

Community Services Block Grant (CSBG)

Policies and Procedures Manual

**Massachusetts Executive Office of Housing and Livable Communities
Division of Strategy and Climate
Community Services Unit**

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I. General Information

a. Background and Purpose

The Community Services Block Grant (CSBG) is federal funding from the U.S. Department of Health and Human Services (HHS) that was created through the Economic Opportunity Act of 1964 and is administered at the State and territory level. CSBG funding supports activities that help to reduce poverty, revitalize low-income communities, and empower low-income families and individuals to become self-sufficient. In Massachusetts, CSBG funding is at the core of a network of Community Action Agencies (CAAs) which mobilize resources and communities to fight poverty. Through CSBG support, CAAs can respond to the causes and conditions of poverty by delivering services and strategies tailored to meet priority needs unique to their communities.

This CSBG policies and procedures manual describes certain general principles governing the Executive Office of Housing and Livable Communities' (EOHLC's), which was formerly the department of Housing and Community Development (DHCD or Department) approach to the CSBG program. The manual outlines the tasks that EOHLC generally undertakes to meet the objectives of the CSBG program, subject to the availability of resources and upon EOHLC's evaluation of the totality of circumstances. It is not intended to be exhaustive. This manual is intended to assist EOHLC in administering the various aspects of the program, and to help fill in the gaps, clarify, interpret, and explain existing law. Certain additional program-specific protocols and provisions may be set forth in other plans, contracts, notices, administrative guidance, and/or other directives as applicable.

The manual may also include or reference forms, tools, dates, and other brief summaries of information which are provided for illustration purposes only. EOHLC may issue updates and changes to these from time to time, without requiring the reissuance of this manual. As such, EOHLC staff and the eligible entities should refer to current source documents. It is EOHLC's intent that the policies and procedures contained in this manual will be reviewed and updated as necessary, prior to submission of the CSBG State Plan.

b. Legislation and Guidance

The following legislation, guidance, and legal authority, as they may be updated from time to time, inform the CSBG policies and procedures described in this manual:

- [Coats Human Services Reauthorization Act of 1988](#) (42 USC 9901 – CSBG Act)
- [CSBG Regulation 45 CFR 96](#)
- [Community Services Block Grant Program](#) (760 CMR 29.00 - State CSBG Regulation)

- [Office of Management and Budget Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards \(2 CFR 200 - OMB Super Circular\)](#)
- [Policy and Guidance issued periodically by HHS, Office of Community Services \(OCS\) \(Information Memorandums \(IMs\), etc.\)](#)
- Various State Laws, Regulations, EOHLC IMs and administrative guidance, and applicable contract provisions. Previous state CSBG IMs are saved in [OCD - DCS - GFS - DCS > Neighborhoods > Neighborhoods > wp > CSBG > Information Memorandums](#) for internal use by appropriate EOHLC staff.

c. Administering Agency

In accordance with Section 676(a)(1) of the federal Community Services Block Grant Act, as amended (Pub. 105-285) (federal CSBG Act), the Governor of the Commonwealth of Massachusetts has designated the Executive Office of Housing and Livable Communities (EOHLC) as the lead administering agency of the CSBG program.

d. Eligible Entities

Only a duly designated anti-poverty eligible entity can receive CSBG funding. Currently Massachusetts provides funding to twenty three (23) designated nonprofit entities, also known as [CAAs](#), who provide a variety of community-based services, programs, and activities that promote self-sufficiency for low-income families and individuals residing in the Commonwealth's 351 cities and towns.

Procedures and requirements for eligible entity designation are specified in Section 29.03 of the State CSBG Regulation [760 CMR 29.00](#). Among the requirements is that each entity must be governed by a tripartite board comprised of 1/3 public officials (or their representatives), at least 1/3 representatives of low income persons selected in accordance with democratic procedures, and the remainder representatives of the private sector.

e. Funding Formula and Allocation

Federal requirements stipulate that at least 90% of CSBG funds be passed through to the CAAs. In Massachusetts these funds are distributed to CAAs based on a historical formula. Planned and actual allocations to each CAA are specified in the two-year CSBG State Plan and Annual Report, respectively.

Of the remaining 10%, states can use up to 5% for administrative cost and the remaining funds for discretionary projects that help accomplish the statutory goals of CSBG.

Procedures and requirements pertaining to funding (annual application, termination and reduction, etc.) are further specified in the State CSBG Regulation [760 CMR 29.00](#) including but not limited to sections 29.04, 29.05 and 29.07, and in contracts executed annually by the CAAs with EOHLC.

II. State Plan

a. Overview

Pursuant to Section 676 of the federal [CSBG Act](#), EOHLC is required to submit to the Department of Health & Human Services (HHS) a state plan every two federal fiscal years. The CSBG State Plan provides program grantees information on how the State will distribute and allocate CSBG program funds, describes the State's plan to meet assurances required by the Act, and establishes state accountability measures required for the reporting period among, other things. The most recently approved State Plans are available to the public on [EOHLC's website](#) while related documentation and prior plans are available to appropriate EOHLC staff for internal use in [OCD - DCS - GFS - DCS > Neighborhoods > Neighborhoods > wp > CSBG > State Plans](#).

The State Plan is generally prepared by the Community Services Supervisor and CSBG Program Coordinator, with sections completed by the CSBG Fiscal Representative and Fiscal Manager. Prior to its submission to HHS, the Plan is typically reviewed for approval or edits as necessary by the following EOHLC staff or their designees: Community Services Supervisor, CSBG Program Counsel, Chief Counsel, Undersecretary of Strategy and Climate, and the Secretary. Once approved, the Undersecretary of Strategy and Climate certifies the report and the CSBG Program Coordinator or Community Services Supervisor or their designee submits it to HHS through the *Online Data Collection* (OLDC) system. Once the submitted State Plan is reviewed and approved, HHS issues an approval letter and Award letter.

b. Public Comment and Hearing

In accordance with the federal [CSBG Act](#), EOHLC holds a public comment period and hearing in conjunction with the development of each state plan as well as a legislative hearing every three years. Plans are due no later than 30 days prior to the beginning of the first fiscal year covered by the plan and are submitted to HHS through OLDC.

Generally, the Community Services Supervisor and CSBG Program Coordinator or their designees work with EOHLC's Legislative Liaison to secure the date and location for a legislative hearing and with administrative staff to schedule the meeting room for a state plan hearing.

Prior to posting the draft plan, EOHLC is committed to soliciting informal input from the CAA network through multiple means, including through ListServ notifications to the entire network and meetings with the state association's (MASSCAP) Executive Committee members. EOHLC also generally analyzes and considers a variety of performance management data while developing the draft State Plan including but not limited to: the CSBG Annual Report, responses to the ACSI Survey, and the network's Community Assessment Report & Strategic Plan and Community Action Plan documents.

The draft plan is routinely posted on EOHLC’s website, along with written notification of the public hearing date(s), time(s) and location(s). Testimony received at the hearing and timely written comments received are considered, and any appropriate changes are made before the plan is finalized and submitted to HHS for approval.

For illustration purposes, the following is a sample timeline summary of the overall State Plan development process and approximate date ranges. EOHLC reserves the right to adjust the timeline and steps as necessary.

c. Development Process

The following is a timeline summary of the overall State Plan development process:

State Plan Development Year and approximate dates	State Plan - FY 1 and approximate dates	State Plan - FY2 and approximate dates
<ul style="list-style-type: none"> •December EOHLC-CSU initiates State Plan development process •January - February Informal feedback collected and reviewed •March <i>Annual Report (prior State Plan progress) submitted to OCS</i> •April EOHLC-CSU completes State Plan draft •May State Plan draft circulated for EOHLC internal sign-off •June - July State Plan draft posted to EOHLC website, 30 Day Open Comment Period & Public Hearing held •EOHLC-CSU reviews public comments and revises Plan as needed •August State Plan circulated for EOHLC internal sign-off •September <i>State Plan submitted to OCS by 9/1</i> 	<ul style="list-style-type: none"> •October Final State Plan posted to EOHLC website (pending OCS approval) •March <i>Annual Report (prior State Plan progress) submitted to OCS</i> 	<ul style="list-style-type: none"> •December EOHLC-CSU initiates State Plan development process •January - February Informal feedback collected and reviewed •March <i>Annual Report (prior State Plan progress) submitted to OCS</i> •April EOHLC-CSU completes State Plan draft •May State Plan draft circulated for EOHLC internal sign-off •June - July State Plan draft posted to EOHLC website, 30 Day Open Comment Period & Public Hearing held •EOHLC-CSU reviews public comments and revises Plan as needed •August State Plan circulated for EOHLC internal sign-off •September <i>State Plan submitted to OCS by 9/1</i>

III. Results Orientated Management and Accountability

Section 678E(a) and the assurance under Section 676(b)(12) of the federal CSBG Act require States receiving CSBG funds to participate, and all CAAs in the State to participate, in a performance measurement system. Since 2001, Massachusetts has participated in the Results Oriented Management and Accountability (ROMA) System.

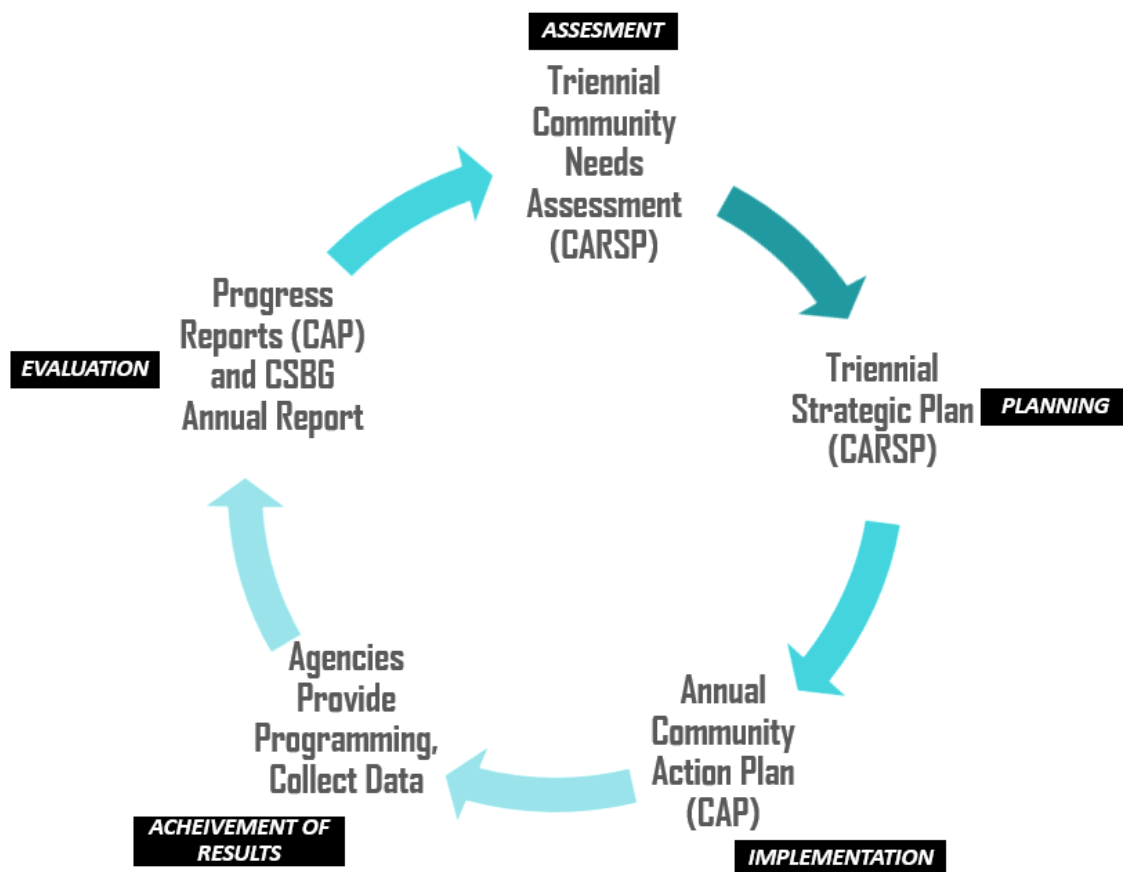
a. State ROMA Support

As part of our State participation in ROMA, EOHLC aims to support our CAA network in utilizing the ROMA System through multiple means including, but not limited, to:

- Alignment of key State CSBG deliverables with ROMA principles and practices.
- Written guidance on completing Community Action Plans and the CSBG Annual Report as well as subsequent reviews and written feedback through the State's web-based data collection system, known as *E.Gov*, on submitted reports.
- Written guidance, training, and technical assistance on conducting the three-year community assessment and strategic planning process along with subsequent reviews and written feedback on CAA planning processes and submitted reports.
- Investment of CSBG discretionary funds in the MASSCAP Training Center (MTC) to train and provide ongoing support related to ROMA implementation, including coordination of the ROMA Professional certification process.

b. ROMA Cycle

ROMA is a system for continuous quality improvement enabling the Community Action network to measure, analyze, and communicate performance. “Implementation” of ROMA generally occurs in five phases: Assessment, Planning, Implementation, Achievement of Results, and Evaluation. The following graphic depicts how key CSBG deliverables in Massachusetts align with these phases:



c. ROMA Reviews

State Accountability Measure 5S(ii) described in OCS [IM 144](#) directs States to provide eligible entities written feedback regarding their performance in meeting ROMA goals, within 60 calendar days of submitting the State’s CSBG Annual Report.

To meet 5S(ii), EOHLC provides written feedback to our eligible entities on their performance in meeting ROMA Goals multiple times throughout the year including at the semi-annual and final

CAP progress reports as well as the Annual Report. Written feedback is typically submitted through *E.Gov* and addresses any targeting concerns and/or need for adjustment identified during the review of each report. Similarly, upon receipt of each entity's draft Community Action Plan for the subsequent year, feedback is typically provided (based on prior performance) on National Performance Indicators (NPIs) selected and targeting.

The State's ROMA review is not intended to result in feedback and guidance on specific programs and/activities. It is, however, intended to result in feedback and guidance on how well the agency implements ROMA principles. For example, a ROMA review should consider questions such as:

- Is the Need/Goal, Strategy Statement of each program, initiative, etc. included in the CAP clearly stated?
- Do the services and strategies included in the CAP address needs identified in the agency's community assessment?
- Do the selected NPIs allow the agency to monitor progress meeting their goals? *(ex. – A shelter program has the main goal of helping families obtain housing but only selects the outcome measure: "number of households experiencing homelessness who obtained safe temporary shelter." The program should also utilize the outcome: "number of households who obtained safe and affordable housing.)*
- Does the description identify measurement tools/processes to adequately track selected outcome(s)? *(ex. – An agency providing financial literacy classes using the outcome measure "number of individuals who achieved and maintained capacity to meet basic needs for 90 days" but has no means to follow-up with class attendees for 90+ days)*
- Are any of the actual NPIs reported in the Annual Report +/- 20% of what the agency targeted and if so, is there a comment that addresses the cause and/or plan to address the disparity? **(Note:** *In the context of ROMA, it is ok for an agency to fall short/exceed their target, so long as they are looking at and adjusting based the data.)*
- Are 100% of Individuals Served in Programs reported as achieving for most NPIs? *(While it is possible to have 100% achievement for certain NPIs, if an agency is reporting 100% achievement for most NPIs, they may not actually be tracking outcomes but instead just backfilling actual participants served with the number achieving the outcome.)*

IV. Contracts

The following is a summary provided for convenience. It is not intended to be an exhaustive description, and EOHLC reserves the right to adjust the steps described below as needed. Annually, each CAA must execute a contract with EOHLC for the administration of the CSBG Program. EOHLC generally requires that executed contracts be returned by the end of September. The contracts consist of several documents including the Commonwealth of Massachusetts Standard Contract Form and the Commonwealth Terms and Conditions required by the Massachusetts Office of the Comptroller, a Scope of Services for the CAA's administration of the CSBG Program, the CAA's workplan and budget for the administration of the program, and other documents that are incorporated into the contract by reference.

Each year, EOHLC's Program Legal Counsel works closely with the Community Services Supervisor or their designee, the Fiscal Unit (including the Contracts Manager), and other EOHLC staff as needed to incorporate updates to the Scope of Services. Program Legal Counsel, the Fiscal Unit, and the Community Services Supervisor review the updates to the scope of services before it may be circulated for further internal review. Program Legal Counsel and the Community Services Unit may also work together to provide information to the CAAs about the contract, such as drafting a crosswalk summarizing updates to the Scope of Services to circulate to the CAAs for their convenience/illustration purposes.

a. Confidentiality

Among specifications included in the standard contract with each CAA are requirements for maintaining records and information (including that of CSBG customers) in accordance with all State and Federal laws concerning the confidentiality of information. Below is a brief summary of the policies and laws that may be applicable. EOHLC staff and the CAAs must refer to the EOHLC contracts for the relevant contract language and authority.

- [Massachusetts Fair Information Practices Act \(M.G.L. c. 66A\)](#)
- [Security Breaches \(M.G.L. c. 93H\)](#)
- [Regarding the Security and Confidentiality of Personal Information](#) (the Security Policies and Standards published by the Executive Office for Technology, Services and Security (EOTSS), or successor EOTSS policies)
- [Privacy and Confidentiality \(801 CMR 3.00\)](#)
- [Standards for the Protection of Personal Information of Residents of the Commonwealth \(201 CMR 17.00\)](#)

V. Community Action Plan

Section 676(b)(11) of the federal [CSBG Act](#) requires States to assure they will “secure from each eligible entity in the State, as a condition to receipt of funding” a community action plan inclusive of a community-needs assessment. To meet this assurance, Massachusetts’s regulation [760 CMR 29.07 \(1\)](#) and relevant contract provisions require Massachusetts CAAs to “develop and submit a Community Action Plan to the Department [EOHLC] for review and approval” as a condition for funding. The Community Action Plan (CAP) is submitted to EOHLC through the *E.Gov* and summarizes a CAA’s work over the course of a contract year. According to the State Regulation the CAP must include the following:

- 1.) A workplan with administration and program objectives, activities, and performance outcomes including relevant detail on each project to be funded; and
- 2.) A CSBG budget.

The CAP process outlined below corresponds to EOHLC’s annual CSBG contract process described elsewhere in this manual. EOHLC reserves the right to adjust the process as necessary.

a. Annual Application and Contract

1. Approximately two months before the start of program year, EOHLC’s Division of Strategy and Climate’s Program and Fiscal Compliance Units generally coordinate to ready and open the annual Community Action Plan and Budget for agencies. Agency allocations automatically populate from the Contracts Management System therefore the Contracts Manager or their designee must enter that information first. Once the Contracts Management System is updated, the CAP can be opened within E.Gov by selecting the “Open Next Fiscal Year” function in the Report Selection screen. The Budget can be opened by clicking “Settings” in the Report Selection screen and then selecting the “Add Next Fiscal Year” function.
2. When the system is ready, EOHLC generally notifies agencies via ListServ, provides guidance and instructions on any changes from the previous year, and indicates a due date for submission.
3. Approximately one month before the start of the program year, CAAs are asked to submit their completed workplans and budgets.
4. Upon submission, the EOHLC Program Representative generally completes a ROMA review of the CAP (as outlined in the next section) and accepts the workplan in *E.Gov*. Likewise, the EOHLC Fiscal Representative completes a review of each budget and accepts in *E.Gov*., and notifies the DCS Contracts Administrator.

Note: E.Gov related documents are available to appropriate EOHLC staff for internal use in [OCD - DCS - GFS - DCS > Neighborhoods > Neighborhoods > wp > CSBG > E.Gov and Community Software Group](#)

b. Reports on Progress

CAAs are required by their contracts with EOHLC to submit six- and twelve-month reports on workplan progress, also referred to as the Period 2 & 3 reports. Additionally, CAAs are required to submit four quarterly fiscal reports on the operation of funded projects. All reports are generally due via *E.Gov* submission within 30 days after each reporting period ends and *E.Gov* sends auto notifications to agencies when the default date approaches. In the event that EOHLC adjusts a due date, the auto notification can be changed by selecting the “Administration” tile in the CSG Dashboard and modifying the date through the “eGov Reports Due Date Setup” function.

The contract between the CAA and EOHLC provides protocols for the approval of any requests for extensions on deadlines. Upon submission, the EOHLC Program Representative generally completes a ROMA review of the progress report (as outlined in section III. of this manual) and accepts the report in *E.Gov*. Similarly, the DCS Fiscal Compliance Unit generally completes a review and approval of quarterly fiscal reports. For the twelve-month workplan progress report, or Period 3 report, agencies are required to submit information on actual funds expended by CSBG domains and on the number of individuals served by zip code during the program year. The CSBG Program Coordinator may, in conjunction with the Program Representatives, review for certain information in the Period 3 report including total CSBG funds expended as compared to the agency’s approved quarterly fiscal report. To assist in this review, the Program Coordinator may generate the statewide “CSBG Community Action Plan Data Dump” report (*within any agency’s Period 3 report → click “Reports” → click “CSBG Community Action Plan Data Dump”*).

VI. State Reporting

a. CSBG Annual Report

Section 678E of the federal [CSBG Act](#) requires States to annually prepare and submit a report on the measured performance of the State and the eligible entities in the State. Effective for the 2018 program year, the CSBG Annual Report replaced the Information System (IS) Survey as the tool through which States submit this report. Annual Reports are due approximately 6 months after the prior program year ends and are submitted to HHS through their OLDC system. The final report submission includes 4 separate “Modules” which are prepared through slightly different processes. CAAs submit their data to EOHLC through a statewide Annual Report system in *E.Gov*.

Note: For FY20-22, a shortened version of the Annual Report was required for supplemental funds received through the Coronavirus Aid, Relief, and Economic Security (CARES) Act. These reports were prepared generally using the same processes described below.

Module 1

Module 1 includes information on the State’s actual performance during the program year and is generally prepared by the CSBG Program Coordinator, with some sections completed by the CSBG Fiscal Representative or Fiscal Manager. For sections requiring CAA narratives, every agency submits examples as part of their report in *E.Gov* and the CSBG Program Coordinator and Community Services Supervisor or their designee, coupled with recommendations from Program Representatives, select the narratives to include in the statewide report. The Community Services Supervisor or their designee reviews the completed Module 1 for approval or edits, if necessary, before the CSBG Program Coordinator submits the Module in OLDC.

Module 1 Agency Narratives & Modules 2-4

The Annual Report requires states to collect information from CAAs on the demographics of clients served, uses of CSBG funds, and CAA results for the prior program year (including accomplishment narratives). Further, EOHLC’s contract requires CAAs to collect Annual Report data & information, hold it in a secure and confidential manner that complies with relevant requirements, and submit to EOHLC approximately 4 months after the program year ends. The contract between the CAA and EOHLC provides protocols for the approval of any requests for extensions on annual reporting deadlines.

The statewide Annual Report system in *E.Gov* includes features that streamline the data cleaning process. First, it allows CAAs to import much of their data (Module 3, Module 4- Sections A & B) directly from their yearend Community Action Plans (CAPs) that have already undergone ROMA reviews by EOHLC staff (as outlined in section III. of this manual). Second, the system includes error and warning checks utilized by HHS in their review of the state’s

report so CAAs can address potential data issues before submitting to EOHLC. EOHLC's review entails ensuring agencies provide adequate explanations for remaining warning flags, confirming all available data was imported from the CAP and, if imported totals are modified, the agency provided a reasonable explanation. The CSBG Program Coordinator generally completes the review of each CAA report. To help identify potential inconsistencies during the review process, the Program Coordinator may also generate a statewide report (*select "State Modules" in the Report Selection screen → click "Reports" → click "Generate Excel"*) and compare to the prior year report.

Once all agency reports are reviewed and accepted, the CSBG Program Coordinator generates the XML/XLS files (*select "State Modules" in the Report Selection screen → click "Reports" → click "Generate Export Files"*) and uploads the information into OLDC. The Community Services Supervisor or their designee reviews the statewide report in OLDC for approval or edits, if necessary, before the CSBG Program Coordinator submits all Modules in OLDC.

OCS Review Memo

Within 3-6 months of the OLDC submission, OCS will review the report and provide feedback. Generally, a separate review memo is provided for Module 1, Module 3, and Modules 2 & 4. The CSBG Program Coordinator drafts responses for any comments EOHLC can answer directly. Comments received for Modules 2 & 4 typically require follow-up from agencies to clarify or revise data. In those cases, the Program Coordinator typically emails the comment(s) to the agency asking for a response. If agencies need to revise data, the Program Coordinator returns their reports in *E.Gov* for modification. Once the revised reports are accepted, the Program Coordinator regenerates XML/XLS file(s) for those agencies and re-uploads them into OLDC. Before the Program Coordinator submits the review memo responses and revised reports, the CSU Supervisor or their designee typically reviews for approval or edits if necessary.

b. Federal Financial Report (FFR) SF-425

Generally, the SF-425 for CSBG block grant funds is prepared by the CSBG Fiscal Representative or Fiscal Manager using the "Federal Financial Report Instructions". The fiscal staff enters the report data into OLDC and saves a draft form. The draft is reviewed by the CSU Manager or their designee for approval or edits if necessary. Once approved, the CSU Manager or Undersecretary of Strategy and Climate or their designee certifies and submits the report in OLDC. The submitted OLDC report is printed, signed and dated by the CSU Manager, the fiscal staff who drafted the report and the Undersecretary of Strategy and Climate or their designees. A scanned digital copy of the report and any supporting documentation is saved in the CSBG central file.

Submission Schedule: Annual. Each annual report must be submitted within 90 days following the end of each Federal Fiscal Year.

- An Interim report (covering Year 1 of the project period) is due 90 days following the end of Federal Fiscal Year 1;
- A Final report (cumulative, covering the entire 2-year project period) is due 90 days following the end of Federal Fiscal Year 2.

c. Federal Funding Accountability and Transparency Act (FFATA) Subaward Report

In accordance with 2 CFR Chapter 1, Part 170 Reporting Sub-Award and Executive Compensation Information, Prime Awardees awarded a federal grant are required to file a FFATA sub-award report by the end of the month following the month in which the prime awardee awards any sub-grant equal to or greater than \$25,000.

Generally, the CSBG Fiscal Representative enters the sub award numbers in the Federal Sub award Reporting System (FSRS) <https://www.fsrs.gov>. After all entries are complete, the CSBG Fiscal Representative will provide the FFATA report (PDF or hard copy) to the CSBG Program Manager and the Fiscal Director or their designees whom will review the entered FFATA sub award amounts and ensure they match the approved contracted amounts.

After review by the CSBG Program Manager and the Fiscal Director or their designees, the FFATA report is submitted by the Fiscal Representative and the Fiscal Representative will print the FFATA report cover sheet and will sign as Entered by, then the Fiscal Director will sign as Verified by, and the Program Manager will sign as Approved by. A scanned digital copy of the report and any supporting documentation is saved in the CSBG central file.

VII. Community Assessment Report and Strategic Plan

Among the CAA responsibilities specified in the federal [CSBG Act, 760 CMR 29.00](#), and in applicable contract provisions, is a requirement to conduct a community needs assessment. Effective 2015, further requirements were added under the Center of Excellence (COE) developed CSBG Organizational Standards, implemented in Massachusetts pursuant to OCS [IM 138](#), including that CAAs must complete a community assessment and issue a report at least every three years. The COE Standards also require CAAs to complete a strategic plan at least every five years and that certain information collected during the community assessment be included in the strategic plan. To help Massachusetts CAAs meet requirements of the federal CSBG Act, 760 CMR 29.00, and the COE Standards, EOHLC is committed to coordinating, training, and providing written guidance to CAAs in completing a community assessment and strategic plan.

To streamline workflow and better align with ROMA principles, the Massachusetts CAA network advocated combining the community needs assessment/report and strategic plan into one process conducted once every three years. The final document resulting from this three-year process, called the *Community Assessment Report & Strategic Plan* (CARSP), is submitted to EOHLC upon completion. A CAA's three-year CARSP feeds into their annual Community Action Plan (CAP) – ensuring short-term performance objectives and activities tie back to an identified need in their community served. Since the three-year CARSP and annual CAP are so entwined, EOHLC generally utilizes both documents to evaluate whether a CAA is meeting the goals of the federal CSBG Act.

a. CARSP Development Process

Approximately one year before the next CARSP is due, EOHLC aims to release a planning guide to the network and coordinate with MASSCAP to hold a network-wide training and kick-off event. The planning guide, which is available on [EOHLC's website](#), includes instructions on how to format the final document submitted to EOHLC, linkages to compliance standards, and other guidance/resources for CAAs in completing their community assessment and strategic plan. EOHLC aims to revise the planning guide every three years so that guidance and resources are timely. Previous guides and tools utilized in EOHLC's review to provide feedback are saved in [OCD - DCS - GFS - DCS > Neighborhoods > Neighborhoods > wp > CSBG > Community Assessment Report & Strategic Plan](#) for internal use by appropriate EOHLC staff.

After EOHLC issues the planning guide, CAAs must submit a summary of their plan for conducting the community assessment and strategic plan process including key participants, timelines, and tools to be used. Generally, EOHLC program representatives review the summary plan and provide feedback to each CAA, the purpose of which is to ensure the CAA accounted for compliance requirements and address issues with their approach to the assessment/strategic plan process.

Generally, CAAs conduct the needs assessment process for approximately 6 months and complete their CARSP writing approximately 3 months after that. EOHLC aims to conduct “check-ins” with CAAs where needed to facilitate the CARSP’s timely submission and compliance with all necessary requirements. Upon submission of the final, Board approved CARSP, EOHLC program representatives review each document and, where necessary, provide follow-up technical assistance before issuing a written approval notification to the CAA.

VIII. Monitoring

a. Purpose

Section 678B of the federal [CSBG Act](#) requires State CSBG Lead Agencies to establish “performance goals, administrative standards, financial management requirements, and other requirements” that ensure an appropriate level of accountability and quality among the State’s eligible entities. The federal CSBG Act also requires that State Lead Agencies perform a full onsite review of each CAA at least once during each three-year period, an onsite review of newly designated CAAs, and other reviews as appropriate. EOHLC monitors CAAs in accordance with the federal CSBG Act, state regulations, including [760 CMR 29.00](#) (the state CSBG regulation), contractual requirements, as well as IMs published by OCS and EOHLC.

On January 26, 2015, OCS published [IM 138](#) which stated that for States to meet the responsibilities outlined in the federal CSBG Act, they “must establish and communicate clear and comprehensive standards and hold eligible entities accountable according to the standards as part of their oversight duties.” EOHLC, in collaboration with the State’s eligible entities and the State Association (MASSCAP), selected the Center of Excellence (COE) developed CSBG Organizational Standards for Private CSBG Eligible Entities as the comprehensive standards by which CAAs would be assessed annually.

b. Guiding Principles

EOHLC follows the guiding principles endorsed by the National Association of State Community Action Programs in its approach to monitoring CAA compliance with the goals of the federal CSBG Act:

Mutual Respect

In working with sub grantee boards, staff, and consultants, EOHLC values the unique knowledge, ability, and independence of each person. Mutual respect is of central concern to EOHLC.

Open Communication

EOHLC endeavors to keep lines of communication open and facilitate good working relationships with its partners. EOHLC’s goals are to communicate frequently through a variety of tools and media, assist in developing solutions to problems, share program improvement ideas, and provide information on new developments in the anti-poverty field. EOHLC is open to contact and is committed to listening to suggestions/concerns and to gaining an understanding of local operations and to assist its local partners in pursuing CSBG priorities.

Joint Problem solving

EOHLC endeavors to promote an environment in which the agency and all the State's eligible entities will be open to change and working together in exploring options and developing mutually agreeable solutions.

c. Process Overview

EOHLC monitors whether CAAs are meeting the goals of the federal CSBG Act through a multi-part process for each CAA which may include:

1. Reviewing three-year community assessment and strategic plan documents as well as annual Community Action Plans and Annual Report submissions (as outlined elsewhere in this manual)
2. Conducting annual desk level reviews of the Organizational Standards
3. Performing triennial reviews, at least once during each three-year period and in accordance with a planned calendar.
4. Conducting ongoing reviews of fiscal activities and contract requirements
5. Conducting Board monitoring, including ongoing reviews of minutes and periodically attending meetings

Documents utilized for CSBG monitoring, including monitoring calendars, tools, and flowcharts outlining the process, are saved in [OCD - DCS - GFS - DCS > Neighborhoods > Neighborhoods > wp > CSBG > Monitoring](#) for internal use by appropriate EOHLC staff. EOHLC aims to gather feedback from and communicate changes to the network ahead of each monitoring year on tools and processes to be used. Information communicated may include but is not limited to changes in guidance or approach to certain monitoring standards.

d. Monitoring Schedule and Risk Assessment

As part of the CSBG State Plan submitted to OCS, EOHLC includes an estimated schedule for triennial monitoring during the two-year State Plan period. Approximately 4 months before the start of each program year, EOHLC completes a risk assessment evaluation for each CAA, the results of which inform the final monitoring schedule for the next year. The current Risk Assessment Evaluation form is included for illustration purposes in the attached *Appendix A* of this manual and copies of previous evaluations are saved in [OCD - DCS - GFS - DCS > Neighborhoods > Neighborhoods > wp > CSBG > Risk Assessment](#) for internal use by appropriate EOHLC staff. Agencies are notified of scheduled monitoring through the processes specified in the Annual

Organizational Standards Review and Triennial Review sections that follow. EOHLC reserves the right to adjust the processes as needed.

e. Annual Organizational Standards Reviews

In accordance with OCS IM 138, EOHLC assesses the status of CAAs in meeting all COE Organizational Standards annually. Generally, the monitoring process begins with the release of the current fiscal year *Agency Assessment*, EOHLC's web-based portal through which CAAs submit self-assessments and supporting documentation. Upon release of the *Agency Assessment*, EOHLC also notifies CAAs of the date on which their self-assessment and supporting documentation are due. Once *Agency Assessments* are submitted, EOHLC staff conducts its desk-level review and validates CAA self-assessment responses. The validation process may include follow-up with a CAA to clarify documentation provided and/or discuss a Performance Improvement Deliverable which gives the CAA the opportunity to move to a "Met" status on any standards EOHLC determines are "Not Met". Within 12 weeks of the CAA submitting their self-assessment and supporting documentation, EOHLC issues a preliminary monitoring report. For any standard deemed "Not Met" on the issued preliminary report, if documentation to satisfy the Performance Deliverable is completed, submitted, and accepted by EOHLC within 60 calendar days the standard will be moved to "Met" on the final report. Once the 60-day grace period ends, EOHLC issues the final report including any outstanding Performance Improvement Deliverables.

Additional monitoring tools utilized during annual Organizational Standards reviews are saved in [OCD - DCS - GFS - DCS > Neighborhoods > Neighborhoods > wp > CSBG > Monitoring](#) for internal use by appropriate EOHLC staff. *Note: CAAs scheduled for triennial monitoring are assessed similarly on the status of Organizational Standards but follow the process outlined in the next section. For both annual Organizational Standards reviews and triennial reviews, EOHLC may collaborate efforts with a 3rd Party Vendor to assess the overall health of a CAA.*

f. Triennial Reviews

EOHLC's triennial monitoring provides an in-depth point in time assessment of a CAA's organizational capacity and compliance. To conduct triennial reviews, EOHLC utilizes comprehensive in-depth monitoring and assessment tools, which incorporate the COE's nine categories of "Organizational Standards" for private, nonprofit eligible entities as well as five categories of "Other State and Federal Compliance Standards" that address contractual and regulatory requirements. Below are the categories of standards addressed through monitoring:

COE Organizational Standards

Category 1: Consumer Input and Involvement

Category 2: Community Engagement

Category 3: Community Assessment

Category 4: Organizational Leadership

Category 5: Board Governance
Category 6: Strategic Planning
Category 7: Human Resource Management
Category 8: Financial Operations and Oversight
Category 9: Data and Analysis

Other State and Federal Compliance Standards

Category 10: Governance
Category 11: Fiscal
Category 12: Human Resources
Category 13: Operational Management
Category 14: Key Informant Surveys

EOHLC's triennial review process includes a desk-level assessment and onsite visit. Typically, the process begins with the release of the current fiscal year *Agency Assessment*, EOHLC's web-based portal through which CAAs submit self-assessments and supporting documentation to each monitoring standard for EOHLC's desk review. Upon release of the *Agency Assessment*, EOHLC also notifies CAAs what month their triennial monitoring meeting will occur and estimated date their self-assessment and supporting documentation are due. Specific monitoring and *Agency Assessment* due dates are then negotiated with the CAA.

Once the CAA submits their *Agency Assessment*, the EOHLC team conducts its desk-level review and prepares follow-up questions for the CAA triennial. During the triennial, the EOHLC team meets with agency staff and Board members either virtually or in person to discuss follow-up questions and potential Performance Improvement Deliverables for any standards deemed "Not Met". During the onsite visit, EOHLC reviews employee human resource files, client files, and/or fiscal documentation as needed. After the triennial, EOHLC completes its validation of the CAA's self-assessment considering additional information provided by the CAA. Within six weeks of the triennial, EOHLC issues a preliminary monitoring report and, where needed, holds an exit conference call with the CAA. For any standard deemed "Not Met" on the preliminary report, if documentation to satisfy the Performance Improvement Deliverable is completed and submitted within 60 calendar days, and is accepted by EOHLC, the standard will be moved to "Met" on the final report. Once the 60-day grace period ends, EOHLC issues the final report including any outstanding Performance Improvement Deliverables and/or Technical Assistance Plan items negotiated.

The current Triennial Monitoring Tool is included for illustration purposes in the attached *Appendix B* of this manual. Additional monitoring tools utilized during Triennial reviews are saved in [OCD - DCS - GFS - DCS > Neighborhoods > Neighborhoods > wp > CSBG > Monitoring](#) for internal use by appropriate EOHLC staff.

g. [Fiscal Reviews](#)

CAA fiscal reviews are generally conducted through multiple means. First, CAAs are required to submit quarterly fiscal reports showing budget versus actuals to EOHLC through the *Fiscal*

Report System in *E.Gov*. These reports are reviewed and approved in the system by the CSBG Fiscal Representative. Second, EOHLC conducts annual reviews of the COE Organizational Standards in Category 8: Financial Operations and Oversight. Finally, at least every three years in conjunction with the CAAs triennial assessment, reviews of the Category 11: Fiscal monitoring standards are conducted in accordance with *OMB Uniform Guidance 200.331 - Requirements for pass-through entities* using EOHLC's Fiscal Monitoring Tool to evaluate sub-recipient compliance with Federal Statutes, regulations and the terms and conditions of their sub award.

h. Tripartite Board Monitoring

EOHLC generally conducts tripartite Board monitoring through multiple means including ongoing reviews of Board meeting minutes, periodic attendance to Board meetings, and reviews of Board governing documents submitted as part of annual Organizational Standards reviews and triennial assessments. EOHLC also monitors compliance using the Board Management System in *E.Gov*, which allows CAAs to electronically manage CSBG Board requirements such as submitting meeting materials, maintaining the Board roster and composition by sector, and tracking member attendance and vacancies.

The following outlines specific processes that may be utilized for Board monitoring:

- **Selection and Composition** - EOHLC monitors CAA compliance with Board selection and composition requirements specified in Section 29.06 of the State CSBG Regulation [760 CMR 29.00](#) as well as Section 676B of the federal [CSBG Act](#) during annual Organizational Standards and triennial reviews. Monitoring for each CAA includes two parts: 1) a review of the agency bylaws and 2) a review of agency compliance with their bylaws. The Board Management System includes automated reports that support CAAs and EOHLC with the second part of monitoring including reports on meeting history, member attendance, and board vacancies.
- **Board Minutes/Meeting Materials** - Section 29.06 (5)(g) of the State CSBG Regulation [760 CMR 29.00](#) requires approved Board meeting minutes and materials (agenda, financial reports, etc.) "be submitted to the Department within ten days of the date that the meeting at which the minutes were approved occurred." CAAs upload and submit minutes, attendance, and other meeting materials to EOHLC using the Board Management System. The system auto calculates whether submissions are timely based on parameters set in 760 CMR 29.00 as well as the information CAAs submit in their meeting calendar in the system and notifies both the agency and EOHLC when they are considered overdue. EOHLC program representatives review Board meeting information and uploaded materials submitted, documenting their review through an electronic form within the system.

- **Attendance to Board Meetings** – Program Representatives generally attend Board meetings (virtually or in person) for their assigned CAAs at minimum in conjunction with a scheduled triennial review process. In cases where EOHLC attends a Board meeting, the Board Management System allows us to document attendance and complete an electronic form specific to the visit. EOHLC may share completed Board meeting visit forms, including any feedback and recommendations, with the CAA Board chair upon completion.

i. Corrective Action

Common EOHLC policies and procedures for addressing CAA non-compliance findings and other issues related to CSBG monitoring are summarized in a performance improvement and risk management matrix tool developed in collaboration with the MASSCAP Executive Committee. The matrix tool specifies conditions in which an eligible entity's action or inaction may prompt potential state interventions, including Technical Assistance Plans and Quality Improvement Plans, and is divided into three levels: Level 1: Performance Improvement Indicators; Level 2: Compliance Correction Actions; and Level 3: State Compliance Sanctions. The tool also references the federal CSBG Act, relevant [OCS IMs](#) such as [IM 116](#), 760 CMR 29.00, and relevant contractual provisions. EOHLC notified the network of the matrix's implementation via MA CSBG IM 2018-20. Copies of the matrix and IM are saved in [OCD - DCS - GFS - DCS > Neighborhoods > Neighborhoods > wp > CSBG > Information Memorandums > MA CSBG IM 2018-02 Perf. Improv't-Risk Mgmt matrix](#) for internal use by appropriate EOHLC staff.

j. Adjustments to Monitoring due to COVID-19 and CSBG CARES

A State of Emergency declaration was in place in Massachusetts from March 10, 2020 through June 15, 2021 and additional emergency protocols continued to be in place for a time due to the coronavirus pandemic. In addition, during FY20, the state received supplemental CSBG funds through the *Coronavirus Aid, Relief, and Economic Security (CARES) Act*. In response to emergency provisions put in place by the governor and legislature during the state of emergency, as well as additional monitoring requirements for CSBG CARES funding, EOHLC made a number of adjustments to our triennial monitoring approach effective for at least FY21-22 (no triennial monitoring was scheduled during FY20).

Changes to EOHLC's approach were communicated to our network through various means, including issuance of *MA CSBG IMs 2021-02* and *2022-02* and an updated Monitoring Tool (available in Appendices B and C). These documents outline flexibility granted to our network for specific monitoring standards due to the pandemic and/or their applicability to CSBG CARES. In addition, since employee travel was prohibited under state mandated pandemic protocols, EOHLC conducted triennial reviews entirely virtually during FY21. Due to rising COVID case levels and given staffing/workplace limitations our network continues to experience, EOHLC opted to continue virtual reviews during FY22. Reviews of documentation that normally

occurred onsite were either temporarily suspended (e.g. - employee human resources files) or collected via secure electronic method (e.g. - fiscal and client file documentation).

IX. Training and Technical Assistance

As part of the CSBG State Plan submitted to OCS, EOHLC includes a description of plans for delivering CSBG-funded training and technical assistance (T/TA) to CAAs during the two-year State Plan period. A report on actual assistance provided is submitted to OCS each year as part of the CSBG Annual Report. Additionally, EOHLC and the State Association (MASSCAP) typically collaborate to complete State T/TA Plans for our Regional Performance and Innovation Consortium (RPIC) lead agency. Plans submitted to RPICs inform our national partner's understanding of and planning for the CSBG Network's overall investment in T/TA. EOHLC and MASSCAP coordinate to ensure information reported in the CSBG State Plan and Annual Report aligns with information reported in State T/TA Plans for the RPIC.

X. Discretionary Funds (CSBG Special Projects)

As part of the CSBG State Plan submitted to OCS, EOHLC includes a description of plans for the use of discretionary funds, also known to as “CSBG Special Projects”, during the two-year State Plan period. A report on actual use of discretionary funds provided is submitted to OCS each year as part of the CSBG Annual Report. Information on spending is compiled by CSBG Program staff in conjunction with the Undersecretary of Strategy and Climate or their designee and Fiscal staff. Both the State Plan and Annual Report require a breakdown of activities funded in specific allowable categories (see table a.–h. below) as well as the types of organizations funded.

a. Training/technical assistance to eligible entities
b. Coordination of State-operated programs and/or local programs-
c. Statewide coordination and communication among eligible entities
d. Analysis of distribution of CSBG funds to determine if targeting greatest need
e. Asset-building programs
f. Innovative programs/activities by eligible entities or other neighborhood groups
g. State charity tax credits
h. Other activities

The contract process for discretionary funding is generally like the process outlined elsewhere in this manual, but with the following differences. The application process for the remainder/discretionary funds is also outlined on the website at [Community Services Block Grant - Special Projects \(CSBG-SP\) | Mass.gov](#).

1. Potential grantees submit written requests for funds to the EOHLC Secretary or their designee who reviews and makes a determination. Requests are accepted on a rolling basis and must include at a minimum an explanation of the need for the project, a project description, a tentative work plan, and budget.
2. When an award is made, the Undersecretary of Strategy and Climate or their designee notifies the CSU, including the Fiscal Director, Fiscal Manager, and Fiscal Representative, or their designees. The CSU Supervisor or their designee then assigns a Program Representative to work with the grantee. The Fiscal Representative creates a MMARS ID and provides to the Contract Manager or their designee and Program Representative before the budget/workplan is negotiated and the contract package is compiled.
3. A detailed flow chart of steps in the Special Projects process, including current Workplan and Budget/Invoice templates used, along with information on prior awards are available for internal use by appropriate EOHLC staff in: [OCD - DCS - GFS - DCS > Neighborhoods > Neighborhoods > wp > CSBG > Special Projects](#)

XI. Internal Controls

The policies and procedures outlined above are specific to CSBG. For further details on internal controls applicable to the entire Division of Strategy and Climate, refer to the Internal Controls Manager and the Legal Unit.

XII. Appendices

Appendix A

RISK ASSESSMENT EVALUATION

Subrecipient Name: _____

Assessment Completed By: _____

Assessment Approved By: _____

Date Approved: _____

Grant Name(s) - CFDA(s) applicable to subrecipient	<input type="checkbox"/> CSBG – 93.569	<input type="checkbox"/> LIHEAP – 93.568
Date of last monitoring visit (if applicable):	Click here to enter text.	Click here to enter text.

RISK ASSESSMENT	CSBG	LIHEAP
1. Has the subrecipient's key personnel (i.e., ED/CEO, Deputy/COO, CFO/Fiscal Dir., HR, Planner, etc.) changed since the last monitoring?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have more than two funding cycles (CSBG) or one funding cycle (LIHEAP) passed since the subrecipient had an on-site monitoring visit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Were there findings/violations from the last monitoring that indicate a higher level of risk*, or were there recurring unresolved findings reported from previous monitoring? *Findings indicating a higher level of risk may be result of a EOHLC monitoring visit or outside audit (e.g. Office of the Inspector General, State Auditor, and Government Accounting Office). High risk findings include those that could have significant impact on subrecipient's program compliance, including client/vendor payments, eligibility determinations, and benefits received.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is the subrecipient new to operating these program funds for EOHLC (has not done so within the past year)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Did the subrecipient fail to submit the Single Audit report to EOHLC within 9 months of the end of the subrecipient's fiscal year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Were there any findings reported in the most recent Single Audit report (see Summary of Auditor's Results page included in the attached Single Audit Report)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If any "YES" responses were selected in the applicable Grant column, the subrecipient's assessment should be "High Risk"	<input type="checkbox"/> Low Risk <input type="checkbox"/> High Risk	<input type="checkbox"/> Low Risk <input type="checkbox"/> High Risk
If a "YES" response was selected but subrecipient is not considered to be "High-Risk," please explain:		
Based on results of this assessment and other factors, type of monitoring to be performed:	<input type="checkbox"/> Desk Review <input type="checkbox"/> On-site <input type="checkbox"/> Both	<input type="checkbox"/> Desk Review <input type="checkbox"/> On-site <input type="checkbox"/> Both

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Center of Excellence (COE) Organizational Standards

Category One: Consumer Input & Involvement				
Standard		Guidance, Acceptable Documentation, etc.	Follow-Up Questions:	Notes from onsite:
1.1	The organization demonstrates low-income individuals’ participation in its activities.	<p>Guidance</p> <ul style="list-style-type: none">For further guidance, refer to the Community Action Partnership Technical Assistance Guide <p>Documentation used: Activity participation lists Other written or online reports</p>		
1.2	The organization analyzes information collected directly from low-income individuals as part of the community assessment.	<p>Guidance</p> <ul style="list-style-type: none">For further guidance, refer to the Community Action Partnership Technical Assistance Guide <p>Documentation used: Community assessment document (including appendices) Other written or online reports</p>	<i>For FY24 assessments, automatically met for all CAAs (based on our approval of FY24-26 Community Assessment Report)</i>	
1.3	The organization has a systematic approach for collecting, analyzing, and reporting customer satisfaction data to the governing board.	<p>Guidance</p> <ul style="list-style-type: none">Documentation uploaded must include: 1.) the agency's customer satisfaction data policy/procedure and 2.) minutes documenting data is reported to the governing board at the frequency defined in the agency's policy/procedure.For further guidance, refer to the Community Action Partnership Technical Assistance Guide <p>Documentation used: Customer satisfaction instruments, e.g., survey, data collection tools and schedule Customer satisfaction policy and/or procedures Customer satisfaction reports to organization leadership, board and/or broader community.</p>		
Category Two: Community Engagement				
2.1	The organization has documented or demonstrated partnerships across the community, for specifically identified purposes; partnerships include other antipoverty organizations in the area.	<p>Guidance</p> <ul style="list-style-type: none">Please upload the completed “EOHLC Partnerships Chart” including totals tab (fillable form was attached to the monitoring notification)For further guidance, refer to the Community Action Partnership Technical Assistance Guide <p>Documentation used: Partnership documentation: agreements, emails, MOU / MOAs, charts</p>		

2.2	The organization 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.	Guidance <ul style="list-style-type: none"> For further guidance, refer to the Community Action Partnership Technical Assistance Guide Documentation used: Community assessment document (including appendices) Other written or online reports		
2.3	The organization communicates its activities and its results to the community.	Guidance <ul style="list-style-type: none"> Documentation uploaded must show examples of activities (e.g.-community events, news releases, etc.) AND results (e.g.–information from CAP progress reports, agency annual reports, etc.) Screen shots from the agency website and/or social media posts are acceptable. For further guidance, refer to the Community Action Partnership Technical Assistance Guide Documentation used: Annual Report Media files of stories published Other written or online reports Website, Facebook page, Twitter account, etc. (regularly updated)		
2.4	The organization documents the number of volunteers and hours mobilized in support of its activities.	Guidance <ul style="list-style-type: none"> Documentation provided must clearly summarize total hours AND total number of volunteers for at least the last full fiscal year. Note: Annual Report - Module 2, Section B documentation alone does not suffice as it does not include total number of volunteers. For further guidance, refer to the Community Action Partnership Technical Assistance Guide Documentation used: Data on number of volunteers and hours provided		
Category Three: Community Assessment				
3.1	The organization conducted a community assessment and issued a report within the past 3 years.	Guidance <ul style="list-style-type: none"> For further guidance, refer to the Community Action Partnership Technical Assistance Guide Documentation used: Community assessment document (including appendices)	For FY24 assessments, automatically met for all CAAs (based on our approval of FY24-26 Community Assessment Report)	
3.2	As part of the community assessment, the organization collects and includes current data specific to poverty and its prevalence related to gender, age, and race/ethnicity for their service area(s).	Guidance <ul style="list-style-type: none"> For further guidance, refer to the Community Action Partnership Technical Assistance Guide Documentation used: Community assessment document (including appendices) Other written or online reports	For FY24 assessments, automatically met for all CAAs (based on our approval of FY24-24 Community Assessment Report)	

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3.3	The organization collects and analyzes both qualitative and quantitative data on its geographic service area(s) in the community assessment.	Guidance <ul style="list-style-type: none"> For further guidance, refer to the Community Action Partnership Technical Assistance Guide Documentation used: Community assessment document (including appendices) Other written or online reports	For FY24 assessments, automatically met for all CAAs (based on our approval of FY24-26 Community Assessment Report)	
3.4	The community assessment includes key findings on the causes and conditions of poverty and the needs of the communities assessed.	Guidance <ul style="list-style-type: none"> For further guidance, refer to the Community Action Partnership Technical Assistance Guide Documentation used: Community assessment document (including appendices)	For FY24 assessments, automatically met for all CAAs (based on our approval of FY24-26 Community Assessment Report)	
3.5	The governing body formally accepts the completed community assessment.	Guidance <ul style="list-style-type: none"> For further guidance, refer to the Community Action Partnership Technical Assistance Guide Documentation used: Board minutes	For FY24 assessments, automatically met for all CAAs (based on our approval of FY24-26 Community Assessment Report)	
Category Four: Organizational Leadership				
4.1	The governing board has reviewed the organization’s mission statements within the past 5 years and assured that: 1. The mission addresses poverty; and 2. The organization’s programs and services are in alignment with the mission.	Guidance <ul style="list-style-type: none"> For further guidance, refer to the Community Action Partnership Technical Assistance Guide Documentation used: Board minutes Other written or online reports		
4.2	The organization’s Community Action Plan is outcome based, anti-poverty focused, and ties directly to the community assessment.	Guidance <ul style="list-style-type: none"> For further guidance, refer to the Community Action Partnership Technical Assistance Guide Documentation used: CAP plan (*sometimes referred to as the CSBG Plan or CSBG WorkPlan)		
4.3	The organization’s Community Action 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 organization documents having used the services of a ROMA-certified trainer (or equivalent) to assist in implementation.	Guidance <ul style="list-style-type: none"> If ROMA-certified person(s) currently on staff, upload their active certification/recertification document(s). If the agency contracts for services of a ROMA-certified person not on staff, upload their active certification/recertification document AND written agreement for services. For further guidance, refer to the Community Action Partnership Technical Assistance Guide Documentation used: Documentation of Certified ROMA trained Employee(s) or and/or Written Agreement with Certified ROMA Trainer Community action work plan update/report Strategic plan (including appendices)		

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4.4	The governing board receives an annual update on the success of specific strategies included in the Community Action Plan.	<p>Guidance</p> <ul style="list-style-type: none">• Please provide documentation that a copy of the most recent Community Action Plan progress report (Period 2 or 3) submitted to EOHLC was provided to the board for review• For further guidance, refer to the Community Action Partnership Technical Assistance Guide <p>Documentation used: Board minutes Community action work plan update/report</p>		
4.5	The organization has a written succession plan in place for the CEO/ED. Approved by the governing 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 permanently vacancy.	<p>Guidance</p> <ul style="list-style-type: none">• For further guidance, refer to the Community Action Partnership Technical Assistance Guide <p>Documentation used: Board minutes Succession plan / policy</p>		
4.6	An organization-wide, comprehensive risk assessment has been completed within the past 2 years and reported to the governing board.	<p>Guidance</p> <ul style="list-style-type: none">• For EOHLC to determine whether the risk assessment completed was “comprehensive”, uploaded documentation must specify which areas were reviewed (i.e. - HR, Finance, IT, etc.)• For further guidance, refer to the Community Action Partnership Technical Assistance Guide <p>Documentation used: Board minutes Other written or online reports</p>		
Category Five: Board Governance				
5.1	The Organization’s governing board is structured in compliance with the CSBG Act: 1. At least one third democratically selected representatives of the low-income community; 2. One-third local elected officials (or their representatives); and 3. The remaining membership from major groups and interests in the community.	<p>Guidance</p> <ul style="list-style-type: none">• Note: this standard requires language in the agency bylaws aligns with language of the CSBG Act.• For further guidance, refer to the Community Action Partnership Technical Assistance Guide <p>Documentation used: Board bylaws</p>		

5.2	The organization's governing 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.	Guidance <ul style="list-style-type: none"> Note: 760 CMR 29.06 (1) specifies four selection procedures Massachusetts agencies may use, either separately or in combination. If your bylaws restate multiple procedures, please also upload the written procedures that identify the current preferred method. For further guidance, refer to the Community Action Partnership Technical Assistance Guide Documentation used: Board bylaws Board policies and procedures Other written or online reports		
5.3	The organization's bylaws have been reviewed by an attorney within the past 5 years.	Guidance <ul style="list-style-type: none"> Documentation uploaded must 1.) Specify the attorney reviewed the bylaws and 2.) Note the date(s) the review was completed. For further guidance, refer to the Community Action Partnership Technical Assistance Guide Documentation used: Other written or online reports Statement/invoice from an attorney reflecting the review		
5.4	The organization documents that each governing board member has received a copy of the bylaws within the past two years.	Guidance <ul style="list-style-type: none"> EOHLC will validate this standard through review of information uploaded in the Board Management System. For each currently seated Board member, upload the information under the "Documents" tab within their member profile. The standard requires all current board members receive the bylaws. Options for documentation include: 1.) Board minutes that reflect bylaws were distributed at the meeting AND all members were in attendance, 2.) a signed/dated confirmation receipt from each Board member, 3.) email or other electronic acknowledgement of receipt from each Board member. For each acknowledgement, be sure the member's name is clear and legible (e.g. – printed name coincides with signature and/or email address). For further guidance, refer to the Community Action Partnership Technical Assistance Guide Documentation used: Board minutes Copies of acknowledgements List of signatures		

5.5	<p>The organization’s governing board meets in accordance with the frequency and quorum requirements and fills board vacancies as set out in its bylaws.</p>	<p>Guidance</p> <ul style="list-style-type: none"> In addition to documentation uploaded, EOHLC will further validate this standard through ongoing review of information submitted through the Board Management System. Please ensure all Board Management System information is current as of the date of your assessment upload including the Board Member List, Meeting Calendar, etc. Nomination letters should also be uploaded to applicable Public and Low-Income member profiles. If your bylaws specify for the Private sector that the agency selects organizations who choose persons to represent them, nomination letters must also be uploaded to Private Sector member profiles. For further guidance, refer to the Community Action Partnership Technical Assistance Guide <p>Documentation used: Board bylaws* Other written or online reports</p>	<p>Review Board Management System to confirm:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Current BOD composition complies with agency bylaws <input type="checkbox"/> Applicable Public, Low-Income and Private sector members have current nomination letters uploaded to their profiles. <input type="checkbox"/> No current vacancy has existed more 180+ days <input type="checkbox"/> Meeting calendar/submitted meetings are up to date <p>Review meeting submissions (since last monitoring) to confirm:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Vacancies were filled according to bylaws requirements <input type="checkbox"/> Quorum of 50% of filled board seats for meetings <input type="checkbox"/> BOD met at least 6 times each year <input type="checkbox"/> Public notice given at least 5 days in advance of meetings (<i>check “Meeting Ads” agency uploaded to Board Management System</i>) <input type="checkbox"/> Written notice and an agenda sent to board members at least 7 days in advance of meetings <input type="checkbox"/> Board members do not vote by proxy <input type="checkbox"/> All BOD meetings open to public and Executive sessions held according to OML 	
5.6	<p>Each governing board member has signed a conflict of interest policy within the past 2 years.</p>	<p>Guidance</p> <ul style="list-style-type: none"> EOHLC will validate this standard through review of information uploaded in the Board Management System. For each currently seated Board member, upload the information under the “Documents” tab within their member profile. The standard requires all current board members signed a COI policy. For each sign-off be sure it 1.) is dated, 2.) includes the policy the Board member signed-off on, and 3.) the member's name is clear and legible (e.g. – printed name coincides with signature). Note: electronic signatures are acceptable so long as the other requirements are met. For further guidance, refer to the Community Action Partnership Technical Assistance Guide <p>Documentation used: Other written or online reports Signed policies/signature list</p>		

5.7	The organization has a process to provide a structured orientation for governing board members within 6 months of being seated.	Guidance <ul style="list-style-type: none"> Please upload the policy/procedure that outlines the current orientation process including timeframe (e.g. – within 6 months of being seated.) For further guidance, refer to the Community Action Partnership Technical Assistance Guide Documentation used: Board policies and procedures Other written or online reports		
5.8	Governing board members have been provided with training on their duties and responsibilities within the past 2 years.	Guidance <ul style="list-style-type: none"> Uploaded documentation must show training occurred (including content) and that each board member has been provided with training opportunities. Documentation could include, but is not limited to, board minutes, training sign-in sheets, emails from board members stating they viewed recorded webinars, training agendas/presentation materials, and emails to board members notifying them of training opportunities. For further guidance, refer to the Community Action Partnership Technical Assistance Guide Documentation used: Board minutes Documentation of board attendance at offsite training conferences/events/webinars etc.		
5.9	The organization’s governing board receives programmatic reports at each regular board meeting.	Guidance <ul style="list-style-type: none"> No documentation upload needed, EOHLC will validate this standard through ongoing review of information uploaded in the Board Management System. Please ensure all Board Management System information is current as of the date of your assessment upload including submission of minutes as required by 760 CMR 29.06 (5). For further guidance, refer to the Community Action Partnership Technical Assistance Guide Documentation used: Other written or online reports		
Category Six: Strategic Planning				
6.1	The organization has an agency-wide strategic plan in place that has been approved by the governing board within the past 5 years.	Guidance <ul style="list-style-type: none"> For further guidance, refer to the Community Action Partnership Technical Assistance Guide Documentation used: Board minutes* Strategic plan (including appendices)*	<i>For FY24-26 assessments, automatically met for all CAAs (based on our approval of strategic plans submitted 2021)</i>	

6.2	The approved strategic plan addresses reduction of poverty, revitalization of low income communities, and/or empowerment of people with low incomes to become more self-sufficient.	Guidance <ul style="list-style-type: none"> For further guidance, refer to the Community Action Partnership Technical Assistance Guide Documentation used: Strategic plan (including appendices)*	<i>For FY24-26 assessments, automatically met for all CAAs (based on our approval of strategic plans submitted 2021)</i>	
6.3	The approved strategic plan contains family, agency and/or community goals.	Guidance <ul style="list-style-type: none"> For further guidance, refer to the Community Action Partnership Technical Assistance Guide Documentation used: Strategic plan (including appendices)*	<i>For FY24-26 assessments, automatically met for all CAAs (based on our approval of strategic plans submitted 2021)</i>	
6.4	Customer satisfaction data and customer input, collected as part of the community assessment, is included in the strategic planning process.	Guidance <ul style="list-style-type: none"> For further guidance, refer to the Community Action Partnership Technical Assistance Guide Documentation used: Strategic plan (including appendices)*	<i>For FY24-26 assessments, automatically met for all CAAs (based on our approval of strategic plans submitted 2021)</i>	
6.5	The governing board has received an update(s) on progress meeting the goals of the strategic plan within the past 12 months.	Guidance <ul style="list-style-type: none"> Please provide documentation that a copy of the most recent Community Action Plan progress report (Period 2 or 3) submitted to EOHLC was provided to the board for review per the CSBG contract Scope of Services (Section D.9.b.) Note: Community Assessment Report and Strategic Plan goals are directly linked to the Massachusetts Community Action Plan by design therefore EOHLC considers the standard met when, at minimum, Community Action Plan Period 2 and 3 progress reports are provided to the board. For further guidance, refer to the Community Action Partnership Technical Assistance Guide Documentation used: Board minutes		
Category Seven: Human Resource Management				
7.1	The organization has written personnel policies that have been reviewed by an attorney and approved by the governing board within the past 5 years.	Guidance <ul style="list-style-type: none"> Documentation uploaded must 1.) Specify the attorney reviewed the personnel policies and 2.) Note the date(s) the review was completed. For further guidance, refer to the Community Action Partnership Technical Assistance Guide Documentation used: Board minutes* Employee handbook/personnel policies* Statement/invoice from an attorney reflecting the review*		

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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.	Guidance <ul style="list-style-type: none"> Uploaded documentation must show three things: (1) Personnel Policies (or Employee Handbook) that include a signatory page or other form of acceptance by staff; (2) an identified process for notifying staff of updates; and (3) documentation of the location and availability of the Personnel Policies. For further guidance, refer to the Community Action Partnership Technical Assistance Guide Documentation used: Employee handbook/personnel policies Other written or online reports		
7.3	The organization has written job descriptions for all positions, which have been updated within the past five years.	Guidance <ul style="list-style-type: none"> Please upload the most recent (dated) organizational chart along with a sample of at least 8 job descriptions including those for the: ED/CEO, Deputy (if applicable), CFO, HR Director, and Planner. Each job description must include the last date of review/update and should align to the uploaded organizational chart. For further guidance, refer to the Community Action Partnership Technical Assistance Guide Documentation used: Job Descriptions Organizational chart/staff list		
7.4	The governing board conducts a performance appraisal of the CEO/executive director within each calendar year.	Guidance <ul style="list-style-type: none"> Please refer to MA CSBG Information Memorandum 2018-04 (a copy of the IM is available in the "Guidance" folder on the blue task bar). For further guidance, refer to the Community Action Partnership Technical Assistance Guide Documentation used: Board minutes		
7.5	The governing board reviews and approves CEO/executive director compensation within every calendar year.	Guidance <ul style="list-style-type: none"> Please refer to MA CSBG Information Memorandum 2018-04 (a copy of the IM is available in the "Guidance" folder on the blue task bar) For further guidance, refer to the Community Action Partnership Technical Assistance Guide Documentation used: Board minutes		

7.6	The organization has a policy in place for regular written evaluation of employees by their supervisors.	Guidance <ul style="list-style-type: none"> For further guidance, refer to the Community Action Partnership Technical Assistance Guide Documentation used: Evaluation process/policy (likely found in personnel policies and procedures)		
7.7	The organization has whistleblower policy that has been approved by the governing board.	Guidance <ul style="list-style-type: none"> For further guidance, refer to the Community Action Partnership Technical Assistance Guide Documentation used: Board minutes* Other written or online reports* Whistleblower policy*		
7.8	All staff participates in a new employee orientation within 60 days of hire.	Guidance <ul style="list-style-type: none"> Please upload all the following: 1.) the agency's policy related to orientation (per CSBG Information Memorandum 2023-04, the policy must be incorporated into the board approved HR Manual/Employee Handbook and specify a timeframe of 60 days or less in which the agency commits to conducting orientation); and 2.) documentation for most recently hired staff members (no more than 10) since the agency's last Organizational Standards assessment. Documentation should show date of hire and date of orientation for each recently hired staff member. For further guidance, refer to the Community Action Partnership Technical Assistance Guide Documentation used: Orientation materials Other written or online reports		
7.9	The organization conducts or makes available staff development/training (including ROMA) on an ongoing basis.	Guidance <ul style="list-style-type: none"> Documentation uploaded must 1.) be recent/as of the agency's last assessment and 2.) show how training was made available to staff and/or show staff attended training. For ROMA development/training, EOHLC will consider documentation uploaded to Standard 4.3 showing a ROMA certified person is currently on staff as meeting the requirement. If your agency does not have a ROMA certified person currently on staff and/or contracts for those services, you must upload other documentation showing how ROMA training was otherwise conducted/made available to staff. For further guidance, refer to the Community Action Partnership Technical Assistance Guide Documentation used: Documentation of trainings: presentations, evaluations. attendee lists, Training plan(s)		

Category Eight: Financial Operations and Oversight				
8.1	The organization’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.	Guidance <ul style="list-style-type: none"> Per CSBG Fiscal Information Memorandum 2024-01 (copy available in the “Guidance” folder on the blue task bar), please be sure the Audit Report uploaded is 1.) identical to the Report submitted to the Federal Audit Clearinghouse within the time period allotted and 2.) includes both the audited Financial Statements and Federal/State Single Audits. If the agency received a federal extension approval, please upload documentation. For further guidance, refer to the Community Action Partnership Technical Assistance Guide Documentation used: Completed audit Other written or online reports		
8.2	All findings from the prior year’s annual audit have been assessed by the organization and addressed where the governing board has deemed it appropriate.	Guidance <ul style="list-style-type: none"> If there were no findings, write “No Findings” in the comments section. If there were findings, specify in the comments section whether a corrective action plan was prepared and, if so, upload minutes showing the corrective action plan was reviewed with the governing board. For further guidance, refer to the Community Action Partnership Technical Assistance Guide Documentation used: Board minutes		
8.3	The organization’s auditor presents the audit to the governing board.	Guidance <ul style="list-style-type: none"> Documentation must show the auditor presented to the full governing board, not just the finance/audit committee. For further guidance, refer to the Community Action Partnership Technical Assistance Guide Documentation used: Board minutes		
8.4	The governing board formally receives and accepts the audit.	Guidance <ul style="list-style-type: none"> For further guidance, refer to the Community Action Partnership Technical Assistance Guide Documentation used: Board minutes		

8.5	The organization has solicited bids for its audit within the past five years.	<p>Guidance</p> <ul style="list-style-type: none"> Per CSBG Fiscal Information Memorandum 2024-01 (copy available in the “Guidance” folder on the blue task bar), documentation uploaded must include all of the following: 1.) dated copy of the last published Request for Proposals (RFP) prepared by the agency and submitted to prospective providers of auditing services, 2.) list of CPA firms responding to the agency’s RFP*, 3.) Scoring grid or Evaluation sheet by entity’s personnel responsible for review of the proposals (include scoring criteria) and the firms names or pricing can be redacted from the scoring grid, and 4.) minutes of Governing Board meeting documenting acceptance of Auditor bid recommendation. *Please note: The bidders’ full proposal submission is not required to be uploaded. Simply submit a copy of the first two pages of the vendor RFP or a certification of submission from the firm. If an agency is in-between audit bidding cycles application of the updated IM guidance will be deferred until the next bidding selection process is completed. For further guidance, refer to the Community Action Partnership Technical Assistance Guide <p>Documentation used: Documentation of bid process, including RFP/RFQ, list of vendors receiving notice, proof of any publication of the process Organization procurement policy Other written or online reports</p>		
8.6	The IRS Form 990 is completed annually and made available to the governing board for review.	<p>Guidance</p> <ul style="list-style-type: none"> Please refer to CSBG Fiscal Information Memorandum 2024-01 (copy available in the “Guidance” folder on the blue task bar). To document compliance with this Standard the agency must provide evidence the 990 Report was provided to every Board member for review. There are 3 options for documentation, however, each option must be MADE AVAILABLE TO EVERY BOARD MEMBER. Options for documentation include: 1.) an email to every member of the Board with required forms attached OR 2.) physical signature log documenting each Board member attesting that the IRS Form 990 was made available for review OR 3.) approved minutes of the Agency’s Governing Board documenting that the Form 990 was made available to all members for review prior to submission. For further guidance, refer to the Community Action Partnership Technical Assistance Guide <p>Documentation used: Board minutes IRS Form 990</p>		

8.7	The governing board receives financial reports at each regular meeting that include the following: 1. Organization-wide report on revenue and expenditures that compares budget to actual, categorized by program; and 2. Balance sheet/statement of financial position.	Guidance <ul style="list-style-type: none"> Per CSBG Fiscal Information Memorandum 2024-01 (copy available in the “Guidance” folder on the blue task bar), upload the financial reports submitted to the Board of Directors at its most recent regular meeting. The financial reports uploaded for Standard 8.7 should be identical to the financial reports uploaded to the CSG Board Management portal. Program Cost Centers displayed in the uploaded Financial Report should be consistent with the Cost Center headings displayed in the agency’s original or revised approved budget. For further guidance, refer to the Community Action Partnership Technical Assistance Guide Documentation used: Financial reports Other written or online reports 		
8.8	All required filings and payments related to payroll withholdings are completed on time.	Guidance <ul style="list-style-type: none"> Please upload documentation of the agency’s most recent federal and state filings/payments, including Forms 940 & 941. For further guidance, refer to the Community Action Partnership Technical Assistance Guide Documentation used: Insurance documentation (health, disability, flex accounts) Payroll tax documentation/filings Record of payments to state, federal, insurance and retirement accounts Retirement accounts documentation		
8.9	The governing body annually approves an organization-wide budget.	Guidance <ul style="list-style-type: none"> Per CSBG Fiscal Information Memorandum 2024-01 (copy available in the “Guidance” folder on the blue task bar), the budget uploaded should be presented in a functional format that displays the allocation of revenue and expenses by program and administrative cost centers. Program Cost Centers displayed in the uploaded Financial Report (8.7) should be consistent with the Cost Center headings displayed in the agency’s original or revised approved budget (8.9). For further guidance, refer to the Community Action Partnership Technical Assistance Guide Documentation used: Agency-wide budget* Board minutes*		

8.10	The fiscal policies have been reviewed by staff within the past 2 years, updated as necessary, with changes approved by the governing board.	Guidance <ul style="list-style-type: none"> Per CSBG Fiscal Information Memorandum 2024-01 (copy available in the “Guidance” folder on the blue task bar), to ensure all updates/changes are easily identifiable, please highlight, bookmark or underline policy changes and including page numbers of manual/handbook updates. Be sure to upload approved Board minutes documenting approval of the fiscal policies in their entirety. In addition, if a draft manual is uploaded to identify policy changes, please also upload the final, approved version of the manual. For further guidance, refer to the Community Action Partnership Technical Assistance Guide Documentation used: Board minutes* Fiscal policies/procedures manual*		
8.11	A written procurement policy is in place and has been reviewed by the governing board within the past 5 years.	Guidance <ul style="list-style-type: none"> For further guidance, refer to the Community Action Partnership Technical Assistance Guide Documentation used: Board minutes* Procurement policy*		
8.12	The organization documents how it allocates shared costs through and indirect cost rate or through a written cost allocation plan.	Guidance <ul style="list-style-type: none"> For further guidance, refer to the Community Action Partnership Technical Assistance Guide Documentation used: Cost allocation plan Other written or online reports		
8.13	The organization has a written policy in place for record retention and destruction.	Guidance <ul style="list-style-type: none"> Please refer to CSBG Fiscal Information Memorandum 2024-01 (copy available in the “Guidance” folder on the blue task bar). Records can take the form of paper or electronic. The policy needs to include a definition of what is considered a record. In order to be complete, the policy should include both paper and electronic records. The standard requires the policy include retention and destruction of records. When records are no longer to be kept, the standard requires a description of how they will be destroyed to be part of the policy. For further guidance, refer to the Community Action Partnership Technical Assistance Guide Documentation used: Documentation retention and destruction policy Other written or online reports		

Category Nine: Data and Analysis				
9.1	The organization has a system or systems in place to track and report client demographics and services customers receive.	Guidance <ul style="list-style-type: none"> No documentation upload needed, EOHLC will validate this standard through the agency's use of E-Gov 	<i>For FY24-CAAs automatically meet</i>	
9.2	The organization has a system in place to track family, agency, and/or community outcomes.	Guidance <ul style="list-style-type: none"> No documentation upload needed, EOHLC will validate this standard through the agency's use of E-Gov 	<i>For FY24-CAAs automatically meet</i>	
9.3	The organization has presented to the governing board for review or action, at least within the past 12 months, an analysis of the agency's strategic program adjustments and improvements identified as necessary.	Guidance <ul style="list-style-type: none"> Please provide documentation that a copy of the most recent Community Action Plan progress report (Period 2 or 3) submitted to EOHLC was provided to the board for review per the CSBG contract Scope of Services (Section D.9.b.) Note: Community Assessment Report and Strategic Plan goals are directly linked to the Massachusetts Community Action Plan by design therefore EOHLC considers the standard met when, at minimum, Community Action Plan Period 2 and 3 progress reports are provided to the board. For further guidance, refer to the Community Action Partnership Technical Assistance Guide <p>Documentation used: Board minutes* Other written or online reports*</p>		
9.4	The organization submits its annual CSBG Informational Survey data report and it reflects client demographics and organization-wide outcomes.	Guidance <ul style="list-style-type: none"> No documentation upload needed, EOHLC will validate this standard through the agency's submission of the most recent CSBG Annual Report. 	<i>For FY24-CAAs automatically meet</i>	

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Other State and Federal Compliance Standards

Governance						
Standard		Guidance, Acceptable Documentation, etc.	Program Representative Review List	Y/N, N/A	Comment	Onsite Notes
10.1	<p>Bylaws include all requirements pursuant to 760 CMR 29.06 (5) and (6)”</p> <p>COMPLIANCE IN POLICY/PROCEDURES</p>	<p>Documentation used: Board bylaws Other written or online reports*</p>	<p>Pursuant to 760 CMR 29.06 (5), do the Bylaws include:</p> <p>(a) The total number of seats on board and allotment to public, representatives of low-income persons, and private sectors</p> <p>(b) Procedures for selecting board members in accordance with 760 CMR 29.06</p> <ul style="list-style-type: none"> Do low-income representatives come to the Board of Directors by (select all that apply): <input type="checkbox"/> Nomination and elections within the neighborhoods <input type="checkbox"/> Selection at an adequately publicized meeting of low-income persons <input type="checkbox"/> Selection on a small area basis (by city block or town) of representatives who in turn select members for the Board of Directors <input type="checkbox"/> The entity board recognizes groups or organizations composed of primarily of low-income persons and representing the interests of the low-income population of which the membership may select one or more representatives to the entity’s board. Are low-income elected members elected by those living at 175% or below FPL or those low-income members nominated by a board composed primarily of (i.e. – more than 50%) low-income persons? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A <p>(c) Description of board performance standards (e.g. conduct, attendance, grounds for removal)</p> <p>(d) Description of procedures in case of removal</p> <ul style="list-style-type: none"> Procedure assures only reps. of public officials can be removed, not the official themselves? <input type="checkbox"/>Yes <input type="checkbox"/>No 	<p><input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>		

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10.1 cont.			<p>(e) Procedures for selecting new board members in the case of vacancy</p> <ul style="list-style-type: none">• The procedure for LI vacancy is either (select):<ul style="list-style-type: none"><input type="checkbox"/> Any of the 4 procedures listed in (b) above are repeated or<input type="checkbox"/> Remaining LI representatives select a replacement for remainder of the term• Procedure for seat of a representative of a group is the board asks the organization to select another representative to serve the remainder of the term.<input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A• Procedure for representative of public official is the Board requests the public official name a replacement. <input type="checkbox"/> Yes <input type="checkbox"/>No• Procedures specify a board vacancy cannot remain open more than 180 days? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A <p>(f) A description of selection method and requirements of alternates?</p> <ul style="list-style-type: none">• Description indicates that Reps. of Public Officials cannot select an alternate? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A• Description for LI and/or Private Sector alternates indicates: they are selected at same time/manner as the member, their selection is reflected in the records, they cannot vote/count towards quorum if the member is also at the meeting, and they cannot hold office on board. <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A <p>(g) Procedures for Board Meetings include all the following (select if included)</p> <ul style="list-style-type: none"><input type="checkbox"/> Quorum = 50% of filled board seats<input type="checkbox"/> Board meets at least 6 times annually<input type="checkbox"/> CAA provides written notice and an agenda to all board members at least 7 days in advance<input type="checkbox"/> CAA provides public notice of meeting at least 5 days in advance	<input type="checkbox"/> Yes <input type="checkbox"/> No		
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10.2 cont.			<p>(d) Since last triennial, board has complied with their procedures for Board Meetings which must include at least (select if complied):</p> <p><input type="checkbox"/> Board minutes were approved at the next scheduled meeting</p> <p><input type="checkbox"/> Copies of approved minutes were submitted to EOHLC within 10 days of the approval (Note: <i>for agencies who require approved minutes be signed before submission to EOHLC, electronic signatures are acceptable.</i>)</p> <p><input type="checkbox"/> Minutes submitted to EOHLC included full packet (agenda, notices, financials, all other documents distributed to board members before and at the meeting)</p> <p><u>760 CMR 29.06 (6)</u></p> <p>➤ Since last triennial, has board followed their procedures regarding petitions for adequate representation (if applicable)?</p> <p><u>760 CMR 29.06 (4)</u></p> <p>➤ For current (as of Agency Assessment upload date) representatives of LI individuals and families selected to represent a specific neighborhood, do they also reside in that neighborhood?) CHECK SURVEY RESPONSE: BOD CHAIR (#6)</p>	<div><input type="checkbox"/>Yes <input type="checkbox"/>No</div> <div><input type="checkbox"/>Yes <input type="checkbox"/>No</div> <div><input type="checkbox"/>Yes <input type="checkbox"/>No</div>		
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Fiscal						
Standard		Guidance, Acceptable Documentation, etc.	Program Representative Review List	Y/N, N/A	Comment	Onsite Notes
11.1	<p>The organization maintains written financial procedures which conform to the terms laid out in their CSBG contract with EOHLC and relevant requirements of 2 CFR 200.</p> <p>COMPLIANCE IN POLICY/PROCEDURES</p>	<p>Guidance</p> <ul style="list-style-type: none">Please upload the agency financial policies/procedures manual as well as the completed “EOHLC Fiscal Monitoring Form” <p>Documentation used: Fiscal policies/procedures manual* Other written or online reports*</p>	<p>➤ Refer to Fiscal Compliance Unit</p> <p>➤ Areas of review include:</p> <ul style="list-style-type: none">Annual AuditRequired Policies and ProceduresEquipment RecordsSub-Contracts	<input type="checkbox"/> Yes <input type="checkbox"/> No		
11.2	<p>The organization adheres to their written financial procedures, terms laid out in their CSBG contract with EOHLC and relevant requirements of 2 CFR 200.</p> <p>COMPLIANCE IN PRACTICE</p>	<p>Guidance</p> <ul style="list-style-type: none">Please upload current documentation of the agency’s inventory listing, insured fidelity bond, and interest on federal funds.In addition to documentation uploaded, EOHLC will validate this standard through onsite fiscal review. <p>Documentation used: Inventory Listing Fidelity Bond Interest earned on federal funds Other written or online reports*</p>	<p>➤ FISCAL COMPLIANCE UNIT CHECKS TO CONFIRM PRACTICES – Refer to Fiscal Compliance Unit for findings</p> <p>➤ Areas of review include:</p> <ul style="list-style-type: none">Cash Receipt and Cash ManagementProcurementCash DisbursementCredit CardsTravel ExpensesPersonnel System and PracticePetty CashFinancial Reporting	<input type="checkbox"/> Yes <input type="checkbox"/> No		
11.3	<p>Pursuant to 760 CMR 29.03 (2), CSBG funds are only allocated to programs and activities that serve the designated service area.</p>	<p>Guidance</p> <ul style="list-style-type: none">No documentation upload needed, EOHLC will validate this standard through ongoing review of reports submitted through E.Gov. <p>Documentation used: Other written or online reports*</p>	<p>➤ Areas of review include:</p> <ul style="list-style-type: none">Community Action Plans (<i>which programs and activities funds are allocated to; descriptions provided</i>)Organization-wide budget (<i>Standard 8.9</i>)CSBG Fiscal ReportingEligibility policy/procedures (<i>Standard 13.2</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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Human Resources						
Standard		Guidance, Acceptable Documentation, etc.	Program Representative Review List	Y/N, N/A	Comment	Onsite Notes
12.1	Pursuant to 760 CMR 29.07 (4), the Personnel Policy includes, but is not limited to, procedures for hiring, conducting an annual evaluation of, and the suspension and termination of the executive director/CEO. COMPLIANCE IN POLICY/PROCEDURES	Guidance <ul style="list-style-type: none">Please upload the Human Resources Policy Manual and denote the applicable page number. Documentation used: Human Resources Policy Manual with page number noted where ED/CEO procedures are included Other written or online reports*		<input type="checkbox"/> Yes <input type="checkbox"/> No		
12.2	The agency adheres to its own Personnel Policies. COMPLIANCE IN PRACTICE	Guidance <ul style="list-style-type: none">Please upload the Organizational chart (with staff names and titles) or staff list.EOHLC will validate this standard through review of Key Informant surveys and an onsite file review. Documentation used: Other written or online reports*	<ul style="list-style-type: none">➤ Cross-check response to question #17 on HR Survey regarding staff evaluations completed.➤ Using org. chart/staff listing provided by agency, prepare a list of 10 names (ED included) of files to review onsite. For detailed instructions, see the HR Employee File Review Form and the HR Files Requested➤ CHECK HR FILES ONSITE TO CONFIRM PRACTICE	<input type="checkbox"/> Yes <input type="checkbox"/> No		
12.3	Pursuant to Massachusetts CSBG Information Memorandum 2013-01, confidential material/information is stored in separate confidential files and not in the general personnel files.	Guidance <ul style="list-style-type: none">Please upload the Organizational chart (with staff names and titles) or staff list.EOHLC will validate this standard through onsite file review. Documentation used: Organizational chart/staff list Other written or online reports*	<ul style="list-style-type: none">➤ CHECK HR FILES ONSITE TO CONFIRM PRACTICE	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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Operational Management						
Standard		Guidance, Acceptable Documentation, etc.	Program Representative Review List	Y/N, N/A	Comment	Onsite Notes
13.1	Per MA CSBG Information Memorandum 2009-01, the agency has a written Child Care Support Services Referral Policy that complies with Section 678.G (b) of the <u>CSBG Act</u> .	Guidance <ul style="list-style-type: none"> Please upload the Child Support Referral Policy A copy of the IM is available in the "Guidance" folder on the blue task bar Documentation used: Child Support Referral Policy	➤ The agency has a written policy that complies with the Act	<input type="checkbox"/> Yes <input type="checkbox"/> No		
13.2	Pursuant to 760 CMR 29.07 (5), the organization maintains written policies and procedures sufficient to determine recipient income eligibility for services. COMPLIANCE IN POLICY/PROCEDURES	Guidance <ul style="list-style-type: none"> Please upload the income eligibility policy/procedures and ensure they cover all services funded by CSBG. Documentation used: Income Eligibility Policy	➤ Is the written policy/procedure sufficient to determine recipient income eligibility at or below the current CSBG threshold? ➤ Does it include a policy/procedure for generally verifying income eligibility for services with limited intake procedures (ex. – food pantries)? ➤ Review responses to Planner Survey (#14) and ED/CEO Survey (#18)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
13.3	The agency adheres to its policies and procedures for determining recipient income eligibility for services. COMPLIANCE IN PRACTICE	Guidance <ul style="list-style-type: none"> EOHLC will validate this through onsite review of client file documentation Documentation used: Other written or online reports*	➤ Does selected documentation reflect clients served by CSBG funded programs? ➤ Does documentation show income eligible residents were served? ➤ Does documentation reflect the agency adhered to its own policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		

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13.4	The organization has a written, comprehensive information security program that satisfies requirements specified in 201 CMR 17.00	Guidance <ul style="list-style-type: none"> Please upload the Written Information Security Plan (WISP) For further guidance, refer to the 201 CMR 17.00 Compliance Checklist Documentation used: Written Information Security Plan (WISP)	<p>➤ Did the agency submit a WISP?</p> <p>➤ Does the WISP address the following items from the 201 CMR 17.00 Compliance Checklist ?</p> <ul style="list-style-type: none"> Includes administrative, technical, and physical safeguards for PI protection One or more employees designated to maintain and supervise WISP implementation and performance Includes regular ongoing employee training, and procedures for monitoring employee compliance Is reviewed at least annually, or whenever there is a material change in business practices that may affect the security or integrity of PI records Includes a procedure for documenting any actions taken in connection with any breach of security; and the procedure requires a post-incident review of events and actions taken to improve security 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
13.5	Pursuant to Section 678F(b)(2) of the CSBG Act and in accordance with CSBG IM #81 the agency does not use CSBG funds to support partisan or non-partisan political (e.g., voter registration, transportation to polls, etc.) activities.	Guidance <ul style="list-style-type: none"> No documentation upload needed, EOHLC will validate this through review of Key Informant Surveys For further guidance, refer to CAPLAW's CAA Leader's Legal Guide Documentation used: Other written or online reports*	<p>➤ CHECK SURVEY RESPONSES: ED (#20) & BOD PRESIDENT (#9) - Per survey responses, is the agency engaging in partisan or non-partisan political activities including elections, election forums, voter registration, voter transportation to polls, etc.?</p> <ul style="list-style-type: none"> If yes, are CSBG funds used directly (e.g., personnel) or indirectly (e.g., space, supplies, refreshments, etc.) to finance these activities? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
13.6	Requirements pursuant to 760 CMR 29.08 regarding Citizen Access are met.	Guidance <ul style="list-style-type: none"> No documentation upload needed, EOHLC will validate this through review of Key Informant Surveys Documentation used: Other written or online reports*	<p>➤ CHECK SURVEY RESPONSE: BOD PRESIDENT (#8) - Per Board President Survey response, agency complies.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Key Informant Surveys						
Standard		Guidance, Acceptable Documentation, etc.	Program Representative Review List	Y/N, N/A	Comment	Onsite Notes
14.1	The agency submits completed Key Informant Surveys to EOHLC ahead of the onsite visit.	<p>Guidance</p> <ul style="list-style-type: none">Fillable Key Informant Survey forms are available in the “Guidance” folder on the blue task bar. Please complete and upload all seven (Board President, Board Treasurer, ED-CEO, Fiscal Director-CFO, Human Resources, MIS, and Planner). <u>Note: surveys must be typed, not handwritten</u> <p>Documentation used: DHCD Pre-Assessment Surveys</p>	➤ All completed surveys were submitted	<input type="checkbox"/> Yes <input type="checkbox"/> No		