

State Legal Perspectives

This session is meant to provide a high-level view of local work interventions by the State Office, beginning and ending with a positive, proactive approach in dealing with agencies and clients that is reflected in policies, procedures and communication.

WAP

Working with the Legal Office

- Contracts and documents
- Subgrantee performance issues
- Contract termination

Dealing with client complaints - How do complaints come in? From customer (or advocate)

- To subgrantee (agency)
- Come in from outside (rarely)-Media inquiry, other agencies on behalf of a wx customer
- Directly to grantee (state)
- Also come in from above (state)
 - To Department Secretary
 - Governor
 - Legislators

What is the nature of the complaint? Work quality, interactions between customer and wx staff?

Agency processes/policies that address complaints before they start:

- Deferrals-Trying to Wx homes we should be deferring- "you touch it, you own it."
- Work agreement-Ensure that it is comprehensive- consider review by state legal counsel (provide sample of Wisconsin work agreement)

Issues should primarily be resolved at local level

Contact the agency, gather all information. Always respond to the customer. Small complaints that are ignored or not addressed timely will turn into big time-consuming ones. Document your actions and ensure the agency does the same.

Processes and policies for resolution

Options for resolution

- The role of agency insurance-Agencies pay premiums. Errors and omissions is an option. Gets the agency out of the middle and places decision making in the hands of the company

Appeals process

- Establish hierarchy of process (Pennsylvania sample provided) however all possibilities and efforts from the local level should be exhausted before it goes into effect.

Working things through with the agencies-Balance agency/customer interest

Irate clients and the legal perspective-Manage expectations, don't make any commitments until the matter has been thoroughly discussed internally and with legal staff if necessary. Get the whole story.

Challenges of raising the bar on quality since ARRA and the reality of increased deferrals

Case studies/stories-Wisconsin case study Customer has contacted multiple agencies, legislators, state staff and DOE. Refuses to work with the agency or have another agency come in to complete Wx. Now between customer's attorney and Wx agency insurance company

Pennsylvania case study – Customer claims to know more about how to do the work before the work is finished and an inspection done. Used social media outlets to slam agency and the state. Agency was to arrange a cease and desist order. Police also had to investigate as client accused contractor of theft. State legal office to present a Department stance. Case is still pending.

CSBG

State Oversight is a balancing act and requires:

- Relationship-building
- Understanding how things operate on a local level
- Providing technical assistance/guidance and ALSO monitoring responsibilities
- The strengthening of local Tri-Partite Board of Director's Role

Working with the Legal Office

- Contracts and documents
- Subgrantee performance issues
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Monitoring and documentation

- Well-described monitoring process is needed
- Documentation is essential
- Corrective Action Plans and follow-up are crucial to establishing the need for Technical Assistance Plans (TAP) or Quality Improvement Plans (QIP).

Performance Standards and Risk Assessments – Both of these have provided much more objective information to document and present clearly the operational problems that can prevent an agency from performing adequately. Work with the legal office when an agency is at high risk so that as necessary, a determination of potential fraud, and/or any other potential referrals need to be made are done outside of the State Office.

Due process – Must provide this opportunity, as the “chance to be heard” but what does this mean? Unless the agency decides on legal representation, what does due process do?

How many “chances”? – This is always the difficult part. “Stuff” always happens that prevents smooth sailing. Each agency is structured so differently and is funded from a variety of resources (hopefully). The smaller agencies who rely solely on government funding (including CSBG) have a harder time functioning on a grass roots, collaborative, theory of change level.

**Wisconsin Weatherization Assistance Program
Single Family Owner Occupied Work Agreement**

WisWAP Building ID:	[WisWAP BID]	Job #:	[Job #]
OWNER:	[OWNER]		

This Agreement is entered into between [AGENCY], hereafter referred to as the AGENCY, through its Wisconsin Weatherization Assistance Program and the above-named OWNER, for weatherization completed at the property located at: [ADDRESS].

By signing this Agreement, the OWNER agrees to allow the AGENCY and/or its subcontractors to perform all of the energy conservation/health and safety measures identified by the AGENCY at the property location listed above.

The AGENCY and the OWNER agree to the following:

INDEMNIFICATION and HOLD HARMLESS

The OWNER shall indemnify and hold harmless the State of Wisconsin, the Division of Energy, Housing and Community Resources (DEHCR), the AGENCY, and all of their respective officers, agents and employees from all suits, actions or claims of any character brought forth or on account of any injuries or damages received by any persons or property resulting from the operations in performing work under the Agreement.

PARTIAL INVALIDITY OF AGREEMENT

Should a court of competent jurisdiction determine that any part, term or provision of this Agreement is invalid, unenforceable, illegal, or in conflict with any law, the validity, legality, and enforceability of the remaining portions shall not be affected or impaired.

A. AGENCY OBLIGATIONS:

1. **NO COST:** The AGENCY shall provide weatherization services in a professional manner in compliance with the State and Federal Weatherization Assistance Program specifications AT NO COST TO THE OWNER.
2. **RESPONSIBILITY:** The AGENCY shall develop specifications based on results of a computerized audit detailing work to be performed by the AGENCY. The AGENCY shall assume responsibility for overall construction management.
3. **AMENDMENTS OR CHANGES:** Following the completion of a computerized energy audit, the AGENCY shall inform the OWNER in writing of any amendments or changes to the weatherization measures to be performed/installed as identified in Attachment 1. If the OWNER rejects major weatherization measures, the project may not proceed. Major weatherization measures may include but are not limited to: air sealing; insulation; and replacement of appliances such as a furnace or refrigerator.
4. **WARRANTY:** The AGENCY shall warrant materials installed and labor performed under this Work Agreement and shall replace, at AGENCY expense, any defective materials installed by the AGENCY. Up to one (1) year from the date of the final inspection, and upon written notice from the OWNER, the AGENCY shall correct any faulty AGENCY workmanship in regard to installed non-appliance weatherization measures. Any manufacturer appliance warranties are effective on the date of installation and are in addition to this stated warranty. This one year warranty provided by the AGENCY shall run concurrent with the first year of any manufacturer's warranty; it does not in any way extend the period of the manufacturer's warranty.

Original copy: Agency

Copy 1: OWNER

5. **INSURANCE:** The AGENCY shall maintain contractor's liability insurance coverage for its staff and its subcontractors.
6. **LIEN WAIVERS:** The AGENCY, its subcontractors and suppliers are prohibited from taking any collection action for payment from the OWNER for work performed under this Agreement.
7. **RESPONDING TO OWNER:** The AGENCY shall respond to any questions or inquiries from the OWNER within five (5) working days.
8. **PERMITS/LOCAL INSPECTIONS:** The AGENCY shall be responsible for any permits and/or inspections required by local jurisdictions for work under this Agreement.
9. **COPIES:** Upon request, the AGENCY shall provide copies of all documents associated with this project.
10. **TERMINATION:** The AGENCY may terminate this Agreement upon written notice to the OWNER if any of the following conditions occur during the term of the Agreement:
 - a) Weatherization Assistance Program funds are unavailable.
 - b) Weatherization materials become unavailable.
 - c) Weatherization work is stopped by the act or neglect of the OWNER for more than ten (10) days.
 - d) Weatherization work is stopped for more than thirty (30) days by anyone or any reason through no fault of the AGENCY.
 - e) The OWNER, Authorized Agent or Applicant commits fraud in relation to the work being performed under this Work Agreement. In the event this Agreement is terminated before completion of the weatherization measures, the AGENCY shall have no further responsibility hereunder. Notwithstanding the forgoing, the AGENCY shall ensure that the property is left in at least as good a condition as at the commencement of the work.
11. **RECYCLING APPLIANCES.** All appliances removed or replaced under this Agreement, including but not limited to furnaces, thermostats, water heaters, refrigerators and freezers, shall become the property of the AGENCY for recycling and proper disposal.

B. OWNER OBLIGATIONS:

1. **MAINTAIN:** The OWNER shall safeguard and maintain installed improvements as necessary (example: maintaining furnace) and acknowledges that failure to do so may VOID THE WARRANTY for labor and installed measures.
2. **CALLED-FOR MEASURES:** The OWNER authorizes the AGENCY and/or its subcontractors to perform the weatherization work based on the results of a computerized audit. The OWNER certifies that if he/she declines any major weatherization or health and safety measures after work has been started, the OWNER shall repay the AGENCY the actual costs of the project. Major weatherization measures may include but are not limited to: air sealing; insulation; and replacement of appliances such as a furnace or refrigerator.
3. **CHANGES:** The OWNER acknowledges that weatherization work may be altered or deleted if required by structural, health and safety, or mechanical limitations.
4. **COOPERATION:**
 - a) The OWNER shall cooperate with the AGENCY and its subcontractors to facilitate the performance of the work including the removal/relocation of stored property or furnishings.
 - b) The OWNER shall restrain pets and ensure that children are not present in the construction area for the period that construction takes place.
5. **USE OF EXISTING UTILITIES:** The OWNER shall permit the AGENCY and its subcontractors to use, at no cost, existing utilities such as light, heat, electricity, and water as needed to complete the weatherization work.
6. **ACCESS TO SANITARY FACILITIES:** The OWNER shall allow reasonable access to AGENCY staff and/or subcontractors to sanitary facilities.

7. **RIGHT TO INSPECT:** The OWNER shall provide the Division of Energy, Housing and Community Resources, the AGENCY, and its assignees access to enter and inspect any in-progress or completed unit during performance of the work or anytime within one year of completion of said work. The OWNER shall be responsible for access in all areas of the structure.
8. **ALLERGIES or HEALTH SENSITIVITIES:** The OWNER shall inform the AGENCY of any allergies or health sensitivities to any building materials prior to initiation of this agreement.
9. The OWNER shall be responsible to the AGENCY for the total project cost incurred if the Owner's actions (including any remodeling that interferes with weatherization) or inactions cause the work to stop for ten (10) days or longer, resulting in termination. If owner actions or inactions cause work to stop for ten (10) days or longer, items A.1 and A.6 above are voided.
10. The OWNER, by signing this agreement, confirms that this property is not currently for sale, in foreclosure, or in the process of being transferred.
11. **TERMINATION OF AGREEMENT:** Prior to commencement of any work, the OWNER may terminate this Agreement upon fifteen (15) days written notice to the AGENCY.

ACKNOWLEDGMENT

I, the undersigned, certify that I am the Owner/Authorized Agent for the property identified herein and acknowledge that I have read and agree to the terms of this Agreement, including any attachments. This Agreement may be amended only in writing, and only when signed by the OWNER and AGENCY. The undersigned OWNER/AUTHORIZED AGENT acknowledges receiving a copy of this Agreement including any attachments.

(OWNER/AUTHORIZED AGENT)

(Date)

(Authorized Representative of AGENCY)

(Date)

COMPLETION CERTIFICATE FOR WEATHERIZATION PROGRAM WORK			
WisWAP Building ID:	[WisWAP BID]	Job #:	[Job #]
OWNER:	[OWNER]		

FINAL INSPECTION CERTIFICATION: The final inspection follows the completion of all on-site work. If any additional work is required, the additional work must be completed and will require re-inspection. All crew and contractor work shall be completed before the OWNER signs off regarding satisfactory completion of work.

Post-work inspection date: _____

Call back of contractor or crew required? ☐ YES ☐ NO

If YES, provide reason(s) _____

I, _____, AGENCY representative, certify that all completed work meets the minimum specifications required by the Wisconsin Weatherization Assistance Program.

(FINAL INSPECTOR) (Date)

☐ DOE Unit If DOE Unit, provide BPI HEP QCI ID #: _____

OWNER/AUTHORIZED AGENT SIGN-OFF:

I, [OWNER], the OWNER or OWNER'S authorized agent for [ADDRESS], agree that the weatherization work was completed as agreed in an acceptable manner. By signing below I acknowledge receipt of maintenance and warranty information for all installed materials and appliances.

(OWNER/AUTHORIZED AGENT) (Date)

For AGENCY use only:

☐ Access to unit denied for final inspection

If access to unit is denied, document the date access was attempted and method used.

1 st Date:	<input type="checkbox"/> Telephone	<input type="checkbox"/> E-mail	<input type="checkbox"/> US Mail	<input type="checkbox"/> Site Visit	<input type="checkbox"/> Other
2 nd Date:	<input type="checkbox"/> Telephone	<input type="checkbox"/> E-mail	<input type="checkbox"/> US Mail	<input type="checkbox"/> Site Visit	<input type="checkbox"/> Other
3 rd Date:	<input type="checkbox"/> Telephone	<input type="checkbox"/> E-mail	<input type="checkbox"/> US Mail	<input type="checkbox"/> Site Visit	<input type="checkbox"/> Other

Comments: _____

WisWAP Building ID # [WisWAP BID]

The information in this Attachment is not a guarantee of work to be performed. These are preliminary findings and actual work performed may vary depending on the results of a computerized energy audit and/or for reasons described in this Work Agreement.

PROPOSED MEASURES (SUBJECT TO CHANGE BASED ON COMPUTERIZED AUDIT)

AIR SEALING & TESTING		BUILDING SHELL MEASURES	
<input type="checkbox"/>	Perform pre- and post-blower door analysis and Combustion Safety Testing	<input type="checkbox"/>	Insulate attic(s)
<input type="checkbox"/>	Air sealing – Reduce air infiltration	<input type="checkbox"/>	Install attic access
MECHANICAL SYSTEMS		<input type="checkbox"/>	Insulate Sillbox
<input type="checkbox"/>	Replace Heating System	<input type="checkbox"/>	Insulate Exterior Walls
<input type="checkbox"/>	Clean & Tune, and/or repair heating system as needed	<input type="checkbox"/>	Insulate attic walls and/or slopes
<input type="checkbox"/>	Replace Thermostat <input type="checkbox"/> Programmable <input type="checkbox"/> Non Programmable	<input type="checkbox"/>	Insulate foundation walls <input type="checkbox"/> Interior <input type="checkbox"/> Exterior
<input type="checkbox"/>	Modify Distribution System as needed	<input type="checkbox"/>	Insulate floor cavity of <input type="checkbox"/> Crawlspace <input type="checkbox"/> Other
<input type="checkbox"/>	Insulate Distribution Work in unheated areas	<input type="checkbox"/>	_____
<input type="checkbox"/>	Replace Water Heater based on protocol	BASELOAD MEASURES	
<input type="checkbox"/>	_____	<input type="checkbox"/>	Reduce water heater temperature to 120 degrees or less
HEALTH, SAFETY & REPAIRS		<input type="checkbox"/>	Install Low Flow Showerhead(s)
<input type="checkbox"/>	Repair or replace wiring to allow for shell insulation	<input type="checkbox"/>	Install Faucet Aerator(s)
<input type="checkbox"/>	Install carbon monoxide detector(s)	<input type="checkbox"/>	Install CFL/LED Lighting
<input type="checkbox"/>	Install smoke detector(s)	<input type="checkbox"/>	Exchange refrigerator with _____ Cubic Foot refrigerator
<input type="checkbox"/>	Vent/Re-vent clothes dryer with metal venting material	<input type="checkbox"/>	Exchange Freezer with _____ Cubic Foot chest freezer
<input type="checkbox"/>	Install Ventilation Equipment	<input type="checkbox"/>	Remove additional Functional Units <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer
<input type="checkbox"/>	Extend Exhaust Fans to Exterior		
OTHER HEALTH & SAFETY, REPAIR MEASURES or NOTES			
<input type="checkbox"/>	_____		
<input type="checkbox"/>	_____		
<input type="checkbox"/>	_____		
<input type="checkbox"/>	_____		

Original copy: Agency

Copy 1: OWNER

Pennsylvania's Client Appeals Process

- i. The Agency is responsible for developing a Client Appeals Process to be followed if client is not happy with a decision made by the agency.
- ii. The Client Appeals Process must indicate that it was given to the client at the time of application and must have a client sign-off.
- iii. Every client, regardless of whether the client has been deferred or not, must receive a copy of the Client Appeals Process, and the sign-off must indicate that the client has received and understands the Client Appeals Process.
- iv. The Client Appeals Process must present a clear order in which the client may appeal any weatherization services-based decision or action with which the client disagrees.
- v. The Client Appeals process must be in the following order:
 - 1. Begin with subgrantee's Weatherization Coordinator (person in charge of all weatherization services)
 - 2. Follow to the Executive Director with a clear chain of command of no more than two (2) additional subgrantee contacts
 - 3. CCS Weatherization Monitoring Supervisor
 - 4. A written appeal to the Director of the CCS
 - 5. With the exception of the Director of the CCS, contacts on the Client Appeals Process must contain the name, mailing address, phone number, and e-mail address of all individuals or offices listed.
- vi. The Client Appeals Process must detail that the Director of the CCS may only be contacted in writing and must include the name of the person to be contacted and the address by which that person should be contacted. Do not include the phone number or e-mail address of the Director at the CCS in the Client Appeals Process form.
- vii. A sample template for the Client Appeals Process with all current applicable CCS information follows on the next page.
- viii. Subgrantees will be responsible for updating all contact information as applicable.

Pennsylvania Client Complaint Process

- i. The Agency is responsible for developing a Client Complaint process to be followed if client is not happy with the quality of the work, workmanship and/or serviceability. This process may be included as part of the Client Appeals Process if it is clear that client understands that they can not only appeal a decision but also file a complaint about the work, workmanship and/or serviceability.
- ii. The Client Complaint Process must indicate that it was given to the client at the time of application and must have a client sign off.
- iii. Every client, regardless of whether the client has been deferred or not, must receive a copy of the Client Complaint Process, and the sign-off must indicate that the client has received and understands the Client Complaint Process.
- iv. Although all client complaints must be documented in the individual file, client complaints must also be tracked to resolution by date in an Excel tracking system or one in which all complaints can be reviewed in one place.

Pennsylvania Department of Community and Economic Development
Center for Community Services

Client Appeals Process

Appeals should be followed in numerical order as listed below, with the client only proceeding to the next level of appeal if the previous level did not adequately satisfy the client's requirements. This document must contain the printed name and dated signature of both the client and the subgrantee staff administering this document.

- 1. Subgrantee Weatherization Coordinator** – The name, address, phone number, and email address of each applicable person at a given subgrantee is required.
- 2. Subgrantee Executive Director** – The name, address, phone number, and email address of the subgrantee's Executive Director is required.
- 3. DCED Weatherization Monitor/QCI** – The name, address, phone number, and email address of the Monitor/QCI is required. Use the following contact information:

First Name Last Name, Weatherization Monitor/QCI
Department of Community and Economic Development Center for Community Services
Commonwealth Keystone Building
400 North Street, 4th Floor, Harrisburg, PA 17120-0225
Phone Number xxxxxxx@pa.gov

- 4. Center for Community Services** – The office should only be contacted in writing and only in cases that have escalated beyond all other attempts at resolution. Use the following contact information:

Lynette Praster, Director
Department of Community and Economic Development Center for Community Services
Commonwealth Keystone Building 400 North Street, 4th Floor Harrisburg, PA 17120-0225

_____ Client Printed Name	_____ Client Signature	_____ Date
_____ Staff Printed Name	_____ Staff Signature	_____ Date



CENTER FOR COMMUNITY SERVICES DIRECTIVE

Title: Organizational Standards

Directive #: C2019-07

Effective: October 1, 2019

To: Community Services Block Grant Subgrantees

From: Lynette Praster, Director – Center for Community Services

A handwritten signature in dark ink, appearing to read 'LMP', located to the right of the 'From:' line.

1.0 Purpose

The purpose of this directive is to reinforce the required implementation of the Community Services Block Grant (CSBG) Organizational Standards and to provide guidance to CSBG eligible entities (CEE) about compliance with Organizational Standards.

2.0 Revision History

This CSBG Directive is effective October 1, 2019 and replaces C2018-07.

3.0 Background

The Organizational Standards Center of Excellence (COE) was developed to assist states and local CEEs set and meet organizational expectations across the CSBG network. The COE was called upon to develop the standards with input from all key stakeholders, and to create tools for organizational assessment used by states and CEEs to set, achieve, and maintain high-quality organizational expectations and to enhance accountability. COE Organizational Standards were developed in collaboration with the federal Department of Health and Human Services (HHS) Office of Community Services (OCS), national Community Action Partnership (CAP), state CSBG lead agencies, state CSBG associations, and community action agencies across the nation.

The purpose of the Organizational Standards is to ensure that all eligible entities have appropriate organizational capacity, not only in the critical financial and administrative areas important to all nonprofit and public human service agencies, but also in areas of unique importance for CEEs. Accordingly, in Pennsylvania all CEEs are required to identify and report compliance with the standards.

Organizational Standards work together to characterize an effective and healthy organization. Some

standards have direct linkage to the federal CSBG Act, while others link to federal Office of Management and Budget (OMB) guidance. In their entirety, the standards reflect requirements of the CSBG Act, applicable federal laws and regulations, good management practices, and have become stepping stones to the Pathways to Excellence program, but most importantly they reflect the values of the community action network.

4.0 Policy

As part of Pennsylvania's continuing implementation of and compliance with the Organizational Standards, all CEEs are required to routinely review, update, and substantiate the Organizational Standards on an ongoing basis. The Community Organization Planning and Outcomes System (COPOS) is the official system of record for CEEs to report compliance with Organizational Standards.

There are 58 Organizational Standards for private, non-profit CEEs, and 50 Organizational Standards for public CEEs. The Organizational Standards are organized into three thematic groups comprising nine categories associated with the following areas of CEE operations:

1. Maximum Feasible Participation
 - Consumer Input and Involvement
 - Community Engagement
 - Community Assessment
2. Vision and Direction
 - Organizational Leadership
 - Board Governance
 - Strategic Planning
3. Operations and Accountability
 - Human Resource Management
 - Financial Operations and Oversight
 - Data and Analysis

Agency executive directors must approve Organizational Standards in COPOS. Refer to CSBG Directive C2018-05 for additional information about CSBG reporting requirements.

As the CSBG State Lead Agency responsible for oversight of CSBG, the Department's Center for Community Services is responsible for monitoring to assure CEE compliance with the requirements of the CSBG Act, including Organizational Standards. The Department assesses the status of standards among all CEEs, including annual reporting to OCS in the CSBG Annual Report. Assessment of Organizational Standards compliance is conducted routinely throughout the year, and as part of annual CEE monitoring. This routine and consistent monitoring ensures the Department meets its requirement to independently verify CEE compliance with Organizational Standard requirements.

The general expectation is that agencies maintain 100% compliance with the standards as that is the baseline requirement according to federal regulations. The State Plan goal for Pennsylvania is set at 85 – 88% of agencies are at 100% compliance at any given time. A report containing information regarding agency compliance is generated based on the information in COPOS as of September 30th and is sent to the federal Office of Community Services as part of the CSBG Annual report.

As a result of monitoring, if the Department finds a CEE to be non-compliant with a standard or set of standards, the necessary corrective actions will depend on the circumstances. For any Organizational Standard that the agency is non-compliant, corrective action should be taken to achieve compliance in a minimal amount of time. In cases where the CEE may be unable to meet the standard in a reasonable timeframe contingent on targeted technical assistance, the Department may require the CEE to develop a Technical Assistance Plan (TAP) that identifies and targets training and technical assistance resources and specifies a timeframe for the CEE to meet the standards. When appropriate in serious or persistent situations, the Department may initiate action in accordance with section 687C of the CSBG Act to establish a Quality Improvement Plan (QIP) with clear, specific timelines and benchmarks to identify progress toward compliance.

The failure of a CEE to consistently meet Organizational Standards may reflect deeper organizational challenges and risks. In these instances, the Department must determine whether it is necessary to take additional actions including reduction or termination of funding in consultation with OCS. For additional information on monitoring policies, please see Directive C2019-06 Risk Based Monitoring

Attachment A outlines acceptable documentation for private non-profit CEEs that should be uploaded into COPOS to substantiate compliance with the Organizational Standards. Attachment B outlines acceptable documentation for public CEEs that should be uploaded into COPOS to substantiate compliance with the Organizational Standards. CEEs have the ability and are required to add statements in COPOS to support or clarify documents intended to demonstrate compliance with standards.

5.0 Effective Date

This directive takes effect October 1, 2019 and replaces C2018-07. It will remain in effect, in its entirety, until it is amended, replaced, superseded, or nullified. Only a directive from the Department's Center for Community Services or its equivalent may countermand any statement herein contained.

6.0 Attachments

Attachment A – Organizational Standards for Private Organizations

Attachment B – Organizational Standards for Public Organizations

7.0 Appendices

Appendix A – Sample of board signature for training that is required every two (2) years.

Appendix B – Sample of board signature form for conflict of interest.

Appendix C – Sample of board signature form for required orientation.

Appendix D – Sample of employee signature form of receipt of personal policies/employee handbook.

cc: Center for Community Services Staff
Fiscal Management Center, DCED

Organizational Standards for Private Organizations

To validate compliance with Organizational Standards, specific documentation must be uploaded into COPOS and approved by the executive director. COPOS documentation is reviewed routinely and as part of annual monitoring. To expedite the review process and to substantiate your achievements, please identify or highlight any portion of board meeting minutes that pertain to the standard. If a document or form is not self-explanatory, please enter a note in COPOS to explain how the document supports your compliance with the standard.

<i>Category One – Consumer Input and Involvement</i>		
1.1	The agency demonstrates low-income individuals' participation in its activities.	Annually
Any combination of the following: <ul style="list-style-type: none"> ✓ Participation lists, group documents, and minutes from agency advisory bodies; ✓ Tripartite board minutes documenting the involvement of low-income individuals in activities; ✓ Documentation of low-income individual's participation in the development of services, or in the needs assessment process, or assistance at agency events. ✓ Client Advisory Board activities documentation (i.e. Head Start). 		
1.2	The agency analyzes information collected directly from low-income individuals as part of the community assessment.	Every three (3) years.
<ul style="list-style-type: none"> ✓ Methodology section of the assessment report that details the processes to include low-income individuals in data collection; Or any combination of the following: <ul style="list-style-type: none"> ✓ Notes from community forums or focus groups, transcripts from interviews that included low-income individuals; ✓ Samples of surveys from low-income individuals; ✓ Minutes of meeting where the data was analyzed for the community needs assessment; ✓ Copy of the Needs Assessment. 		
1.3	The agency has a systematic approach for collecting, analyzing, and reporting customer satisfaction data to the tripartite board/governing body, which may be met through broader local government processes.	Every three (3) years.
Any combination of the following: <ul style="list-style-type: none"> ✓ Agency's customer satisfaction policy and/or procedures; ✓ Schedule for customer satisfaction data collection; ✓ Board meeting minutes. ✓ Report that analyzes the customer satisfaction data for board and the general public. 		
<i>Category Two – Community Engagement</i>		
2.1	The agency has documented or demonstrated partnerships across the community, for specifically identified purposes; partnerships include other anti-poverty agency's in the area.	Annually

✓ A list of the agencies and/ or primary partnerships; And ✓ Samples of documents such as MOUs and/or contracts that document the partnerships.		
2.2	The agency 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 agencies, faith-based agencies, private sector, public sector, and educational institutions.	Every three (3) years.
✓ Information gathered during the community needs assessment from all five sectors listed in the standard; And ✓ Summary of the data in the community assessment or its appendices.		
2.3	The agency communicates its activities and its results to the community.	Annually
✓ The agency's public annual report; And any of the following: ✓ Social media activity (Facebook page, Twitter account, etc.); ✓ News release copies; ✓ Community event information.		
2.4	The agency documents the number of volunteers and hours mobilized in support of its activities.	Annually
✓ Documentation of how the agency tracks the number of volunteers and volunteers hours.		

Category Three – Community Assessment

3.1	The agency conducted a community assessment and issued a report within the past 3 years.	Every three (3) years.
✓ An electronic copy of the full Community Needs Assessment.		
3.2	As part of the community assessment, the agency collects and includes current data specific to poverty and its prevalence related to gender, age, and race/ethnicity for their service area(s).	Every three (3) years.
✓ Documentation that demonstrates collection of poverty data regarding gender, age, and race/ethnicity (all three demographics).		
3.3	The agency collects and analyzes both qualitative and quantitative data on its geographic service area(s) in the community assessment.	Every three (3) years.
Data collection procedures: ✓ A list of all data collection methods used in the needs assessment; ✓ Descriptions of the processes used to collect the data collected; ✓ Links to or copies of the raw data collected.		
Data analysis procedures:		

<ul style="list-style-type: none"> ✓ Descriptions of the processes used to analyze the data; ✓ The primary sections of the needs assessment that include data analysis. <p>Quantitative and qualitative data:</p> <ul style="list-style-type: none"> ✓ A list of all data sources collected for the needs assessment divided into qualitative, quantitative, and mixed methods categories; ✓ Links to or copies of the raw data collected. 		
3.4	The community assessment includes key findings on the causes and conditions of poverty and the needs of the communities assessed.	Every three (3) years.
<ul style="list-style-type: none"> ✓ Executive summary that outlines the key findings of the community of the needs assessment. 		
3.5	The tripartite board formally accepts the completed community assessment.	Every three (3) years.
<ul style="list-style-type: none"> ✓ Board meeting minutes. 		

Category Four – Organizational Leadership		
4.1	The tripartite board has reviewed the agency’s mission statement within the past 5 years and assured that the mission addresses poverty and the CSBG programs and services are in alignment with the mission.	Every five (5) years.
<ul style="list-style-type: none"> ✓ Board minutes; <p>And</p> <ul style="list-style-type: none"> ✓ A copy of the Strategic Plan that includes the mission statement. 		
4.2	The agency’s Work Plan is outcome-based, anti- poverty focused, and ties directly to the community needs assessment.	Annually
<ul style="list-style-type: none"> ✓ A copy of the CSBG Work Plan. 		
4.3	The agency’s Work Plan and Strategic Plan document the continuous use of the full Results Oriented Management and Accountability (ROMA) cycle or comparable system (assessment, planning, implementation, achievement of results, and evaluation). In addition, the agency documents having used the services of a ROMA-certified trainer (or equivalent) to assist in implementation.	Annually
<ul style="list-style-type: none"> ✓ Evidence that all steps in the ROMA cycle (assessment, planning, implementation, achievement and evaluation) were carried out in the Work Plan and Strategic Plan. Please refer to Documenting Standard 4.3 by the Community Action Partnership at https://communityactionpartnership.com/wp-content/uploads/2018/08/22_Standard-4.3.pdf <p>Or</p> <ul style="list-style-type: none"> ✓ Board/Committee meeting minutes that capture the steps in the ROMA cycle, including, when the outcomes of programs are evaluated by the board or a committee of the board and planning is developed through the evaluation process. 		

And ✓ Evidence indicating involvement of ROMA trainer/implementer in implementation of ROMA principles in the Work Plan and Strategic Plan.		
4.4	The tripartite board receives an annual update on the success of specific strategies included in the Work Plan.	Annually
✓ Board meeting minutes.		
4.5	The agency has a written succession plan in place for the CEO/ED, approved by the tripartite board, which contains procedures for covering an emergency/unplanned, short-term absence of 3 months or less, as well as outlines the process for filling a permanent vacancy.	Every five (5) years.
✓ The succession plan; And ✓ Board meeting minutes.		
4.6	An agency-wide, comprehensive risk assessment has been completed within the past 2 years and reported to the tripartite board.	Every two (2) years.
✓ Risk assessment instrument and results; And ✓ Board meeting minutes.		

Category Five – Board Governance

5.1	The organization's tripartite board is structured in compliance with the CSBG Act.	Every five (5) years.
✓ Board bylaws; And ✓ Board Membership Module complete and updated in COPOS.		
5.2	The organization's tripartite board has 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.	Every five (5) years.
✓ Board by-laws.		
5.3	The Agency's bylaws have been reviewed by an attorney within the past 5 years.	Every five (5) years.
✓ A letter from the attorney stating a review was completed.		
5.4	The agency documents that each tripartite board member has received a copy of the bylaws within the past 2 years.	Every two (2) years.
Any of the following: ✓ Board meeting minutes;		

<ul style="list-style-type: none"> ✓ Board Member Acknowledgement/Signature; (See appendix); ✓ Email documenting board members receipt of the governing documents. 		
5.5	The agency's tripartite board meets in accordance with the frequency and quorum requirements and fills board vacancies as set out in its bylaws.	Annually
✓ Board meeting minutes.		
5.6	Each tripartite board member has signed a conflict of interest policy within the past 2 years.	Every two (2) years.
<ul style="list-style-type: none"> ✓ A sample of a conflict of interest document; And <ul style="list-style-type: none"> ✓ Signatures of board members documenting receipt of Conflict of Interest, (See appendix). And <ul style="list-style-type: none"> ✓ Signed Conflict of Interest forms available upon on request. 		
5.7	The agency has a process to provide a structured orientation for tripartite board members within 6 months of being seated.	Annually
<ul style="list-style-type: none"> ✓ Board Membership Module complete and updated in COPOS. And <ul style="list-style-type: none"> ✓ The curriculum/tools used for orientation; And one of the following: <ul style="list-style-type: none"> ✓ A signed board member statement that such orientation occurred, (See appendix). Or <ul style="list-style-type: none"> ✓ Sign-in sheet from the orientation. 		
5.8	Tripartite board members have been provided with training on their duties and responsibilities within the past 2 years.	Every two (2) years.
<ul style="list-style-type: none"> ✓ The curriculum/tools used for training; And <ul style="list-style-type: none"> ✓ Board meeting minutes; And one of the following: <ul style="list-style-type: none"> ✓ A signed board member statement that such a training occurred, (See appendix). Or <ul style="list-style-type: none"> ✓ Sign-in sheet from the training. 		
5.9	The agency's tripartite board receives programmatic reports at each regular board/advisory meeting.	Annually
✓ Board meeting minutes.		

Category Six – Strategic Planning

6.1	The agency has an agency-wide strategic plan in place that has been approved by the tripartite board within the past 5 years.	Every five (5) years.
<ul style="list-style-type: none"> ✓ A copy of the completed strategic plan; And <ul style="list-style-type: none"> ✓ Board meeting minutes. 		
6.2	The approved strategic plan addresses reduction of poverty, revitalization of low-income communities, and/or	Every five (5) years.

	empowerment of people with low incomes to become more self-sufficient.	
✓	A copy of the strategic plan.	
6.3	The approved strategic plan, or comparable planning document, contains family, agency, and/or community goals.	Every five (5) years.
✓	A copy of the strategic plan.	
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.	Every five (5) years.
✓	A section of the strategic plan or summary that describes how the customer feedback data was used.	
6.5	The tripartite board has received an update(s) on progress meeting the goals of the strategic plan/comparable planning document within the past 12 months.	Annually
✓	Board meeting minutes.	

Category Seven – Human Resources Management

7.1	The agency has written personnel policies that have been reviewed by an attorney and approved by the tripartite board within the past 5 years.	Every five (5) years.
✓	Personnel policies that include review/edit dates and approval dates from an attorney;	
And		
✓	Board meeting minutes.	
7.2	The organization makes available the employee handbook (or personnel policies in cases without a handbook) to all staff and notifies staff of any changes.	Annually
✓	Personnel policies or employee handbook;	
And		
✓	Documentation that personnel policies have been made available to employees, (See appendix.)	
7.3	The agency has written job descriptions for all positions which have been updated within the past 5 years.	Every five (5) years.
✓	Dated job descriptions.	
7.4	The tripartite board conducts a performance appraisal of the CEO/executive director within each calendar year.	Every twelve (12) months.
✓	By-laws;	
And		
✓	Sample appraisal document;	
And		
✓	Actual appraisal document available upon request.	
7.5	The tripartite board reviews and approves CEO/executive	Every twelve (12)

	director compensation within every calendar year.	months.
✓	By-laws;	
And		
✓	Board meeting minutes.	
7.6	The agency has a policy in place for regular written evaluation of employees by their supervisors.	Every five (5) years.
✓	Policy or procedures document.	
7.7	The agency has a whistleblower policy that has been approved by the tripartite board.	Every five (5) years.
✓	Whistleblower policy;	
And		
✓	Board meeting minutes.	
7.8	All staff participate in a new employee orientation within 60 days of hire.	Annually
✓	Personnel policies or employee handbook;	
And		
✓	Documentation that demonstrates orientation is conducted for new hires, (See appendix.)	
7.9	The agency conducts or makes available staff development/training (including ROMA) on an ongoing basis.	Annually.
✓	Documentation of attendance at training, events, conferences (e.g., sign in sheets,	
✓	registration confirmation).	

Category Eight – Financial Operations and Oversight		
8.1	The Agency's annual audit (or audited financial statements) is completed by a Certified Public Accountant on time in accordance with Title 2 of the Code of Federal Regulations, Uniform Administration Requirements, Cost Principles, and Audit Requirement (if applicable) and/or State audit threshold requirements.	Every twelve (12) months.
✓	Documentation of audit report;	
And		
✓	Confirmation of timely filing.	
8.2	All findings from the prior year's annual audit have been assessed by the agency and addressed where the tripartite board has deemed it appropriate.	Every twelve (12) months.
If there were no findings:		
✓	Upload audit letter stating that there were no findings.	
If there were findings:		
✓	Documentation of corrective action plans prepared in response to audit findings;	
And		
✓	Board meeting minutes.	

8.3	The agency's auditor presents the audit to the tripartite board.	Every twelve (12) months.
✓ Board meeting minutes.		
8.4	The tripartite board formally receives and accepts the audit.	Every twelve (12) months.
✓ Board meeting minutes.		
8.5	The agency has solicited bids for its audit within the past five (5) years.	Every five (5) years.
✓ Request for proposals (RFP) or other solicitation document.		
8.6	The IRS Form 990 is completed annually and made available to the tripartite board for review.	Every twelve (12) months.
✓ Completed IRS Form 990;		
And		
✓ Board meeting minutes.		
8.7	The tripartite board receives financial reports at each regular meeting that include the following: agency-wide report on revenue and expenditures that compares budget to actual, categorized by program; and balance sheet/statement of financial position.	Annually
✓ Board meeting minutes;		
And		
✓ Report available upon request.		
8.8	All required filings and payments related to payroll withholdings are completed on time.	Annually
✓ Payroll tax withholding documentation.		
8.9	The tripartite board annually approves an agency-wide budget.	Every twelve (12) months.
✓ Board meeting minutes;		
And		
✓ Report available upon request.		
8.10	The fiscal policies have been reviewed by staff within the past 2 years, updated as necessary, with changes approved by the tripartite board.	Every two (2) years.
✓ Board meeting minutes;		
And one of the following:		
✓ Policy manual with date reviewed by staff;		
Or		

✓ Documentation that confirms that staff has reviewed within the past two years and updated as necessary; Or ✓ Documentation explaining process and date of staff review of fiscal policies.		
8.11	A written procurement policy is in place and has been reviewed by the tripartite board within the past 5 years.	Every five (5) years.
✓ Procurement policy or procedures document; And ✓ Board meeting minutes.		
8.12	The agency documents how it allocates shared costs through an indirect cost rate or through a written cost allocation plan.	Annually for agencies using Indirect Costs. Every five (5) years for agencies that do not use Indirect Costs.
For agencies using Indirect Costs: For negotiated Federal cost rate: ✓ an approval letter from cognizant agency responsible to negotiate the rate with the entity; And ✓ The letter and the parts of the plan that identify indirect costs; For cost allocation: ✓ an updated cost allocation plan identifying the methodology for accounting indirect costs; And ✓ A copy of the cost allocation plan; For de minimus indirect cost rate: ✓ documentation of grant forms received from the funding agencies. For agencies that do not use Indirect Costs: ✓ A letter from the fiscal office or the Executive Director stating that Indirect Costs are not used.		
8.13	The agency has a written policy in place for record retention and destruction.	Every five (5) years.
✓ Policy or procedures document.		

Category Nine – Data and Analysis

9.1	The agency has a system or systems in place to track and report client demographics and services customers receive.	Annually
✓ A copy of a demographic report from the reporting system.		
9.2	The agency has a system or systems in place to track family,	Annually

	agency, and/or community outcomes.	
✓	Sample of a report documenting program outcomes.	
9.3	The agency has presented to the tripartite board 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.	Every twelve (12) months.
✓	Board meeting minutes.	
9.4	The agency submits its CSBG Annual Report and it reflects client demographics and agency-wide outcomes.	Autoformatted annually.

Organizational Standards for Public Organizations

To validate compliance with Organizational Standards, specific documentation must be uploaded into COPOS and approved by the executive director. COPOS documentation is reviewed routinely and as part of annual monitoring. To expedite the review process and to substantiate your achievements, please identify or highlight any portion of board meeting minutes that pertain to the standard. If a document or form is not self-explanatory, please enter a note in COPOS to explain how the document supports your compliance with the standard.

<i>Category One – Consumer Input and Involvement</i>		
1.1	The department demonstrates low-income individuals' participation in its activities.	Annually
Any combination of the following: <ul style="list-style-type: none"> ✓ Participation lists, group documents, and minutes from agency advisory bodies; ✓ Tripartite board minutes documenting the involvement of low-income individuals in activities; ✓ Documentation of low-income individual's participation in the development of services, or in the needs assessment process, or assistance at agency events; ✓ Client Advisory Board activities documentation (i.e. Head Start). 		
1.2	The department analyzes information collected directly from low-income individuals as part of the community assessment.	Every three (3) years.
<ul style="list-style-type: none"> ✓ Methodology section of the community needs assessment that details the processes to include low-income individuals in data collection; Or any combination of the following: <ul style="list-style-type: none"> ✓ Notes from community forums or focus groups, transcripts from interviews that included low-income individuals; ✓ Samples of surveys from low-income individuals; ✓ Minutes of meeting where the data was analyzed for the community assessment; ✓ Copy of the Needs Assessment. 		
1.3	The department has a systematic approach for collecting, analyzing, and reporting customer satisfaction data to the tripartite board/governing body, which may be met through broader local government processes.	Every three (3) years.
Any combination of the following: <ul style="list-style-type: none"> ✓ Agency's customer satisfaction policy and/or procedures; ✓ Schedule for customer satisfaction data collection; ✓ Board meeting minutes; ✓ Report that analyzes the customer satisfaction data for board and the general public. 		
<i>Category Two – Community Engagement</i>		
2.1	The department has documented or demonstrated partnerships across the community, for specifically identified	Annually

	purposes; partnerships include other antipoverty organizations in the area	
✓	A list of the agencies and/ or primary partnerships	
And		
✓	Samples of documents such as MOUs and/or contracts that document the partnerships.	
✓		
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.	Every three (3) years.
✓	Information gathered during the community needs assessment from all five sectors listed in the standard;	
And		
✓	Summary of the data in the community needs assessment or its appendices.	
2.3	The department communicates its activities and its results to the community.	Annually
✓	The agency's public annual report;	
And any of the following:		
✓	Social media activity (Facebook page, Twitter account, etc.);	
✓	News release copies;	
✓	Community event information.	
2.4	The department documents the number of volunteers and hours mobilized in support of its activities.	Annually
✓	Documentation of how the agency tracks the number of volunteers and volunteers hours.	

Category Three – Community Assessment		
3.1	The department conducted or was engaged in a community assessment and issued a report within the past 3 years, if no other report exists.	Every three (3) years.
✓	An electronic copy of the full Community Needs Assessment.	
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).	Every three (3) years.
✓	Documentation that demonstrates collection of poverty data regarding gender, age, and race/ethnicity (all three demographics).	
3.3	The department collects and analyzes both qualitative and quantitative data on its geographic service area(s) in the community assessment.	Every three (3) years.
At least one from the following categories:		

Data collection procedures: <ul style="list-style-type: none"> ✓ A list of all data collection methods used in the needs assessment; ✓ Descriptions of the processes used to collect the data collected; ✓ Links to or copies of the raw data collected. Data analysis procedures: <ul style="list-style-type: none"> ✓ Descriptions of the processes used to analyze the data; ✓ The primary sections of the needs assessment that include data analysis. Quantitative and qualitative data: <ul style="list-style-type: none"> ✓ A list of all data sources collected for the needs assessment divided into qualitative, quantitative, and mixed methods categories; ✓ Links to or copies of the raw data collected. 		
3.4	The community assessment includes key findings on the causes and conditions of poverty and the needs of the communities assessed.	Every three (3) years.
✓ Executive summary that outlines the key findings of the needs assessment;		
3.5	The tripartite board formally accepts the completed community assessment.	Every three (3) years.
✓ Board meeting minutes.		

Category Four – Organizational Leadership		
4.1	The tripartite board/advisory body has reviewed the department's mission statement within the past five (5) years and assured that: 1. The mission addresses poverty; and 2. The CSBG programs and services are in alignment with the mission.	Every five (5) years.
✓ Board meeting minutes; And ✓ A copy of the Strategic Plan that includes mission statement.		
4.2	The department's Community Action plan is outcome-based, anti-poverty focused, and ties directly to the community assessment.	Annually
✓ A copy of the CSBG Work Plan.		
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.	Annually
All of the following: <ul style="list-style-type: none"> ✓ Evidence that all steps in the ROMA cycle (assessment, planning, implementation, achievement and evaluation) were carried out in the Work Plan and Strategic Plan, e.g. a logic model; ✓ Evidence indicating involvement of ROMA trainer/implementer in implementation of ROMA 		

principles in the Work Plan and Strategic Plan; ✓ Board Meeting Minutes.		
4.4	The tripartite board/advisory body receives an annual update on the success of specific strategies included in the Community Action plan.	Annually
✓ Board meeting minutes.		
4.5	The department adheres to its local government's policies and procedures around interim appointments and processes for filling a permanent vacancy.	Every five (5) years.
✓ Local government's policies and procedures on hiring.		
4.6	The department complies with its local government's risk assessment policies and procedures.	Every two (2) years.
✓ Risk assessment instrument and results; And ✓ Board Meeting minutes.		

Category Five – Board Governance

5.1	The department's tripartite board/advisory body is structured in compliance with the CSBG Act, by either: <ol style="list-style-type: none"> Selecting the board members as follows: <ul style="list-style-type: none"> • At least one third are democratically-selected representatives of the low-income community; • One-third are local elected officials (or their representatives); and • The remaining members are from major groups and interests in the community; or 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. 	Every five (5) years.
✓ Board bylaws; And ✓ Board Membership Module complete and updated in COPOS.		
5.2	The department's tripartite board/advisory body either has: <ol style="list-style-type: none"> 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 Another mechanism specified by the State to assure 	Every five (5) years.

	decision-making and participation by low-income individuals in the development, planning, implementation, and evaluation of programs. <i>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</i>	
✓	Board by-laws.	
5.3	Not applicable: Review of bylaws by an attorney is outside of the purview of the department and the tripartite board/advisory body, therefore this standard does not apply to public entities.	Not applicable.
✓	Not applicable	
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.	Every two (2) years.
Any of the following: <ul style="list-style-type: none"> ✓ Board meeting minutes; ✓ Signature of board members. (See appendix.); ✓ Email documenting board members receipt of the governing documents 		
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.	Annually
✓	Board meeting minutes.	
5.6	Each tripartite board/advisory body member has signed a conflict of interest policy, or comparable local government document, within the past two (2) years.	Every two (2) years.
<ul style="list-style-type: none"> ✓ A conflict of interest document; And <ul style="list-style-type: none"> ✓ Signatures of board members documenting receipt of Conflict of Interest, (See appendix). And <ul style="list-style-type: none"> ✓ Conflict of Interest forms available upon request. 		
5.7	The department has a process to provide a structured orientation for tripartite board/advisory body members within six (6) months of being seated.	Annually
<ul style="list-style-type: none"> ✓ Board Membership Module complete and updated in COPOS. And <ul style="list-style-type: none"> ✓ The curriculum/tools used for orientation; And one of the following:		

✓ A signed board member statement that such orientation occurred, (See appendix). Or ✓ Sign-in sheet from the orientation.		
5.8	Tripartite board/advisory body members have been provided with training on their duties and responsibilities within the past two (2) years.	Every two (2) years.
✓ Board Meeting Minutes And ✓ The curriculum/tools used for training; And one of the following: ✓ A signed board member statement that such training occurred, (See appendix). Or ✓ Sign-in sheet from the training.		
5.9	The department's tripartite board/advisory body receives programmatic reports at each regular board/advisory meeting.	Annually
✓ Board meeting minutes.		

Category Six – Strategic Planning		
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 five (5) years. If the department does not have a plan, the tripartite board/advisory body will develop the plan.	Every five (5) years.
✓ A copy of the completed strategic plan; And ✓ Board meeting minutes.		
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.	Every five (5) years.
✓ A copy of the strategic plan.		
6.3	The approved strategic plan, or comparable planning document, contains family, agency, and/or community goals.	Every five (5) years.
✓ A copy of the strategic plan.		
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.	Every five (5) years.
✓ A section of the strategic plan or summary that describes how the customer feedback data was used.		
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 twelve	Annually

	(12) months.	
✓	Board meeting minutes.	

Category Seven – Human Resources Management

7.1	Not applicable: Local governmental personnel policies are outside of the purview of the department and the tripartite board/ advisory body, therefore this standard does not apply to public entities.	Not applicable
✓	Not applicable	
7.2	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.	Annually.
✓	Personnel policies or employee handbook;	
And		
✓	Documentation that personnel policies have been made available to employees. (See appendix)	
7.3	The department has written job descriptions for all positions. Updates may be outside of the purview of the department.	Every five (5) years.
✓	Dated job descriptions.	
7.4	The department follows local government procedures for performance appraisal of the department head.	Every twelve (12) months.
✓	Policy or procedures pertaining to performance appraisals;	
And		
✓	Sample appraisal document;	
And		
✓	Actual appraisal document available upon request.	
7.5	The compensation of the department head is made available according to local government procedure.	Every twelve (12) months.
✓	Policy or procedures document.	
7.6	The department follows local governmental policies for regular written evaluation of employees by their supervisors.	Annually.
✓	Policy or procedures document pertaining to performance appraisals;	
And		
✓	Sample appraisal document;	
And		
	Actual appraisal document available upon request.	
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.	Every five (5) years.
✓	The curriculum, tool, or handbook used for orientation.	
7.8	The department follows local governmental policies for new	Annually.

	employee orientation.	
✓	Personnel policies or employee handbook;	
And		
✓	Documentation that demonstrates orientation is conducted for new hires. (See appendix).	
7.9	The department conducts or makes available staff development/training (including ROMA) on an ongoing basis.	Annually.
✓	Documentation of attendance at training, events, conferences, (e.g. sign in sheets, registration confirmation or other).	

<i>Category Eight – Financial Operations and Oversight</i>		
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.	Every twelve (12) months.
✓	Documentation of audit report;	
And		
✓	Confirmation of timely filing.	
8.2	The department follows local government procedures in addressing any audit findings related to CSBG funding.	Every twelve (12) months.
If there were no findings: ✓ Policy and Procedures If there were findings: ✓ Documentation of corrective action plans prepared in response to audit findings.		
8.3	The department’s tripartite board/advisory body is notified of the availability of the local government audit.	Every twelve (12) months.
✓	Board meeting minutes.	
8.4	The department’s tripartite board/advisory body is notified of any findings related to CSBG funding.	Every twelve (12) months.
✓	Board meeting minutes.	
8.5	Not applicable: The audit bid process is outside of the purview of tripartite board/advisory body therefore this standard does not apply to public entities.	Not applicable.
✓	Not applicable.	
8.6	Not applicable: The Federal tax reporting process for local governments is outside of the purview of tripartite board/advisory body therefore this standard does not apply to public entities.	Not applicable.
✓	Not applicable.	

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.	Annually.
✓	Board meeting minutes.	
8.8	Not applicable: The payroll withholding process for local governments is outside of the purview of the department, therefore this standard does not apply to public entities.	Not applicable.
✓	Not applicable.	
8.9	The tripartite board/advisory body has input as allowed by local governmental procedure into the CSBG budget process.	Every twelve (12) months.
✓	Board meeting minutes.	
8.10	Not applicable: The fiscal policies for local governments are outside of the purview of the department and the tripartite board/advisory body, therefore this standard does not apply to public entities.	Not applicable.
✓	Not applicable.	
8.11	Not applicable: Local governmental procurement policies are outside of the purview of the department and the tripartite board/advisory body, therefore this standard does not apply to public entities.	Not applicable.
✓	Not applicable.	
8.12	Not applicable: A written cost allocation plan is outside of the purview of the department and the tripartite board/advisory body, therefore this standard does not apply to public entities.	Not applicable.
✓	Not applicable.	
8.13	The department follows local governmental policies for document retention and destruction.	Every five (5) years.
✓	Document Retention and Destruction Policy	

Category Nine – Data and Analysis

9.1	The department has a system or systems in place to track and report client demographics and services customers receive.	Annually
✓	A copy of the demographic report from the reporting system.	
9.2	The department has a system or systems in place to track family, agency, and/or community outcomes.	Annually
✓	Sample of a report documenting program outcomes.	
9.3	The department has presented to the tripartite board/advisory	Every twelve (12)

	body for review or action, at least within the past twelve (12) months, an analysis of the agency's outcomes and any operational or strategic program adjustments and improvements identified as necessary.	months.
✓	Board meeting minutes.	
9.4	The department submits its annual CSBG Information Survey data report and it reflects client demographics and CSBG-funded outcomes.	Autoformatted annually.

CSBG Risk Assessment Tool				
No.	Criteria	Points	Weighted Multiplier	Value
Management/Fiscal Operations				
1	Agency Questionnaire		2	
2	Average Percentage of Organizational standards met over 12 months		12	
3	Accuracy and timeliness of budgets		2	
4	FSRs		2	
5	Invoices		1	
6	Percent of rollover funds		4	
7	Single audit		1	
8	Changes in staff		3	
9	Staff capacity		7	
Program Planning and Evaluation				
10	ROMA compliance		4	
11	Workplan submissions		2	
12	Goals met		2	
13	Target accuracy		3	
14	Status of other agency programs		2	
Contract Compliance				
15	CSBG Subcontractors		2	
16	Subcontractor monitoring		3	
17	Data collection systems		5	
18	CSBG Monitoring corrective action		5	
19	Other state or federal subcontracted programs		2	
20	Financial management monitoring		3	
Board Compliance				
21	Tripartite board composition		12	
22	ROMA Training		3	
23	Financial Reports		5	
24	Quorum		4	
Communication/Reporting				
23	Symposiums and webinars		2	
24	Timely responses to state requests		2	
25	COPOS Reporting		5	
		Total Points:		
EACH DESCRIPTOR/CRITERIA IS WORTH 0-3 POINTS:				
0 Points = Compliant 100%				
1 Point = Compliant 90%				
2 Points = Compliant 50%				
3 Points = Compliant less than 50%				
	Low Risk (Level 1) -All of the time with at most one exception (1-100 points)			
	Medium Risk (Level 2) -Most of the time with at least two or more exceptions (101-200 points)			
	High Risk (Level 3) -Never or inconsistently (201-300 points)			