board a policy making board or an operational or procedural board?			
Does the Board direct the agency to new ways of providing service or do they merely maintain the status quo? Provide an example?			

## 1.4 ORGANIZATION STANDARDS SECTION 5 BOARD GOVERNANCE

<p><b>Standard 5.1</b> The department’s tripartite board/advisory body is structured in compliance with the CSBG Act, by either:</p> <ol style="list-style-type: none"> <li>1- Selecting the board members as follows: (a) At least one third are democratically elected representative of the low-income community; (b) one-third are local elected officials (or their representatives); and (c) the remaining members are from major groups and interests in the community; or</li> <li>2- Selecting the board through another mechanism specified by the State to assure decision-making and participation by low-income individuals in the development, planning, implementation, and evaluation of programs.</li> </ol>							
<ul style="list-style-type: none"> <li>• This standard is based on the CSBG Act and addresses the composition structure of the tripartite board/advisory body only.</li> <li>• See the CSBG Act and IM 82 for comprehensive guidance.</li> </ul>							
<p><b>State Assessment of Organization:</b></p> <p><input type="checkbox"/> Met-The CEE has met the requirements of the Standard as written.</p> <p><input type="checkbox"/> Not Met – The CEE has not met the requirements. *</p> <p><i>*if this standard is not met the Corrective action is either a T/TAP or a QIP. See Monitoring Policies.</i></p>							
<p><b>Documents Used:</b></p> <table border="1" style="width: 100%;"> <tr> <td style="width: 25%;"><input type="checkbox"/> Board/advisory body minutes</td> <td style="width: 25%;"><input type="checkbox"/> Board roster</td> <td style="width: 25%;"><input type="checkbox"/> Bylaws</td> <td style="width: 25%;"><input type="checkbox"/> Other</td> </tr> </table>				<input type="checkbox"/> Board/advisory body minutes	<input type="checkbox"/> Board roster	<input type="checkbox"/> Bylaws	<input type="checkbox"/> Other
<input type="checkbox"/> Board/advisory body minutes	<input type="checkbox"/> Board roster	<input type="checkbox"/> Bylaws	<input type="checkbox"/> Other				
<p><b>Comments:</b></p> <div style="border: 1px solid black; height: 40px;"></div>							

**Standard 5.2** The department’s tripartite board/advisory body either has:

- 1- Written procedures that document a democratic selection process for low-income board members adequate to assure that they are representative of the low-income community, or
- 2- Another mechanism specified by the State to assure decision-making and participation by low-income individuals in the development, planning, implementation, and evaluation of programs.
- 3- Please note under IM 82 for Public Entities the law also requires that a minimum of 1/3 of tripartite board membership be comprised of representatives of low-income individuals and families who reside in areas served.

- See the CSBG Act and IM 82 for comprehensive guidance.
- Examples of democratic selection procedures for low-income sector directors include: (1) election by ballots cast by the CEE’s clients and/or by other low-income people in the CEE’s service area (ballots could be cast, for example, at designated polling place(s) in the service area, at the CEE’s offices, or via the Internet); (2) vote at a community meeting of low-income people (the meeting could serve not simply to select low-income sector directors but also to address a topic of interest to low-income people); (3) designation of one or more community organization(s) composed predominantly of and representing low-income people in the service area (for example, a Head Start policy council, low-income housing tenant association, or the board of a community health center) to designate representative(s) to serve on the CEE’s board.

**State Assessment of Organization:**

- Met-The CEE has met the requirements of the Standard as written.  
 Not Met – The CEE has not met the requirements. \*

*\*if this standard is not met the Corrective action is either a T/TAP or a QIP. See Monitoring Policies.*

**Documents Used:**

<input type="checkbox"/> Board/advisory body minutes	<input type="checkbox"/> Board roster	<input type="checkbox"/> Bylaws	<input type="checkbox"/> Other
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**Comments:**

**Standard 5.4** The department documents that each tripartite board/advisory body member has received a copy of the governing documents, within the past 2 years.

- Distribution may be accomplished through electronic or hard copy distribution.
- Acknowledgment of receipt may be accomplished through a signed and dated written acknowledgement, email acknowledgement, tripartite board/advisory body minutes documenting receipt for those in attendance, etc

**State Assessment of Organization:**

- Met-The CEE has met the requirements of the Standard as written.  
 Not Met – The CEE has not met the requirements.

**Documents Used:**

<input type="checkbox"/> Board/advisory body minutes	<input type="checkbox"/> Board/advisory body meeting materials	<input type="checkbox"/> Bylaws/governing documents	<input type="checkbox"/> List of signatures of those receiving the document
<input type="checkbox"/> Local government’s policies and practices	<input type="checkbox"/> Copies of acknowledgements	<input type="checkbox"/> Other	

**Comments:**

**Standard 5.5** The department's tripartite board/advisory body meets in accordance with the frequency and quorum requirements and fills board vacancies as set out in its governing documents.

**Guidance:**

- There are no requirements on the meeting frequency or quorum; only that the department abide by its governing documents.

**State Assessment of Organization:**

- Met-The CEE has met the requirements of the Standard as written.
- Not Met – The CEE has not met the requirements.

**Documents Used:**

Board/advisory body minutes	Board roster	Bylaws	Other
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**Comments:**

**Standard 5.6** Each tripartite board/advisory body member has signed a conflict of interest policy, or comparable local government document, within the past 2 years.

- The signed conflict of interest policies are collected, reviewed, and stored by the Organization.
- 2 CFR Part 200 (Super Circular) is in effect for any grant periods after December 26, 2014 and has additional information on conflict of interest policies and specific disclosures.

**State Assessment of Organization:**

- Met-The CEE has met the requirements of the Standard as written.
- Not Met – The CEE has not met the requirements.

**Documents Used:**

<input type="checkbox"/> Board/advisory body minutes	<input type="checkbox"/> Conflict of interest policy/procedures	<input type="checkbox"/> Signed policies/signature list	<input type="checkbox"/> Attendance list/sign in list for training
<input type="checkbox"/> Other			

**Comments:**

**Standard 5.7** The department has a process to provide a structured orientation for tripartite board/advisory body members within 6 months of being seated.

- Training may be delivered at board meetings, special sessions, in person, through electronic media, or through other modalities as determined by the board.
- The department must have documentation of its process (including content), as well as documentation that each board member has been provided with the opportunity for orientation.

**State Assessment of Organization:**

- Met-The CEE has met the requirements of the Standard as written.  
 Not Met – The CEE has not met the requirements.

**Documents Used:**

<input type="checkbox"/> Board/advisory body policy/procedures	<input type="checkbox"/> Board orientation materials	<input type="checkbox"/> Board/advisory body member/signature	<input type="checkbox"/> Other
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**Comments:**

**Standard 5.8** Tripartite board/advisory body members have been provided with training on their duties and responsibilities within the past 2 years.

- Training may be delivered at board meetings, special sessions, conferences, through electronic media, or other modalities as determined by the board.
- The department needs to have documentation that the training occurred (including content) as well as documentation that each board member has been provided with training opportunities.

**State Assessment of Organization:**

- Met-The CEE has met the requirements of the Standard as written.  
 Not Met – The CEE has not met the requirements.

**Documents Used:**

<input type="checkbox"/> Training agendas	<input type="checkbox"/> Attendee list	<input type="checkbox"/> Board minutes	<input type="checkbox"/> Other
Documentation of board attendance at out of office training conferences/events/webinars			

**Comments:**

**Standard 5.9** The department's tripartite board/advisory body receives programmatic reports at each regular board/advisory meeting.

- This standard does not require a report on each program at every board meeting; however it does call for some level of programmatic reporting at every board meeting. The department determines their own process to report programs to the board. For example, some departments may cycle through their programs semi-annually, others may do so on a quarterly basis, and yet others may do a brief summary at every board meeting.
- Board minutes should reflect that programmatic reports have been received documentation.
- Programmatic reporting may be in writing (reports, dashboards) and/or verbal.

**State Assessment of Organization:**

- Met-The CEE has met the requirements of the Standard as written.
- Not Met – The CEE has not met the requirements.

**Documents Used:**

<input type="checkbox"/> Board/advisory body minutes	<input type="checkbox"/> Board materials/packet	<input type="checkbox"/> Programmatic reports	<input type="checkbox"/> Other
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**Comments:**

## SECTION 2 – ORGANIZATIONAL LEADERSHIP

### 2.1 ORGANIZATIONAL STANDARDS SECTION 4 ORGANIZATIONAL LEADERSHIP

**Standard 4.1** The tripartite board/advisory body has reviewed the department’s mission statement within the past 5 years and assured that:

1. The mission addresses poverty; and
2. The CSBG programs and services are in alignment with the mission.

- “Addresses poverty” does not require using the specific word poverty in the department’s mission.
- Language such as but not limited to: low-income, self-sufficiency, economic security, etc. is acceptable.
- It is the board that determines if the programs and services are in alignment with the mission. This review and formal determination would be recorded in the board minutes.

**State Assessment of Organization:**

- Met-The CEE has met the requirements of the Standard as written.  
 Not Met – The CEE has not met the requirements.

**Documents Used:**

<input type="checkbox"/> Board/advisory body minutes	<input type="checkbox"/> Strategic plan	<input type="checkbox"/> Mission statement	<input type="checkbox"/> Other
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**Comments:**

**Standard 4.2** The department’s Community Action plan is outcome-based, anti-poverty focused, and ties directly to the community assessment.

- The Plan needs to be focused on outcomes, i.e., changes in status (such as hunger alleviation vs. food baskets).
- The Community Action plan is sometimes referred to as the CSBG Work plan.

**State Assessment of Organization:**

- Met-The CEE has met the requirements of the Standard as written.  
 Not Met – The CEE has not met the requirements. \*

*\*if this standard is not met the Corrective action is either a T/TAP or a QIP. See Monitoring Policies.*

**Documents Used:**

<input type="checkbox"/> CAP Plan	<input type="checkbox"/> Logic model	<input type="checkbox"/> Community assessment	<input type="checkbox"/> Other
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**Comments:**

**Standard 4.3** The department’s Community Action plan and strategic plan document the continuous use of the full Result Oriented Management and Accountability (ROMA) cycle or comparable system (assessment, planning, implementation, achievement of results, and evaluation). In addition, the department documents having used the services of a ROMA-certified trainer (or equivalent) to assist in implementation.

- While a ROMA trainer (or equivalent) must be involved, it is up to the department to determine the manner in which this individual is utilized. Examples include: involving the trainer in strategic planning meetings, consultation on implementation, etc.
- This includes involving a ROMA trainer (or equivalent) in the course of ROMA-cycle activities such as the community assessment, strategic planning, data and analysis, and does not need to be a separate activity.

**State Assessment of Organization:**

- Met-The CEE has met the requirements of the Standard as written.  
 Not Met – The CEE has not met the requirements. \*

*\*if this standard is not met the Corrective action is either a T/TAP or a QIP. See Monitoring Policies.*

**Documents Used:**

<input type="checkbox"/> Certified ROMA trainer in the department	<input type="checkbox"/> Agreement with certified trainer not within the department	<input type="checkbox"/> Strategic plan (including appendices)	<input type="checkbox"/> Community action plan (including appendices)
<input type="checkbox"/> Meeting summaries of ROMA trainer participation	<input type="checkbox"/> Other		

**Comments:**

**Standard 4.4** The tripartite board/advisory body receives an annual update on the success of specific strategies included in the community action plan.

- The CSBG Act requires that boards be involved with assessment, planning, implementation, and evaluation of the programs: this standard supports meeting that requirement.
- This standard is met by an update being provided at a regular tripartite board/advisory body meeting, and documented in the minutes.
- The update provided to the tripartite board/advisory board may be written or verbal.
- The update provided to the tripartite board/advisory board should include specific strategies outlined in the Community Action plan and any progress made over the course of the last year, or by another period of time as determined by the board that is less than one year.

**State Assessment of Organization:**

- Met-The CEE has met the requirements of the Standard as written.  
 Not Met – The CEE has not met the requirements.

**Documents Used:**

<input type="checkbox"/> Community Action plan update/report	<input type="checkbox"/> Board minutes	<input type="checkbox"/> Board pre-meeting materials/packet	<input type="checkbox"/> Other
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**Comments:**



<b>Standard 4.5</b> The department adheres to its local government’s policies and procedures around interim appointments and processes for filling a permanent vacancy.			
<ul style="list-style-type: none"> <li>This will vary by local government; department provides documentation of the local procedures and is able to show compliance.</li> </ul>			
<b>State Assessment of Organization:</b>			
<input type="checkbox"/> Met-The CEE has met the requirements of the Standard as written. <input type="checkbox"/> Not Met – The CEE has not met the requirements.			
<b>Documents Used:</b>			
<input type="checkbox"/> Board/advisory body minutes	<input type="checkbox"/> Succession plan/policy	<input type="checkbox"/> Short term succession plan	<input type="checkbox"/> Other
<b>Comments:</b>			
<b>Standard 4.6</b> The department complies with its local government’s risk assessment policies and procedures.			
<ul style="list-style-type: none"> <li>This will vary by local government; department provides documentation of the local procedures and is able to show compliance.</li> <li>The department may be part of a broader municipality-based/county-based risk assessment, this would be considered meeting the standard.</li> </ul>			
<b>State Assessment of Organization:</b>			
<input type="checkbox"/> Met-The CEE has met the requirements of the Standard as written. <input type="checkbox"/> Not Met – The CEE has not met the requirements.			
<b>Documents Used:</b>			
<input type="checkbox"/> Board/advisory body minutes	<input type="checkbox"/> Completed risk assessment	<input type="checkbox"/> Risk assessment policy/procedures	<input type="checkbox"/> Other
<b>Comments:</b>			

## SECTION 3 STRATEGIC PLANNING

### 3.1 ORGANIZATIONAL STANDARDS SECTION 6 STRATEGIC PLAN

**Standard 6.1** The department has a strategic plan, or comparable planning document, in place that has been reviewed and accepted by the tripartite board/advisory body within the past 5 years. If the department does not have a plan, the tripartite board/advisory body will develop the plan.

- This is intended to be an department-wide document, not a list of individual program goals
- This would be met through the Board voting on a motion to accept the strategic plan at a regular board meeting and documenting this in the minutes.

**State Assessment of Organization:**

- Met-The CEE has met the requirements of the Standard as written.  
 Not Met – The CEE has not met the requirements.

**Documents Used:**

<input type="checkbox"/> Strategic plan /comparable planning document	<input type="checkbox"/> Board/advisory body minutes	<input type="checkbox"/> Other	
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**Comments:**

**Standard 6.2** The approved strategic plan, or comparable planning document, addresses reduction of poverty, revitalization of low-income communities, and/or empowerment of people with low incomes to become more self-sufficient.

- These are the purposes of CSBG as laid out in the Act.
- These specific terms are not required, but the Plan needs to include one or more of the themes noted in the standard.

**State Assessment of Organization:**

- Met-The CEE has met the requirements of the Standard as written.  
 Not Met – The CEE has not met the requirements.

**Documents Used:**

<input type="checkbox"/> Strategic plan	<input type="checkbox"/> Other		
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**Comments:**

**Standard 6.3** The approved strategic plan, or comparable planning document, contains family, agency, and/or community goals.

- These goals are set out as part of ROMA, referenced in IM 49, and provide the framework for the National Performance Indicators.
- These specific terms are not required, but the Plan must address one or more of these dimensions.
- There is no requirement to address all three: Family, Agency, and Community.

**State Assessment of Organization:**

- Met-The CEE has met the requirements of the Standard as written.  
 Not Met – The CEE has not met the requirements.

**Documents Used:**

<input type="checkbox"/> Strategic plan	<input type="checkbox"/> Other		
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**Comments:**

**Standard 6.4** Customer satisfaction data and customer input, collected as part of the community assessment, is included in the strategic planning process, or comparable planning process.

- This standard links the community assessment with strategic planning.
- There is no requirement to do additional data collection.
- Please see guidance and glossary under Customer Engagement for more information on customer satisfaction and customer input.
- The standard may be documented by references to the analysis of customer satisfaction data and input within the plan, or by including the analysis of customer satisfaction data in the plan or its appendices, with a brief explanation of how it was used.

**State Assessment of Organization:**

- Met-The CEE has met the requirements of the Standard as written.  
 Not Met – The CEE has not met the requirements.

**Documents Used:**

<input type="checkbox"/> Strategic plan including appendices	<input type="checkbox"/> Notes from strategic planning process	<input type="checkbox"/> Customer input data/reports	<input type="checkbox"/> Customer satisfaction data/reports
<input type="checkbox"/> Public Comment/Hearing Summaries			

**Comments:**

**Standard 6.5** The tripartite board/advisory body has received an update(s) on progress meeting the goals of the strategic plan/comparable planning document within the past 12 months.

- The CSBG Act requires that Boards be involved with assessment, planning, implementation and evaluation of programs; this standard supports meeting that requirement.
- The standard would be met by an update provided at a regular Board meeting, or a planning session, and documented in the minutes.
- The update provided to the tripartite board/advisory board may be written or verbal.
- The update provided to the tripartite board/advisory board should include goals outlined in the strategic plan and any progress made over the course of the last year, or by another period of time as determined by the board that is less than one year.

**State Assessment of Organization:**

- Met-The CEE has met the requirements of the Standard as written.  
 Not Met – The CEE has not met the requirements.

**Documents Used:**

<input type="checkbox"/> Strategic plan update/report	<input type="checkbox"/> Board/advisory body minutes	<input type="checkbox"/> Board materials/packet	<input type="checkbox"/> Other
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**Comments:**

## SECTION 4 – PROGRAM PERFORMANCE AND ANALYSIS

### 4.1- PROGRAM PERFORMANCE REVIEW

**As part of the exit interview, and based on information obtained during the monitoring visit, discuss the following with the agency’s Executive Director or other responsible staff:**

PROGRAM OBJECTIVES	Yes	No	Comments
Is the agency on track to meet the goals and objectives stated in the application and Scope of Work by the end of the contract period?			
Is the agency fulfilling its responsibility to establish and maintain an effective internal control system to ensure that: Appropriate goals and outcome measures are met; Resources are safeguarded; Rules and regulations are followed; and			
Is the agency fulfilling its responsibility to use resources efficiently, economically, and effectively to achieve the purposes for which the CSBG funding was provided?			
Is the number of unduplicated persons served, as shown on the semiannual and annual reports, reconciled?			
Has the agency received any grievances regarding CSBG related programs?			
Has the agency received any grievances regarding any of its program / service delivery?			
In the last/current FY year did the organization have any Federal or State funding terminated or reduced?			
Are all client service locations and meetings accessible to persons with disabilities?			<i>(notice during the walk through)</i>
Does the agency have in place an effective system for tracking and reporting the number of clients transferring out of poverty as a result of the services provided by the agency?			

GENERAL OPERATIONAL ISSUES	Comments
How does the agency address language barriers with the clientele in their service area?	

ROMA REPORTING	Yes	No	Comments
Has the agency developed a system, or does the agency use the existing ROMA system, to provide a description of outcome measures to be used to measure performance in promoting self-sufficiency, family stability, and community revitalization? <i>Reference: CSBG Contract, Attachment B, Item.19.</i>			

## 4.2- REPORTING REQUIREMENTS

**Meet with the Financial Manager to determine the following questions. Each question must be verified with documentation.**

	Yes	No	Comments
As of the date of this monitoring, how far into the current contracting period is the agency?			
Is the agency on track to draw down the remaining balance of the award within this contract period?			
<u>Percentage</u> wise, how much has the agency drawn down during this contracting period?			
Is the agency comparing budgeted vs. Actual expenditures? How Frequently? (monthly is the Standard)			

## 4.3 ORGANIZATION STANDARDS SECTION 9 DATA AND ANALYSIS

<b>Standard 9.1</b> The department has a system or systems in place to track and report client demographics and services customers receive.		
<ul style="list-style-type: none"> <li>Some funders require their own systems be used; the department may or may not have a department-wide system in place. As long as all services and demographics are tracked, this standard would be met.</li> <li>The CSBG Information Survey data report already requires the reporting of client demographics. This standard does not require additional demographic data collection/reporting.</li> </ul>		
<b>State Assessment of Organization:</b>		
<input type="checkbox"/> Met-The CEE has met the requirements of the Standard as written. <input type="checkbox"/> Not Met – The CEE has not met the requirements.		
<b>Documents Used:</b>		
<input type="checkbox"/> CSBG Information Survey data report	<input type="checkbox"/> Data system documentation and/or direct observation	
<input type="checkbox"/> Reports as used by staff, leadership, board or cognizant funder	<input type="checkbox"/> Other	
<b>Comments:</b>		

**Standard 9.2** The department has a system or systems in place to track family, agency, and/or community outcomes.

- Some funders require their own systems be used; the department may or may not have a department-wide system in place. As long as all outcomes are tracked, the standard would be met.
- This may or may not be the same system(s) as referenced in standard 9.1.

**State Assessment of Organization:**

- Met-The CEE has met the requirements of the Standard as written.
- Not Met – The CEE has not met the requirements.

**Documents Used:**

<input type="checkbox"/> Data system documentation and/or direct observation	<input type="checkbox"/> Reports as used by staff, leadership, board or cognizant funder
<input type="checkbox"/> Other	

**Comments:**

**Standard 9.3** The department has presented to the tripartite board/advisory body for review or action, at least within the past 12 months, an analysis of the agency’s outcomes and any operational or strategic program adjustments and improvements identified as necessary.

- This standard could be met through board or staff discussions, as long as the analysis and discussion are documented.
- It is important to note that a department is likely to have multiple programs with varying program years. This standard addresses an annual review of department outcomes. Departments are likely to make operational and strategic program adjustments throughout the year, making a single point in time analysis less effective than ongoing performance management.
- The department can meet this standard by having an annual board discussion of agency outcomes, multiple conversations over the course of the year or other process the department deems appropriate as long as these discussions are reflected in the minutes, with any operational or program adjustments or improvements being noted.
- The department is not required to make adjustments in order to meet the standard, only to have conducted an analysis.

**State Assessment of Organization:**

- Met-The CEE has met the requirements of the Standard as written.
- Not Met – The CEE has not met the requirements.

**Documents Used:**

<input type="checkbox"/> Strategic plan update/report	<input type="checkbox"/> Other outcome report	<input type="checkbox"/> Notes from staff analysis	<input type="checkbox"/> Board/advisory body minutes
<input type="checkbox"/> Board/advisory body pre-meeting materials/packet			

**Comments:**

**Standard 9.4** The department submits its annual CSBG Information Survey data report and it reflects client demographics and CSBG-funded outcomes.

- See State CSBG Lead Agency for specifics on submission process.
- The CSBG Information Survey data report already requires the reporting of client demographics and organization-wide outcomes. This standard does not require additional data collection or reporting.

**State Assessment of Organization:**

- Met-The CEE has met the requirements of the Standard as written.
- Not Met – The CEE has not met the requirements.

**Documents Used:**

<input type="checkbox"/> CSBG Information Survey data report	<input type="checkbox"/> Email or upload documentation reflecting submission	<input type="checkbox"/> Other	
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**Comments:**



**Category B- (who should be involved) Program Manager / Director (optional)**

**SECTION 5 ORGANIZATION’S EXTERNAL ENGAGEMENT**

**5.1 ORGANIZATIONAL PARTNERSHIPS**

	<b>Comments</b>
How is the agency partnering with other agencies in the community to strengthen services and provide a community-wide approach to address the needs of those seeking services?	
What are your strongest partnerships and what do they achieve?	
How have these partnerships reduced poverty? Please provide an example	

**5.2 ORGANIZATIONAL STANDARDS SECTION 1 CONSUMER INPUT**

<b>Standard 1.1</b> The department demonstrates low-income participation in its activities.			
<ul style="list-style-type: none"> <li>The intent of this standard is to go beyond board membership; however, board participation may be counted toward meeting this standard if no other involvement is provided. The tripartite board is only one of many mechanisms through which CEEs engage people with low-incomes.</li> <li>Participation can include activities such as Head Start Policy Council, tenant or neighborhood councils, and volunteering, etc.</li> <li>Though not mandatory, many CEEs meet this standard by including advisory bodies to the board.</li> </ul>			
<b>State Assessment of Organization:</b>			
<input type="checkbox"/> Met-The CEE has met the requirements of the Standard as written. <input type="checkbox"/> Not Met – The CEE has not met the requirements* <i>*if this standard is not met the Corrective action is either a T/TAP or a QIP. See Monitoring Policies.</i>			
<b>Documents Used:</b>			
<input type="checkbox"/> Advisory group documents	<input type="checkbox"/> Advisory group minutes	<input type="checkbox"/> Activity participation lists	<input type="checkbox"/> Board/advisory body minutes
<input type="checkbox"/> Board/advisory body pre-meeting materials/packet		<input type="checkbox"/> Volunteer lists and documents	<input type="checkbox"/> Other
<b>Comments:</b>			

<b>Standard 1.2</b> The department analyzes information collected directly from low-income individuals as part of the community assessment.			
<ul style="list-style-type: none"> <li>• This standard reflects the need for CEEs to talk directly with low-income individuals regarding the needs in the community.</li> <li>• Analyzing the information can be met through review of the collected data by staff and/or board, including a review of collected data in the written community assessment, with notations of this review in the assessment’s appendix, committee minutes, etc.</li> </ul>			
<b>State Assessment of Organization:</b>			
<input type="checkbox"/> Met-The CEE has met the requirements of the Standard as written. <input type="checkbox"/> Not Met – The CEE has not met the requirements.			
<b>Documents Used:</b>			
<input type="checkbox"/> Community assessment (including appendices)	<input type="checkbox"/> Community forum summaries	<input type="checkbox"/> Other	
<input type="checkbox"/> Backup documentation/data summaries	<input type="checkbox"/> Interview transcripts		
<b>Comments:</b>			
<b>Standard 1.3</b> The department has a systematic approach for collecting, analyzing, and reporting customer satisfaction data to the tripartite board/advisory body, which may be met through broader local government processes.			
<ul style="list-style-type: none"> <li>• This standard does not imply that a specific satisfaction level needs to be achieved.</li> <li>• Documentation is needed to demonstrate all three components in order to meet the standard: 1) collection, 2) analysis, and 3) reporting of data.</li> <li>• A systematic approach may include, but not be limited to, surveys or other tools being distributed to customers annually, quarterly, or at the point of service (or on a schedule that works for the individuation CEE). Such collection may occur by program or agency-wide at a point in time</li> </ul>			
<b>State Assessment of Organization:</b>			
<input type="checkbox"/> Met-The CEE has met the requirements of the Standard as written. <input type="checkbox"/> Not Met – The CEE has not met the requirements.			
<b>Documents Used:</b>			
<input type="checkbox"/> Department policies and procedures	<input type="checkbox"/> Customer satisfaction data	<input type="checkbox"/> Tripartite board/advisory body minutes	<input type="checkbox"/> Public hearing/public comment process or findings
<input type="checkbox"/> Customer satisfaction reports to department leadership, board and/or broader community	<input type="checkbox"/> Other		
<b>Comments:</b>			

**5.3 ORGANIZATION STANDARDS SECTION 2 COMMUNITY ENGAGEMENT**

**Standard 2.1** The department has documented or demonstrated partnerships across the community, for specifically identified purposes; partnerships include other anti-poverty organizations in the area.

- Specifically identified purposes may include but are not limited to: shared projects; community collaborations/coalitions with an identified topic e.g. domestic violence, homelessness, teen pregnancy prevention, transportation task forces, community economic development projects, etc.; contractually coordinated services; etc.
- Partnerships are considered to be mutually beneficial arrangements wherein each entity contributes and/or receives: time, effort, expertise and/or resources.
- The IS Report already asks for a list of partners. The intent of this standard is not to have another list, but to have documentation that shows what these partnerships entail and/or achieve.
- These could be documented through MOUs, contracts, agreements, documented outcomes, coalition membership, etc.

**State Assessment of Organization:**

- Met-The CEE has met the requirements of the Standard as written.
- Not Met – The CEE has not met the requirements. \*

*\*if this standard is not met the Corrective action is either a T/TAP or a QIP. See Monitoring Policies.*

**Documents Used:**

<input type="checkbox"/> Partnership documentation: agreements, emails, MOU/MOAs	<input type="checkbox"/> Coalition membership lists	
<input type="checkbox"/> Strategic plan update/report if it demonstrates partnerships	<input type="checkbox"/> Other	

**Comments:**

**Standard 2.2** The department utilizes information gathered from key sectors of the community in assessing needs and resources, during the community assessment process or other times. These sectors would include at minimum: community-based organizations, faith-based organizations, private sector, public sector, and educational institutions

- Documentation is needed to demonstrate that all five sectors have been engaged: community-based organizations, faith-based organizations, private sector, public sector, and educational institutions. There is no requirement for how many individual organizations the CEE must contact, or what data is collected.
- If one or more of these sectors are not present in the community or refuses to participate, then the CEE needs to demonstrate the gap or a good faith effort to engage the sector(s).
- Demonstrating that the department has “gathered” and “used” the information may be met in a variety of ways including, but not limited to: summarizing the data in the Community assessment or its appendices; documentation of phone calls, surveys interviews, focus groups in CEE files (hard copy or electronic); documentation in planning team minutes; summary reports on the data shared at board meetings or board committees; etc.

**State Assessment of Organization:**

- Met-The CEE has met the requirements of the Standard as written.  
 Not Met – The CEE has not met the requirements.

**Documents Used:**

<input type="checkbox"/> Community assessment (including appendices)	<input type="checkbox"/> Board/committee or staff meeting minutes	
<input type="checkbox"/> Backup documentation of involvement: surveys, interview documentation, community meeting minutes, etc	<input type="checkbox"/> Other	

**Comments:**

**Standard 2.3** The department communicates its activities and its results to the community.

- This may be met through a CEEs annual report, Social Media activity, traditional news media, community outreach activities, etc.
- Community would be defined by the CEE but needs to include those outside of the staff and board of the CEE.

**State Assessment of Organization:**

- Met-The CEE has met the requirements of the Standard as written.  
 Not Met – The CEE has not met the requirements.

**Documents Used:**

<input type="checkbox"/> Annual report	<input type="checkbox"/> Media files of stories published	<input type="checkbox"/> News release copies	<input type="checkbox"/> Community event information
<input type="checkbox"/> Website, Facebook Page, Twitter account, etc. (regularly updated)	<input type="checkbox"/> Other	<input type="checkbox"/> Communication plan	<input type="checkbox"/> Public hearing
<input type="checkbox"/> Reports to municipal governing body			

**Comments:**

<b>Standard 2.4</b> The department documents the number of volunteers and hours mobilized in support of its activities			
<ul style="list-style-type: none"> <li>• There is no requirement to utilize volunteers, only to document their number and hours, if utilized.</li> <li>• This information should already be collected as part of current National Performance Indicators.</li> </ul>			
<b>State Assessment of Organization:</b>			
<input type="checkbox"/> Met-The CEE has met the requirements of the Standard as written. <input type="checkbox"/> Not Met – The CEE has not met the requirements.			
<b>Documents Used:</b>			
<input type="checkbox"/> Board/advisory body minutes	<input type="checkbox"/> Documentation of tracking system(s)	<input type="checkbox"/> Other	
<input type="checkbox"/> Data on number of volunteers and hours provided			
<b>Comments:</b>			

**5.4 ORGANIZATION STANDARDS SECTION 3 COMMUNITY ASSESSMENT**

<b>Standard 3.1</b> The department conducted or was engaged in a community assessment and issued a report within the past 3 years, if no other report exists.			
<ul style="list-style-type: none"> <li>• The report may be electronic or print, and may be circulated as the CEE deems appropriate. This can include: websites, mail/email distribution, social media, press conference, etc.</li> <li>• It may be helpful for CEEs to document the report release date such as April 2014 or December 2015.</li> </ul>			
<b>State Assessment of Organization:</b>			
<input type="checkbox"/> Met-The CEE has met the requirements of the Standard as written. <input type="checkbox"/> Not Met – The CEE has not met the requirements. *			
<i>*if this standard is not met the Corrective action is either a T/TAP or a QIP. See Monitoring Policies.</i>			
<b>Documents Used:</b>			
<input type="checkbox"/> Dated community assessment report	<input type="checkbox"/> Board/advisory body minutes	<input type="checkbox"/> Other	
<b>Comments:</b>			

**Standard 3.2** As part of the community assessment, the department collects and includes current data specific to poverty and its prevalence related to gender, age, and race/ethnicity for their service area(s).

- Documentation is needed to demonstrate all four categories in order to meet the standard: gender, age, race, and ethnicity.
- Data on poverty is available from the U.S Census Bureau.

**State Assessment of Organization:**

- Met-The CEE has met the requirements of the Standard as written.  
 Not Met – The CEE has not met the requirements.

**Documents Used:**

<input type="checkbox"/> Community assessment document (including appendices)	<input type="checkbox"/> Broader municipality-wide assessment	<input type="checkbox"/> Other data collection process on poverty	<input type="checkbox"/> Other
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**Comments:**

**Standard 3.3** The department collects and analyzes both qualitative and quantitative data on its geographic service area(s) in the community assessment.

- Documentation is needed to demonstrate that both types of data are collected in order to meet the standard:
- Qualitative: this is opinions, observations, and other descriptive information obtained from the community through surveys, focus groups, interviews, community forums, etc.
- Quantitative: this is numeric information, e.g. Census data, program counts, demographic information, and other statistical sources.
- Documentation on data analysis is also required in order to meet the standard.

**State Assessment of Organization:**

- Met-The CEE has met the requirements of the Standard as written.  
 Not Met – The CEE has not met the requirements.

**Documents Used:**

<input type="checkbox"/> Community assessment (including appendices)	<input type="checkbox"/> Committee/team minutes reflecting analysis	<input type="checkbox"/> Broader municipality-wide assessment	<input type="checkbox"/> Other data collection process on poverty
<input type="checkbox"/> Backup documentation	<input type="checkbox"/> Other		

**Comments:**

**Standard 3.4** The community assessment includes key findings on the causes and conditions of poverty and the needs of the communities assessed.

- The department may choose to include a key findings section in the assessment report and/or executive summary
- The conditions of poverty may include items such as: numbers of homeless, free and reduced school lunch statistics, SNAP participation rates, etc.
- Causes of poverty may include items such as: lack of living wage jobs, lack of affordable housing, low education attainment rates, etc.

**State Assessment of Organization:**

- Met-The CEE has met the requirements of the Standard as written.  
 Not Met – The CEE has not met the requirements.

**Documents Used:**

<input type="checkbox"/> Back up documentation	<input type="checkbox"/> Broader community-wide assessment	<input type="checkbox"/> Committee/team meeting minutes reflecting analysis	<input type="checkbox"/> Other
<input type="checkbox"/> Community assessment document (including appendices)			

**Comments:**

**Standard 3.5** The tripartite board/advisory body formally accepts the completed community assessment.

- This would be met through the Board voting on a motion to accept the assessment at a regular board meeting and documenting this in the minutes.

**State Assessment of Organization:**

- Met-The CEE has met the requirements of the Standard as written.  
 Not Met – The CEE has not met the requirements.

**Documents Used:**

<input type="checkbox"/> Community assessment document	<input type="checkbox"/> Board/advisory body minutes	<input type="checkbox"/> Board pre-meeting materials/packet	<input type="checkbox"/> Other
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**Comments:**

**Category C- (who should be involved) Program Manager / HR Manager / Other employees**

**SECTION 6 HUMAN RESOURCES**

**6.1- PERSONNEL**

**Based on previous knowledge of the agency’s operations and the updated information gathered during the current review, assess the agency staff assigned to CSBG program:**

	<b>Yes</b>	<b>No</b>	<b>Comments</b>
How often does the agency conduct performance reviews of its staff? When were the last reviews?			
How often is the executive team’s performance reviewed? Who conducts these reviews? When were the last reviews?			
Is your agency’s staff aware of the strategic plan and how their jobs contribute to fulfilling the plan?			
Is any staff other than the Executive Director involved in the community partnerships and collaborations? Who?			
Does your organization / Agency have and maintain the following personnel policies			
Classification and pay plan			
Employee selection and appointment			
Conditions of employment and employee performance			
Employee benefits			
Employee-management relations including procedures for filing and handling grievances, complaints and rights of appeal			
Personnel records and payroll procedures			
Job description for all positions			
Drug Free Work Place Policy			
Affirmative Action policy and plan / nondiscrimination policy			
Conflict of Interest Policy			
Equal Opportunity			
Prohibit Political Activity or Lobbying			
Whistle Blower			



## 6.2- ONE ON ONE WITH OTHER EMPLOYEES

**Speak to individual(s) or group of employees who are funded using CSBG dollars**

	Yes	No	Comments
Do you feel the programs are run efficiently?			
Does this organization foster kindness, fairness, and respect?			
What function and duties in the organization could be described as waste, or unnecessary?			
What does the organization do well?			
What, in the organization, would you change if you could?			
If you could tell your director anything, what would it be?			
What is your organizations mission			
Given your job description do you perform the functions listed in your job description?			
What types of supervision do you receive?			
How often do supervision sessions occur?			

## 6.3 ORGANIZATION STANDARDS SECTION 7 HUMAN RESOURCE MANAGEMENT

<b>Standard 7.2</b> The department follows local governmental policies in making available the employee handbook (or personnel policies in cases without a handbook) to all staff and in notifying staff of any changes.			
<ul style="list-style-type: none"> <li>Each local government will have its own process; department provides documentation of the local policies and is able to show compliance.</li> <li>The Handbook may be made available in electronic (such as an agency intranet, a location on a shared server, or distributed via email) or print formats.</li> </ul>			
<b>State Assessment of Organization:</b>			
<input type="checkbox"/> Met-The CEE has met the requirements of the Standard as written. <input type="checkbox"/> Not Met – The CEE has not met the requirements.			
<b>Documents Used:</b>			
<input type="checkbox"/> Accessible employee handbook/personnel policies	<input type="checkbox"/> Documentation and location and availability of handbook/policies	<input type="checkbox"/> Process for notifying staff of changes	<input type="checkbox"/> Other
<b>Comments:</b>			

**Standard 7.3** The department has written job descriptions for all positions. Updates may be outside of the purview of the department.

- Each local government will have its own process; see local documentation.
- This references job descriptions for each type of position, not each staff person.

**State Assessment of Organization:**

- Met-The CEE has met the requirements of the Standard as written.  
 Not Met – The CEE has not met the requirements.

**Documents Used:**

<input type="checkbox"/> Organizational chart/staff list	<input type="checkbox"/> Job descriptions with dates noted	<input type="checkbox"/> N/A	<input type="checkbox"/> Other
<input type="checkbox"/> Local government policies/procedures regarding job descriptions			

**Comments:**

**Standard 7.4** The department follows local government procedures for performance appraisal of the department head.

- Each local government will have its own process; department provides documentation of the local procedures and is able to show compliance.

**State Assessment of Organization:**

- Met-The CEE has met the requirements of the Standard as written.  
 Not Met – The CEE has not met the requirements.

**Documents Used:**

<input type="checkbox"/> Department performance appraisal procedures	<input type="checkbox"/> Other	
<input type="checkbox"/> Documentation that performance appraisal has taken place in line with the procedure		

**Comments:**

**Standard 7.5** The compensation of the department head is made available according to local government procedure.

- Each local government will have its own process; department provides documentation of the local procedures and is able to show compliance.

**State Assessment of Organization:**

- Met-The CEE has met the requirements of the Standard as written.  
 Not Met – The CEE has not met the requirements.

**Documents Used:**

<input type="checkbox"/> Online link to publically available information	<input type="checkbox"/> Policy regarding compensation disclosure/transparency	<input type="checkbox"/> N/A-must document that disclosure is not allowed	<input type="checkbox"/> Other
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**Comments:**

**Standard 7.6** The department follows local governmental policies for regular written evaluation of employees by their supervisors.

- Each local government will have its own process; department provides documentation of the local policies and is able to show compliance.
- The standard calls for a policy being in place.
- It is recognized that it is best practice to have annual reviews for every employee, but the standard is not intended to imply that 100% of employees must have an annual review. This caveat is noted given normal business conditions that may impact individual employees at any given time, e.g. timing of resignation/dismissal, FMLA leave, seasonal, etc.

**State Assessment of Organization:**

- Met-The CEE has met the requirements of the Standard as written.  
 Not Met – The CEE has not met the requirements.

**Documents Used:**

<input type="checkbox"/> Evaluation policy	<input type="checkbox"/> Documentation of fulfilling governmental policies	<input type="checkbox"/> Other
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**Comments:**

**Standard 7.7** The department provides a copy of any existing local government whistleblower policy to members of the tripartite board/advisory body at the time of orientation.

- Each local government will have its own process; see local documentation.
- Many incorporate their whistleblower policy into their Personnel Policies or Employee Handbook. If incorporated in a larger document, there is no requirement that the whistleblower policy be pulled out separately.
- Some local governments include whistleblower policy within other ethics laws/policies
- This would be met through documentation of orientation.

**State Assessment of Organization:**

- Met-The CEE has met the requirements of the Standard as written.  
 Not Met – The CEE has not met the requirements.

**Documents Used:**

<input type="checkbox"/> Whistleblower policy	<input type="checkbox"/> Board/advisory body minutes	<input type="checkbox"/> Board materials/packet	<input type="checkbox"/> Other
<input type="checkbox"/> N/A (with documentation that such a policy does not exist)			

**Comments:**

**Standard 7.8** The department follows local governmental policies for new employee orientation.

- Each local government will have its own process; department provides documentation of the local procedures and is able to show compliance.
- There are not curricula requirements for the orientation; it is up to the organization to determine the content. Some examples of content include time and effort reporting, ROMA, data collection, mission, history of Community Action, etc.
- If no policy exists, department should still do an orientation for new employees.
- This may be met through individual or group orientations, and documented in personnel files.

**State Assessment of Organization:**

- Met-The CEE has met the requirements of the Standard as written.  
 Not Met – The CEE has not met the requirements.

**Documents Used:**

<input type="checkbox"/> Policies for new employee orientation	<input type="checkbox"/> Orientation materials	<input type="checkbox"/> Other	
<input type="checkbox"/> Sampling of HR/personnel files for documentation of attendance			

**Comments:**

**Standard 7.9** The department conducts or makes available staff development/training (including ROMA) on an ongoing basis.

- There are no specific requirements for training topics, with the exception of ROMA (or comparable system if one is used and approved by the State).
- This standard may be met through in-house, community-based, conference, online and other training modalities. Agencies may conduct their own training in-house, or may make online or outside training available to staff.
- This should be documented in personnel files.

**State Assessment of Organization:**

- Met-The CEE has met the requirements of the Standard as written.  
 Not Met – The CEE has not met the requirements.

**Documents Used:**

<input type="checkbox"/> Training plan(s)	<input type="checkbox"/> Documentation of trainings: presentation, evaluations, attendee lists, sign in sheets	
<input type="checkbox"/> Documentation of attendance at off-site training events/conferences	<input type="checkbox"/> Other	

**Comments:**

## Category D- (Who should be involved) Program Manager and or Case Manager

### SECTION 7 CLIENT FILES

#### 7.1- SUMMARY OF REVIEW OF CLIENT FILES

**Address the following questions after reviewing a sampling of client files:**

	Yes	No	N/A	Comments
Did the review of the client files sampled indicate that all clients provided services were eligible? If not, indicate the number of clients determined ineligible and/or unverifiable in each service category.				
Did the review of the documentation indicate that the services have impacted on client self-sufficiency?				
Is a client file maintained for each person served?				
Does the form used for determining client eligibility identify all eligibility criteria and the documentation used in making the determination?				
For clients receiving direct services, is income documented for all members of the household 18 years and older?				
Is there evidence in the client files reviewed that the agency has procedures in place to verify income amounts and family size as stated in the application?				
Does the agency limit eligibility to clients at or below 125% of the HHS poverty guidelines?				
Are proper procedures in place for case management, and is adequate client information and follow-up documented?				
Does the agency link with other programs in the community when services required are beyond the agency's scope?				
Is there evidence that applicants were apprised of grievance procedures if services were denied?				
Are persons first-time served and service units being counted correctly?				
Is the agency taking appropriate steps to ensure privacy and confidentiality of client information, such as secure files, confidentiality policies, private consultation space, etc.?				
Are client records maintained for at least three years?				

**7.2 REVIEW OF CLIENT FILES**

	Client #							
	Yes	No	Yes	No	Yes	No	Yes	No
<b>Review an adequate number of client file that are randomly picked from a list of client files provided by the agency.</b>								
Client #								
Are the client demographic characteristics adequate (Age / Ethnicity / Gender / Education / Household / Relationship status)?								
Is income documented for all members of the household 18 years and older?								
Are the documents used to verify income appropriate and allowable?								
Is the client above or below the 125% (do the calculations)?								
Does the file contain information regarding types of assistance and dates of services provided?								
Is there a log describing the nature of the services provided, including the date and amount of such services?								
Are copies of the payment method retained in the file for services provided (bill, voucher, copy of check, etc.)?								
Are the services that CSBG was billed for consistent with the program narrative and scope of work?								
Are service follow-ups documented?								
Was the client referred to other agencies for services that the CAA could not meet?								
Are these referrals documented?								
If the client was served for a year or more, did the agency obtain a new application 12 months after the origination of services?								
Are case management activities documented?								
Are there stated goals for sustainability for services offered more than twice?								
Is there evidence that the stated goals are or were achieved?								
Does the client signature section of the intake form include a self-declaration statement that the information provided is true and correct?								

Review an adequate number of client file that are randomly picked from a list of client files provided by the agency.	Client #							
	Yes	No	Yes	No	Yes	No	Yes	No
Client #								
Are the client demographic characteristics adequate (Age / Ethnicity / Gender / Education / Household / Relationship status)?								
Is income documented for all members of the household 18 years and older?								
Are the documents used to verify income appropriate and allowable?								
Is the client above or below the 125% (do the calculations)?								
Does the file contain information regarding types of assistance and dates of services provided?								
Is there a log describing the nature of the services provided, including the date and amount of such services?								
Are copies of the payment method retained in the file for services provided (bill, voucher, copy of check, etc.)?								
Are the services that CSBG was billed for consistent with the program narrative and scope of work?								
Are service follow-ups documented?								
Was the client referred to other agencies for services that the CAA could not meet?								
Are these referrals documented?								
If the client was served for a year or more, did the agency obtain a new application 12 months after the origination of services?								
Are case management activities documented?								
Are there stated goals for sustainability for services offered more than twice?								
Is there evidence that the stated goals are or were achieved?								
Does the client signature section of the intake form include a self-declaration statement that the information provided is true and correct?								



**Category E- (Who should be involved) Financial Manager / Program Manager (optional)**

**SECTION 8 FISCAL**

**8.1 ORGANIZATION STANDARDS SECTION 8 FINANCIAL OPERATIONS AND OVERSIGHT**

**Standard 8.1** The department’s annual audit is completed through the local governmental process in accordance with Title 2 of the Code of Federal Regulations, Uniform Administrative Requirements, Cost Principles, and Audit Requirement (if applicable) and/or State audit threshold requirements. This may be included in the municipal entity’s full audit.

- Each local government will have its own process; department provides documentation of the local procedures and able to show compliance.
- It is important to note that there may be cases where the department’s audit information is subsumed within a broader division of government and may not be specifically mentioned by name in the local government’s audit.

**State Assessment of Organization:**

- Met-The CEE has met the requirements of the Standard as written.  
 Not Met – The CEE has not met the requirements. \*

*\*if this standard is not met the Corrective action is either a T/TAP or a QIP. See Monitoring Policies.*

**Documents Used:**

<input type="checkbox"/> Completed audit	<input type="checkbox"/> Policy regarding compensation disclosure/transparency	<input type="checkbox"/> N/A-must document that disclosure is not allowed	<input type="checkbox"/> Other
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**Comments:**

**Standard 8.2** The department follows local government procedures in addressing any audit findings related to CSBG funding.

- Each local government will have its own process; department provides documentation of the local procedures and able to show compliance.
- Findings are those noted in the Audit itself, not the Management Letter.
- Any findings that are addressed should be reported back to the advisory board.

**State Assessment of Organization:**

- Met-The CEE has met the requirements of the Standard as written.  
 Not Met – The CEE has not met the requirements.

**Documents Used:**

<input type="checkbox"/> Board/advisory body minutes	<input type="checkbox"/> Department's response to the audit	<input type="checkbox"/> Other	
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**Comments:**

**Standard 8.3** The department's tripartite board/advisory body is notified of the availability of the local government audit.

- Each local government will have its own process; see local documentation.
- Department's tripartite/advisory body is notified of the audited financial statements and management letter, if applicable.

**State Assessment of Organization:**

- Met-The CEE has met the requirements of the Standard as written.  
 Not Met – The CEE has not met the requirements.

**Documents Used:**

<input type="checkbox"/> Board/advisory body minutes	<input type="checkbox"/> Board materials/packet	<input type="checkbox"/> Notice of public hearing on the audit	<input type="checkbox"/> Other
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**Comments:**

**Standard 8.4** The department's tripartite board/advisory body is notified of any findings related to CSBG funding.

- Each local government will have its own process; see local documentation.
- Notified could include: meeting, email, newsletter, and bulletin
- If there were no findings related to CSBG, the department will provide documentation stating that no findings related to CSBG exist

**State Assessment of Organization:**

- Met-The CEE has met the requirements of the Standard as written.
- Not Met – The CEE has not met the requirements.

**Documents Used:**

<input type="checkbox"/> Completed audit	<input type="checkbox"/> Board/advisory body minutes	<input type="checkbox"/> Other	
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**Comments:**

**Standard 8.7** The tripartite board/advisory body receives financial reports at each regular meeting, for those program(s) the body advises, as allowed by local government procedure.

- Each local government will have its own process; department provides documentation of the local procedures and able to show compliance.

**State Assessment of Organization:**

- Met-The CEE has met the requirements of the Standard as written.
- Not Met – The CEE has not met the requirements.

**Documents Used:**

<input type="checkbox"/> Board materials/packet	<input type="checkbox"/> Board/advisory body minutes	<input type="checkbox"/> Financial reports provided to the board/advisory body	<input type="checkbox"/> Other
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**Comments:**

**Standard 8.9** The tripartite board/advisory body has input as allowed by local governmental procedure into the CSBG budget process.

- Each local government will have its own process; department provides documentation of the local procedures and able to show compliance.
- If no input is allowed, this could be met through documentation of either a tripartite board/advisory body discussion or departmental procedures noting such.

**State Assessment of Organization:**

- Met-The CEE has met the requirements of the Standard as written.  
 Not Met – The CEE has not met the requirements.

**Documents Used:**

<input type="checkbox"/> Board/advisory body minutes	<input type="checkbox"/> Department budget	<input type="checkbox"/> Policy regarding input into CSBG budget	<input type="checkbox"/> Board materials/packet
<input type="checkbox"/> N/A	<input type="checkbox"/> Other		

**Comments:**

**Standard 8.13** The department follows local governmental policies for document retention and destruction.

- Each local government will have its own process; department provides documentation of the local procedures and able to show compliance.
- This Policy may be a stand-alone policy or may be part of a larger set of department policies.

**State Assessment of Organization:**

- Met-The CEE has met the requirements of the Standard as written.  
 Not Met – The CEE has not met the requirements. \*

*\*if this standard is not met the Corrective action is either a T/TAP or a QIP. See Monitoring Policies.*

**Documents Used:**

<input type="checkbox"/> Document retention and destruction policy	<input type="checkbox"/> CSBG department document retention and destruction procedure	<input type="checkbox"/> Other	
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**Comments:**

## Previous Year Corrective Action Follow up

**This section is for both monitoring corrective action and corrective action from Organizational Standards**

**Previous unresolved corrective action:** CAPL T/TAP QIP Termination

**Date is should be resolved by:**

**What is the current progress for this correction:**

**What is the next step if it is unresolved:**

**Previous unresolved corrective action:** CAPL T/TAP QIP Termination

**Date is should be resolved by:**

**What is the current progress for this correction:**

**What is the next step if it is unresolved:**

**Previous unresolved corrective action:** CAPL T/TAP QIP Termination

**Date is should be resolved by:**

**What is the current progress for this correction:**

**What is the next step if it is unresolved:**

**Previous unresolved corrective action:** CAPL T/TAP QIP Termination

**Date is should be resolved by:**

**What is the current progress for this correction:**

**What is the next step if it is unresolved:**

**Previous unresolved corrective action:** CAPL T/TAP QIP Termination

**Date is should be resolved by:**

**What is the current progress for this correction:**

**What is the next step if it is unresolved:**

## Summary of the On-Site Monitoring Visit

### SUMMARY OF ON-SITE MONITORING VISIT

Based on information obtained from completing this checklist, a review of information provided in the questionnaire, and interviews with various agency personnel, briefly describe any training or technical assistance needs identified during the monitoring process:

Briefly describe any instance(s) of noncompliance / areas that require improvement and recommended corrective action with time frames and expected results:

How many Organizational Standards are not met \_\_\_\_\_. List them below:

From this visit, does the agency demonstrate that they are looking for new and better ways to do its work? Or is the agency still doing what it did five or more years ago?

Did agency staff involved in the on-site review demonstrate knowledge of CSBG program guidelines and procedures?

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(SCSO Program Specialist)

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(Date)

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(Sub recipient Representative and Title)

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(Date)

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## SECTION IV

### CONCLUDING THE ON-SITE VISIT

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## THE EXIT CONFERENCE

The forgoing tools and checklists were designed to provide guidance for SCSO staff to conduct an overall comprehensive review of the CAA's operations. Throughout both the programmatic and fiscal review process there should be ongoing, open communication with the CAA's staff to facilitate clarification of facts and prevent misunderstandings, provide the reviewer with a full understanding of the CAA's operations, and provide the CAA with a full understanding of the monitoring process.

SCSO staff should strive to ground their judgments in fact, based on what they hear, observe or read. SCSO reviewers should document relevant details of the agency's activities and performance during the on-site visits, including taking notes while interviewing agency staff and during their attendance at the agency's board meetings.

Preliminary areas of noncompliance should be summarized and discussed with CAA Executive Director and/or designated staff during the exit conference. Copies of specific documents, supporting schedules, and reports obtained during the site visit to facilitate preparation of the report should be discussed during the exit conference. The grantee is given the opportunity to provide comments and present additional information or explanation regarding a specific finding before it is included in the report.

## THE REPORT

Monitoring and Standards results will be provided in the same format and report. Each deficiency and/or area of noncompliance will be identified by a topic line, and include a brief description of how the grantee is out of compliance with a program requirement or standard. A brief description will be provided for each deficiency. Each noted problem or deficiency should be presented in a logical manner, with reference to supporting evidence and without ambiguity of meaning or confusion of terminology. The specific program requirement, OMB Circular reference, or other regulation should be cited, along with a clear explanation as to why the evidence gathered leads the SCSO reviewer to conclude that the agency is not in compliance.

The report will include specific timelines for any required and agreed upon corrective action. Copies of the report will be provided to the agency's Director and to the CAAs Governing Board.

### **Example of how findings are reported:**

**Subject:** Board Members have not received ROMA training. 7/22/15.

**Description:** upon review of the governing board's minutes the program specialist discovered that no board members have received ROMA training, the monitoring tool and organizational standards require that governing boards receive ROMA training.

**Corrective Action Plan Type:** CAPL



**Plan Description:** after reviewing this finding with the ABC agency, the Agency and the SCSO have decided that a CAPL will be in place until this standard is met. The target date for the CAPL to be complete is 10/15/2015. The outcome is, ROMA training by a ROMA trainer at the next board meeting.

**Date to be complete:** 10/15/2015

**Date of follow up:** 10/17/2015

**Responsible Party:** SCSO Program Specialist

**Required Documentation:** Most Recent Board Minutes and training material

The SCSO Program Specialist who conducted the monitoring will submit a report back to the CAA within 14 business days after the monitoring or assessment is complete and after review and approval from the SCSO Director. The CAA is required to respond in writing to each of the deficiencies and observations mentioned in the report, including a detailed plan for taking corrective action and or assistance that is needed. The CAA's response is due within 14 business days after receipt of SCSO's monitoring report. The CAA's plan for resolution and corrective action will be reviewed by SCSO staff to ensure that all deficiencies have been adequately addressed. Reporting timeline requirement, differ for QIP, see step (7) under the corrective action section (below).

The SCSO Staff will review the agency's prescribed corrective action and will either approve or disapprove. If disapproved, the SCSO Staff and CAA Director will discuss and plan different and more appropriate corrective action and or training. The CAA is responsible for drafting the new corrective action plan(s) and submitting it to the State for final approval. After receiving the new plan the SCSO will respond with approval or changes if needed to the CAA within seven business days.

(SAMPLE - FINAL MONITORING REVIEW LETTER )

[Date]

[Contact Persons Name]

[Agency]

[Address]

[City, State Zip Code]

**Re: On-site Monitoring Review(s):**

**[Program CSBG] – [Contract #]**

Dear [insert name],

I want to thank you and each of your staff for taking the time to meet with me regarding the above program and contract. It is always a pleasure visiting your office and facilities and hearing about the services that your agency provides to low-income families and individuals. Thank you for your efforts and your time; it is greatly appreciated by our office and staff.

I want to commend and thank you for your hard work and diligence administering the above programs and striving to meet the requirements and standards of each one.

This letter contains an overview of the monitoring that occurred on **[insert date]**. Below are a list of the strengths as well as any deficiencies and areas of noncompliance found during monitoring. Each strength, deficiency, or area of noncompliance is labeled with a topic line followed by a description and other supporting information as needed, such as corrective action plans, timelines, and expected outcomes.

If there are areas of noncompliance listed, the agency is required to respond, in writing, within two weeks of receipt of this letter. If there are only strength related comments, the response needs to be an acknowledgement of receipt. If there are deficiencies or areas of noncompliance your response must also include the following:

- ✓ A copy and paste of the deficiencies, as they are provided below; with an accompanying
- ✓ Written statement of acceptance for each corrective action and the agencies plan to implement the prescribed plan(s), accompanied by a timeline and expected outcomes;
- ✓ If the agency disagrees with the prescribed corrective action plan(s), the agency needs to provide an alternate plan with a detailed description and accompanying timelines and outcomes.

If you have any questions regarding what is required, or if you need an extension on the two week requirement, please contact me.

**\*\*Please respond to any weakness findings no later than [insert date]\*\***

**Findings Report**

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**[Program #1] – [Contract #]**

**Strength**

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**Subject  
Description**

[Program Specialist – insert more areas as needed]

**Weakness**

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**Subject  
Description  
Corrective Action Plan  
Type  
Plan Description  
Date to be complete  
Date of follow up  
Responsible Party  
Required Documentation**

[Program Specialist – insert more areas as needed]

**[Insert salutation]**