Office of Child and Family Services

Community Services Block Grant Program

CSBG Reporter and Organizational Standard Assessment Manual

2023

CSBG State Office
Office of Child and Family Services
Department of Health and Human Services
2 Anthony Ave.

Augusta, ME 04333
(207)-624-7900

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General Information and Instructions

Guiding Principles to Monitoring

Mutual Respect – In working with local boards, staff, and consultants, OCFS recognizes and will value the unique knowledge, ability, and independence of each person. We are committed to treating all persons fairly and maintaining credibility by matching actions with words.

Open Communication – Effective communication is key in facilitating good working relationships amongst partners, and OCFS is committed to keeping lines of communication open. The purpose of our communications is to assist in developing solutions to problems, to share program improvement ideas, and to provide information on new developments in the anti-poverty field. We will communicate frequently through a variety of tools and media. OCFS is committed to listening to suggestions and concerns, to gaining an understanding of local operations, and to assisting local CAAs in pursuing their priorities.

Joint Problem Solving – OCFS believes that a team approach to problem solving is in the best interest of all parties involved. Our office sincerely believes that collectively OCFS, the CAA, and our other community action partners can arrive at the best solution to any situation. Through a team approach to problem solving, we can come up with the best strategies for program development, conflict resolution, and compliance issues. OCFS wants to promote an environment in which our office and all our community action partners will be open to change and can work together in exploring options and developing mutually agreeable solutions. The goal is to have agencies function independently but with OCFS support in an effort to meet the needs of local communities within the parameters set by legislation.

Process:
Maine Eligible Entities' are contractually required to complete an Agency Self-Assessment which encompasses all organizational standards and supporting documentation. Upon submission, the CSBG State Office will review agency documentation to assess performance in meeting the COE Organizational Standards. During the initial review process, the CSBG State Office will assess and mark standards, met or incomplete. A preliminary review report will be developed and provided to the agency. The preliminary report allows for the CSBG State Office to ask clarifying questions and request that the Agency provide additional sources of documentation in order to demonstrate compliance. The agency has 30 days to respond. Upon receipt, the CSBG State Office will conduct a final review and finalize a report containing a final score of organizational standard compliance.

In cases in which the Agency results in unmet standards after the final review has taken place, The CSBG State Office will prepare a Continuous Improvement Plan (CIP) listing recommendations and requirements for the unmet standards. The OCFS CSBG Grant Administrator and Fiscal Representative (if applicable) will verify progress made by the agency in carrying out the recommendations in the plan during regularly scheduled visits, meetings, phone conferences, etc.

The failure of an Agency to meet multiple standards or, in an on-going assessment pattern, or in cases where one or more serious findings or deficiencies (including but not limited to, contractual non-compliance, non-compliance with Federal or State laws, non-compliance with agency bylaws, financial irresponsibility, failure to adequately provide services, conversion, fraud, corruption or abuse) may reflect deeper organizational challenges and risk. The CSBG State Office will develop and

conduct targeted, technical assistance. As well as, the State and Agency will develop a Technical Assistance Plan (TAP) to target training and technical assistance resources and outline a timeframe for the entity to meet the standard(s).

If appropriate, the State may initiate action in accordance with section 678C of the CSBG Act (42 U.S.C. § 9915), including issuance of a Notice of Deficiency and the establishment of a Quality Improvement Plan (QIP) with clear timelines and benchmarks for progress.

In those cases, OCFS will notify HHS, Office of Community Services and determine whether it may be necessary to take additional actions, including initiating action to reduce or terminate funding, in accordance with section 678C of the CSBG Act (42 U.S.C. § 9915; see also, CSBG IM 116, "Corrective Action, Termination, or Reduction of Funding," issued May 1, 2012).

Rating:
An assessment of each standard will result with an "met" or "unmet" status.

Each standard has one or more state indicators that are required to be met in order to meet the standard at minimum. In this manual, the indicators highlighted in blue, are the required minimum. Many standards contain additional state indicators of which present best practices that are suggestive, not required.

The overall score is based on the percentage of applicable standards which were determined to be "met". This score shall remain for the remainder of the Federal Fiscal Year until the following annual assessment has been conducted and evaluated.

Basic Rules and Tips for Organizational Standards

- Organizational standard indicators that are highlight in blue are required to be met.
    - The indicators that are not highlight are not required, but are best practices determined by the CSBG State Office.

- The standards that require the date of board approval are not official until ratified. The documentation provided shall include the board meeting of which the action took place and the official ratification of those board minutes. Ratification can either be a signature from the board chair officiating the minutes as final (one document) or be approved as written by the board of directors in the following board meeting (two documents).

- If a document is applicable to the standard as a whole the agency only needs to attach it to the first standard. For example, if ratified meeting minutes are required for standards 6.1 – 6.5, the document only needs to be attached to standard 6.1 in order to meet all of Standard 6.

- Scoring Information:

    - Status: Met or Unmet
    - Year:
        - 1st – Applied if the standard is reviewed annually.

          -OR-
        - if the Standard compliance applies longer than a year, but the assessment takes place on the first year of applicability.

          -OR-
        - Repeat - if the Standard compliance applies longer than a year, but the assessment takes place on the following years of applicability.
    - Duration: 1-5 Years depending on the Organizational Standard
    - Duration Period:
        - Fiscal Year – Applicable from October 1 through September 30
        - On Approval Date – Date of Action of Board Review or Date of Ratified Board Action

        - On Submit Date – Date of Submission to State Office
    - Begin Date (depends on Duration Period)
        - Fiscal Year – Applicable from October 1 through September 30, expires on September 30
        - On Approval Date – Date of Action of Board Review or Date of Ratified Board Action, expires on the day prior to the length of duration of the Organizational Standard. (Example: 3.5 The governing board formally accepts the completed community needs assessment. Action takes place on 2/1/2020, Minutes are Ratified 3/1/2020, Begin Date is 3/1/2020 and expires 2/28/2023.
        - On Submit Date – Date of Submission to State Office, Expires within a year

Maximum Feasible Participation – Category 1: Consumer Input and Involvement

Standard 1.1	The organization demonstrates low-income individuals' participation in its activities.

Guidance

- This Standard is meant to embody "maximum feasible participation". Maximum Feasible Participation is defined as "residents of low-income communities and members of the groups served by programs assisted through the block grants made under this subtitle to empower such residents and members to respond to the unique problems and needs within their communities."
- The intent of this Standard is to go beyond board membership; however, board participation may be counted toward meeting this Standard. The tripartite board is only one of many mechanisms through which eligible entities engage people with low- incomes.
- Participation can include activities such as Head Start Policy Council, tenant or neighborhood councils, and volunteering, etc.
- Though not mandatory, many eligible entities meet this Standard by including advisory bodies to the board.

Documentation that can be used:

- Advisory Group Documents
- Advisory Group Minutes
- Activity participation lists
- Board Minutes
- Board Bylaws
- Board Pre-Meeting Materials/Packet
- Volunteer Lists and Documents
- Community Needs Assessment Document (Including Appendices)

Indicators of compliance with Organizational Standard and State Requirements as part of review:

Selection/election process of low-income representatives to the board is based on input from low-income persons (Ex. Voting, petitions).
The Low-income community provides input in the development of the needs' assessment (Ex. Survey, community forum or focus group, interviews).
The Low-income community/agency customers are informed of regular board meetings.
Low-income individuals or customers volunteer or participate in agency activities at the agency.

Scoring Guidance:

This standard will be scored as met, in progress, or unmet with a one-year duration starting on the start date of the current federal fiscal year. New documentation should be uploaded with each annual assessment, old documents should be archived. If score cannot be determined within the first review, the agency will be provided opportunity to provide more information.

Maximum Feasible Participation – Category 1: Consumer Input and Involvement

Standard 1.2	The organization analyzes information collected directly from low-income individuals as part of the community needs assessment.

Guidance

- This Standard reflects the need for eligible entities to talk directly with low-income individuals regarding the needs in the community.
- Data can be collected through a variety of ways including, but not limited to, focus groups, interviews, community forums, customer surveys, etc.
- Analyzing the information can be met through review of the collected data by staff and/or board, including a review of collected data in the written Community Needs Assessment, with notations of this review in the Assessment's Appendix, committee minutes, etc.
- The outcome of this standard is directly connected to the board action that takes place in Standard 3.5.

Documentation that can be used:

- Community Needs Assessment Document (Including Appendices)
- Backup Documentation/Data Summaries
- Community Forum Summaries
- Interview Transcripts

Indicators of compliance with Organizational Standard and State Requirements as part of review:

A broad-based needs assessment is conducted regularly, which includes the information obtained directly from low-income individuals. (Similar to Standard 3)
The Process used to obtain information from low-income individuals conforms to the guidance listed above (focus groups, interviews, forums, surveys, etc.). (Similar to Standard 3)
Documentation was provided to demonstrate the scope of data collected from low-income individuals (survey tool, forum topics, focus group questions, etc.). (Similar to Standard 3)
The Process used to analyze low-income input is documented in the needs assessment methodology or other forms of documentation (meeting minutes, draft summaries, etc.). (Similar to Standard 3)

Scoring Guidance:

This standard will be scored as met, in-progress, or unmet with a three-year duration starting on the date of ratification of board voting action to accept the most recent Community Needs Assessment (Standard 3.5). This standard will be reviewed annually, however, the information may re-occur for up to three years. New documentation should be uploaded when the prior documentation expires after 3 years or less, old documents should be archived. If score cannot be determined within the first review, the agency will be provided opportunity to provide more information.

Maximum Feasible Participation – Category 1: Consumer Input and Involvement

Standard 1.3	The organization has a systematic approach for collecting, analyzing, and reporting customer satisfaction data to the governing board.

Guidance

- This reflects the need for any business to gather information regarding customer satisfaction. All organizations need to be aware of how satisfied their customers are of the services they receive.
- This Standard does not imply that a specific satisfaction level needs to be achieved.
- Documentation is needed to demonstrate all three components in order to meet the Standard:
  1) collection, 2) analysis, and 3) reporting of data.
- A systematic approach may include, but not be limited to, surveys or other tools being distributed to customers annually, quarterly, or at the point of service (or on a schedule that works for the individual eligible entity). Such collection may occur by program or agency-wide at a point in time.
- Analyzing the findings is typically completed by staff.
- Reporting to the board may be via written or verbal formats.

Documentation that can be used:

- Customer Satisfaction Policy and/or Procedures
- Customer Satisfaction Instruments, e.g., Surveys, Data Collection Tools, and Schedule
- Customer Satisfaction Reports to Organizational Leadership, Board, and/or Broader Community
- Board/Committee Minutes

Indicators of compliance with Organizational Standard and State Requirements as part of review:

The Agency has a process for conducting customer satisfaction surveys (agency-wide or program specific). (Similar to 6.4)

Surveys are conducted systematically (annually, quarterly, point of service, etc.).

Staff or managers compile the results of the surveys.

Managers and ED review the results and respond if necessary.

Customer survey results are shared with the board or a committee of the board.

The Agency has a process for reviewing and responding to customer suggestions and comments.

Scoring Guidance:

This standard will be scored as met, in progress, or unmet with a one-year duration starting on the start date of the current federal fiscal year. New documentation should be uploaded with each annual assessment, old documents should be archived. If score cannot be determined within the first review, the agency will be provided opportunity to provide more information.

Maximum Feasible Participation – Category 2: Community Engagement

Standard 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.

Guidance

- Partnerships are considered to be mutually beneficial arrangements wherein each entity contributes and/or receives: time, effort, expertise and/or resources.
- Specifically identified purposes may include but are not limited to: shared projects; community collaborations/coalitions with an identified topic e.g. domestic violence, homelessness, teen pregnancy prevention, transportation task forces, community economic development projects, etc.; contractually coordinated services; etc.
- The CSBG Annual Report already asks for a list of partners. The intent of this Standard is not to have another list, but to have documentation that shows what these partnerships entail and/or achieve.
- These could be documented through MOUs, contracts, agreements, documented outcomes, coalition membership, etc.
- This standard does not require that every partnership is a formal, fully documented relationship.
- Board Roster should include detailed information about board membership: Name, Organization/Affiliation, Title, Board Role (if applicable), and Term Information.

Documentation that can be used:

- Partnership Documentation: Agreements, Emails, MOU/MOAs
- Sub-Contracts with Delegate/Partner Agencies
- Coalition Membership Lists
- Strategic Plan Update/Report if it Demonstrates Partnerships
- Board Roster

Indicators of compliance with Organizational Standard and State Requirements as part of review:

Services and activities demonstrate partnerships with other groups, including faith-based and religious organizations.
Major groups and interests in the community are represented on the board of directors. (Similar to 2.2) Formal partnerships are recognized by written agreements. Partnership activities are documented in minutes of meetings of coalitions and consortiums of which the CAA is a part.

Scoring Guidance:

This standard will be scored as met, in progress, or unmet with a one-year duration starting on the start date of the current federal fiscal year. New documentation should be uploaded with each annual assessment, old documents should be archived. If score cannot be determined within the first review, the agency will be provided opportunity to provide more information.

Maximum Feasible Participation – Category 2: Community Engagement

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

Guidance

- If gathered during the community needs assessment, it would be documented in the assessment. If done during "other times" this may be reflected in reports, data analysis, or staff/board meeting minutes.
- Engagement may include: key informant interviews, staff participation in other community groups/advisory bodies, community-wide processes, etc.
- Documentation is needed to demonstrate that all five sectors have been engaged: community-based organizations, faith-based organizations, private sector, public sector, and educational institutions. There is no requirement for how many individual organizations the eligible entity must contact, or what data is collected.
- If one or more of these sectors are not present in the community or refuses to participate, then the eligible entity needs to demonstrate the gap or a good faith effort to engage the sector(s).
- Demonstrating that you have "gathered" and "used" the information may be met in a variety of ways including, but not limited to: summarizing the data in the Community Needs Assessment or its appendices; documentation of phone calls, surveys interviews, focus groups in eligible entity files (hard copy or electronic); documentation in planning team minutes; summary reports on the data shared at board meetings or board committees; etc.
- The outcome of this standard is directly connected to the board action that takes place in Standard 3.5.

Documentation that can be used:

- Community Needs Assessment Document (Including Appendices)
- Other Written or Online Reports
- Backup Documentation of Involvement: Surveys, Interview Documentation, Community Meeting Minutes, etc.
- Board/Committee or Staff Meeting Minutes

Indicators of compliance with Organizational Standard and State Requirements as part of review:

A variety of stakeholders provided input in the development of the community needs assessment: ☐ Community-Based Organizations, ☐ Faith-Based Organizations, ☐ Private Sector, ☐ Public Sector, and ☐ Educational Institutions (**EACH GROUP MUST BE REPRESENTED TO MEET THE INDICATOR**). (Similar to Standard 3)
The Process used to obtain information from the groups above conforms to the guidance listed above (phone calls, interviews, focus groups, interviews, forums, surveys, etc.). (Similar to Standard 3)
Documentation was provided to demonstrate the scope of data collected from these groups (survey tool, community meeting minutes, forum topics, focus group questions, etc.). (Similar to Standard 3)

Scoring Guidance:

This standard will be scored as met, in-progress, or unmet with a three-year duration starting on the date of ratification of board voting action to accept the most recent Community Needs Assessment (Standard 3.5). This standard will be reviewed annually, however, the information may re-occur for up to three years. New documentation should be uploaded when the prior documentation expires after 3 years or less, old documents should be archived. If score cannot be determined within the first review, the agency will be provided opportunity to provide more information.

Maximum Feasible Participation – Category 2: Community Engagement

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

Guidance

- This may be met by an Eligible Entity sharing their annual report, showing Social Media activity, sharing proof of traditional news media, and solicitations of community outreach activities, etc.
- Community would be defined by the Eligible Entity but needs to include those outside of the staff and board of the Eligible Entity.

Documentation that could be used:

- Annual Report, CSBG Annual Report
- Website, Facebook Page, Twitter Account, Etc. (regularly updated)
- Media Files of Stories Published
- News Release Copies
- Community Event Information
- Communication Plan

Indicators of compliance with Organizational Standard and State Requirements as part of review:

Program information and agency accomplishments are reported to the community.
Partners and stakeholders are provided with or have access to the grantee's annual report.
Other organizations are provided with or have access to the community needs assessment. (Similar to 3.1)

Scoring Guidance:

This standard will be scored as met, in progress, or unmet with a one-year duration starting on the start date of the current federal fiscal year. New documentation should be uploaded with each annual assessment, old documents should be archived. If score cannot be determined within the first review, the agency will be provided opportunity to provide more information.

Maximum Feasible Participation – Category 2: Community Engagement

Standard 2.4	The organization documents the number of volunteers and hours mobilized in support of its activities.

Guidance

- There is no requirement to utilize volunteers, only to document their number and hours, if utilized.
- This information should already be collected as part of current National Performance Indicators.

Documentation that can be used:

- Data on Number of Volunteers and Hours Provided
- Board Minutes
- Documentation of Tracking System(s)
- Volunteer Lists and Documents (i.e Volunteer timesheets)
  **Please be sure any sample documentation has been de-identified prior to upload.*

Indicators of compliance with Organizational Standard and State Requirements as part of review:

Documentation to show that mobilized volunteer hours are recorded and reviewed by agency staff.

There is a process to assess the value of volunteer time used as an in-kind contributions.

The agency has clearly defined roles for volunteers (job descriptions).

Background checks are performed for volunteers working in programs serving children. OR Note if agency does not have volunteers working with children.

Note if agency does not utilize volunteers.

Scoring Guidance:

This standard will be scored as met, in progress, or unmet with a one-year duration starting on the start date of the current federal fiscal year. New documentation should be uploaded with each annual assessment, old documents should be archived. If score cannot be determined within the first review, the agency will be provided opportunity to provide more information.

Maximum Feasible Participation – Category 3: Community Needs Assessment

Standard 3.1	The organization conducted a community needs assessment and issued a report within the past 3 years.

Guidance

- This Standard refers to what is usually called the Community Needs Assessment and requires that Eligible Entities assess both needs and resources in the community. The requirement for this assessment is outlined in the CSBG Act.
- The report may be electronic or print and may be circulated as the eligible entity deems appropriate but should be shared with the community. This can include but not limited to websites, mail/email distribution, social media, press conference, etc.
- It may be helpful for eligible entities to document the report release date such as April 2014 or December 2015.
- The outcome of this standard is directly connected to the board action that takes place in Standard 3.5.

Documentation that can be used:

- Community Needs Assessment Document (with Date Noted)
- Board Meeting Minutes where Community Needs Assessment was presented and voted on.

Indicators of compliance with Organizational Standard and State Requirements as part of review:

A broad-based comprehensive community needs assessment was conducted in the past 3 years.
The needs assessment document was made available to the community. (This can include websites, mail/email distribution, social media, press conference, etc.). (Similar to 2.3)

Scoring Guidance:

This standard will be scored as met, in-progress, or unmet with a three-year duration starting on the date of ratification of board voting action to accept the most recent Community Needs Assessment (Standard 3.5). This standard will be reviewed annually, however, the information may re-occur for up to three years. New documentation should be uploaded when the prior documentation expires after 3 years or less, old documents should be archived. If score cannot be determined within the first review, the agency will be provided opportunity to provide more information.

Maximum Feasible Participation – Category 3: Community Needs Assessment

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

Guidance

- Documentation is needed to demonstrate all four categories in order to meet the Standard: gender, age, race, and ethnicity.
- Data on poverty is available from the U.S. Census Bureau.
- The outcome of this standard is directly connected to the board action that takes place in Standard 3.5.

Documentation that can be used:

- Community Needs Assessment Document (Including Appendices)
- Backup Information Including Census and Other Demographic Data

Indicators of compliance with Organizational Standard and State Requirements as part of review:

The needs assessment document includes current data specific to **poverty** as it relates to ☐ **gender,** ☐ **age,** ☐ **race, and** ☐ **ethnicity** for the agency's service area.

(EACH GROUP MUST BE REPRESENTED TO MEET THE INDICATOR)

Note: "ethnicity" is used to refer to Hispanic Origin in Census data

Scoring Guidance:

This standard will be scored as met, in-progress, or unmet with a three-year duration starting on the date of ratification of board voting action to accept the most recent Community Needs Assessment (Standard 3.5). This standard will be reviewed annually, however, the information may re-occur for up to three years. New documentation should be uploaded when the prior documentation expires after 3 years or less, old documents should be archived. If score cannot be determined within the first review, the agency will be provided opportunity to provide more information.

Maximum Feasible Participation – Category 3: Community Needs Assessment

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

Guidance

- Documentation is needed to demonstrate that both types of data are collected in order to meet the Standard:
  - Qualitative: this is opinions, observations, and other descriptive information obtained from the community through surveys, focus groups, interviews, community forums, etc.
  - Quantitative: this is numeric information, e.g. Census data, program counts, demographic information, and other statistical sources.
- Documentation on data analysis is also required in order to meet the Standard.
- The outcome of this standard is directly connected to the board action that takes place in Standard 3.5.

Documentation that can be used:

- Community Needs Assessment Document (Including Appendices)
- Backup Documentation
- Broader community-wide assessment
- Other data collection process on poverty
- Committee/Team Minutes reflecting analysis

Indicators of compliance with Organizational Standard and State Requirements as part of review:

The community needs assessment contains qualitative data (focus group summaries, interview summaries, forum summaries).
The community needs assessment contains quantitative data (census information, other statistical sources).
The community needs assessment contains an analysis of the raw qualitative data.
The community needs assessment contains an analysis of the raw quantitative data.

Scoring Guidance:

This standard will be scored as met, in-progress, or unmet with a three-year duration starting on the date of ratification of board voting action to accept the most recent Community Needs Assessment (Standard 3.5). This standard will be reviewed annually, however, the information may re-occur for up to three years. New documentation should be uploaded when the prior documentation expires after 3 years or less, old documents should be archived. If score cannot be determined within the first review, the agency will be provided opportunity to provide more information.

Maximum Feasible Participation – Category 3: Community Needs Assessment

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

Guidance

- There is no required way to reflect this information
- The organization may choose to include a key findings section in the assessment report and/or executive summary.
- Conditions of poverty may include items such as: numbers of homeless, free and reduced school lunch statistics, SNAP participation rates, etc.
- Causes of poverty may include items such as: lack of living wage jobs, lack of affordable housing, low education attainment rates, etc.
- The outcome of this standard is directly connected to the board action that takes place in Standard 3.5.

Documentation that can be used:

- Community needs assessment document (including appendices)
- Backup documentation
- Committee/team meeting minutes reflecting analysis

Indicators of compliance with Organizational Standard and State Requirements as part of review:

Community needs assessment includes a section on key findings which includes quantitative data on the conditions of poverty (see examples under guidance above)
Community needs assessment includes a section on key findings which includes quantitative or qualitative data on causes of poverty (see examples under guidance above)

Scoring Guidance:

This standard will be scored as met, in-progress, or unmet with a three-year duration starting on the date of ratification of board voting action to accept the most recent Community Needs Assessment (Standard 3.5). This standard will be reviewed annually, however, the information may re-occur for up to three years. New documentation should be uploaded when the prior documentation expires after 3 years or less, old documents should be archived. If score cannot be determined within the first review, the agency will be provided opportunity to provide more information.

Maximum Feasible Participation – Category 3: Community Needs Assessment

Standard 3.5	The governing board formally accepts the completed community needs assessment.

Guidance

- This would be met through the Board voting on a motion to accept the Assessment at a regular board meeting and documenting this in the minutes.
- Proof of ratification of the board minutes of which the board vote took place is essential to meeting the standard. If the ratified minutes are attached to Standard 3.5, the Department will utilize that proof for Standard 1.2, 2.2 and 3.1-3.4.

Documentation that can be used:

- Community Needs Assessment Document
- Board Minutes, including following board meeting minutes that ratify the board action of vote.
- Board Pre-Meeting Materials/Packet

Indicators of compliance with Organizational Standard and State Requirements as part of review:

The Board formally voted to accept the agency's community needs assessment within the past 3 years.
Board members participate in the community needs assessment process (survey, focus group, interview, etc.).

Scoring Guidance:

This standard will be scored as met, in-progress, or unmet with a three-year duration starting on the date of ratification of board voting action to accept the most recent Community Needs Assessment. This standard will be reviewed annually, however, the information may re-occur for up to three years. New documentation should be uploaded when the prior documentation expires after 3 years or less, old documents should be archived. If score cannot be determined within the first review, the agency will be provided opportunity to provide more information.

Vision and Direction – Category 4: Organizational Leadership

Standard 4.1	**The governing board has reviewed and approved the organization's mission statement within the past 5 years and assured that:** **1. The mission addresses poverty; and** **2. The organization's programs and services are in alignment with the mission**

Guidance

- "Addresses poverty" does not require using the specific word poverty in the Organization's mission.
- Language such as but not limited to low-income, self-sufficiency, economic security, etc. is acceptable.
- It is the board that determines if the programs and services are in alignment with the mission. This review, formal determination, and approval would be recorded in the board minutes.
- Board minutes should include detail of board input, deliberation, discussion and/or questions from board members, if applicable.

Documentation that can be used:

- Board Minutes, including following board meeting minutes that ratify the board action of vote.
- Strategic Plan
- Mission Statement

Indicators of compliance with Organizational Standard and State Requirements as part of review:

The mission statement addresses poverty (conforms with guidance listed above).
The board provided input in the development of the mission statement.
The board reviewed and approved the mission statement within the last 5 years.
Programs are consistent with the agency's mission statement.

Scoring Guidance:

This standard will be scored as met, in progress, or unmet with a five-year duration starting on the date of ratification of board voting action to accept the Strategic Plan. This standard will be reviewed annually, however, the information may re-occur for up to five (5) years. New documentation should be uploaded when the prior documentation expires after five (5) years or less, old documents should be archived. If score cannot be determined within the first review, the agency will be provided opportunity to provide more information.

Vision and Direction – Category 4: Organizational Leadership

Standard 4.2	The organization's Community Action plan is outcome-based, anti-poverty focused, and ties directly to the community needs assessment.

Guidance

- The State Lead Agency is responsible for determining the Plan's format and needs to ensure that the three components are readily identifiable.
- The Plan needs to be focused on outcomes, i.e., changes in status (such as hunger alleviation vs. food baskets).
- The Community Action Plan is sometimes referred to as the CSBG Plan or CSBG Work Plan.

Documentation that can be used:

- Community Action Plan (CSBG Work Plan)
- Logic Model(s)
- Community Needs Assessment

Indicators of compliance with Organizational Standard and State Requirements as part of review:

The programs in the current CSBG Work Plan can be traced to priorities in the community needs assessment.
The programs in the current CSBG Work Plan are outcome based (NPIs are included where applicable).
CSBG Work Plan addresses NPI Goal #1 self-sufficiency to demonstrate an anti-poverty focus.

Scoring Guidance:

This standard will be scored as met, in progress, or unmet with a one-year duration starting on the start date of the current federal fiscal year. New documentation should be uploaded with each annual assessment, old documents should be archived. If score cannot be determined within the first review, the agency will be provided opportunity to provide more information.

Vision and Direction – Category 4: Organizational Leadership

Standard 4.3	The organization's Community Action plan and strategic plan document the continuous use of the full Results Oriented Management and Accountability (ROMA) cycle (assessment, planning, implementation, achievement of results, and evaluation). In addition, the organization documents having used the services of a ROMA-certified professional (trainer or implementor) to assist in implementation.

Guidance:

- Per COE Organizational Standards, there is no requirement to have a ROMA-Certified professional (trainer or implementor) on staff at the Organization. However, this requirement exists in CSBG Contract Terms.
- While a ROMA-Certified professional (trainer or implementor) must be involved, it is up to the Organization to determine the manner in which this individual is utilized. Examples include: involving the professional in Strategic Planning meetings, consultation on implementation, CSBG Work Plan development, etc.
- This includes involving a ROMA-Certified professional (trainer or implementor) in the course of ROMA-cycle activities such as the Community needs assessment, Strategic Planning, Data and Analysis, and does not need to be a separate activity.

Documentation that can be used:

- ROMA-Certified Professional (Trainer or Implementor) in the organization
- Agreement with ROMA-Certified Professional not within the organization to provide ROMA Services
- Strategic Plan (including appendices)
- CSBG Community Action Plan (including appendices)
- Meeting Summaries of ROMA-Certified Professional participation

Indicators of compliance with Organizational Standard and State Requirements as part of review:

The current CSBG work plan documents the most recent community needs assessment priorities and strategic plan goals and objectives. (Note if a ROMA-Certified Professional was involved in these processes)
The CSBG work plan demonstrates program implementation by using concepts of the ROMA logic model. (Note if a ROMA-Certified Professional was involved in creating the work plan)
The agency reviews data reported in the CSBG Annual Report to evaluate program outcomes as part of the ROMA cycle (Similar to 9.3)
The agency reviews its strategic plan at least annually to evaluate and measure the objectives. (Similar to 4.4, 6.5, and 9.3)

Scoring Guidance:

This standard will be scored as met, in progress, or unmet with a one-year duration starting on the start date of the current federal fiscal year. New documentation should be uploaded with each

annual assessment, old documents should be archived. If score cannot be determined within the first review, the agency will be provided opportunity to provide more information.

Vision and Direction – Category 4: Organizational Leadership

Standard 4.4	The governing board receives an annual update on the success of specific strategies included in the Community Action plan.

Guidance:
The CSBG Act requires that boards be involved with assessment, planning, implementation, and evaluation of the programs: these standard supports meeting that requirement.

- This standard is met by an update being provided at a regular board meeting and documented in the minutes.
- The update provided to the board may be written or verbal.
- The update provided to the board should include specific strategies outlined in the Community Action plan and any progress made over the course of the last year, or by another period of time as determined by the board that is less than one year.

Documentation that can be used:

- Community Action Plan update/report
- Board minutes
- Board pre-meeting materials/packet

Indicators of compliance with Organizational Standard and State Requirements as part of review:

Board minutes and supporting report verify that the board received an update on the progress made to address the strategies outlined in the CSBG work plan (including strategic plan outcomes) over the course of the last year or another period of time less than one year. (Similar to 4.3)

Scoring Guidance:

This standard will be scored as met, in progress, or unmet with a one-year duration starting on the start date of the current federal fiscal year. New documentation should be uploaded with each annual assessment, old documents should be archived. If score cannot be determined within the first review, the agency will be provided opportunity to provide more information.

Vision and Direction – Category 4: Organizational Leadership

Standard 4.5	The organization has a written succession plan in place for the CEO/executive director, 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.

Guidance

- Documentation must include both elements: 1) plan for emergency/unplanned absence and 2) policy for filling a permanent vacancy.
- Board approval would most likely occur through a board vote at a regular board meeting unless other circumstances arise.

Documentation that can be used:

- Succession Plan/Policy
- Short-term Succession Plan
- Board Minutes, including following board meeting minutes that ratify the board action of vote.

Indicators of compliance with Organizational Standard and State Requirements as part of review:

The agency has a written succession plan for the CEO covering short-/long-term absences (planned leave and unplanned emergency absences).
The agency has a written succession plan to fill a permanent vacancy in the CEO position.
The Succession plan is approved by the board.
The agency has a written succession plan for CFO and key management positions.

Scoring Guidance:

This standard will be scored as met, in progress, or unmet with a one-year duration starting on the date of ratification of board voting action to accept the succession plan. This standard will be reviewed annually, however, the information submitted may be applicable for years to follow. If score cannot be determined within the first review, the agency will be provided opportunity to provide more information.

Vision and Direction – Category 4: Organizational Leadership

Standard 4.6	An organization-wide, comprehensive risk assessment has been completed within the past 2 years and reported to the governing board.

Guidance

- It is important to note that to meet the Standard the organization only has to complete the assessment and report to the board. The results of the assessment are internal to the organization and therefore private.
- There is no one mandatory tool for completing this task. This comprehensive assessment is more than the financial risk assessment contained in the audit and may also include such areas as: insurance, transportation, facilities, staffing, property, etc. To meet the Standard, the tools(s) used needs to address organization-wide functions, not only individual program requirements.
- Reporting to the governing board would most likely occur at a regular board meeting and should be reflected in minutes.

Documentation that can be used:

- Risk Assessment Policy and/or Procedures
- Board Minutes
- Completed Risk Assessment Tool
- Risk Assessment Reports

Indicators of compliance with Organizational Standard and State Requirements as part of review:

The Agency has a Risk Assessment Policy and/or Procedures.
The Agency conducted a risk assessment within the past 2 years covering organization-wide functions (for example facilities and property, board and staff, vehicles and transportation, susceptible to criminal activity, etc.).
The results of the Risk Assessment were reported to the board.
The Board is informed of any current or potential lawsuits or claims against it.
The Agency has an emergency plan that covers a variety of short-term scenarios (For example inclement weather, intruder, threats, pandemic, etc.).
The Agency has a written Business Continuity Plan that will allow services and administrative functions to be carried out under a variety of long-term emergency situations (for example fire, flood, roof collapse, building condemned, etc.).

Scoring Guidance:

This standard will be scored as met, in progress, or unmet with a two-year duration starting on the date of completion of risk assessment. New documentation should be uploaded every two years, old documents should be archived. If score cannot be determined within the first review, the agency will be provided opportunity to provide more information.

Vision and Direction – Category 5: Board Governance

Standard 5.1	**The organization's governing board is structured in compliance with the CSBG Act:** **1. Low-Income: At least one third democratically-selected representatives of the low-income community (individuals and/or representatives);** **2. Public: One-third local elected officials (or their representatives); and** **3. Private: The remaining membership from major groups and interests in the community.**

Guidance

- This Standard is based on the CSBG Act and addresses the composition structure of the board only.
- See the CSBG Act and IM 82 for comprehensive guidance.
- Board Attendance will be reviewed to evaluate board membership effectiveness versus spots filled by members who don't actively attend.

Documentation that can be used:

- Board Minutes that include Board Attendance
- CSBG Contract Provider Packet/Performance Measure Report including Board Tracking
- Detailed Board Roster (should include term dates, organization affiliation, Job Title, or any other information about Board Members)
- Bylaws

Indicators of compliance with Organizational Standard and State Requirements as part of review:

Bylaws are consistent with federal legislation (tripartite composition).
Board members are selected by the entity (appointed and reappointed by full board vote).
Low-income sector representatives reside in agency catchment area.
Public Sector officials were in public office at the time of selection.
Private Sector members represent groups and interest within the community. (Business Industry, labor, religious, law enforcement, education, or other major groups and interests in the community served)
Current composition of board complies with CSBG Act.

Scoring Guidance:

This standard will be scored as met, in progress, or unmet with a one-year duration starting on the start date of the current federal fiscal year. New documentation should be uploaded with each annual assessment, old documents should be archived. If score cannot be determined within the first review, the agency will be provided opportunity to provide more information.

Vision and Direction – Category 5: Board Governance

Standard 5.2	The organization's governing board has written procedures that document a democratic selection process for low-income board members adequate to assure that they are representative of the low-income community.

Guidance

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

Documentation that can be used:

- Board Policies and Procedures
- Board Minutes
- Bylaws

Indicators of compliance with Organizational Standard and State Requirements as part of review:

Selection/election process of low-income representatives to the board is based on input from low-income persons (Ex. Voting, petitions).

Scoring Guidance:

This standard will be scored as met, in progress, or unmet with a one-year duration starting on the start date of the current federal fiscal year. New documentation should be uploaded with each annual assessment, old documents should be archived. If score cannot be determined within the first review, the agency will be provided opportunity to provide more information.

Vision and Direction – Category 5: Board Governance

Standard 5.3	The organization's bylaws have been reviewed by an attorney within the past 5 years.

Guidance

- There is no requirement that the attorney be paid but should be a currently practicing attorney.
- Documentation provided should detail the work the attorney conducted. This can be an invoice, an email, a letter, etc.
- Documentation does not need to include the details of suggestions.
- Agencies may work with attorneys on staff or on the board prior to the legal review to minimize cost. Final reviews by attorneys on the board or on staff are not recommended but are not disallowed. If using an attorney that is also in membership of the agency's board; documentation should be prepared and presented as the guidance mentions above. Attorney's attendance to the board review process does not indicate that a formal review has taken place.

Documentation that can be used:

- Bylaws
- Board Minutes
- Statement/Invoice from an Attorney Reflecting the Review

Indicators of compliance with Organizational Standard and State Requirements as part of review:

Bylaws have been reviewed by an attorney within the past 5 years.
Documentation provides clear evidence of an attorney's formal review.

Scoring Guidance:

This standard will be scored as met, in progress, or unmet with a five-year duration starting on the date of board review/presentation. This standard will be reviewed annually, however, the information may re-occur for up to five (5) years. New documentation should be uploaded when the prior documentation expires after five (5) years or less, old documents should be archived. If score cannot be determined within the first review, the agency will be provided opportunity to provide more information.

Vision and Direction – Category 5: Board Governance

Standard 5.4	The organization documents that each governing board member has received a copy of the bylaws within the past 2 years.

Guidance

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

Documentation that can be used:

- Board Minutes
- Board Pre-Meeting Materials/Packet
- Bylaws
- Sample list of signatures
- Copies of Acknowledgments

Indicators of compliance with Organizational Standard and State Requirements as part of review:

Agency can document that board members have received a copy of the bylaws within the past 2 years.

Scoring Guidance:

This standard will be scored as met, in progress, or unmet with a two-year duration starting on the date of receipt by board members. New documentation should be uploaded every two years, old documents should be archived. If score cannot be determined within the first review, the agency will be provided opportunity to provide more information.

Vision and Direction – Category 5: Board Governance

Standard 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.

Guidance

- COE Organizational Standard do not have requirements on the meeting frequency or quorum; only that Organizations abide by their approved bylaws.
- Maine State CSBG Department Rules and CSBG Contracts that full board meetings shall be held at least once every ten weeks, and at least six times annually.
- Although boards can develop their own definition of quorum, Maine State CSBG Department Rules minimally state that:

  Provision for the number of members present which shall constitutes quorum for board or committee meetings:

  a. Members present shall represent more than 50% of the non-vacant seats on the board or committee; and
  b. At least one representative from each sector must be present for a board meeting.

Documentation that can be used:

- Board Minutes
- Board Bylaws
- Detailed Board Roster (should include term dates, organization affiliation, Job Title, or any other information about Board Members)
- CSBG Contract Provider Packet/Performance Measure Report including Board Tracking

Indicators of compliance with Organizational Standard and State Requirements as part of review:

The board met the required number of times as stated in the bylaws and Maine State Rule in the past year.
A quorum was present at the required number of meetings in the past year.
The Board is in compliance with the attendance policy or "removal due to lack of attendance" if/as included within the bylaws.
The Board is in compliance with the provisions for filling vacancies as set out in its bylaws.
Records of Board Meeting Minutes are prepared and maintained in compliance with Maine DHHS rules.

Scoring Guidance:

This standard will be scored as met, in progress, or unmet with a one-year duration starting on the start date of the current federal fiscal year. New documentation should be uploaded with each annual assessment, old documents should be archived. If score cannot be determined within the first review, the agency will be provided opportunity to provide more information.

Vision and Direction – Category 5: Board Governance

Standard 5.6	Each governing board member has signed a conflict of interest policy within the past 2 years.

Guidance

- There is no requirement to use a specific conflict of interest policy, only that the Organization utilizes one that meets its needs.
- The signed conflict of interest policies are collected, reviewed, and stored by the Organization.
- 2 CFR Part 200 (Super Circular) has additional information on conflict of interest policies and specific disclosures.
- As a point of reference, the 990 asks: Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If so, describe how.

Documentation that can be used:

- Board Minutes
- Conflict of Interest Policy/Procedures
- Sample of Signed Policies/Signature List/Acknowledgements

Indicators of compliance with Organizational Standard and State Requirements as part of review:

Board has conflict of interest policies and procedures for annual disclosures.
Newly appointed Board members have submitted a signed written statement of any potential Conflict of Interest.

Scoring Guidance:

This standard will be scored as met, in progress, or unmet with a two-year duration starting on the date of receipt by board members. New documentation should be uploaded every two years, old documents should be archived. If score cannot be determined within the first review, the agency will be provided opportunity to provide more information.

Vision and Direction – Category 5: Board Governance

Standard 5.7	The organization has a process to provide a structured orientation for governing board members within 6 months of being seated.

Guidance

- There is no specific curricula requirement, or training methodology required; Board Orientation should have many organization-specific elements. These may include bylaws, overview of programs, and review of fiscal reports.
- Training may be delivered at board meetings, special sessions, in person, through electronic media, or through other modalities as determined by the board.
- The Organization must have documentation of its process (including content), as well as documentation that each board member has been provided with the opportunity for orientation *within 6 months of appointment.*

Documentation that can be used:

- Board Policy/Procedures
- Board Training Materials
- Board Member Acknowledgement/Signature which should include Board Member Seating Date

Indicators of compliance with Organizational Standard and State Requirements as part of review:

Orientation for new board members is provided within six months of initial appointment to the board.

At minimum, the orientation topics include a review of the bylaws, overview of programs, and review of fiscal reports/annual budget.

Board members are provided with copies of or have access to organizational documents (bylaws, certificate of incorporation, strategic plan, needs assessment, personnel policies, fiscal policies, and annual budget).

Scoring Guidance:

This standard will be scored as met, in progress, or unmet with a one-year duration starting on the start date of the current federal fiscal year. This standard will be reviewed annually, however, the some of the documentation submitted may be applicable for years to follow. If score cannot be determined within the first review, the agency will be provided opportunity to provide more information.

Vision and Direction – Category 5: Board Governance

Standard 5.8	Governing board members have been provided with training on their duties and responsibilities within the past 2 years.

Guidance

- There is no specific curricula requirement, or training methodology required.
- Training may be delivered at board meetings, special sessions, conferences, through electronic media, or other modalities as determined by the board.
- The Organization needs to have documentation that the training occurred (including content) as well as documentation that each board member has been provided with training opportunities.

Documentation that can be used:

- Training Agendas
- Attendee List
- Board Minutes
- Documentation of Board Attendance at Offsite Training Conferences, Events, Webinars, etc.

Indicators of compliance with Organizational Standard and State Requirements as part of review:

Board members have received training on their duties and responsibilities within the past 2 years.
Board members are made aware of opportunities for training (NASCSP, CAPLAW, Webinars, United Way, Etc.). Training on relevant topics is provided to the board (Ex: changes in regulations, understanding financial reports, etc.).

Scoring Guidance:

This standard will be scored as met, in progress, or unmet with a two-year duration starting on the date of board review/presentation. New documentation should be uploaded every two years, old documents should be archived. If score cannot be determined within the first review, the agency will be provided opportunity to provide more information.

Vision and Direction – Category 5: Board Governance

Standard 5.9	The organization's governing board receives programmatic reports at each regular board meeting.

Guidance

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

Documentation that can be used:

- Board Minutes
- Board Pre-Meeting Materials/Packet
- Programmatic Reports

Indicators of compliance with Organizational Standard and State Requirements as part of review:

The board receives program reports at each board meeting (written or verbal). (Similar to 9.3)

Scoring Guidance:

This standard will be scored as met, in progress, or unmet with a one-year duration starting on the start date of the current federal fiscal year. New documentation should be uploaded with each annual assessment, old documents should be archived. If score cannot be determined within the first review, the agency will be provided opportunity to provide more information.

Vision and Direction – Category 6: Strategic Planning

Standard 6.1	The organization has an agency-wide strategic plan in place that has been approved by the governing board within the past 5 years.

Guidance

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

Documentation that can be used:

- Strategic Plan
- Board Minutes, including following board meeting minutes that ratify the board action of vote.

Indicators of compliance with Organizational Standard and State Requirements as part of review:

The Strategic Plan includes agency-wide goals.
The Strategic Plan was developed within the past 5 years.
The Strategic Plan was reviewed and voted on by the Board within the past 5 years.
Board members participate in the strategic planning process (survey, focus group, interview, etc.).

Scoring Guidance:

This standard will be scored as met, in progress, or unmet with a five-year duration starting on the date of ratification of board voting action to accept the agency-wide strategic plan. New documentation should be uploaded every five years, old documents should be archived. If score cannot be determined within the first review, the agency will be provided opportunity to provide more information.

Vision and Direction – Category 6: Strategic Planning

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

Guidance

- These are the purposes of CSBG as laid out in the Act.
- The Strategic does not need to encompass all three themes, but the Plan needs to include one or more as noted in the Standard.

Documentation that can be used:

- Strategic Plan
- Notes from Strategic Planning Process

Indicators of compliance with Organizational Standard and State Requirements as part of review:

The Strategic Plan addresses the reduction of poverty.
The Strategic Plan addresses the revitalization of low-income communities.
The Strategic Plan addresses the empowerment of people with low incomes to become more self-sufficient.
The Strategic Plan includes goals and measurable objectives.
Must address one or more to meet the federal standard and indicators.

Scoring Guidance:

This standard will be scored as met, in progress, or unmet with a five-year duration starting on the date of ratification of board voting action to accept the agency-wide strategic plan. (Standard 6.1) New documentation should be uploaded every five years, old documents should be archived. If score cannot be determined within the first review, the agency will be provided opportunity to provide more information.

Vision and Direction – Category 6: Strategic Planning

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

Guidance

- These goals are set out as part of ROMA, referenced in IM 49, and provide the framework for the National Performance Indicators.
- The Strategic Plan does not need to encompass all three dimensions, Family, Agency, and Community. However, the Plan must address one or more as noted in the Standard.

Documentation that can be used:

- Strategic Plan
- Notes from Strategic Planning Process

Indicators of compliance with Organizational Standard and State Requirements as part of review:

The Strategic Plan contains community goals.
The Strategic Plan contains agency goals.
The Strategic Plan contains individual/family goals.
Must address one or more to meet the federal and state standards.

Scoring Guidance:

This standard will be scored as met, in progress, or unmet with a five-year duration starting on the date of ratification of board voting action to accept the agency-wide strategic plan. (Standard 6.1) New documentation should be uploaded every five years, old documents should be archived. If score cannot be determined within the first review, the agency will be provided opportunity to provide more information.

Vision and Direction – Category 6: Strategic Planning

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

Guidance

- This Standard links the Community Needs Assessment with Strategic Planning.
- There is no requirement to do additional data collection.
- Please see guidance (Refer to Standard 1) regarding Customer Input, Involvement and Engagement.
- The standard may be documented by references to the analysis of customer satisfaction data and input within the plan, or by including the analysis of customer satisfaction data in the plan or its appendices, with a brief explanation of how it was used.

Documentation that can be used:

- Strategic Plan Including Appendices
- Notes from Strategic Planning Process
- Customer Satisfaction Data/Reports
- Customer Input Data/Reports

Indicators of compliance with Organizational Standard and State Requirements as part of review:

Agency has a process for soliciting customer satisfaction with current services/agency operations. (Similar to 1.3)
The Strategic Planning process includes customer input (forums, surveys, focus groups) from the community needs assessment data.
The Strategic Planning process includes customer satisfaction data.

Scoring Guidance:

This standard will be scored as met, in progress, or unmet with a five-year duration starting on the date of ratification of board voting action to accept the agency-wide strategic plan. (Standard 6.1) New documentation should be uploaded every five years, old documents should be archived. If score cannot be determined within the first review, the agency will be provided opportunity to provide more information.

Vision and Direction – Category 6: Strategic Planning

Standard 6.5	The governing board has received an update(s) on progress meeting the goals of the strategic plan within the past 12 months.

Guidance

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

Documentation that can be used:

- Strategic Plan Update/Report
- Board Minutes
- Board Pre-Meeting Materials/Packet

Indicators of compliance with Organizational Standard and State Requirements as part of review:

The Strategic Plan report or update was provided to and reviewed by the board in the past 12 months or another period of time less than one year. (Similar to 4.4 and 9.3)
The Strategic Plan establishes an evaluation process that measures progress at least annually.

Scoring Guidance:

This standard will be scored as met, in progress, or unmet with a one-year duration starting on the start date of the current federal fiscal year. New documentation should be uploaded with each annual assessment, old documents should be archived.

If score cannot be determined within the first review, the agency will be provided opportunity to provide more information.

Operations and Accountability – Category 7: Human Resource Management

Standard 7.1	The organization has written personnel policies that have been reviewed by an attorney and approved by the governing board within the past 5 years.

Guidance

- There is no requirement that the attorney be paid but should be a currently practicing attorney.
- Documentation provided should detail the work the attorney conducted. This can be an invoice, an email, a letter, etc.
- Agencies may work with human resource professionals (such as SHRM certified staff) and others (attorneys on staff or on the board) prior to the legal review to minimize cost. Final reviews by attorneys on the board or on staff are not recommended but are not disallowed. If using an attorney that is also in membership of the agency's board; documentation should be prepared and presented as the guidance mentions above. Attorney's attendance to the board review process does not indicate that a formal review has taken place.
- Note that not all attorneys are familiar with Human Resource issues and agencies are encouraged to use attorneys with this type of expertise.

Documentation that can be used:

- Personnel Policies
- Board Pre-Meeting Materials/Packet
- Board Minutes
- Statement/Invoice from an Attorney Reflecting the Review

Indicators of compliance with Organizational Standard and State Requirements as part of review:

The agency's written personnel policies were reviewed by an attorney within the past 5 years.
The agency's written personnel policies were approved by the board within the past 5 years.
Policies include a prohibition for CSBG funded staff to engage in political activity.

Scoring Guidance:

This standard will be scored as met, in progress, or unmet with a five-year duration starting on the date of ratification of board voting action to approve personnel policies. New documentation should be uploaded every five years, old documents should be archived. If score cannot be determined within the first review, the agency will be provided opportunity to provide more information.

Operations and Accountability – Category 7: Human Resource Management

Standard 7.2	The organization makes available the employee handbook to all staff and notifies staff of any changes.

Guidance

- The Handbook may be made available in electronic (such as an agency intranet, a location on a shared server, or distributed via email) or print formats.
- The process for notification of changes is up to the individual Organization.
- Agencies are encouraged to have staff sign off that they have received and read the Employee Handbook and any following updates.

Documentation that can be used:

- Employee Handbook/Personnel Policies
- Identified Process for Notifying Staff of Updates (May Be Included Within the Handbook/Policy)
- Documentation of Location and Availability of Handbook/Policies
- Sample of Employee Signoffs/Acknowledges of Receipt

Indicators of compliance with Organizational Standard and State Requirements as part of review:

Staff members acknowledge in writing that they received or have access to the personnel policies.
Staff are notified of changes to the personnel policies.

Scoring Guidance:

This standard will be scored as met, in progress, or unmet with a one-year duration starting on the start date of the current federal fiscal year. This standard will be reviewed annually, however, the some of the documentation submitted may be applicable for years to follow. If score cannot be determined within the first review, the agency will be provided opportunity to provide more information.

Operations and Accountability – Category 7: Human Resource Management

Standard 7.3	The organization has written job descriptions for all positions, which have been updated within the past 5 years.

Guidance

- This references job descriptions for each type of position, not each staff person.
- To meet the Standard, job descriptions may include date of last review/update; the Standard does not require changes when descriptions are reviewed.
- The timeframe is defined as within the past 5 calendar years.
- Not all job descriptions need to be reviewed at one time, differing review dates are allowable but should be tracked to ensure that the 5-year mark has not expired.
- Job descriptions should be reviewed by a committee of agency staff or the board during the review. If utilizing a committee; the results of the work should be presented to the board for information purposes.
- Agencies do not need to include all job descriptions as documentation, but should include sample (5-10) of recently reviewed job descriptions and documentation that shows how this work is organized or tracked.

Documentation that can used:

- Organizational Chart/Staff List
- Job Descriptions
- Tracking Spreadsheet with last reviewed/due dates
- Board or Committee Minutes Noting Documents Have Been Updated

Indicators of compliance with Organizational Standard and State Requirements as part of review:

The agency (managers and or board) reviewed job descriptions for all positions within the past 5 calendar years and updated if needed.
Job descriptions are written, dated, and contain qualifications and duties for the position.

Scoring Guidance:

This standard will be scored as met, in progress, or unmet with a one-year duration starting on the start date of the current federal fiscal year. New documentation should be uploaded with each annual assessment, old documents should be archived. If score cannot be determined within the first review, the agency will be provided opportunity to provide more information.

Operations and Accountability – Category 7: Human Resource Management

Standard 7.4	The governing board conducts and approves a performance appraisal of the CEO/executive director within each calendar year.

Guidance

- There is no specific appraisal tool required to be used.
- This may be accomplished through a committee or the full board; however, the full board should receive and accept via board vote the appraisal, with the acceptance reflected in the board minutes. Details of the performance appraisal is not required to meet the standard.
- The approval of the performance appraisal is often done in conjunction with setting the CEO compensation.

Documentation that can be used:

- Board Minutes, including following board meeting minutes that ratify the board action of vote.

Indicators of compliance with Organizational Standard and State Requirements as part of review:

The board or assigned committee conducts an evaluation of the CEO/executive director within each calendar year.
Board minutes document the acceptance of the evaluation process.

Scoring Guidance:

This standard will be scored as met, in progress, or unmet with a one-year duration starting on the start date of the current federal fiscal year. New documentation should be uploaded with each annual assessment, old documents should be archived. If score cannot be determined within the first review, the agency will be provided opportunity to provide more information.

Operations and Accountability – Category 7: Human Resource Management

Standard 7.5	The governing board reviews and approves CEO/executive director compensation within every calendar year.

Guidance

- The full board should review and approve the total compensation at a regular board meeting and have it reflected in the board minutes. Details of the compensation package is not required to meet the standard.
- This review includes salary, fringe, health and dental insurance, expense/travel account, vehicle, etc.
- As a point of reference, the 990 asks: Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? And if yes, describe the process.
- The compensation review and approval often happen in conjunction with the CEO performance appraisal.

Documentation that can be used:

- Board Minutes, including following board meeting minutes that ratify the board action of vote.

Indicators of compliance with Organizational Standard and State Requirements as part of review:

A compensation comparability review was conducted for the CEO Position.
Board or committee of independent directors **deliberated** on the CEO compensation package within the calendar year.
Board minutes document review and approval by the board, including independent directors, of the CEO/Executive Director total compensation package.

Scoring Guidance:

This standard will be scored as met, in progress, or unmet with a one-year duration starting on the start date of the current federal fiscal year. New documentation should be uploaded with each annual assessment, old documents should be archived. If score cannot be determined within the first review, the agency will be provided opportunity to provide more information.

Operations and Accountability – Category 7: Human Resource Management

Standard 7.6	The organization has a policy in place for regular written evaluation of employees by their supervisors.

Guidance

- The Standard calls for a policy being in place.
- It is recognized that it is best practice to have annual reviews for every employee, but the Standard is not intended to imply that 100% of employees must have an annual review. This caveat is noted given normal business conditions that may impact individual employees at any given time, e.g. timing of resignation/dismissal, FMLA leave, seasonal, etc.

Documentation that can be used:

- Evaluation Process/Policy (Likely Found in Personnel Policies and Procedures)

Indicators of compliance with Organizational Standard and State Requirements as part of review:

The agency has a policy for evaluating employee performance.
Agency complies with the evaluation criteria included in the personnel policies (frequency, format used, employee signature, etc.).
Agency has a process for reviewing and responding to staff comments and suggestions.

Scoring Guidance:

This standard will be scored as met, in progress, or unmet with a one-year duration starting on the start date of the current federal fiscal year. New documentation should be uploaded with each annual assessment, old documents should be archived. If score cannot be determined within the first review, the agency will be provided opportunity to provide more information.

Operations and Accountability – Category 7: Human Resource Management

Standard 7.7	The organization has a whistleblower policy that has been reviewed and approved by the governing board.

Guidance

- Once the whistleblower policy is approved and in place, there is no requirement for additional review under this Standard. It is good policy for boards to periodically review their whistleblower policy to ensure that they are operating in compliance with it.
- Many organizations incorporate their whistleblower policy into their Personnel Policies or Employee Handbook, which requires ongoing review/updates every 5 years (Standard 7.1). If not included within these entities, the Whistleblower policy should be made available to staff via other means.
- This would be met through a vote by the board at a regular meeting and noted in the minutes (Similar 7.1).
- THE WHISTLEBLOWER POLICY SHOULD INCLUDE THE FOLLOWING PROVISIONS:
    - Procedures for the reporting of violations or suspected violations of laws or corporate policies, including procedures for preserving the confidentiality of reported information;
    - A requirement that an employee, officer or director of the corporation be designated to administer the whistleblower policy and to report to the audit committee or other committee of independent directors or, if there are no such committees, to the board; and
    - A requirement that a copy of the policy be distributed to all directors, officers, employees and to volunteers who provide substantial services to the corporation.

Documentation that can be used:

- Whistleblower Policy
- Board Minutes, including following board meeting minutes that ratify the board action of vote.
- Board Pre-Meeting Materials/Packet

Indicators of compliance with Organizational Standard and State Requirements as part of review:

The agency has a whistleblowers policy.
The policy was reviewed and approved by the board.
There is a committee or person identified to receive complaints under the whistleblower policy.
There is a grievance policy in place.

Scoring Guidance:

This standard will be scored as met, in progress, or unmet with a one-year duration starting on the date of ratification of board voting action of the whistleblower policy. This standard will be reviewed annually, however, the information submitted may be applicable for years to follow but not exceed 5 years. If score cannot be determined within the first review, the agency will be provided opportunity to provide more information.

Operations and Accountability – Category 7: Human Resource Management

Standard 7.8	**All staff participate in a new employee orientation within 60 days of hire.**

Guidance

- There are no curricula requirements for the orientation; it is up to the organization to determine the content. Some examples of content include time and effort reporting, ROMA, data collection, mission, history of Community Action, etc.
- This may be met through individual or group orientations and documented in personnel files.
- The date of hire is considered to be the first day the employee works at the organization**.**
- Employee does not need to have completed all intended trainings required for their position within 60 days; however; a set of specific trainings should be provided and titled as New Employee Orientation.
- The documentation expectation is sample size of 5-10 examples. This can be scanned paper documents, screen shots of electronic database, etc.

Documentation that can be used:

- Personnel Policies/Employee Handbook
- Orientation Materials
- Sampling of HR/Personnel Files for Documentation of Attendance
- Sample of New Hire Training Checklists with Signature Acknowledgements

Indicators of compliance with Organizational Standard and State Requirements as part of review:

Employee files include documentation of orientation conducted within 60 days of hire.
The agency has procedures for orientation of new employees to the agency (ex. Time and effort reporting, ROMA, data collection, mission, history of Community Action, etc.).

Scoring Guidance:

This standard will be scored as met, in progress, or unmet with a one-year duration starting on the start date of the current federal fiscal year. New documentation should be uploaded with each annual assessment, old documents should be archived. If score cannot be determined within the first review, the agency will be provided opportunity to provide more information.

Operations and Accountability – Category 7: Human Resource Management

Standard 7.9	The organization conducts or makes available staff development and training opportunities, including ROMA, on an ongoing basis.

Guidance

- There are no specific requirements for training topics except for ROMA.
- This Standard may be met through in-house, community-based, conference, online and other training modalities. Agencies may conduct their own training in house or may make online or outside training available to staff.
- This should be documented in personnel files.
- Although, there are no requirements within the COE Organizational Standards to have ROMA-certified Professional (Implementor, Trainer, and/or Advocate) on staff, its required by Maine CSBG Contract Terms to provide a singular opportunity to complete this training and furthermore, it's suggested, to have more than one staff member be ROMA-certified due to turnover. However, this standard's intent is to provide training on ROMA and its concepts to as many staff as found applicable.

Documentation that can be used:

- Training Plan(s)
- Documentation of Trainings: Presentations, Evaluations, Attendee Lists
- Documentation of Attendance at Offsite Training Events/Conferences
- HR/Personnel Files

Indicators of compliance with Organizational Standard and State Requirements as part of review:

ROMA training was provided to agency staff in the past 5 years.
Documentation is maintained on certification or training received including, but not limited to: ROMA, Family Development Credential (FDC), Child Development Associate (CDA), Certified Community Action Professional (CCAP), Financial Certifications, Social Work, etc.
Professional development or employee training is included in the CSBG work plan.

Scoring Guidance:

This standard will be scored as met, in progress, or unmet with a one-year duration starting on the start date of the current federal fiscal year. New documentation should be uploaded with each annual assessment, old documents should be archived. If score cannot be determined within the first review, the agency will be provided opportunity to provide more information.

Operations and Accountability – Category 8: Financial Operations and Oversight

Standard 8.1	The organization's annual audit 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 and/or State audit threshold requirements.

Guidance

- Please see and follow state and federal guidance related to audits.
- Completed by a Certified Public Accountant on time in accordance with Single Audit Guidelines.

Documentation that can be used:

- Completed Audit
- Statement of Financial Position (for current ratio)

Indicators of compliance with Organizational Standard and State Requirements as part of review:

Agency's annual audit was 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.
Auditor opinions have been unmodified. (Found in audit report) Current ratio indicates that there are sufficient current assets to cover current liabilities.

Scoring Guidance:

This standard will be scored as met, in progress, or unmet with a one-year duration starting on the date of ratification of board action voting to accept the audit. (Standard 8.4) New documentation should be uploaded with each annual assessment; old documents should be archived. If score cannot be determined within the first review, the agency will be provided opportunity to provide more information.

Operations and Accountability – Category 8: Financial Operations and Oversight

Standard 8.2	All findings from the prior year's annual audit have been assessed by the organization and addressed where the governing board has deemed it appropriate.

Guidance

- This Standard can be met through board discussion and decisions at a regular board meeting with decisions noted in the minutes.
- Findings are those noted in the Audit itself, not the Management Letter.

Documentation that can be used:

- Completed Audit
- Schedule of Audit Findings & Questioned Costs
- Management Response to the Audit
- Board Minutes

Indicators of compliance with Organizational Standard and State Requirements as part of review:

Follow-up and corrective actions have been taken for findings and questioned costs, where the governing board has deemed it appropriate**. (Reference: A-133, Subpart C 300(f) and 315(a)).**
OR,
There were no findings or questioned costs noted. Standard will be counted as "Met".

Scoring Guidance:

This standard will be scored as met, in progress, or unmet with a one-year duration starting on the date of ratification of board action voting to accept the audit. (Standard 8.4) New documentation should be uploaded with each annual assessment; old documents should be archived. If score cannot be determined within the first review, the agency will be provided opportunity to provide more information.

Operations and Accountability – Category 8: Financial Operations and Oversight

Standard 8.3	The organization's auditor presents the audit to the governing board.

Guidance

- This Standard can be met via the auditor meeting with the full board or appropriate committee including Finance, Finance/Audit, Audit, or Executive. If done via committee, a report to the full board by the Committee Chair to confirm the meeting occurred needs to be completed and documented in the minutes.
- The Auditor may make the presentation in person or via web or conference call as allowed by state law. In addition, ensure that the bylaws allow for electronic communication if the auditor or their representative presents in this way.
- The presentation may be made by a representative(s) of the audit firm and is not required to be the Partner of the firm engaged in the audit.
- The presentation to the board should be reflected in the Minutes.

Documentation that can be used:

- Completed Audit
- Board Minutes or Committee Meeting Minutes
- Board Pre-Meeting Materials/Packet

Indicators of compliance with Organizational Standard and State Requirements as part of review:

Annual Audit is presented to the board or appropriate committee by the auditor as reflected in minutes.

Scoring Guidance:

This standard will be scored as met, in progress, or unmet with a one-year duration starting on the date of ratification of board action voting to accept the audit. (Standard 8.4) New documentation should be uploaded with each annual assessment; old documents should be archived. If score cannot be determined within the first review, the agency will be provided opportunity to provide more information.

Operations and Accountability – Category 8: Financial Operations and Oversight

Standard 8.4	The governing board formally receives and accepts the audit.

Guidance

- Each board member should be provided a copy of the audit, either in hard or electronic format, with this distribution noted in the board minutes.
- This Standard can be met through a board vote accepting the audit at a regular board meeting and reflected in the minutes.

Documentation that can be used:

- Board Minutes, including following board meeting minutes that ratify the board action of vote.
- Completed Audit

Indicators of compliance with Organizational Standard and State Requirements as part of review:

The Board of Directors received and accepted the audit.

Scoring Guidance:

This standard will be scored as met, in progress, or unmet with a one-year duration starting on the date of ratification of board action voting to accept the audit. New documentation should be uploaded with each annual assessment; old documents should be archived. If score cannot be determined within the first review, the agency will be provided opportunity to provide more information.

Operations and Accountability – Category 8: Financial Operations and Oversight

Standard 8.5	The organization has solicited bids for its audit within the past 5 years.

Guidance

- The Standard does not require that an organization switch auditors or partners, only that the audit is put out to bid within the past 5 years.
- Bidding process should be documented including bid responses, bid evaluation and bidding award.

Documentation that can be used:

- Organization's Procurement Policy
- Documentation of Bid Process, Including RFP/RFQ, List of Vendors Receiving Notice, Proof of Any Publication of the Process
- Board Pre-Meeting Materials/Packet
- Board and/or audit committee minutes

Indicators of compliance with Organizational Standard and State Requirements as part of review:

The agency puts audit services out to bid at least every five years.
The audit committee or finance committee or board as a whole is responsible for selecting and hiring the firm to audit agency books and records.

View of Scoring in CSBG Reporter:

This standard will be scored as met or unmet with a five-year duration starting on the date of board review/presentation. New documentation should be uploaded every five years; old documents should be archived. If score cannot be determined within the first review, the agency will be provided opportunity to provide more information.

Operations and Accountability – Category 8: Financial Operations and Oversight

Standard 8.6	The IRS Form 990 is completed annually and made available to the governing board for review.

Guidance

- The IRS Form 990 is a publicly available document, and specifically asks if the board has reviewed the document prior to its submission. It also asks for a description of the review process.
- The Standard would be met by documenting the review process in the board minutes; the Standard does not require board acceptance or approval of the IRS Form 990.
- The IRS Form 990 can be made available by sharing a copy electronically or in hard copy to governing board members with the process noted in the minutes.
- The IRS Form 990 should be completed and submitted on time to the IRS within any granted extension periods.

Documentation that can be used:

- IRS Form 990
- Board Minutes
- Board Pre-Meeting Materials/Packet
- Documentation of 990 Distribution to the board (mail, email, link)

Indicators of compliance with Organizational Standard and State Requirements as part of review:

The board received the 990 to review.
IRS Form 990 is filed in a timely manner. **(Reference: A-133, Subpart C 300(d)).**

Scoring Guidance:

This standard will be scored as met, in progress, or unmet with a one-year duration starting on the start date of the current federal fiscal year. New documentation should be uploaded with each annual assessment, old documents should be archived. If score cannot be determined within the first review, the agency will be provided opportunity to provide more information.

Operations and Accountability – Category 8: Financial Operations and Oversight

Standard 8.7	**The governing board receives financial reports at each regular meeting that include the following:** **1. Organization-wide report on revenue and expenditures that compares budget to actual, categorized by program; and** **2. Balance sheet/statement of financial position.**

Guidance

- Categorization by program does not require reporting by individual funding stream; it may be by organization-defined program areas, e.g., Early Childhood, Energy, Housing, etc.
- This does not limit the financial information a board receives at each board meeting. Individual agencies are likely to determine that additional information is needed by the board and should determine what specific information needs to be shared with the board beyond that included in the Standard.
- Financial Reporting should be provided as a visual, not just a verbal report.

Documentation that can be used:

- Financial Reports as Noted Above
- Board Minutes/Committee Minutes
- Board Pre-Meeting Materials/Packet

Indicators of compliance with Organizational Standard and State Requirements as part of review:

Board members receive financial reports at every board meeting (**must include both organization-wide report on Revenue and Expenditures that compares Budget to Actual, categorized by program; and Balance Sheet/Statement of Financial Position).**
Financial reports provide Board members with the agency's annual budget amount. Line of Credit (LOC) activity is reported monthly to the board of directors and executive director. **Not Applicable (N/A) No LOC**

Scoring Guidance:

This standard will be scored as met, in progress, or unmet with a one-year duration starting on the start date of the current federal fiscal year. New documentation should be uploaded with each annual assessment, old documents should be archived. If score cannot be determined within the first review, the agency will be provided opportunity to provide more information.

Operations and Accountability – Category 8: Financial Operations and Oversight

Standard 8.8	All required filings and payments related to payroll withholdings are completed on time.

Guidance

- This includes: federal, state, and local taxes; as well as insurance and retirement payments.
- Documentation may include information received from a payroll service if used or the organization's financial management system. Such verification could be reviewed at the committee level if the organization determines it necessary or delegated to the Executive Director.

Documentation that can be used:

- Payroll Tax Documentation/Filings
- Insurance Documentation (Health, Disability, Flex Accounts)
- Retirement Accounts Documentation
- Record of Payments to State, Federal, Insurance and Retirement Accounts
- Workers Compensation payments

Indicators of compliance with Organizational Standard and State Requirements as part of review:

Agency is current on all withholding payments, workers compensation insurance payments, disability and health insurance payments.
Federal and State payroll filings have been submitted.

Scoring Guidance:

This standard will be scored as met, in progress, or unmet with a one-year duration starting on the start date of the current federal fiscal year. New documentation should be uploaded with each annual assessment, old documents should be archived. If score cannot be determined within the first review, the agency will be provided opportunity to provide more information.

Operations and Accountability – Category 8: Financial Operations and Oversight

Standard 8.9	The governing board annually approves an organization-wide budget.

Guidance

- This is intended to be a compliment, not replace, program budgets.
- It is important to note that an organization-wide budget is a forecast for the upcoming organization fiscal year, based on the best information at the time of development. It provides the board with an overview of what the expected revenues and expenditures are likely to be over the course of a year, with the knowledge that the actual revenue and expenditures may differ. There is no requirement for the organization to pass a modified organization-wide budget during the course of a year as things change.
- This would be met through approval at a regular board meeting and documented in the board minutes.

Documentation that can be used:

- Agency-Wide Budget
- Board Minutes, including following board meeting minutes that ratify the board action of vote.
- Board Pre-Meeting Materials/Packet

Indicators of compliance with Organizational Standard and State Requirements as part of review:

Board approves agency-wide budget.

Scoring Guidance:

This standard will be scored as met, in progress, or unmet with a one-year duration starting on the date of ratification of board voting action to accept organization wide budget. New documentation should be uploaded with each annual assessment; old documents should be archived. If score cannot be determined within the first review, the agency will be provided opportunity to provide more information.

Operations and Accountability – Category 8: Financial Operations and Oversight

Standard 8.10	The fiscal policies have been reviewed by staff within the past 2 years, updated as necessary, with changes approved by the governing board.

Guidance

- There are no requirements for which specific staff need to be involved in the staff-level review.
- The annual reporting of the staff level review of the fiscal policies may be made at a fiscal committee meeting with the committee minutes reflecting the review.
- This would be met through approval at a regular board meeting and documented in the board minutes.

Documentation that can be used:

- Fiscal Policies/Procedures Manual
- Board Minutes, including following board meeting minutes that ratify the board action of vote.
- Board Pre-Meeting Materials/Packet

Indicators of compliance with Organizational Standard and State Requirements as part of review:

Fiscal policies have been reviewed by staff within the past 2 years and updated if necessary.

The board approved changes to the fiscal policies, *if necessary due to changes.*

Required financial reports and tax filings are submitted to appropriate government agencies on a timely basis.

A physical inventory of equipment purchased with CSBG Funds is taken and the results reconciled with the equipment records at least once every two years**. (Reference: 2 CFR 200, Subpart D, 200.313(d)(2))**

There is a written travel and reimbursement policy.

Cash:
- There is sufficient cash to cover daily operations.
- Cash on hand is limited by prompt deposit of receipts.
- There is adequate separation of duties involving cash. (**Reference: 2 CFR 200, Subpart D, 200.302(b)(4)**)
- Employees, board members and volunteers who handle cash are covered by the bonding/crime policy.

An individual not involved in the reconciliation process reviews and approves the reconciliation.

The Board of Directors is protected by maintaining adequate Directors and Officers Insurance.

Scoring Guidance:

This standard will be scored as met, in progress, or unmet with a two-year duration starting on the date of board review/presentation. New documentation should be uploaded every two years; old documents should be archived. If score cannot be determined within the first review, the agency will be provided opportunity to provide more information.

Operations and Accountability – Category 8: Financial Operations and Oversight

Standard 8.11	A written procurement policy is in place and has been reviewed by the governing board within the past 5 years.

Guidance

- The procurement policy may be found in an organization's fiscal policies; it does not need to be a separate document.
- The procurement policy must be compliant with federal regulations and Agencies are encouraged to review relevant OMB circulars for specifications.
- This would be met through review at a regular board meeting and documented in the board minutes.

Documentation that can be used:

- Procurement Policy
- Board Minutes
- Board Pre-Meeting Materials/Packet

Indicators of compliance with Organizational Standard and State Requirements as part of review:

There are written procurement procedures that provide requirements specified in applicable federal statutes. (**Reference: 2 CFR 200, Subpart D, 200.318(a))**

The written procurement policy has been reviewed by the governing board within the past 5 years.

There are written procurement procedures to make efforts to use small, minority owned businesses or women's enterprises. **(Reference: 2 CFR 200, Subpart D, 200.321)**

Procurement transactions are conducted in a manner that provides open and free competition. (**Reference: 2 CFR 200, Subpart D, 200.319(d))**

There is documentation of the performance of cost or price analysis for every procurement transaction reviewed. (**Reference: 2 CFR 200, Subpart D, 200.323(a))**

The vendor selected is most responsive to the solicitation and most advantageous to the agency. (**Reference: 2 CFR 200, Subpart D, 200.320(d)(4))**

Scoring Guidance:

This standard will be scored as met, in progress, or unmet with a five-year duration starting on the date of board review/presentation. New documentation should be uploaded every five years, old documents should be archived. If score cannot be determined within the first review, the agency will be provided opportunity to provide more information.

Operations and Accountability – Category 8: Financial Operations and Oversight

Standard 8.12	The organization documents how it allocates shared costs through an indirect cost rate or through a written cost allocation plan.

Guidance

- A Federally Negotiated Indirect Cost Rate should be currently approved and may be determined or provisional.
- If no approved indirect cost rate is in place, the Organization must have a written cost allocation plan.

Documentation that can be used:

- Cost Allocation Plan
- An approved indirect cost rate

Indicators of compliance with Organizational Standard and State Requirements as part of review:

There is a written cost allocation plan that describes the methodology for allocating shared costs.

Scoring Guidance:

This standard will be scored as met, in progress, or unmet with a one-year duration starting on the start date of the current federal fiscal year. New documentation should be uploaded with each annual assessment, old documents should be archived.

If score cannot be determined within the first review, the agency will be provided opportunity to provide more information.

Operations and Accountability – Category 8: Financial Operations and Oversight

Standard 8.13	The organization has a written policy in place for record retention and destruction.

Guidance

- At a minimum, an eligible entity, should retain documentation sufficient to demonstrate that, where an individualized determination of income was required, staff screened applicants for income eligibility.
- The Policy should include the retention and destruction of both electronic and physical documents.
- This Policy may be a stand-alone policy or may be part of a larger set of organization policies.
- As a point of reference, the 990 asks: Did the organization have a written document retention and destruction policy?

Documentation that can be used:

- Document Retention and Destruction Policy

Indicators of compliance with Organizational Standard and State Requirements as part of review:

The Organization has a written policy in place for record retention and destruction.

Scoring Guidance:

This standard will be scored as met, in progress, or unmet with a one-year duration starting on the start date of the current federal fiscal year. This standard will be reviewed annually, however, the information submitted may be applicable for years to follow. If score cannot be determined within the first review, the agency will be provided opportunity to provide more information.

Operations and Accountability – Category 9: Data and Analysis

Standard 9.1	The organization has a system or systems in place to track and report client demographics and services customers receive.

Guidance

- Although all Maine agencies are utilizing EmpowOR, there is no requirement of utilization across the entire agency to meet this Standard. As long as all services and demographics are being tracked, this Standard would be met.
- The CSBG Annual Report already requires the reporting of client demographics. This standard does not require additional demographic data collection or reporting.

Documentation that can be used:

- CSBG Annual Report (Modules 2-4)
- Data System Documentation and/or Direct Observation
- Reports Used By Staff, Leadership, or Board

Indicators of compliance with Organizational Standard and State Requirements as part of review:

Agency has a data collection system that tracks customer services.
Agency has a data collection system that tracks customer demographics.
Intake process assesses customer's comprehensive needs (food, housing, employment, education, health care, etc.).

Scoring Guidance:

This standard will be scored as met, in progress, or unmet with a one-year duration starting on the start date of the current federal fiscal year. New documentation should be uploaded with each annual assessment, old documents should be archived. If score cannot be determined within the first review, the agency will be provided opportunity to provide more information.

Operations and Accountability – Category 9: Data and Analysis

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

Guidance

- Although all Maine agencies are utilizing EmpowOR, there is no requirement of utilization across the entire agency to meet this Standard. As long as outcomes are tracked, this Standard would be met.
- This may or may not be the same system(s) noted in 9.1

Documentation that can be used:

- Data System Documentation and/or Direct Observation
- Reports as Used By Staff, Leadership, or Board

Indicators of compliance with Organizational Standard and State Requirements as part of review:

Agency has a data collection system that tracks family outcomes.
Agency has a data collection system that tracks community outcomes.
Agency has a data collection system that tracks agency outcomes.
AT LEAST ONE MUST BE MET.

Scoring Guidance:

This standard will be scored as met, in progress, or unmet with a one-year duration starting on the start date of the current federal fiscal year. New documentation should be uploaded with each annual assessment, old documents should be archived. If score cannot be determined within the first review, the agency will be provided opportunity to provide more information.

Operations and Accountability – Category 9: Data and Analysis

Standard 9.3	The organization has presented to the governing board for review or action, at least within the past 12 months, an analysis of the agency's outcomes and any operational or strategic program adjustments and improvements identified as necessary.

Guidance

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

Documentation that can be used:

- Strategic Plan Update/Report
- CSBG Annual Report (Modules 2-4)
- Other Outcome Reporting
- Notes from Staff analysis
- Board Minutes
- Board Pre-Meeting Materials/Packet

Indicators of compliance with Organizational Standard and State Requirements as part of review:

The board, at minimum annually, reviews an analysis of results of program outcome reports. (Similar to 5.9)
The board, at minimum annually, reviews an analysis of progress made toward strategic plan goals and objectives. (Similar to 6.5)
The analysis identifies and addresses underperformance or outcomes that are well over projections in the CSBG work plan.

Scoring Guidance:

This standard will be scored as met, in progress, or unmet with a one-year duration starting on the start date of the current federal fiscal year. New documentation should be uploaded with each annual assessment, old documents should be archived. If score cannot be determined within the first review, the agency will be provided opportunity to provide more information.

Operations and Accountability – Category 9: Data and Analysis

Standard 9.4	The organization submits its CSBG Annual Report and it reflects client demographics and organization-wide outcomes.

Guidance

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

Documentation that can be used:

- CSBG Annual Report (Modules 2-4)
- Email or Upload Documentation Reflecting Submission
- Backup Documentation Gathered Agency-Wide to Support the Annual Report Submission

Indicators of compliance with Organizational Standard and State Requirements as part of review:

The CSBG Annual Report was submitted on time.
The CSBG Annual Report included agency-wide outcomes consistent with the CSBG Work Plan.
The CSBG Annual Report includes client demographic data.

Scoring Guidance:

This standard will be scored as met, in progress, or unmet with a one-year duration starting on the start date of the current federal fiscal year. New documentation should be uploaded with each annual assessment, old documents should be archived. If score cannot be determined within the first review, the agency will be provided opportunity to provide more information.