Arizona Monitoring Standard Operating Procedure

Monitoring is checking the Agency's programs to see if programs are running efficiently and in compliance with the grantee's approved plan, and federal and state laws and regulations.
The state CSBG office conducts the following reviews of CAAs within its state:

- An on-site or virtual review of each CAA at least once during each three-year period. Ongoing three-year monitoring of service delivery can help grantees:
  - assess progress toward short term outcomes
  - evaluate whether delivery process contributes to or deters from program objectives
  - identify findings and concerns that need corrective actions to address going forward in the program (internal or external)
  - course correct as needed
- A review of each newly-designated CAA immediately after completion of the first year that the entity received CSBG funds
- Other reviews as appropriate, including reviews of entities with programs that have had other federal, state or local grants terminated for cause; and/or
- A prompt follow-up review if a CAA fails to meet goals, standards and requirements established by the state
- Review compliance with the Contract Scope of Work and state and federal regulations every 3 years
- On-site or virtual visits occur on scheduled anniversary dates for each Agency, approximately 3 per year.
- Each visit takes approximately 3-5 days, including travel time and subcontractor visits depending upon the status of the Agency being monitored, and technical assistance needed
- Assure services are culturally relevant and linguistically appropriate to the population served

The only language in the federal CSBG Act that directly addresses the type of monitoring a state is to conduct requires a state to "determine whether eligible entities meet the performance goals, administrative standards, financial management requirements, and other requirements of a State. It is thus up to the states to determine the type of monitoring to conduct and the procedures to use within the parameters of the federal CSBG Act. No national uniform monitoring tools and procedures currently exist.

The federal CSBG Act sets forth the following parameters within which a state CSBG office is required to monitor an eligible entity:

- Performance goals
- Administrative standards
- Financial management requirements
- Other state requirements

Contracts team:

- Coordinates the monitoring date, schedule, agenda, facilities tour, and Contract Compliance Review (CCR) checklist completed by the Agency approximately three weeks prior to the onsite visit
- Manage the program checklists (LIHEAP, CSBG, NHN, TANF) (currently must remain as they exist per Contracts) one week prior to monitoring
- Review administrative requirements Community Service portion of Contract Compliance Review document – (CCR template) one week prior to monitoring

- One week prior to monitoring, review the CCR Supplementary Information Checklist to confirm that documents have been collected and procedures are practiced accordingly

Monitoring coordinator:

- One month prior to monitoring, coordinates Agency monitoring dates with program coordinators and the Contracts team
- Coordinate/participate in monitoring for Low Income Heating Assistance Program (LIHEAP), Community Service Block Grant (CSBG), Temporary Assistance for Needy Families (TANF), Neighbors Helping Neighbors (NHN), and Short-Term Crisis Services (STCS) program contractor
- One week prior to monitoring, work with the CSBG Coordinator to identify and secure Board/Commission member interviews
- One week prior to monitoring, the monitoring coordinator will review:
  - Previous monitoring ROF
  - Bylaws
  - CCR
  - Board minutes and seatings
  - Org standards
- Facilitates timely completion of monitoring efforts as scheduled by:
  - Assessing program manager workload and pace
  - Managing facility tour pace
  - Managing board interview pace
  - Research community profiles on the Arizona Commerce Authority, U.S. Census Quick Facts, and/or Wikipedia web sites
- During the monitoring, through discussions with Agency staff and observations, identify trends/gaps to determine training needs
- During the monitoring, review case files with program coordinators for allowable expenditures, and federal and state eligibility requirements for the service provided

Case management

- Case management is the process through which the needs and eligibility of the individual applying for/receiving services are determined. Case management services targeting the family/caregiver focuses on the needs of the caregiver. For individuals eligible, appropriate services and/or benefits are identified, planned, obtained, provided, recorded, monitored, and follow-up provided where and when appropriate.
- The Agency maintains a network of qualified service provider that has the capacity to meet the home and community-based service needs of clients enrolled in the Agency's programs.
- Case management is provided to Agency clients to ensure necessary services are obtained in a cost-effective manner.
- A case manager determines what services and what frequency of services are required and develops an individualized care plan with the client.
- Prior to visiting the Agency, the monitoring coordinator:
  - Reviews Agency intake procedures via the CCR a week before monitoring
  - Retrieves the Agency's payment voucher lists for CSBG, LIHEAP, TANF, STCS, and NHN programs from the Agency's folder in the Contracts Library folder three weeks prior to monitoring

- Three weeks prior to monitoring, conduct a risk assessment using the Case File Number Generating tool to determine the number of CSBG, LIHEAP, TANF, STCS, and NHN files to be reviewed
    - Assessment is based upon:
        - Number of Agency caseworkers including subcontractors
        - Number of findings from most recent DES monitoring
        - Number of findings from most recent single audit
        - Whether or not there are subcontractors
    - Three weeks prior to monitoring, get LIHEAP coordinator approval or modifications to the LIHEAP, TANF, STCS, and NHN case files to be reviewed
    - Three weeks prior to monitoring, get CSBG coordinator approval or modifications to the CSBG case files to be reviewed
    - Three weeks prior to monitoring, forward the list of selected case files to the Contracts team, who then forwards it to the Agency
    - Prior to monitoring, the Agency pulls the selected case files for the monitoring coordinator and program coordinators to review

Board/Commission Interviews

- Purpose
    - Identify how the governing body exercises its oversight responsibility and ensures accountability
    - Explore the governing body's knowledge of the organization
- One week prior to monitoring, work with the CSBG Coordinator and Agency to coordinate Board/Commission member interviews
- Attempt to interview 2-3 Board/Commission members
    - Identify at least one low-income representative
    - If the Agency provides services in multiple counties, seek Board/Commission members representing multiple counties
- Introduction
    - At the beginning of the interview, thank the Board/Commission member for taking the time to meet with DES
    - Introduce yourself and others from DES
    - Share any lighthearted stories/jokes to ease the tension
    - Some Board/Commission members will generally be reserved and tensed both before and during the interview regardless of how much that Agency has tried to calm them down
        - Some Board/Commission members will see the interviewers as "The State"
        - Some may have suspicions
    - Explain why the Agency is being monitored
    - Explain that monitoring is not a "Got You!" situation
    - Explain the reason for the interview
- Sample questions may include, but are not limited to:
    - Why did you become a Board/Commission member?
    - Describe new Board/Commission member orientation and training?
    - What is your role on the Board/Commission?
    - What do you bring to the Board/Commission?
    - Is there a provision for participation of low-income people in all phases of the operation including all Board/Commission committees?

  - Is the Board/Commission fully seated (at least 9 members)?
  - Has the Board/Commission been trained on ROMA (Results Oriented Management and Accountability)?
  - Describe how the Agency ensures Board/Commission member understanding of ROMA.
  - What reporting is provided to Board/Commission members to keep them informed about progress, problems or changes in Agency programs?
  - How does the Board/Commission receive programmatic and financial information?
  - Describe linkages with other service providers.
  - How does your Agency conduce a needs assessment?
  - Describe how often the Board/Commission reviews and updated Agency by-laws.
  - Describe how the Board/Commission participate in the development, planning, implementation, and evaluation of programs.
  - Describe how the Agency coordinates and establishes linkages between governmental and other organizations while avoiding duplicating the effective delivery of such services.
  - Describe the processes for the Agency coordination of CSBG funded programs with other community-based organizations to respond to local needs and conditions.
  - Describe how the results of the needs assessment study were incorporated in the Agency's Community Action Plan.
- Explore the Board/Commission composition both prior to and during the interview
  - How are members elected/selected?
  - How many board members are there?
  - How many members attend meetings regularly?
  - How often is there not a quorum?
  - How does the Agency ensure there are no vacancies for more than 180 days?
- Post Board/Commission interview
  - Share interviewee comments during the exit meeting with Agency staff if the interviewee okays it.
  - Pass along complements from the interviewee regarding staff or Agency if the interviewee okays it.
  - Following the Agency visit, but within 10 days, write brief comments regarding each interview in the Comments section of the ROF.

During the monitoring, Program coordinators will review Agency operations related to CSBG, LIHEAP, TANF, STCS, and NHN

- The Program and Monitoring coordinator will review the case management plan that includes the following:
  - An assessment of client/household resources and needs.
  - Specific objectives that relate to the goal of alleviating immediate crisis situations.
  - Eligibility (citizenship, income, category, etc.) for supportive services .
  - Direct provision of services or referral.
- The CSBG coordinator will identify how CSBG funds were used beyond vouchers.
  - Review Agency Community Action Plans to get an understanding of how they planned to use CSBG funds.
  - Review how NPI categories are addressed by the Agency.
  - Review Annual Reports of Common NPIs
    - ❖ Number of participants
    - ❖ Targets
    - ❖ Actual results.

- Review CCRs for services provided and leveraged.

- CAAs on rare occasions will provide mass services in events where individual income verification are not possible or practical. The CSBG coordinator will address with the Agency what factors were used to verify income. As an example, in the event of an apartment building fire in a low-income neighborhood, where it is generally understood that residents in the burned structure are predominantly low-income, it may not be practical for the CAA to verify incomes when providing emergency shelter. The CAA could rely on known LIHEAP, TANF, or other program benefit applications, as well as neighborhood demographics.
- Wildfire Monitoring
  - One week prior to monitoring, the program and monitoring coordinators will:
    - ❖ Review previous ROF and CCR
    - ❖ Review contracted activities and priorities agreed upon with DES including:
      - Training and technical assistance
      - Presentations at regional and national conferences
      - Coordinating comments on programs and issues
      - Supporting Certified Community Action Professional candidates
      - Coordinate and develop news releases and interviews
      - Visiting Congressional members to discuss key issues related to CSBG, LIHEAP, and Weatherization funding
      - Intervening in utility rate cases that may negatively impact the low-income
      - Negotiating utility funding of energy assistance programs
      - Negotiating income eligibility for energy assistance programs
      - Review:
        - LIHEAP leveraging plan and results
        - Special CAA guest speaker training events
        - State-wide conference planning and results
        - Training and technical assistance plan and results
        - Special projects
- On a monthly basis, as finance distributes Contract Expense Reports, Program coordinators will review programmatic spending and activities
- During the Agency visit or on quarterly calls, the Program and Monitoring coordinator will review Agency CSBG activities and expenses with the Agency
- During the Agency visit, the Program and Monitoring coordinators (and other program staff if available) will review Agency CSBG case files and complete case record review sheets
  - During the CSBG portion of the monitoring:
    - ❖ Assure per federal law, CSBG grantees are statewide or local organizations, or associations with demonstrated expertise in providing training to individuals and organizations on methods of effectively addressing the needs of low-income families, and communities and organizations that are officially designated as a CAA or a Community Action Program under section 673(1) of the CSBG Act, as amended by the Human Service Amendments of 1994 (P.L. 103-252), and meets all requirements under section 673 (1) (A) and 676A of the CSBG Act, as amended by the COATES Human Services Reauthorization Act of 1998. The state in turn, awards grants to Agencies to provide services under the Act in their respective communities.
    - ❖ Assure and document that Agencies designated by DES use funds to provide an array of services to reduce poverty, revitalize low-income communities, and empower low-

income families to become fully self-sufficient, while alleviating the causes and conditions of poverty in communities.

- Assure that eligibility and procedural policies set forth in the most current DES CSBG policy and procedure manual, as may be amended, are followed.
- Assure the Agency operates under organizational standards designed to ensure the Agency has the capacity to provide high-quality services to families and communities with low-incomes.
    - The standards are organized into three thematic groups, comprising nine categories with a total of 58 for private/nonprofit CEEs and 50 for public/governmental entity CEEs. The three groups and nine categories are:
        - Maximum feasible participation
            - Consumer input and involvement
            - Community engagement
            - Community assessment
        - Vision and direction
            - Organizational leadership
            - Board governance
            - Strategic planning
        - Operations and accountability
            - Human resource management
            - Financial operations and oversight
            - Data and Analysis
    - DES is responsible for assessing the status of standards among Agencies annually and for reporting to OCS on the standards in the CSBG Annual Report.
- Assure the Agency has conducted a community needs assessment within the past 3 years, and has established a profile of the community, including the population to be served, noting both needs as well as community resources.
    - The community needs assessment should include:
        - Municipalities
        - Geographic areas such as neighborhoods and census tracks
        - Gender
        - Age
        - Race/ethnicity
        - Income
        - Community assets
        - Transportation networks
        - Social services providers
        - Academia
        - Medical facilities
        - Housing
    - Community Commons is a reliable source for poverty data.
    - The US Census is also a source where data more specific to a geographic area is detailed.
- Document with copious notes when necessary:
    - How did an Agency verify income for services with limited in-take procedures, e.g. food and shelter following a forest fire

- The performance goals, financial management requirements, ROMA and other requirements established by HHS and ADES for CAAs
- How funds were actually spent, including administrative costs and direct delivery of local services
- Verify the Agency did not exceed the 25% CSBG spending cap on stabilization
- Evidence of DES's requirement that Agency establish and implement procedures for a tripartite board, conduct a needs assessment, submit a CAP, participate in the ROMA system, form linkages with other programs, create effective service delivery systems, coordinate with other social service programs and provide for emergency food services
- How the Agency's innovative community and neighborhood-based initiatives with discretionary funds
- Agency activities and service delivery systems that are based on needs assessments, have performance goals, coordinate with other programs, limit duplication and are managed and evaluated for results
- Evidence of new partners, new partnerships, and newly coordinated service delivery systems resulting from State's efforts to stimulate coordination and linkages within the Agency system
- Evidence of agreements that establish linkages, partnerships or collaborations with other social service program providers, i.e., Memoranda of Understanding (MOU)
- Evidence of agreement(s) with WIA, which determine to what extent cooperation and linkages are developed and nurtured
- The number and characteristics of clients served by the CSBG program based on payment vouchers
- Examples of Agency's coordinating information from CAP needs assessments with needs assessments conducted for other programs
- The Agency's review process for Community Action Plans
- Evidence of training opportunities for learning to create outcome measures that promote self-sufficiency, family stability and community revitalization
- Methods for ensuring that services are provided to qualifying low-income families and individuals
- Emergency food provision plans –qualifications, limitations, evaluations, and coordination with other programs
- Strategies to reduce reliance on nutritional services
- Emergency services provision plan –qualifications, limitations, evaluations, and coordination with other programs
- Strategies to reduce reliance on emergency services
- Compliance with Federal and State statutes, laws, policies and procedures
- Oversight procedures to review data collection, data tabulation and data verification methods used by Agencies
- Training/technical assistance in areas such as governance, management, service delivery, and program operation
- Procedures to ensure Agency's compliance with the national goals and outcome measures
- Agency's training

LIHEAP coordinator and the Monitoring coordinator (and other program staff if available) will review LIHEAP, TANF, STCS, and NHN case files and complete case record review sheets

- Low-Income Energy Assistance Program (LIHEAP) (https://liheappm.acf.hhs.gov/national-training-2016)
  - Assure the Agency provides utility assistance services that assist low-income households lower basic home energy bills with specific emphasis on those households with the lowest income and highest energy burden, and respond to problems related to the termination of heating and/or cooling
  - Assure that utility assistance is funded with LIHEAP, and Neighbors Helping Neighbors (NHN) funds
  - Assure for LIHEAP eligibility, the household income limit is sixty (60) percent of the State Median Income (SMI) or 150 percent of the Federal Poverty Guideline (FPG), whichever is greater, as may be amended (for the most recent guidelines, see the DES Guidance and waivers regarding COVID-19 originally published March 18, 2020, and last revised Oct 1, 2021)
  - Assure for NHN eligibility, the household income limit is 125 percent of the FPG except for individuals sixty years of age or older or disabled, where the household income limit is 150 percent of the FPG, as may be amended. The Agency shall offer utility assistance services as a component program under the overall case management service structure.
  - Benefits may include:
    - Utility payments or deposits
    - Payment of water bills related to cooling (May 1 through October 1)
    - Temporary emergency shelter (if needed due to energy related crisis)
    - Rental assistance where utility payment is included in the rent
  - LIHEAP Glossary
  - Assure that eligibility and procedural policies set forth in the most current DES LIHEAP policy and procedure manual, as may be amended, are followed
  - Document with copious notes if necessary:
    - The performance goals, financial management requirements, and other requirements established by DES for CAAs
    - The use of funds - examine the planned use of funds, and how funds were actually spent, including administrative costs and direct delivery of local services
    - Evidence that the Agency established and implemented procedures for a tripartite board, conducted a needs assessment, formed linkages with other programs, created effective service delivery systems, coordinated with other social service programs and provided for emergency food services
    - How the Agency supported innovative community and neighborhood-based initiatives with discretionary funds
    - Agency activities and service delivery systems that are based on needs assessments, have performance goals, coordinate with other programs, limit duplication and are managed and evaluated for results
    - Evidence of agreement(s) with WIA, which determine to what extent cooperation and linkages are developed and nurtured
    - Examples of Agency's coordinating information from CAP needs assessments with needs assessments conducted for other programs
    - The Agency's review process for Community Action Plans
    - Evidence of training opportunities for learning to create outcome measures that promote self-sufficiency, family stability and community revitalization
    - Methods for ensuring that services are provided to qualifying low-income families and individuals
    - Emergency services provision plan –qualifications, limitations, evaluations, and coordination with other programs
    - Strategies to reduce reliance on emergency services

- Compliance with Federal and State statutes, laws, policies and procedures
- Oversight procedures to review data collection, data tabulation and data verification methods used by eligible entities
- Training/technical assistance in areas such as governance, management, service delivery and program operation
- Procedures to ensure Agency's compliance with the national goals and outcome measures
- Agency's training

- Review Agency's performance management to gain an understanding of the process of using data to make decisions about LIHEAP program delivery and administration
  - Prior to requesting an updated CCR remove requests for documents that we currently have in possession
- Review Agency's LIHEAP performance measures
  - Performance measurement is:
    - ❖ The process of collecting and compiling data necessary to assess whether or not a program is doing what you intended it to do
    - ❖ The process of evaluating performance measurement data (both mandatory and voluntary), and then using this information to make informed program decisions
- Assurance 16
  - Background - Assurance 16 allows grantees to use up to 5 percent of LIHEAP funds to provide services that encourage and enable households to reduce their home energy needs and thereby the need for energy assistance
  - Allowable administrative costs:
    - ❖ Vendor Advocacy – Helping the client to communicate effectively with the vendor to maintain service
    - ❖ Needs Assessment and Referral – Reviewing the client's case record and identifying the most appropriate referrals
    - ❖ Energy Education – Furnishing information about how to reduce energy usage and obtain energy efficiency services
  - There are no additional administrative funds associated with Assurance 16
  - Assure that allowable expenditures under Assurance 16 are used appropriately by:
    - ❖ providing services that encourage and enable households to reduce their home energy needs (services not equipment)
    - ❖ providing needs assessments, counseling, and assistance with working with energy vendors
  - Evaluating an Assurance 16 program
  - Logic Model: Work with the Agency to document and address the following:
    - ❖ What problem are you trying to solve?
    - ❖ What resources are you going to use?
    - ❖ What services are you going to deliver?
    - ❖ What change do you expect to effect?
    - ❖ What impact do you expect to have on the client?
    - ❖ What impact do you expect to have on the need for LIHEAP assistance?
  - Data Tracking System: Did the Agency set up a data tracking system that allows it to see who was served and what services they received, and that allows the Agency to conduct follow-up research to measure program impacts.
  - Process Evaluation: Was the information collected helpful to understand whether the program appears to be working as planned?

        - Impact Evaluation: Was the information collected helpful to document what impact the program had on household needs for energy assistance?
        - Performance Management: Were the lessons learned incorporate into the LIHEAP Performance Management plan to maximize the impact of the overall LIHEAP program by making use of A16 services?
- Short-Term Crisis Services (STCS)
    - Background - STCS is an Arizona state program (A.R.S. 46-241) that provides temporary assistance to persons who have an emergent need that cannot be met immediately by their own income or resources
    - Services available through the STCS program include:
        - Emergency temporary shelter
        - Eviction/foreclosure prevention
        - Move-in assistance
        - Utility assistance
        - Special needs related to obtaining or maintaining employment
    - Assure that all eligibility and procedural policies set forth in the DES/DAAS STCS policy manual and related policy clarifications or revisions are followed
- Temporary Assistance to Needy Families (TANF)
    - TANF monitoring follows the same patterns as STCS monitoring
    - Assure that TANF funds are used for:
        - case management services
        - temporary emergency shelter
        - move-in assistance
        - eviction prevention
        - utility assistance
    - Assure that all eligibility and procedural policies set forth in TANF laws and regulations are met
- Neighbors Helping Neighbors (NHN)
    - NHN provide eligible recipients with assistance in paying utility bills, conserving energy and weatherization
    - Assure eligible recipients:
        - are individuals who have a household income at or below 125% of the poverty level or individuals who are sixty years of age or older or handicapped and who have a household income at or below 150% of the poverty level
        - vulnerable to the rising costs of utilities by having either an obligation to pay a utility bill directly to a utility company or in non-subsidized rent which includes utilities
        - are U.S. Citizen or a Qualified Non-Citizen with Legal Permanent Resident (LPR) status
        - have executed a sworn affidavit stating the documentation provided as listed on the Proposition 200 Instructions during the verification process is/are true
        - show an energy burden, and accumulate the required number of points using the LIHEAP worksheet
        - are resident of Arizona
- Assure utility payments were for heating/cooling bill assistance:
        - Electric
        - Gas
        - Propane
        - Wood/coal
        - Payment to landlords (when utility costs are included in rent)

  - Water bills (related to evaporative cooling for bills incurred for the months of May through October 31)
- Assure funding was for temporary emergency shelter (if needed due to energy related crisis)
- Assure that all eligibility and procedural policies set forth in the NHN policy manual are met

Following the monitoring:

- Contracts, Programs, and the Monitoring coordinator jointly conduct a second risk assessment, this time using the Risk Assessment Chart, to identify and rate the Agency's administrative, fiscal, case management and community service performance.
- Scan and send the completed case record review sheets to the Contracts team after the monitoring

Report of Findings and Recommendations

Every question in a state's monitoring tool that may result in a deficiency, i.e., a finding or recommendation, should be tied to a legal requirement such as the federal CSBG Act; other applicable federal laws or regulations such as nondiscrimination laws and regulations; the Office of Management and Budget (OMB) circulars codified in the code of federal regulations (C.F.R.); a state's CSBG act and/or regulations; and/or a CAA's CSBG contract with the state. Legal requirements place an organization on notice of the standards by which it is required to operate.

OCS recommends that a state CSBG office document the basis for a performance deficiency or failure to comply with a state requirement and maintain records of correspondence or other communication relating to actions taken. OCS also recommends that a state CSBG office maintain records of correspondence or other communications related to an enforcement action against a CAA to establish compliance with the federal CSBG Act. The federal CSBG Act does not define a "deficiency." Rather, it defines the "cause" that a state must determine exists… The term "cause" in the CSBG Act includes a CAA's failure to comply with the terms of its CSBG agreement with the state, the state plan or a state requirement.

- Within 10 days of completing the Agency monitoring, the Monitoring coordinator completes the IV. Program Section – Case Management – Findings/Recommendations section of ROF for CSBG, LIHEAP, TANF, STCS, and NHN if there is a Finding or Recommendation
- The Monitoring coordinator present the ROF to the program coordinators for review
- Per section, (Administrative/Fiscal, Program – Case Management, and Program – Community Services) findings should be listed prior to recommendations
- Prepare Report of Findings (ROF) for Agency. Template specific to the Agency will be provided by the Contracts team (monitoring docs – ROF and checklists).
  - Include detailed instructions/technical assistance that communicates the issue and offers the information and resources needed to address a finding or recommendation.
  - Complete the ROF within 15 days of visit. This item is due within 30 days of the visit however, program staff must allow for internal review time by Contracts Staff, and Unit Administration.
  - The Contracts Specialist will track time-bound items for the Agency's responses to the ROF and any applicable deliverables
  - The Contract Specialist will also communicate to Agencies when due dates approach for CSBG specific items
  - Copy the Contract Specialist on these communications.
  - Review and respond to Agency ROF response, and respond again to Agency through the Contracts team, indicating if the response was sufficient or insufficient. If insufficient, offer an explanation, and indicate what actions the Agency must take to close the item, and include a reasonable timeframe.

Findings

- Findings identify contract deficiencies that must be corrected.
  - Instruction to the Agency is provided by the Contracts team, program coordinator, and/or monitoring coordinator for each finding.
- A finding could potentially lead to defunding or termination of a contract if the condition persists.
  - An example of a CSBG finding, may be the Agency does not have low-income persons or organizations representing at least 1/3 of its Board of Directors membership (a short-term vacancy - <120 days does not constitute a finding, but a recommendation, and will be noted and tracked by CSBG program staff until filled.
  - Another example could be the Agency has expended funds for a purpose that is not allowable under CSBG/LIHEAP or has supplanted CSBG service dollars for a service that is covered by other federal funds. CSBG may be used for a service generally covered by other federal dollars if the other funding is not available or the client does not meet all the other fund's criteria.
- If a finding exists, the Agency will be required to respond with a Corrective Improvement Plan (CIP).
  - A CIP is a document provided by the Contracts team outlining the Agency's plan (with a timeline) to correct the deficiency.
    - The form is to be completed by the Agency for each finding.
    - A CIP must detail logical steps to be taken by the Agency to expeditiously correct the finding.
    - The program and/or monitoring coordinator will review the CIP once submitted back to AZDES/DASS, and inform the Agency if it is acceptable, or needs additional information.
- Failure to submit or implement a CIP may result in further negative actions up to and including an official Demand for Assurance, possible reduction/redistribution of funding, and potential contract termination.

Recommendations

- Recommendations identify areas to which ADES strongly encourages an improvement to the Agency's operations as soon as possible.
  - Instruction to the Agency is provided by the Contracts team, program coordinator, and/or monitoring coordinator for each recommendation.
  - The Agency must develop and submit a narrative response for each recommendation and identify a methodology for implementation.
  - If the Agency chooses not to implement a recommendation, the Agency narrative must provide a valid justification to be reviewed and approved by ADES.
  - All required information/documents are to be submitted by the identified due dates.
  - If the Agency's response is not complete and timely, ADES may invoke a demand for assurance per Term and Condition State's Contractual Remedies, Section 54.1.

Relevant references include formal documentation of policy, but are not limited to:

- Federal and State Legislation (CSBG, LIHEAP, STCS, TANF)
- Program Policy Manuals (CSBG, LIHEAP, STCS, NHN)
- Information Memoranda (CSBG, LIHEAP, TANF)

Instructions: date sent to contractor: xx/xx/xxxx

- ADES's instructions should state what the Agency needs to correct. The Agency then informs ADES how they will correct the issue.
- Give the Agency a specific date when their response is due to ADES
  - As an example:
    - (ADES instructions) By February 28, 2022 the Agency should identify steps it will take to ensure documentation supports eligibility or ineligibility, and sufficient detail is provided.

- (AGENCY response to ADES) Effective January 1, 2022, the Agency's Community Action Program (CAP) implemented the policy that birth certificates for all household members must be in the files before services are provided to the client when using LIHEAP/STCS/TANF funds. The Agency's CAP Policy and Procedure manual will be updated accordingly.

If a CAA wishes to challenge a monitoring Finding or Recommendation, the CAA should:

- Check the state's procedures to determine the process for responding to monitoring findings. These procedures should be specified in at least one of the following:
  - Letter from the state CSBG office informing the CAA of the finding
  - Monitoring tool or instructions to the monitoring tool
  - State CSBG laws and/or regulations
  - State CSBG contract with CAA

If the CAA is unable to obtain or find the procedures, it should request them in writing from the state CSBG office.

- Ensure that the state has linked its finding to a legal requirement. There should be a citation to a statute, regulation or contract provision (such as 42 U.S.C. § 9908(a) or 2 C.F.R. Part 230, Appendix A or CSBG Contract Section A.B2) as part of the finding.
- If the state included a citation to a legal requirement, ask the state to either provide the legal requirement(s) or explain where it may be found.
- If the state did not link its finding to a legal requirement, request in writing the citation to the legal requirement on which the finding is based and a copy of the legal requirement.
- If a CAA disagrees with the application of the legal requirement and has evidence to prove that it met the standard, it should provide the state CSBG office with copies of that evidence along with a letter explaining why the evidence should have been considered.
- If the CAA disagrees with the state's interpretation of the legal requirement or believes that the legal requirement does not apply to the CSBG program, it should work with an attorney in its state familiar with state government laws, federal grant laws and/or nonprofits or contact CAPLAW.
- If a CAA believes the factual basis for the finding is inaccurate, it should compile evidence that supports its understanding of the facts on which the finding is based and provide copies of this evidence to the state CSBG office with an explanation of why the CAA's understanding is more accurate.
- Always document in writing any conversation, request, response and corrective action taken. Also, always ask the state to follow up any oral responses with a written response.

Agency reply: date sent to DES

- When the Contracts team receives the Agency's response to Contract's, the monitoring, and/or the program coordinator's instructions:
  - Review the response to determine if the Agency responded to DES's instructions satisfactory
  - If the Agency responded sufficiently, insert, "Agency response is sufficient" in the "DES Response to Agency: Date sent to Agency: xxxx" section of item under review in the ROF
  - If the Agency response is not sufficient, ask the Agency to be more specific on how they will correct the issue.
  - Contracts will return the ROF to the Agency for more detailed information.

Additional comments may include:

- Complements from DES
- Complements from Board/Commission members
- Thank yous
- Observations
- Concerns that were not findings or recommendations

- The number of case files reviews (or not reviewed, and why)
- Examples of comments include:
  - Administrative/Fiscal
    - It was great to meet everyone, and we would like to thank the staff at Gila County for your time and efforts throughout the visit. As noted above, the Administrative portion of the review was completed with findings. The Fiscal portion of the review was completed with no findings or recommendations. The backup documentation in support of the fiscal files was very well organized.
  - Case Files
    - There were 130 LIHEAP, 20 STCS/TANF, and 1 NHN case files reviewed during the monitoring session. The files were orderly, complete for the most part, and easy to read. Case notes were copious and well organized. A few noted files had incomplete documentation.
    - There were 35 CSBG case files reviewed. Files were well typed, complete, very well organized, and easy to read. CAAs can learn good case management documentation from Gila County
  - Board Governance - CSBG
    - Advisory Board – via a conference call, DES met with 5 board members, and Dorine Prine, Gila County's Community Action Program Coordinator. Currently, there are no board vacancies. The board was very engaged on the call and demonstrated a good awareness of the Agency's operations.

Obtain and review the Agency's contractor survey from Contracts following the monitoring to better understand the Agency's operations.

Community Action Partnership's "Monitoring Map for CAAs"

- Quality Improvement Plan are addressed starting on page 26
- See Appendix B for state monitoring tool examples
- See Appendix D for a sample letter setting forth monitoring findings

Colorado Fiscal Monitoring Tool

Fiscal Monitoring Form

Eligible Entity: _____

Eligible Entity Representative(s): _____

Date: _____ Completed by:_____

Documents Required for Monitoring Visit

- Accounting procedures to determine allowability, allocability, and reasonableness of costs
- A report comparing budgeted vs. actual costs

Section A: Circle yes or no to the following questions

A-1	Was any portion of the grant implemented prior to approval?	YES	NO
A-2	Are grant funds utilized within the grant program year?	YES	NO
A-3	Are records tracked by the grant program year?	YES	NO
A-4	Are grant expenditures consistent with application and plan?	YES	NO
A-5	Does the eligible entity retain their records for a minimum of five years?	YES	NO
A-6	Does the eligible entity know of the OMB supercircular and where to access it?	YES	NO
A-7	Does the eligible entity ensure that CSBG funds are not used for partisan activities, candidate endorsement or any other political activity?	YES	NO
A-8	Does the eligible entity ensure that CSBG funds are not used for purchase of land, improvement of land, construction or permanent improvement of buildings?	YES	NO
A-9	Does fiscal staff have a copy of DOLA's most recent CSBG manual or do they know where to access it?	YES	NO

A-10	Does the grantee have any questions for DOLA staff on what is covered in this section?

Section B: Financial Process

B-1	Describe the payment and approval process for invoices and timesheets.		
B-2	Is there a separation of duties and responsibilities within the accounting section?	YES	NO
B-3	What systems do you use to keep track of CSBG funding allocation?		
B-4	Has the original grant budget been amended or modified?	YES	NO
B-5	Does the eligible entity have written accounting procedures to determine allowability, allocability, and reasonableness of costs and do the written procedures reflect current practices? (Please provide these procedures for review)	YES	NO
B-6	Does the eligible entity prepare a report to compare actual versus budgeted costs? (Please provide the report for review)	YES	NO
B-7a	Are financial reports communicated regularly to board and staff?	YES	NO
B-7b	Explain how, when and to whom.		

B-8a	Do administrative and indirect costs charged to the program have supporting documentation to form the basis for their amounts charged to the program? (If the agency is using the 10% de minimis this question is not applicable.)	YES	NO

B-8b	What is the documentation?

B-9	Are all general ledger entries traceable to source documentation?	YES	NO
B-10	Does the entity's financial management system have a separate account to track federally awarded funds and can it generate reports for specific grant expenditures?	YES	NO
B-11	Does the eligible entity reconcile and close out reports within 30 days after the end date of each reporting period?	YES	NO

B-12	Does the grantee have any questions for DOLA staff on what is covered in this section?

Colorado Program Monitoring Form

Eligible Entity:

Eligible Entity Representative(s): _____

Date: _____ Completed by: _____

Documents Required for Monitoring Visit

- Tripartite Board minutes
- Tripartite Board Bylaws
- CSBG activity sheets
- Nondiscrimination policies for employees
- Nondiscrimination policies for clients
- Client Files (must be available electronically via shared screen)

Contact Information			
Name	**Role**	**Email Address**	**Phone Number**

Section A: General Administration

A-1	How is the CSBG funding administered?	
	Direct services	
	Linkages	
	Subcontracted to local agencies	

A-2	Describe how funds are used:	

A-3a	Is the entity a Multi-County Service Agency?	YES	NO

Colorado Program Monitoring Form

A-3b	If so, what are the counties served?

A-3c	Describe the collaboration that occurs to address causes and conditions of poverty in the various counties and/or municipalities. If not, describe the collaboration within the single county area.

A-4a	What Federal Objectives are being met?
	Employment
	Education and Cognitive Development
	Income, Infrastructure and Asset Building
	Housing
	Health and Social/Behavioral Development (Includes Nutrition)
	Civic Engagement and Community Development
	Services Supporting Multiple Domains
	Linkages
	Agency Capacity Building
	Other (emergency management/disaster relief

A-4b	Has this changed within the last 3 years?	YES	NO

A-4c	If so, why?

A-5a	National Goals being met:
	Goal 1: Individuals and Families with low incomes are stable and achieve economic security
	Goal 2: Communities where people with low incomes live are healthy and offer economic opportunity
	Goal 3: People with low incomes are engaged and active in building opportunities in communities

A-5b	Has this changed within the last 3 years?	YES	NO

A-5c	If so, why?

A-6a	What National Performance Indicators (NPIs) are being met? (employment, community improvement/revitalization and community enhancement thru participation)

A-6b	Does the eligible entity understand the NPIs?	YES	NO

A-7a	Have there been any changes in the eligible entity's administrative structure or operations of the CSBG program?	YES	NO

A-7b	If so, please describe:

A-8a	Has there been any staff turnover in key positions?	YES	NO

A-8b	If so, please describe:

A-9	Does program staff have a copy or know where to access DOLA's most recent CSBG manual?	YES	NO

A-10	Does the grantee have any questions for DOLA staff on what is covered in this section?

Section B: Description of Eligible Entity's Tripartite Board/Advisory Committee

B-1	Elected Public Officials:	
	# Seats	
	# Vacancies	
	Low-Income Representatives	
	# Seats	
	# Vacancies	
	Private Sector Representatives	
	# Seats	
	# Vacancies	

B-2	Does the Tripartite board provide representation of service area?	

B-3	How often does the board meet?	

B-4	What is the process for filling vacancies on the board?	

B-5	How do board members provide input in the planning and implementation of the CSBG program?	

B-6	Are the board minutes on file? (Please provide the board minutes for review)	YES	NO

B-7	Are the board bylaws on file? (Please provide the board bylaws for review)	YES	NO

B-8	Do the bylaws include "democratic selection process" language for the low-income portion of the board?	YES	NO

B-9	When were the bylaws last revisited?

B-10	Are any revisions needed to the bylaws?

B-11	Does the grantee have any questions for DOLA staff on what is covered in this section?

Section C: Program

C-1a	What is the mission of the agency/department?		
C-1b	Do the programs fit into the overall mission of the agency/department?	YES	NO

C-2	Who handles the oversight responsibilities related to CSBG project(s)?

C-3	How does the service delivery system target the needs of low-income individuals and families in the service area?

C-4	Does the eligible entity have a long range/strategic plan?	YES	NO

C-5	How does the eligible entity gather and track the information needed to complete the CSBG program reports?

C-6	How does the eligible entity document and publicize program outcomes?

C-7	What is the eligible entity's process for prioritizing applications for assistance via CSBG?

C-8	Describe how low-income individuals participate in program design.

C-9	Describe how CSBG and other programs collaborate in the community served. (WIOA, LIHEAP, Child Support, and other required partners?)

C-10	Has the eligible entity made any program changes to the original community action plan/grant application?

C-11a	Does the eligible entity maintain nondiscrimination policies for employees? (Please provide the nondiscrimination policies for review)	YES	NO

C-11b	Describe any nondiscrimination training offered by the eligible entity in the last three years.

C-11c	Has the eligible entity received any discrimination complaints or allegations from employees in the last three years?	YES	NO

C-11d	What is the process for responding to allegations of discrimination?
C-12	Does the grantee have any questions for DOLA staff on what is covered in this section?

Section D: Results Oriented Management and Accountability (ROMA)

D-1	How does the eligible entity evaluate program performance?
D-2	What staff is responsible for ensuring accurate and complete collection and evaluation of data?
D-3	How does the eligible entity use this data? (who reviews, how often, application)
D-4	When was the last ROMA training conducted for staff and board, who conducted the training, and who attended the training?
D-5	Does anyone associated with the CSBG program currently need ROMA training?

D-6	Does the grantee have any questions for DOLA staff on what is covered in this section?

Section E: Community Needs Assessment

E-1	How often does the agency/department perform a needs assessment to prioritize its programs and ensure that the neediest are being served?

E-2	Describe the eligible entity's process of conducting the needs assessment. Include how low-income communities and other stakeholders were assured of input.

E-3	If using external sources, what other data informed the community needs assessment (census data, local studies, partner customer satisfaction surveys, etc.)?

E-4a	How does the eligible entity prioritize the needs discovered in the community needs assessment?

E-4b	How did the low-income individuals participate in the establishment of priorities?

E-5	What are the top 3 needs in the eligible entity service area?	
	1	
	2	
	3	

E-6	What service gaps did the eligible entity encounter in the service area in the last needs assessment?

E-7	Does the eligible entity have programs that address all the needs identified? If not, are there programs to which the eligible entity can refer clients?

E-8	Does the grantee have any questions for DOLA staff on what is covered in this section?

Section F: Client Eligibility

F-1	Describe the process to determine income eligibility to ensure clients served through CSBG have household incomes at or below 125% FPL.

F-2	How is CSBG eligibility documented?	
		Client self-certification – only if they have no income or are self-employed
		Income documentation

F-3	Describe the process to notify clients who are denied services because of income eligibility or other reasons.		
F-4	Is there a grievance process for those denied?	YES	NO
F-5	What is the appeal process available to clients who are declined services? How are they informed of their right to appeal?		
F-6	Has the eligible entity received any grievances regarding CSBG use or distribution in the past 3 years?	YES	NO
F-7	Does the eligible entity maintain nondiscrimination policies for clients served? (Please provide the policies for review)	YES	NO
F-8	Describe any nondiscrimination training offered by the eligible entity in the last three years.		
F-9	Has the eligible entity received any discrimination complaints or allegations from clients in the last three years?	YES	NO
F-10	What is the process for responding to allegations of discrimination?		
F-11	Does the grantee have any questions for DOLA staff on what is covered in this section?		

Section G: Client File Review

G-1	Client File #1
	Intake application
	Household size
	Household income verification (At or below 125% FPL)
	Type of assistance provided
	Dates of service
	Services received – Included beginning in April 2016 via ADRC (Aging Disability Resource Center) forms
	Follow-up information – follow up information is stored in another location
	Review of service and its impact toward the family
	Affidavit of Legal Residency – n/a

G-2	Client File #2
	Intake application
	Household size
	Household income verification (At or below 125% FPL)
	Type of assistance provided
	Dates of service
	Services received – Included beginning in April 2016 via ADRC (Aging Disability Resource Center) forms
	Follow-up information
	Review of service and its impact toward the family
	Affidavit of Legal Residency – n/a

G-3	Client File #3
	Intake application
	Household size
	Household income verification (At or below 125% FPL)
	Type of assistance provided
	Dates of service
	Services received – Included beginning in April 2016 via ADRC (Aging Disability Resource Center) forms
	Follow-up information
	Review of service and its impact toward the family
	Affidavit of Legal Residency – n/a

Section H: Subawardee Funds

H-1	Total number of subawardees (includes subgrantees and subcontractors)	

H-2	Describe the process for identifying, selecting and approving subawardees to administer CSBG funds in the eligible entity's service area.

H-3	Describe the process the eligible entity uses to monitor subawardees including frequency, content of monitoring, and follow up.

H-4	Does the grantee have any questions for DOLA staff on what is covered in this section?

Section I: State Program Management

I-1	Is there anything that the state office can do to improve the support they provide to the eligible entity?

I-2	Are there specific resources for the eligible entity that would be helpful around financial compliance, the organizational standards, reporting, tripartite board, or program activities that would be helpful?

I-3	What is eligible entities' experience with the online systems that are used for payment requests, the Organizational Standards, and the Annual Report?

I-4	What additional training to technical assistance would be helpful to your staff, board or subawardees?

Section J: Final Questions

J-1	How do you think your organization is doing to move people out of poverty?

J-2	How can your organization back this up?

J-3	What is your agency/department/community theory of change?

J-4	Does the grantee have any final questions for DOLA staff that were not covered previously?

Maine Risk Assessment

Assessment Completed by:	
Date Assessment Completed:	

Purpose: The CSBG Pre-Monitoring Assessment is a point in time instrument utilized by the CSBG Field Operations Team to prioritize the current years monitoring schedule and identify the
Instructions: Pre-Monitoring Assessments should be completed for all agencies. If an agency has received an Onsite Review in the past 1-2 years, this assessment should be used to
Scoring: Point assignments for each section are indicated under the Section title.

SUB-RECIPIENT INFORMATION

Agency Name: _____

Agency Type: ☐ Public ☐ Private

Contract # _____

Date of last On-site _____

If the agency received monitoring findings from prior visit; have they been rectified? ☐ Yes ☐ No

Is an onsite visit required per Public Law 105-285 Section678B? Monitoring of Eligible ☐ Yes ☐ No

DHHS Audit Risk Assessment

AGENCY RISK AS ASSESSED BY MAINE DHHS AUDIT			Possible Score	Actual Score	Comments
Agency has not been designated as "high risk" by Maine DHHS Audit Division?			0		
Agency has been designated as "high risk" by Maine DHHS Audit Division? Please Comment.			3		
			AGENCY SCORE:	**0**	

PROGRAMMATIC RISK ASSESSMENT

AGENCY EXECUTIVE DIRECTOR/CEO EXPERIENCE ADMINISTERING THIS PROGRAM			Possible Score	Actual Score	Comments
Agency Executive Director/CEO has administered program over 5 years.			1	0	
Agency Executive Director/CEO has administered program 2-5 years			3	0	
Agency Executive Director/CEO has administered program under 2 years and/or high turnover of this position and/or key			5	0	
			AGENCY SUB SCORE:	**0**	

AGENCY EXPERIENCED STAFF VACANCIES WITHIN THE LAST 6 MONTHS	YES	NO	If Yes, Possible Score	Actual Score	Comments
Senior Management Staff			1	0	
Program Manager Staff			1	0	
Frontline Staff			1	0	
			AGENCY SUB SCORE:	**0**	

CONTRACT DELIVERABLES	YES	NO	Possible Score	Actual Score	Comments
Agency meets contract deliverables as written, on time, and without errors.			0	0	
Agency meets contract deliverables as written, mostly on time, and with little errors.			3	0	
Agency has failed to meet contract deliverables as written, always late, with errors			5	0	
			AGENCY SUB SCORE:	**0**	

BOARD OF DIRECTORS	YES	NO	Possible Score	Actual Score	Comments
1/3 MUST be low income individuals or their representatives 1/3 public officials or their designees, the remaining shall be private sector individuals (business, industry, education, labor and religious organization)	☐	☐	-	-	
Minimum of 15 to Maximum of 30 members	☐	☐	-	-	
Agency's Board of Directors meet at minimum of 6 times per year.	☐	☐	-	-	
Does the Agency send in board agendas and ratified meeting minutes within a timely manner.	☐	☐	-	-	
Does the Agency's Board of Director Meetings have quorum in attendance at the majority of meetings.	☐	☐	-	-	
			Total of No's from above		
All of the board requirements have been met.			0	0	
Most of the board requirements have been met.			2	0	
Half of the board requirements have been met.			3	0	
Very few of the board requirements have been met.			4	0	
None of the board requirements have been met.			5	0	
			AGENCY SUB SCORE:	**0**	**Comments**
Board Monitoring reports are submitted each quarter.			0	0	
Board Monitoring reports are NOT submitted each quarter			5	0	
			AGENCY SUB SCORE:	**0**	

3. ORGANIZATIONAL STANDARDS			Possible Score	Actual Score	Comments
Agency has met 100% of the Organizational Standards			0	0	
Agency has met 90-99% of the Organizational Standards			2	0	
Agency has met 80-89% of the Organizational Standards			3	0	
Agency has met 70-79% of the Organizational Standards			4	0	
Agency has met less than 70% of the Organizational Standards.			5	0	
			AGENCY SUB SCORE:	**0**	**Comments**
Agency submitted Organizational Standard Self-Assessment on time according to contract requirement and/or extension			0	0	
Agency submitted Organizational Standard Self-Assessment within 5 days after contract requirement and/or extension			3	0	
Agency submitted Organizational Standard Self-Assessment later than 5 days after contract requirement and/or extension			5	0	
			AGENCY SUB SCORE:	**0**	**Comments**
The agency does not have any improvement plan in place.			0	0	
Agency has a Continuous Improvement Plan (CIP) in place.			1	0	
Agency has a Technical Assistance Plan (TAP) in place.			3	0	
Agency has a Quality Improvement Plan (QIP) in place.			5	0	
			AGENCY SUB SCORE:	**0**	

4. ANNUAL REPORT - CLIENTS SERVED			Possible Score	Actual Score	Comments
No change, or increase in clients served.			0	0	
Under 10% reduction in clients served.			2	0	

Maine Risk Assessment

10% - 20% reduction in clients served			3	0	
Over 20% reduction in clients served.			5	0	
			AGENCY SUB SCORE:	**0**	
5. ANNUAL REPORT - NATIONAL PERFORMANCE INDICATORS			**Possible Score**	**Actual Score**	**Comments**
Agency met 91-100% of its NPIs.			1	0	
Agency met 81-90% of its NPIs.			2	0	
Agency met 71-80% of its NPIs.			3	0	
Agency met 61-70% of its NPIs.			4	0	
Agency met 60% or less of its NPIs.			5	0	
			AGENCY SUB SCORE:	**0**	**Comments**
Agency submitted annual report on time according to contract requirement and/or extension provided?			0	0	
Agency submitted annual report within 5 days after contract requirement and/or extension provided?			3	0	
Agency submitted annual report later than 5 days after contract requirement and/or extension provided?			5	0	
			AGENCY SUB SCORE:	**0**	
ROMA TRAINED PROFESSIONAL ON STAFF			**Possible Score**	**Actual Score**	**Comments**
Agency has one or more ROMA Trained Professionals on staff			0	0	
Agency has no ROMA Trained Professionals on staff			3	0	
			AGENCY SUB SCORE:	**0**	
7. OTHER PROGRAMMATIC MONITORING			**Possible Score**	**Actual Score**	**Comments**
Agency has NO findings from any monitoring conducting by other programs.			0	0	
Agency has one finding from a monitoring conducting by another program.			1	0	
Agency has two findings from monitoring conducting by other programs.			2	0	
Agency has three findings from monitoring conducting by other programs.			3	0	
Agency has four findings from monitoring conducting by other programs.			4	0	
Agency has five or more findings from monitoring conducting by other programs.			5	0	
			AGENCY SUB SCORE:	**0**	
OTHER PROGRAMMATIC CONCERNS			**Possible Score**	**Actual Score**	**Comments**
Agency has not received whistle blower complaint in the past 12 months.			0	0	
Agency has received whistle blower complaint in the past 12 months.			1	0	
Agency has not been in the press/media in the past 12 months in an unfavorable manner.			0	0	
Agency has been in the press/media in the past 12 months in an unfavorable manner. Provide comment.			3	0	
Agency participates in Economic Opportunity Council (EOC) Meetings on a regular basis.			0	0	
Agency does not participate in Economic Opportunity Council (EOC) Meetings on a regular basis.			2	0	
Agency has established eligibility process that meets CSBG income guidelines			0	0	
Agency does not have an established eligibility process that meets CSBG income guidelines			3	0	
			AGENCY SUB SCORE:	**0**	
			AGENCY SCORE:	**0**	

FISCAL RISK ASSESSMENT					
8. AGENCY FISCAL DIRECTOR EXPERIENCE ADMINISTERING THIS PROGRAM			**Possible Score**	**Actual Score**	**Comments**
Agency Fiscal Director has administered agency's finances over 5 years.			1	0	
Agency Fiscal Director has administered agency's finances 2-5 years.			3	0	
Agency Fiscal Director has administered agency's finances under 2 years and/or high turnover of this position			5	0	
			AGENCY SUB SCORE:	**0**	
10. BUDGET			**Possible Score**	**Actual Score**	**Comments**
Budget has not been modified.			0	0	
Budget has been modified 1 - 2 times.			3	0	
Budget has been modified 3+ times.			5	0	
			AGENCY SUB SCORE:	**0**	**Comments**
Less than 25% of budget is funded by CSBG.			0	0	
25-50% of the agency's overall budget is funded by CSBG.			2	0	
50-75% of the agency's overall budget is funded by CSBG.			3	0	
Over 75% of the agency's overall budget is funded by CSBG.			5	0	
			AGENCY SUB SCORE:	**0**	
11. QUARTERLY/MONTHLY EXPENDITURE REPORTS			**Possible Score**	**Actual Score**	**Comments**
Reports submission is always timely and without errors.			0	0	
Report submission is mostly timely and without errors.			2	0	
Report submission is sometimes timely and without errors.			3	0	
Report submission rarely timely and without errors.			4	0	
Report submission is never timely and without errors.			5	0	
			AGENCY SUB SCORE:	**0**	
12. SINGLE AUDIT			**Possible Score**	**Actual Score**	**Comments**
Single audit with NO identified required/suggested adjustments.			0	0	
Single audit with one identified required/suggested adjustment.			1	0	
Single audit with two to three identified required/suggested adjustments.			3	0	
Single audit with over three identified required/suggested adjustments.			5	0	
			AGENCY SUB SCORE:	**0**	**Comments**
Single audit with NO identified material weaknesses.			0	0	
Single audit with one identified material weakness.			2	0	
Single audit with two to three identified material weaknesses.			4	0	
Single audit with over three identified material weaknesses.			5	0	
			AGENCY SUB SCORE:	**0**	**Comments**
Single audit with NO identified significant deficiencies.			0	0	
Single audit with one identified significant deficiency.			2	0	
Single audit with two to three identified significant deficiencies.			4	0	
Single audit with over three identified significant deficiencies.			5	0	
			AGENCY SUB SCORE:	**0**	

Maine Risk Assessment

12. OTHER FISCAL AREAS OF CONCERN	YES	NO	Possible Score	Actual Score	Comments
When compared to the prior year, the agency's Total Operating Budget remained the same or increased.			0	0	
When compared to the prior year, are there any reductions in the agency's Total Operating Budget exceeding 25%?			1	0	
Agency spent full CSBG Contract Award			0	0	
Agency has not spent full CSBG Contract Award, returned unexpended funds.			1	0	
Agency's spending pattern has not changed noticeably.			0	0	
Agency's spending pattern has changed noticeably. (Under/Overspent from prior year by 25%)			1	0	
Agency complies with 2 C.F.R. Part 200 audit reports and management letters.			0	0	
Agency has not complied with 2 C.F.R. Part 200 audit reports and management letters.			3	0	
			AGENCY SUB SCORE:	**0**	

13. PENDING LITIGATION			Possible Score	Actual Score	Comments
Agency is not facing pending litigation.			0	0	
Agency is facing pending litigation.			5	0	
			AGENCY SUB SCORE:	**0**	
			AGENCY SCORE:	**0**	

DHHS AUDIT RISK ASSESSMENT	**0**
PROGRAMMATIC TOTAL AGENCY SCORE:	**0**
FISCAL TOTAL AGENCY SCORE:	**0**

SCORING INFORMATION

Total Maximum Score is 116; Total Minimum Score is 3; Midpoint is 58

3-39 is low risk; 40 to 79 is medium risk; 80 and above is high risk

A score of 50 or above could result in an onsite visit

DHHS RISK	0	**Level 1**
	3	**Level 2**
PROGRAMMATIC	2 to 20	**Level 1**
	21 to 43	**Level 2**
	44 to 67	**Level 3**
FISCAL	1 to 16	**Level 1**
	17 to 32	**Level 2**
	33 to 46	**Level 3**

ONSITE VISIT RECOMMENDATION			
Based on the results of the ANNUAL INTERNAL SUBGRECIPIENT RISK ASSESSMENT, does the	☐ Yes	☐ No	
If yes, please provide a brief narrative explanation:			
If the agency has been designated as "high risk" by Maine DHHS Audit Division but has scored below the 8 point threshold recommending an On-Site, provide a justification as to why an On-Site is not needed.			

Wisconsin Department of Children and Families

Community Services Block Grant (CSBG) Monitoring Tool for *[AGENCY NAME]*

[DATES] (in-person and virtual via Zoom)

General Information	
Number of employees	
Revenue for current year (anticipated)	$
CSBG allocation for current year	$
Counties served	
List and location of program sites	
Location(s) for monitoring visit	
Driving, parking, and/or arrival instructions	

Wisconsin Monitoring Tool

Monitoring Process Checklist

Task	Target Date for Completion	Date Completed
Pre-Monitoring Tasks		
Dates are selected for the agency's onsite review		
Pre-Monitoring Materials Request Memo sent to agency executive director including ***Board Roster Form*** to be returned within one week		
Board Roster Form returned by agency		
Board Surveys sent out and requested to be returned within two weeks. (DCF may not conduct a board survey for every monitoring visit.)		
Board Surveys returned by the majority of members		
Materials listed in the ***Pre-Monitoring Materials Request Memo*** returned by the agency		
Pre-Monitoring Document Checklist completed		
Contract Compliance Checklist completed		
Pre-Monitoring Desk Review completed		
Analysis of Board Survey Results completed		
Monitoring Visit Schedule finalized and confirmed with agency		
Monitoring Tasks		
Onsite Monitoring Visit completed		
If not done while onsite, ***Exit Interview*** scheduled/completed (DCF may elect to complete this telephonically after the onsite visit)		
Post-Monitoring Tasks		
CSBG Organizational Standards Assessment completed (at end of monitoring tool)		
Monitoring Report completed and sent to the agency within 30 days of the completed exit interview		
Send Monitoring Report to DCF Auditors (DCFAuditors@wisconsin.gov) so the agency's risk assessment can be updated		
Monitoring Report signed by board chair and executive director received from agency within 60 days of report		
Agency's ***Corrective Action Plan*** (if applicable) received by DCF within 60 days of report date		
DCF acceptance and/or response to the ***Corrective Action Plan*** sent to agency within 30 days of receipt		
Schedule Corrective Action Plan due dates/timelines and required follow-ups (if applicable)		

Wisconsin Monitoring Tool

Pre-Monitoring Document Checklist

Document Type	To Be Provided By	Received?	Follow-up Notes
Civil Rights Compliance Letter of Assurance (CRC LOA)	Equal Opportunity Specialist: Beverly.Jenkins@wisconsin.gov	☐	
Affirmative Action Plan (not required if less than 50 employees)	Finance Bureau Contract Specialist: CraigT.Jeranek@wisconsin.gov	☐	
Financial Statements/Audits for last 3 years	CSBG Contract Manager to pull from PATS	☐	
Monitoring Tool (blank)	CSBG Contract Manager to send to agency with Pre-Monitoring Memo	☐	
Bylaws	Agency	☐	
Personnel policies	Agency	☐	
Board orientation manual (including COI policy)	Agency	☐	
Agency organizational chart	Agency	☐	
Financial policies/procedures	Agency	☐	
Strategic Plan	Agency	☐	
Succession Plan	Agency	☐	
List of entities that the agency subcontracts with, if applicable	Agency	☐	
Schedule of current year's board meetings	Agency	☐	
List of other federal programs that the agencies provides services (HUD, Head Start, etc.)	Agency	☐	
Board meeting minutes up-to-date	Agency	☐	
CSBG Funded Programs form	Agency	☐	
List of CSBG funded positions	Agency	☐	
Board Roster form	Agency	☐	
Board Survey mailed/emailed to Board roster	CSBG Contract Manager	☐	
IRS Form 990	CSBG Contract Manager to pull from Guidestar website (requires a free account)	☐	
Current cost allocation plan	CSBG Contractor (should be submitted through SPARC)	☐	
Current Federal Indirect Cost Rate Agreement	CSBG Contractor (should be submitted through SPARC)	☐	
Worksheet for Pre-Monitoring Fiscal Review	CSBG Contract Manager	☐	
Contract Compliance Checklist and Pre-Monitoring Desk Review (in tool)	CSBG Contract Manager	☐	
List of materials to review on-site (in tool – provide at opening meeting)	CSBG Contract Manager	☐	

Wisconsin Monitoring Tool

Contract Compliance Checklist

Requirement	Compliant?	Notes
Annual Single Audit Reporting Package submitted to DCFAuditors@wisconsin.gov within 180 days of the end of the Contractor's fiscal year *(Org. Standard 8.1, 8.2 and DCF CSBG Contract)*	☐ Yes ☐ No	*Were there any audit findings, deficiencies, and/or weaknesses? If so, have all issues been addressed?*
Affirmative Action Plan submitted to DOA within 15 working days of signing the contract, unless exceptions noted *(DCF CSBG Contract)*	☐ Yes ☐ No	*E.g., not required if less than 50 employees*
Civil Rights Compliance Letter of Assurance (CRC LOA) submitted to DCF Civil Rights Unit within 15 working days of signing the contract, and updated in the event of changes to key personnel identified in the LOA *(DCF CSBG Contract)*	☐ Yes ☐ No	
Board minutes *(DCF CSBG Contract)*	☐ Yes ☐ No	*Any months missing through current? Any committee meeting minutes needed?*
CSBG Annual Report, Modules 2,3, and 4 *(Org. Standard 9.4)*	☐ Yes ☐ No	
Cost Allocation Plan submitted through the SPARC online portal within 30 days of signing the contract (and resubmitted when material updates are made to the plan) *(DCF CSBG Contract)*	☐ Yes ☐ No	
Federal Indirect Cost Rate Agreement submitted through the SPARC online portal within 30 days of signing the contract (and resubmitted when new agreements are made) *(DCF CSBG Contract)*	☐ Yes ☐ No	
Agency's corporate status up-to-date on the WI Department of Financial Institutions website	☐ Yes ☐ No	

Wisconsin Monitoring Tool

Pre-Monitoring Desk Review

	Item Reviewed	*Review Notes*
GOVERNANCE	**Board roster**	**Tripartite structure** *(Org. Standard 5.1)* ☐ Yes ☐ No **Number of board members:** _____ *(DCF Contract and WI State Statute stipulate 15 to 51)* **Number required by agency's bylaws:** _____ **Is the number of members in alignment with bylaws?** ☐ Yes ☐ No **Have any seats been open for longer than allowed by bylaws?** ☐ Yes ☐ No *Notes:*
	Bylaws	**Date of last review by the board:** _____ **Date of last review by an attorney:** _____ **Were the bylaws reviewed by an attorney within the last five years?** *(Org. Standard 5.3)* ☐ Yes ☐ No **Meeting frequency:** _____ **Number for a quorum:** _____ **Do the bylaws define the following?** ☐ Tripartite board composition *(CSBG Act, Org. Standard 5.1)* ☐ Democratic selection of low-income board members *(CSBG Act, Org. Standard 5.2)* ☐ How board members are recruited and seated ☐ How the board elects public official board members vs. setting aside seats for specific public positions *(best practice)* ☐ Public officials or their representatives serve only while the official is in office or his/her appointed position *(OCS IM 82 recommendation)* ☐ Meeting frequency and board quorum defined ☐ Number of board members defined ☐ Procedures for removing board members for nonattendance ☐ Procedure for filling vacancies ☐ Board responsibilities ☐ Committees and their authority ☐ Separate finance and personnel committees (best practice) ☐ Officers and their duties *Notes:*

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GOVERNANCE	**Board minutes and schedule of meetings**	**How many times has the board met in the past 12 months? _____** **How many in the past 12 months had a quorum? _____** **Did the frequency of board meetings meet the frequency called for in the bylaws?** *(Org. Standard 5.5)* ☐ Yes ☐ No **Is attendance of board members compliant with bylaws?** ☐ Yes ☐ No *Notes:*
	Board manual & board member conflicts of interest	**Is the board orientation manual aligned with the agency's bylaws and CSBG requirements?** ☐ Yes ☐ No **Is there a policy in place requiring board members to sign a Conflict of Interest agreement at least every two years?** ☐ Yes ☐ No *(Org. Standard 5.6)* **Has evidence been provided by the agency that all board members have signed a Conflict of Interest form within the last two years (either through the pre-monitoring or previous desk auditing processes)?** ☐ Yes ☐ No *If "No," Contract Manager will request to see these signed forms during the onsite visit – add to list of materials requested at opening meeting.* *Notes:*

	Item Reviewed	***Review Notes***
HUMAN RESOURCES	**Org chart**	*Notes and/or follow-up questions for human resources manager:*
	Succession plan	**Does the succession plan have the following elements:** ☐ Approved by the board ☐ Covers an emergency/short-term absence of three months or less ☐ Outlines the process for filling a permanent vacancy *(Org. Standard 4.5)* *Notes:*

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HUMAN RESOURCES	**Personnel policies & staff conflicts of interest**	**Date of last review by the board:** _____ **Date of last review by an attorney:** _____ **Were the personnel policies reviewed by an attorney and approved by the board within the last five years?** *(Org. Standard 7.1)* ☐ Yes ☐ No **Do the personnel policies include the following?** ☐ Explanation of fringe benefits, including leave and holidays ☐ Written discipline and termination policies ☐ Whistleblower/anti-retaliation *(Org. Standard 7.7)* ☐ Travel policy ☐ Non-discrimination statement ☐ Conflict of interest statement for staff ☐ Nepotism statement ☐ Definition of work day, work week, and hours ☐ Overtime rules – overtime must have proper approval ☐ Policy requiring all staff driving on company business to have a current driver's license **Is there a policy in place requiring staff to sign the conflict of interest statement at least every two years?** ☐ Yes ☐ No **If no, what is the process for having staff sign conflict of interest statements, and how often is it completed?** *Notes:*

	Item Reviewed	***Review Notes***
FISCAL	**IRS Form 990**	**Is the agency up-to-date in terms of filing the Form 990?** ☐ Yes ☐ No **What year is the most recent Form 990 for?** _____ **Do board minutes record board approval of the Form 990?** *(Org. Standard 8.6)* ☐ Yes ☐ No **Does the agency engage in lobbying activities?** ☐ Yes ☐ No **Are any legislative lobbying activities noted on the Form 990?** ☐ Yes ☐ No ☐ N/A **If yes, did the agency elect 501(h) and/or provide specific information?** ☐ Yes ☐ No **Do pages 1 and 9-12 of the Form 990 approximately match the financial statement in the agency's corresponding audit?** ☐ Yes ☐ No *Notes:*

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FISCAL

Item Reviewed	*Review Notes*
Audits & financial statements	This table to be populated using the *Worksheet for Pre-Monitoring Fiscal Review* **Last 3 Years:** / **20___** / **20___** / **20___** **Current ratio** **Available cash on hand** **Grants receivable as a % of annual grant revenue** *Notes:*
General ledger & expense reports from 2 non-consecutive months	**Are the expense reports supported by the general ledger?** ☐ Yes ☐ No **Are CSBG costs allowable?** *(CSBG Act and OMB Circular)* ☐ Yes ☐ No **Are any costs classified as "miscellaneous" or not defined?** ☐ Yes ☐ No **Four specific cost items selected for review during the onsite visit:** **Item #** / **Date** / **Description** *Contract Manager will request to see the supporting documentation for these cost items during the onsite visit – add to list of materials requested at opening meeting.* *Notes:*
Fiscal policies, procedures, & cost allocation plan	**Date the agency's fiscal policies & procedures** **were last reviewed by staff:** _____ **had changes approved by board:** _____ **Was this review within the past two years?** ☐ Yes ☐ No *(Org. Standard 8.10)* **Date the agency's written procurement policy was last reviewed by the board:** _____ **Was this review in the last five years?** ☐ Yes ☐ No *(Org. Standard 8.11)* **Does the agency have an indirect cost rate or use direct cost allocation?** ☐ Indirect cost rate ☐ Direct cost allocation **If no approved indirect cost rate is in place, does the agency have a written cost allocation plan?** ☐ Yes ☐ No *(Org. Standard 8.12)* **Does the general ledger show evidence that the agency follows its cost allocation plan?** ☐ Yes ☐ No **Are internal controls outlined in the agency's fiscal policies?** ☐ Yes ☐ No *Notes:*

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	CSBG subcontracts	**Does the agency subcontract any CSBG funds?** ☐ Yes ☐ No **If yes, did the agency have prior written approval from DCF as required by the DCF contract?** ☐ Yes ☐ No *Notes:*

	Item Reviewed	*Review Notes*
PROGRAMS AND MANAGEMENT	**Strategic plan**	**Does the agency have a current strategic plan?** ☐ Yes ☐ No *(Org. Standard 6.1)* **What years does the most recent strategic plan cover?** _____ **Does the plan address reduction of poverty, revitalization of low-income communities, and/or empowerment of people with low incomes to become more self-sufficient?** *(Org. Standard 6.2)* ☐ Yes ☐ No **Does the plan contain family, agency, and/or community goals?** ☐ Yes ☐ No *(Org. Standard 6.3)* *Notes:*
	List of CSBG funded programs	**Programs selected for participant file and supporting documentation review:** **1.** **2.** **3.** **4.** **Does the agency participate in the Skills Enhancement Program (SEP)?** ☐ Yes ☐ No *The Contract Manager will review a sampling of participant files from 1-4 programs while onsite. If the agency participates in the SEP, the Contract Manager will include monitoring for that program during the visit.* *Notes:*
	List of federal programs	*Notes:*

PROGRAMS AND MANAGEMENT	**List of CSBG funded positions**	**Positions selected for HR file review:** **1.** **2.** **3.** *The Contract Manager will review the HR files for 3 CSBG-funded staff members while onsite.* *Notes:*
	CSBG Annual Report Modules 2, 3, and 4	**Is the agency compliant/current with its CSBG Annual Report submissions (Modules 2, 3, 4)?** ☐ Yes ☐ No **Most recent Annual Report year completed: _____** **Documentation to support origins of data reported in the Modules to request when onsite (if any):** **1.** **2.** **3.** **4.** *Notes:*

Wisconsin Monitoring Tool

Analysis of Board Survey Results

Source Data	
Current Number of Board Members	
Number of Surveys Emailed	
Number of Surveys Mailed	
Requested Return Date	Click or tap to enter a date.
Number of Surveys Returned	
Response Rate %	

Analysis	
Positives	*Notes:*
Negatives	*Notes:*
T/TA Requests	*Notes:*
Additional Comments	*Notes:*

Wisconsin Monitoring Tool

Draft Monitoring Visit Schedule

Agency Name ***Dates of Monitoring Visit***		
Section	**Activity**	**Time**
Day 1		
1	Introductions with executive director and management team; tour of facility	8:30 to 9:30 am
2	Governance (board materials) review	9:30 to 10:00 am
3	Interview with board chair, other board members, and executive director (as available)	10:00 to 11:00 am
4	HR file reviews for CSBG funded positions selected by Contract Manager	11:00 to 11:30 am
5	Interview with the HR manager	11:30 am to 12:00 pm
Lunch Break – 12:00 to 1:00 pm		
6	Fiscal review of specific items and supporting documentation from the general ledger selected by Contract Manager	1:00 to 1:45 pm
7	Interview with the chief financial officer and follow-up from pre-monitoring review of fiscal materials	1:45 to 2:30 pm
8	CSBG Annual Report data review and process discussion	2:30 to 3:00 pm
9	CSBG-specific interviews on program evaluation, ROMA, and Community Needs Assessments	3:00 to 3:45 pm
	Wrap-up for Day 1	3:45 to 4:00 pm
Day 2		
11	Participant file reviews from specific CSBG funded programs selected by Contract Manager (will include Skills Enhancement Program, if applicable)	8:30 to 10:00 am
10	Management interview with executive director and program managers (as available)	10:00 to 10:45 am
12	Exit interview prep and site visit wrap-up with executive director and any key staff (as requested by Contract Manager)	10:45 to 11:15 am
13	Exit Interview (onsite or TBD via telephone, at Contract Manager's discretion)	11:15 am to 12:00 pm

**If the agency has multiple sites, the Contract Manager may work with the agency to schedule time to tour the other locations, during the afternoon before Day 1 or before the exit interview on Day 2.*

Wisconsin Monitoring Tool

1. Introductions with Executive Director and Management Team

The meeting agenda will include: introductions, tour of facility, an overview of the guiding principles for CSBG monitoring (mutual respect, open communication, joint problem solving), a review of the schedule for the monitoring visit, and a summary of the contract manager's initial impressions from the pre-monitoring desk review.

The contract manager will also request materials at this time for onsite review:

List of Materials to Review Onsite	
Participant files from 1-4 CSBG-funded programs (include SEP, if agency participates)	☐ ☐ ☐ ☐
HR files for 3 CSBG-funded staff members	☐ ☐ ☐
Board manual, if not previously provided	☐
Board members' signed Conflict of Interest (COI) agreements	☐
Expense report and supporting documentation for 4 specific cost items selected during pre-monitoring fiscal review of the general ledger	☐ ☐ ☐ ☐
CSBG Annual Report origins of data supporting documentation	☐ ☐ ☐ ☐
Misc. review requests or materials not provided during pre-monitoring	☐ ☐ ☐

2. Governance (Board Materials) Review

- **Board orientation manual/materials** - *If this could not be sent by email for the pre-monitoring desk review, the contract manager will review this onsite and complete the questions on page 4 at this time.*
- **Evidence that board members receive copies of the bylaws every two years is observed by the contract manager** *(Org. Standard 5.4)* ☐ Yes ☐ No
- **Copies of signed conflict of interest statements in board member files within the past two years are observed by the contract manager** *(Org. Standard 5.6)* ☐ Yes ☐ No

3. Governance Interview with the Board Chair (other Board Members who are available and Executive Director optional)

Interview Attendees	
Board Chair	
Board Members	
Executive Director	
Others from Agency	
DCF Representative(s)	

a. **Have there been any updates to the list of board vacancies provided on the Board Roster during the pre-monitoring phase?** ☐ Yes ☐ No
Notes:

b. **Is a structured orientation provided for new board members within 6 months of being seated?** *(Org. Standard 5.7)* ☐ Yes ☐ No

c. **Does the board have a fiscal expert?** ☐ Yes ☐ No
If yes, what are his or her qualifications?

d. **Does the board include an attorney?** ☐ Yes ☐ No
If no, how does the agency obtain legal advice?

e. **Who leads the board meetings?**

f. **How is board training provided?** *(Org. Standard 5.8 states that board members should have received some type of training within the last two years.)*

g. **When was the last time the board received ROMA training?**
- **Who provided the most recent ROMA training?**

h. **Are the elected or appointed officials active?** ☐ Yes ☐ No
- **If a public official sends a representative, is there a process set through which the representative keeps the official abreast of the agency's work?** ☐ Yes ☐ No

i. **Do board members sign a conflict of interest agreement and does the board review this document every two to three years?** ☐ Yes ☐ No

j. **Is there a democratic process for selecting representatives of the low-income community?** ☐ Yes ☐ No
- **If yes, what is the process?**

k. **What policies are in place to ensure that low-income individuals, community organizations, religious organizations, or representatives of low-income organizations can petition for representation on the board?**

l. **In general, is the ethnic/racial/cultural make-up of the board representative of the community, including the low-income communities the agency serves?** ☐ Yes ☐ No

Notes:

m. **Do any board members who represent a particular neighborhood or low-income area reside in the area they represent?** ☐ Yes ☐ No

n. **Has the board adopted a code of ethics or code of conduct?** ☐ Yes ☐ No

o. **Is the mission statement in the agency's Board Manual?** ☐ Yes ☐ No

- **Does the mission statement address poverty?** ☐ Yes ☐ No
- **Has the board reviewed it in the past five years?** ☐ Yes ☐ No
- **Has the board reviewed all programs and services in the past five years to determine if they are in alignment with the mission?** *(Org. Standard 4.1)* ☐ Yes ☐ No

p. **Does the board approve the agency's annual budget?** *(Org. Standard 8.9)* ☐ Yes ☐ No

q. **Does the board receive financial reports at each meeting including Revenue and Expenditures reports that compare budget to actual for each program, and a balance sheet/statement of financial position?** *(Org. Standard 8.7)* ☐ Yes ☐ No

If yes, who presents the financial reports?

Notes:

r. **Does the Board have a Finance Committee?** ☐ Yes ☐ No

- **If yes, how many members?**
- **How often does it meet?**
- **Are minutes of the Finance Committee meetings provided to the board?** ☐ Yes ☐ No
- **What items are routinely covered by the Finance Committee?**

s. **Does the board have committees structured to fully address its fiduciary and governance responsibilities?** ☐ Yes ☐ No

t. **From your perspective, what are the agency's strengths and challenges?**

u. **What are the current board's strengths and challenges?**

v. **How does the agency's board fulfill its role of setting annual and long range goals?**

w. **Does the board receive briefings on and/or copies of agency reviews or evaluations produced for governmental or other funding sources?** ☐ Yes ☐ No

x. **What are the most significant contributions that board members have made to the success of the agency in the past three years?**

y. **What issues are the standing committees currently addressing?**

z. **What information do you receive about program activities, performance, and service outcomes? What format/forums and how often?** *(Org. Standard 5.9)*

aa. **Does the board undertake any type of self-evaluation?** ☐ Yes ☐ No

- **If yes, how and when?**

bb. **What is the process for identifying and recruiting new board members?**

cc. **How effectively has the board been able to maintain its tripartite balance, and what challenges does the board face maintaining that balance?**

dd. **When did the board last revise its bylaws?**

- **Are revisions needed to the current bylaws, and if so, is there a process and timeline to accomplish that in the current year?**

ee. **What is the executive director evaluation process and what is the board's role in it?**

ff. **Is the evaluation process performed annually?** *(Org. Standard 7.4)* ☐ Yes ☐ No

gg. **Does the board review and approve the executive director's compensation as part of this process?** *(Org. Standard 7.5)* ☐ Yes ☐ No

- **If no, what is the process and frequency for reviewing the executive director's compensation?**

hh. **Is there any training or technical assistance that you feel would benefit the board?**

4. Human Resources Onsite Material Review

HR files for 3 CSBG-funded staff members			
Staff Name:			
% of salary CSBG-funded			
Job description in file? ***(Org. Standard 7.3)***	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Job description updated in last 5 years? ***(Org. Standard 7.3)***	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
COIs and signed staff agreements in file?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Regular written performance evaluations are observed ***(Org. Standard 7.6)***	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Notes:

5. Interview with Human Resources Manager

Interview Attendees	
Human Resources Manager	
Executive Director	
Others from Agency	
DCF Representative(s)	

a. **Follow-up questions on the succession plan as noted on page 5.**

b. **Follow-up questions on the organizational chart as noted on page 5.**

c. **In addition to salary, what benefits does the agency provide staff?**

d. **Have staff funded by CSBG (25% or more) participated in any trainings or conferences in the past two years?** ☐ Yes ☐ No

- **Do CSBG funded staff generally attend WISCAP events?** ☐ Yes ☐ No

e. **Have there been any vacancies in CSBG funded positions in the past 12 months?** ☐ Yes ☐ No

- **If yes, what position(s) and for how long?**

f. **How do staff members make training needs known to the agency?**

- **Is there any training or technical assistance that would be beneficial to staff or volunteer development in helping them achieve successful outcomes for participants and the agency?**

g. **How are ethical standards (for staff conduct, including interaction with participants) communicated and enforced?**

h. **What challenges (if any) do you encounter in recruiting and retaining qualified staff?**

i. **Has the agency conducted salary surveys within the past two years?** ☐ Yes ☐ No

- **If yes, does the agency:**

  ☐ conduct these surveys independently

  ☐ use a consultant/broker

  ☐ use WISCAP's salary survey

j. **Has the agency been able to support COLA increases for all employees over the last three years?** ☐ Yes ☐ No

- **If no, why not?**

k. **Does the agency expect COLA increases this year?** ☐ Yes ☐ No

l. **Are merit-based increases or bonuses available to employees?** ☐ Yes ☐ No

m. **Are any relatives of current senior management or board members employed by the agency?** ☐ Yes ☐ No

- **If yes, what are the relationships?**

- **If yes, were conflict of interest policies followed?** ☐ Yes ☐ No

n. **Have any employees received assistance under any of the agency's programs in the last three years?** ☐ Yes ☐ No

- **If yes, were conflict of interest policies followed?** ☐ Yes ☐ No

o. **Are all employees classified as either exempt or nonexempt?** ☐ Yes ☐ No

p. **Is employee information kept in a locked, secure, non-public location?** ☐ Yes ☐ No

q. **How does the agency ensure that personnel policies are available to all staff and that staff are notified of changes?** *(Org. Standard 7.2)*

r. **Do all staff participate in a new employee orientation within 60 days of hire?** *(Org. Standard 7.8)* ☐ Yes ☐ No

6. Fiscal Onsite Review of Specific Cost Items

Cost item	Date of expense	Amount	Documentation observed by the contract manager

Notes:

7. Interview with the Chief Financial Officer

Interview Attendees	
CFO or equivalent	
Executive Director	
Others from Agency	
DCF Representative(s)	

a. **Does the organization engage in any lobbying, which would include having staff or volunteers meet with, call, or email elected officials regarding state or federal legislation, including appropriations, or referenda or ballot initiatives?** *(Definition of lobbying from CAPLAW's "Lobbying Q & A", Spring 2011)* ☐ Yes ☐ No

- **If yes, what policies and procedures are in place to ensure that only non-federal unrestricted funds are used to pay for lobbying expenses?**

b. **What policies and procedures does the organization have in place to ensure that no CSBG programs are affiliated or identified with, or use any CSBG funds to support the following:**

- **Partisan or non-partisan political activity, or any political activity associated with a candidate, or contending faction or group, in an election for public or party office;**
- **Voter registration activities; or**
- **Providing voters with transportation to the polls or similar assistance?** *(CSBG Act)*

c. **Are procedures in place to ensure that CSBG funds are not used to purchase, construct, or improve (other than low-cost residential weatherization or other energy-related home repairs) any building or facility, unless a waiver is received from OCS?** *(CSBG Act)* ☐ Yes ☐ No

d. **Has an agency-wide risk assessment been completed within the past two years?** *(Org. Standard 4.6)* ☐ Yes ☐ No

- **If yes, date of last risk assessment:**
- **How was the risk assessment completed (self, consultant, other)?**
- **If yes, was it reviewed by the board?** ☐ Yes ☐ No

e. **Does the agency have a written record retention policy in place?** *(Org. Standard 8.13)* ☐ Yes ☐ No

- **If yes, what is the policy?**

f. **Are all agency computers password protected?** ☐ Yes ☐ No

- **What back-up does the agency have for data and electronic systems?**

- **Is there a disaster recovery plan in place?** ☐ Yes ☐ No

g. **Describe the payroll process, including who is involved in the approval process, and which pieces, if any, are outsourced.**

h. **Bank Reconciliations: describe the reconciliation process.**

- **Does one person perform the reconciliation and another sign off on it?** ☐ Yes ☐ No
- **Does the agency perform these at least quarterly?** ☐ Yes ☐ No

i. **Has the agency solicited bids for its audit within the past five years?** *(Org. Standard 8.5)* ☐ Yes ☐ No

j. **Are all required filings and payments related to payroll withholdings completed on time?** *(Org. Standard 8.8)* ☐ Yes ☐ No

k. **Does the agency's auditor present the audit to the board or a committee of the board?** *(Org. Standard 8.3)* ☐ Yes ☐ No

l. **Does the board formally receive and accept the audit?** *(Org. Standard 8.4)* ☐ Yes ☐ No

m. **Does the finance committee analyze expenditure reports and provide a report to the board?** ☐ Yes ☐ No

n. **How are exceeded budgets dealt with (or budgets that are projected to be exceeded)?**

o. **How are costs allocated to programs?**

p. **How many bank accounts does the agency have?**

q. **Who has access to the bank accounts?**

r. **Does the finance committee receive regular reports on the status of the accounts?** ☐ Yes ☐ No

s. **Is there a periodic review of financial operation of the agency?** ☐ Yes ☐ No

t. **Does the finance committee play a role in the development of agency fiscal policies?** ☐ Yes ☐ No

8. Programs and Management Onsite Material Review

The contract manager will discuss the agency's CSBG Annual Report process and how data for Modules 2, 3, and 4 are compiled. The agency will explain any complications in reporting this data from year-to-year, and will walk the contract manager through an example of how specific outcomes are reported for the National Performance Indicators (NPIs). The contract manager may request supporting documentation for specific data from the agency's most recent CSBG Annual Report submission, including origins of data reported in Modules 2, 3, or 4.

Data point	Supporting documentation observed by the contract manager

Notes:

9. CSBG-Specific Interviews on Program Evaluation, ROMA, and Community Needs Assessments

Interview Attendees	
CSBG-specific planner, manager or equivalent	
Executive Director	
Others from Agency	
DCF Representative(s)	

a. **Are all agency programs tied to at least one ROMA objective (NPI)?** ☐ Yes ☐ No

b. **Does the agency conduct or make available staff development/training, including ROMA, on an ongoing basis?** *(Org. Standard 7.9)* ☐ Yes ☐ No

- **If yes, who provides it and how often is it done?**

c. **In addition to service on the board and its committees, how does the agency use volunteers to support goals and outcomes in CSBG programs?**

d. **How is volunteer data tracked for reporting in Module 2?** *(Org. Standard 2.4)*

e. **How is board and staff capacity building (training, planning, assessment) tracked for reporting in Module 2?**

f. **Does the agency have an agency wide database for tracking participant data?** ☐ Yes ☐ No

- **If not, how is the agency able to obtain an unduplicated count of its participants for the CSBG Annual Report?**

g. **What participant data does the agency collect and how is it used?**

- **Does the agency track if participants use multiple services?** ☐ Yes ☐ No

- **Can the agency pull reports on how many participants each individual program served during a specific period?** *(Org. Standard 9.1)* ☐ Yes ☐ No

h. **Does the agency have a system in place to track family, agency, and/or community outcomes?** *(Org. Standard 9.2*) ☐ Yes ☐ No

i. **Does the agency track and compare data from multiple years to see trends in agency success, customer satisfaction, or other areas?** ☐ Yes ☐ No

j. **In the past 12 months, has the agency presented to the governing board for review and action, an analysis of its outcomes and any operational or strategic program adjustments and improvements identified as necessary?** *(Org. Standard 9.3)* ☐ Yes ☐ No

k. **What performance reports does the agency routinely generate?**

- **To whom are they provided?**
- **How frequently?**

l. **What staff are responsible for ensuring accurate and complete collection of CSBG Annual Report data?**

m. **Is there any training or technical assistance related to ROMA and program evaluation that would be useful to your agency?**

n. **Describe the process of completing the agency's most recent Community Needs Assessment.** *(Org. Standard 3.1)*

o. **Does the agency's most recent Community Needs Assessment include:** *(Org. Standards 1.2, 2.2, 3.2)*

☐ **External data (such as Census data) specific to poverty and its prevalence related to gender, age, and race/ethnicity in the agency's service area?**

☐ **Input from low-income community members?**

☐ **Input from the agency's community partners, stakeholders, and other service providers?**

p. **Did the most recent Community Needs Assessment include qualitative and quantitative data on your service area?** *(Org. Standard 3.3)* ☐ Yes ☐ No

q. **Was the board involved in the process of designing and reviewing the Community Needs Assessment?** ☐ Yes ☐ No

- **Did the board formally accept the completed Community Needs Assessment?** *(Org. Standard 3.5)* ☐ Yes ☐ No

r. **Does the Community Needs Assessment include key findings on the causes and conditions of poverty and the needs of the communities that were assessed?** *(Org. Standard 3.4)*

☐ Yes ☐ No

s. **What are some examples of programmatic changes made as a result of Community Needs Assessments in recent years?**

t. **Was a Community Action Plan (part of the CSBG application) developed from the Community Needs Assessment?** ☐ Yes ☐ No

- **If yes, was the Community Action Plan outcome-based, anti-poverty focused, and tied directly to the Community Needs Assessment?** *(Org. Standard 4.2)* ☐ Yes ☐ No

u. **Does the board receive an annual update on the success of specific strategies included in the Community Action Plan?** *(Org. Standard 4.4)* ☐ Yes ☐ No

v. **Does the agency have a current strategic plan?** ☐ Yes ☐ No

- **If yes, when and how was it developed?**

- **How does the agency assess progress on the strategic plan and report this progress to staff and the board?** *(Org Standards 6.1 and 6.5)*

- **How does the agency include customer input/data from low-income collected during the Community Needs Assessment in the strategic planning process?** *(Org. Standard 6.4)*

- **Do the agency's Community Action Plan and Strategic Plan document the continuous use of the full ROMA cycle (assessment, planning, implementation, achievement of results, and evaluation)?** ☐ Yes ☐ No
- **Does the agency use the services of a ROMA-certified trainer to assist in implementation?** *(Org. Standard 4.3)* ☐ Yes ☐ No

10. Management Interview with the Executive Director and Appropriate Program Management Staff

Interview Attendees	
Program Manager(s)	
Executive Director	
Others from Agency	
DCF Representative(s)	

a. **Beyond board membership, how does the agency include low-income people in its activities?** *(Org. Standard 1.1)*

b. **Does the agency have a system in place to gather customer service satisfaction feedback from program participants?** ☐ Yes ☐ No

If yes, describe the system:

- **Is the feedback shared with the board of directors?** *(Org. Standard 1.3)* ☐ Yes ☐ No

c. **How does the agency communicate its activities and results to the public?** *(Org. Standard 2.3)*

d. **How does the agency ensure that programs don't discriminate on the basis of race, color, national origin, sex, age, religion, or disability as required by the CSBG Act nor do they ban non-citizens solely on the basis of their immigration status unless such exclusion is authorized by another statute?** *(OCS IM 30)*

e. **Are all agency facilities accessible to persons with disabilities?** ☐ Yes ☐ No

f. **What steps has the agency taken to address language barriers that exist for low-income communities in its service area?**

g. **Describe what policies and procedures the agency has in place to ensure privacy and confidentiality of participant information.**

h. **In the past three years, has the agency received a monitoring visit or review of an agency program funded by another federal or state grant/contract?** ☐ Yes ☐ No

Were any findings or corrective action plans generated as a result? ☐ Yes ☐ No

- **If yes, describe:**

i. **Do all CSBG funded programs have participant eligibility criteria in compliance with federal regulations?** ☐ Yes ☐ No

- **Is there an agency-wide policy and procedure for income qualification (125% of federal poverty guideline) for participants of CSBG supported programs?** ☐ Yes ☐ No

j. **How does the agency refer single custodial parents to the local child support agency?** *(CSBG Act)*

k. **Does the agency require drug testing for any programs?** ☐ Yes ☐ No

- **If yes, do 100% of people who test positive receive appropriate AODA referrals?** *(CSBG Act)* ☐ Yes ☐ No

l. **Does the agency have a record retention policy for participant files?** ☐ Yes ☐ No

m. **What are the most significant sources of referrals to the agency's programs?**

n. **What agencies are primary or vital partners in identifying and serving agency participants?**

- **How does the agency work with its partners for specifically identified purposes?** *(Org. Standard 2.1)*

- **Do these partners include other anti-poverty organizations in the area?** *(Org. Standard 2.1)* ☐ Yes ☐ No

o. **What community supports are important to agency success and how do they contribute to that success? (Be specific: business, religious organizations, academic institutions, etc.)**

p. **Within the agency's community (or service area), does the agency participate in any networks, councils or other groups that foster communication and collaboration on policy, practice, or service delivery?**

q. **What linkages exist between governmental and social services in your agency's service area?**

- **What is the agency's role in those connections?**

r. **What is the agency's referral, coordination of services, and collaborative relationship with the providers of the following services in its area?**
    - **Wisconsin Works**
    - **Emergency Assistance**
    - **Job Access Loans**
    - **Refugee services**
    - **Head Start**

11. Participant File Reviews for CSBG-funded Programs

Summary of findings across all reviewed programs to be addressed after all participant files have been reviewed and the case file review worksheets completed. The contract manager should copy the worksheet (following) to accommodate the number of participant files that are reviewed.

Programs Reviewed					
Program Name	**Program Description**	**Program Manager**	**Questions?**	**Aligns with CSBG Act Fundable Activities?**	**# of Files Reviewed**
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
Skills Enhancement Program				☐ Yes ☐ No ☐ N/A	

Summary of Results		
Criteria	**Met?**	**Comments**
Do the reviewed files indicate that all participants provided services with CSBG funds (and/or SEP funds, as applicable) were eligible (125%/150% FPL)?	☐ Yes ☐ No ☐ Varied	
Is there evidence of adequate tools and standardized procedures for determining and documenting participant eligibility?	☐ Yes ☐ No ☐ Varied	
Is documentation such as a bill, voucher, and/or copy of the check retained in files for direct financial assistance provided?	☐ Yes ☐ No ☐ Varied	
Were case management activities thoroughly documented?	☐ Yes ☐ No ☐ Varied	
Were participants' goals mutually-agreed to and documented?	☐ Yes ☐ No ☐ Varied	

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Were efforts to achieve goals documented?	☐ Yes ☐ No ☐ Varied	
Were goals oriented toward self-sufficiency?	☐ Yes ☐ No ☐ Varied	
Is there evidence that participants were referred to other programs for needs beyond the program's scope?	☐ Yes ☐ No ☐ Varied	
Is the agency taking appropriate steps to ensure privacy and confidentiality of participant information, such as secure files, confidentiality policies, private consultation space, etc.?	☐ Yes ☐ No ☐ Varied	
Is there evidence that single custodial parents received child support agency referrals?	☐ Yes ☐ No ☐ Varied	
Does the agency ensure ongoing eligibility for each program in accordance with program requirements?	☐ Yes ☐ No ☐ Varied	
Did the review of the documentation indicate that the services have helped participants become more self-sufficient?	☐ Yes ☐ No ☐ Varied	

Notes:

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Participant Case File Review Worksheet

Program Name	File #
Date of intake:	
Date of exit (or currently enrolled):	
Services received:	
Description and amount of financial assistance, if applicable:	
Is a copy of the bill, voucher and/or check retained in the file?	☐ Yes ☐ No
Is there evidence that the participant meets CSBG income eligibility guidelines?	☐ Yes ☐ No
If yes, what documentation was used to determine the participant's eligibility?	
If applicable, was ongoing eligibility documented?	☐ Yes ☐ No
Is the participant a single custodial parent?	☐ Yes ☐ No
If yes, is there evidence the participant was referred to the local child support agency?	☐ Yes ☐ No
Are other referrals documented in file?	☐ Yes ☐ No
Did the participant receive case management services?	☐ Yes ☐ No
If yes, how are case management services documented?	
Are goals and progress towards these goals clearly documented?	☐ Yes ☐ No
Notes:	

12. Exit Interview Preparations and Visit Wrap-Up

Follow-up items for DCF:

Follow-up items for agency:

Strengths:

Recommendations/areas of concern:

Will exit interview be conducted at a later date telephonically? ☐ Yes ☐ No
If yes, what items (if not already noted above) are needed prior to that interview?

Once visit follow-up is completed, the contract manager will schedule the exit interview (if not completed while onsite), and issue a final monitoring report to the agency within thirty (30) days of the exit interview date (completion of monitoring).

13. Exit Interview

The contract manager will go over preliminary findings with the executive director, board chair or other officer, and any other leaders the agency wishes to have present. The contract manager will share overall impressions of the agency's strengths along with any areas of concern and any areas where the contract manager has questions or needs more information.

Interview Attendees	
Executive Director	
Others from Agency	
DCF Representative(s)	
Date exit interview conducted:	

Notes:

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CSBG Organizational Standards Post-Monitoring Assessment

Contract manager to complete this assessment after completing the monitoring visit. Any unmet Organizational Standards will be noted on the final monitoring report submitted to the agency for review and correction.

Category 1: Consumer Input and Involvement	**Location in Monitoring Tool**	**Is the Standard met?**
1.1) The organization demonstrates low-income participation in its activities.	Section 10	☐ Yes ☐ No
1.2) The organization analyzes information collected directly from low-income individuals as part of its triennial community needs assessment.	Section 9	☐ Yes ☐ No
1.3) The organization has a systematic approach for collecting, analyzing, and reporting customer satisfaction data to the governing board.	Section 10	☐ Yes ☐ No
Category 2: Community Engagement	**Location in Monitoring Tool**	**Is the Standard met?**
2.1) The organization has documented or demonstrated partnerships across the community, for specifically identified purposes; partnerships include other anti-poverty organizations in the area.	Section 10	☐ Yes ☐ No
2.2) The organization utilizes information gathered from key sectors of the community in assessing needs and resources. This would include at minimum: community-based organizations, faith-based organizations, private sector, public sector, and educational institutions.	Section 9	☐ Yes ☐ No
2.3) The organization communicates its activities and its results to the community.	Section 10	☐ Yes ☐ No
2.4) The organization documents the number of volunteers and hours mobilized in support of its activities.	Section 9	☐ Yes ☐ No
Category 3: Community Assessment	**Location in Monitoring Tool**	**Is the Standard met?**
3.1) The organization conducted a community needs assessment and issued a report within the past 3 years.	Section 9	☐ Yes ☐ No
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).	Section 9	☐ Yes ☐ No
3.3) The organization collects and analyzes both qualitative and quantitative data on its geographic service area(s) in the community assessment.	Section 9	☐ Yes ☐ No
3.4) The community assessment includes key findings on the causes and conditions of poverty and the needs of the communities assessed.	Section 9	☐ Yes ☐ No
3.5) The governing board formally accepts the completed community assessment.	Section 9	☐ Yes ☐ No

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Category 4: Organizational Leadership	Location in Monitoring Tool	Is the Standard met?
4.1) The governing board has reviewed the organization's mission statement within the past 5 years and assured that: 1) the mission addresses poverty; and 2) all programs and services are in alignment with the mission.	Section 3	☐ Yes ☐ No
4.2) The organization's Community Action plan is outcome-based, anti-poverty focused, and ties directly to the community assessment.	Section 9	☐ Yes ☐ No
4.3) The organization's Community Action plan and strategic plan document the continuous use of the full 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.	Section 9	☐ Yes ☐ No
4.4) The governing board receives an annual update on the success of specific strategies included in the Community Action plan.	Section 9	☐ Yes ☐ No
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 permanent vacancy.	Pre-monitoring desk review	☐ Yes ☐ No
4.6) An organization-wide, comprehensive risk assessment has been completed within the past 2 years and reported to the governing board.	Section 7	☐ Yes ☐ No
Category 5: Board Governance	**Location in Monitoring Tool**	**Is the Standard met?**
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) With one-third local elected officials (or their representatives); and 3) The remaining membership from major groups and interests in the community.	Pre-monitoring desk review	☐ Yes ☐ No
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.	Pre-monitoring desk review; Section 3	☐ Yes ☐ No
5.3) The organization's bylaws have been reviewed by an attorney within the past 5 years.	Pre-monitoring desk review	☐ Yes ☐ No
5.4) The organization documents that each governing board member has received a copy of the bylaws within the past 2 years.	Section 2	☐ Yes ☐ No
5.5) The organization's governing board meets in accordance with the frequency and quorum requirements and fills board vacancies as set out in its bylaws.	Pre-monitoring desk review	☐ Yes ☐ No
5.6) Each governing board member has signed a conflict of interest policy within the past 2 years.	Pre-monitoring desk review; Section 2; Board Survey	☐ Yes ☐ No
5.7) The organization has a process to provide a structured orientation for governing board members within 6 months of being seated.	Section 3; Board Survey	☐ Yes ☐ No

5.8) Governing board members have been provided with training on their duties and responsibilities within the past two years.	Section 3	☐ Yes ☐ No
5.9) The organization's governing board receives programmatic reports at each regular board meeting.	Section 3; Board Survey	☐ Yes ☐ No
Category 6: Strategic Planning	**Location in Monitoring Tool**	**Is the Standard met?**
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.	Pre-monitoring desk review; Section 9	☐ Yes ☐ No
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.	Pre-monitoring desk review	☐ Yes ☐ No
6.3) The approved strategic plan contains family, agency, and/or community goals.	Pre-monitoring desk review	☐ Yes ☐ No
6.4) Customer satisfaction data and customer input, collected as part of the community assessment, is included in the strategic planning process.	Section 9	☐ Yes ☐ No
6.5) The governing board has received an update(s) on progress towards meeting the goals of the strategic plan within the past 12 months.	Section 9	☐ Yes ☐ No
Category 7: Human Resource Management	**Location in Monitoring Tool**	**Is the Standard met?**
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.	Pre-monitoring desk review	☐ Yes ☐ No
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.	Section 5	☐ Yes ☐ No
7.3) The organization has written job descriptions for all positions, which have been updated within the past 5 years.	Section 4	☐ Yes ☐ No
7.4) The governing board conducts a performance appraisal of the CEO/executive director within each calendar year.	Section 3	☐ Yes ☐ No
7.5) The governing board reviews and approves CEO/executive director compensation within every calendar year.	Section 3	☐ Yes ☐ No
7.6) The organization has a policy in place for regular written evaluation of employees by their supervisors.	Section 4	☐ Yes ☐ No
7.7) The organization has a whistleblower policy that has been approved by the governing board.	Pre-monitoring desk review	☐ Yes ☐ No
7.8) All staff participate in a new employee orientation within 60 days of hire.	Section 5	☐ Yes ☐ No

7.9) The organization conducts or makes available staff development/training (including ROMA) on an ongoing basis.	Section 9	☐ Yes ☐ No
Category 8: Financial Operations and Oversight	**Location in Monitoring Tool**	**Is the Standard met?**
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 Administrative Requirements, Cost Principles, and Audit Requirement (if applicable) and/or State audit threshold requirements.	Contract Compliance Checklist	☐ Yes ☐ No
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.	Contract Compliance Checklist	☐ Yes ☐ No
8.3) The organization's auditor presents the audit to the governing board.	Section 7	☐ Yes ☐ No
8.4) The governing board formally receives and accepts the audit.	Section 7	☐ Yes ☐ No
8.5) The organization has solicited bids for its audit within the past 5 years.	Section 7	☐ Yes ☐ No
8.6) The IRS Form 990 is completed annually and made available to the governing board for review.	Pre-monitoring desk review	☐ Yes ☐ No
8.7) The governing board receives financial reports at each regular meeting that include the following: • Organization-wide report on revenue and expenditures that compares budget to actual, categorized by program; and • Balance sheet/statement of financial position.	Section 3	☐ Yes ☐ No
8.8) All required filings and payments related to payroll withholdings are completed on time.	Section 7	☐ Yes ☐ No
8.9) The governing board annually approves an organization-wide budget.	Section 3	☐ Yes ☐ No
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.	Pre-monitoring desk review	☐ Yes ☐ No
8.11) A written procurement policy is in place and has been reviewed by the governing board within the past 5 years.	Pre-monitoring desk review	☐ Yes ☐ No
8.12) The organization documents how it allocates shared costs through an indirect cost rate, or through a written cost allocation plan.	Pre-monitoring desk review	☐ Yes ☐ No
8.13) The organization has a written policy in place for record retention and destruction.	Section 7	☐ Yes ☐ No

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Category 9: Data and Analysis	Location in Monitoring Tool	Is this Standard met?
9.1) The organization has a system or systems in place to track and report services customers receive.	Section 9	☐ Yes ☐ No
9.2) The organization has a system or systems in place to track family, agency, and/or community outcomes.	Section 9	☐ Yes ☐ No
9.3) The organization has presented to the governing board for review and action, at least within the 12 months, an analysis of the agency's outcomes and any operational or strategic program adjustments and improvements identified as necessary.	Section 9	☐ Yes ☐ No
9.4) The organization submits its CSBG Annual Report data on time and it reflects client demographics and organization-wide outcomes.	Contract Compliance Checklist	☐ Yes ☐ No

Wisconsin Program/Fiscal Monitoring

Fiscal Onsite Review of Specific Cost Items

Cost item	Date of expense	Amount	Documentation observed by the contract manager

Notes:

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Interview with the Chief Financial Officer

Interview Attendees	
CFO or equivalent	
Executive Director	
Others from Agency	
DCF Representative(s)	

a. **Does the organization engage in any lobbying, which would include having staff or volunteers meet with, call, or email elected officials regarding state or federal legislation, including appropriations, or referenda or ballot initiatives?** *(Definition of lobbying from CAPLAW's "Lobbying Q & A", Spring 2011)* ☐ Yes ☐ No

- **If yes, what policies and procedures are in place to ensure that only non-federal unrestricted funds are used to pay for lobbying expenses?**

b. **What policies and procedures does the organization have in place to ensure that no CSBG programs are affiliated or identified with, or use any CSBG funds to support the following:**

- **Partisan or non-partisan political activity, or any political activity associated with a candidate, or contending faction or group, in an election for public or party office;**
- **Voter registration activities; or**
- **Providing voters with transportation to the polls or similar assistance?** *(CSBG Act)*

c. **Are procedures in place to ensure that CSBG funds are not used to purchase, construct, or improve (other than low-cost residential weatherization or other energy-related home repairs) any building or facility, unless a waiver is received from OCS?** *(CSBG Act)* ☐ Yes ☐ No

d. **Has an agency-wide risk assessment been completed within the past two years?** *(Org. Standard 4.6)* ☐ Yes ☐ No

- **If yes, date of last risk assessment:**
- **How was the risk assessment completed (self, consultant, other)?**
- **If yes, was it reviewed by the board?** ☐ Yes ☐ No

e. **Does the agency have a written record retention policy in place?** *(Org. Standard 8.13)* ☐ Yes ☐ No

- **If yes, what is the policy?**

f. **Are all agency computers password protected?** ☐ Yes ☐ No

- **What back-up does the agency have for data and electronic systems?**

- **Is there a disaster recovery plan in place?** ☐ Yes ☐ No

g. **Describe the payroll process, including who is involved in the approval process, and which pieces, if any, are outsourced.**

h. **Bank Reconciliations: describe the reconciliation process.**

- **Does one person perform the reconciliation and another sign off on it?** ☐ Yes ☐ No
- **Does the agency perform these at least quarterly?** ☐ Yes ☐ No

i. Has the agency solicited bids for its audit within the past five years? *(Org. Standard 8.5)* ☐ Yes ☐ No

j. **Are all required filings and payments related to payroll withholdings completed on time?** *(Org. Standard 8.8)* ☐ Yes ☐ No

k. **Does the agency's auditor present the audit to the board or a committee of the board?** *(Org. Standard 8.3)* ☐ Yes ☐ No

l. **Does the board formally receive and accept the audit?** *(Org. Standard 8.4)* ☐ Yes ☐ No

m. **Does the finance committee analyze expenditure reports and provide a report to the board?** ☐ Yes ☐ No

n. **How are exceeded budgets dealt with (or budgets that are projected to be exceeded)?**

o. **How are costs allocated to programs?**

p. **How many bank accounts does the agency have?**

q. **Who has access to the bank accounts?**

r. **Does the finance committee receive regular reports on the status of the accounts?** ☐ Yes ☐ No

s. **Is there a periodic review of financial operation of the agency?** ☐ Yes ☐ No

t. **Does the finance committee play a role in the development of agency fiscal policies?** ☐ Yes ☐ No