Virginia Organizational Standards Documentation

A Resource for Private Virginia Community Action Agencies

Virginia Office of Economic Opportunity

Updated 11/2024

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Introduction:

The **CSBG Organizational Standards** are a comprehensive set of guidelines developed with input from the entire CSBG Network, following a three-year, multi-phase process led by the Center of Excellence. These standards were officially introduced in January 2015 through the Office of Community Services (OCS) release of Information Memorandum (IM) 138, which directed states to establish Organizational Standards for CSBG-eligible entities by fiscal year 2016.

The standards are grouped into three thematic areas, covering nine categories and totaling **58 standards for private, nonprofit entities** and **50 standards for public entities**. The purpose of these standards is to ensure that all Community Action agencies possess the necessary organizational capacity in critical areas, including financial management, administration, and other areas vital to the mission of the Community Action Network.

In Virginia, the **Office of Economic Opportunity** has been assessing agency adherence to these standards annually since 2016. Our goal is to support all agencies in the state in meeting the intent of the Organizational Standards and ensuring that they are in full alignment.

This document includes a variety of tools designed to assist your agency in meeting the CSBG Organizational Standards, providing guidance and resources to strengthen your organization's capacity and effectiveness.

Definitions:

Unmet Standards: These are standards that have never been met since the Organizational Standards process started in 2016. These are also standards that have been marked as needing attention for more than one year.
Needing Attention: These are standards that have been met in the past but need updated information in order to marked met again. For standards that have a deadline, they will be due at their specified time. For those that do not have a deadline within the standard the expectation is that updated information will be submitted at least every 3 years or sooner as available.
Met standards: These are standards that the documentation provided is up to date and accurately shows the agency is completing the requirement.

The standards that are due annually will be reviewed October, agencies should submit documentation for standards due annually in September.

Each Standard is categorized into one of six categories below:
1. Annually
2. Every 2 years
3. Every 3 years
4. Every 5 years
5. Due every 3 years with monitoring visit
6. No documentation needed

Standards in bold below require board action.

Due Annually

- **4.4 The governing board receives an annual update on the success of specific strategies included in the Community Action plan.**
- **6.5 The governing board has received an update(s) on progress meeting the goals of the strategic plan within the past 12 months.**

- **7.4 The governing board conducts a performance appraisal of the CEO/executive director within each calendar year.**
- **7.5 The governing board reviews and approves CEO/executive director compensation within every calendar year.**
- 8.1 The Organization's annual audit (or audited financial statements) is completed by a Certified Public Accountant on time in accordance with Title 2 of the Code of Federal Regulations, Uniform Administration Requirements, Cost Principles, and Audit Requirement (if applicable) and/or State audit threshold requirements.
- **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.**
- **8.3 The organization's auditor presents the audit to the governing board.**
- **8.4 The governing board formally receives and accepts the audit.**
- **8.6 The IRS Form 990 is completed annually and made available to the governing board for review.**
- **8.9 The governing board annually approves an organization-wide budget.**
- **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.**

Due Every 2 years

- **4.6 An organization-wide, comprehensive risk assessment has been completed within the past 2 years and reported to the governing board.**
- **5.4 The organization documents that each governing board member has received a copy of the bylaws within the past 2 years.**
- **5.6 Each governing board member has signed a conflict of interest policy within the past 2 years.**
- **5.8 Governing board members have been provided with training on their duties and responsibilities within the past 2 years.**
- **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.**

Due Every 3 years

- 1.2 The organization analyzes information collected directly from low-income individuals as part of the community assessment.
- 2.2 The organization utilizes information gathered from key sectors of the community in assessing needs and resources, during the community assessment process or other times. These sectors would include at minimum: community-based organizations, faith-based organizations, private sector, public sector, and educational institutions.
- 3.1 The organization conducted a community assessment and issued a report within the past 3 years.
- 3.2 As part of the community assessment, the organization collects and includes current data specific to poverty and its prevalence related to gender, age, and race/ethnicity for their service area(s).
- 3.3 The organization collects and analyzes both qualitative and quantitative data on its geographic service area(s) in the community assessment.
- 3.4 The community assessment includes key findings on the causes and conditions of poverty and the needs of the communities assessed.
- **3.5 The governing board formally accepts the completed community assessment.**

Due Every 5 years

- **4.1 The governing board has reviewed the organization's mission statement within the past 5 years and assured that: 1. The mission addresses poverty; and 2. The organization's programs and services are in alignment with the mission.**
- 5.3 The organization's bylaws have been reviewed by an attorney within the past 5 years.

- **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.**
- 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.
- 6.3 The approved strategic plan contains family, agency, and/or community goals.
- 6.4 Customer satisfaction data and customer input, collected as part of the community assessment, is included in the strategic planning process.
- **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.**
- 7.3 The organization has written job descriptions for all positions, which have been updated within the past 5 years.
- 8.5 The organization has solicited bids for its audit within the past 5 years.
- **8.11 A written procurement policy is in place and has been reviewed by the governing board within the past 5 years.**

Maintain/ As Needed – new documentation should be uploaded at least every 3 years when monitored

- 1.1 The organization demonstrates low-income individuals' participation in its activities. (reviewed in board minutes, needs assessment community meetings, etc.)
- 1.3 The organization has a systematic approach for collecting, analyzing, and reporting customer satisfaction data to the governing board.
- 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. (submitted with the "community action plan")
- 2.3 The organization communicates its activities and its results to the community.
- 4.3 The organization's Community Action plan and strategic plan document the continuous use of the full Results Oriented Management and Accountability (ROMA) cycle or comparable system (assessment, planning, implementation, achievement of results, and evaluation). In addition, the organization documents having used the services of a ROMA-certified trainer (or equivalent) to assist in implementation.
- **4.5 The organization has a written succession plan in place for the CEO/ED, approved by the governing board, which contains procedures for covering an emergency/unplanned, short-term absence of 3 months or less, as well as outlines the process for filling a permanent vacancy.**
- **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.**
- **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.**
- **5.7 The organization has a process to provide a structured orientation for governing board members within 6 months of being seated.**
- **5.9 The organization's governing board receives programmatic reports at each regular board meeting.**
- 7.2 The organization makes available the employee handbook (or personnel policies in cases without a handbook) to all staff and notifies staff of any changes.
- 7.6 The organization has a policy in place for regular written evaluation of employees by their supervisors.
- **7.7 The organization has a whistleblower policy that has been approved by the governing board.**
- 7.8 All staff participate in a new employee orientation within 60 days of hire.
- 7.9 The organization conducts or makes available staff development/training (including ROMA) on an ongoing basis.
- **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.**
- 8.8 All required filings and payments related to payroll withholdings are completed on time.

- 8.12 The organization documents how it allocates shared costs through an indirect cost rate or through a written cost allocation plan.
- 8.13 The organization has a written policy in place for record retention and destruction.

Standards that do not need documentation:

The following standards will be met by submitting the CAP plan and quarterly reports in CSBG Reporter. No documentation will need to be uploaded.

- 2.4 The organization documents the number of volunteers and hours mobilized in support of its activities.
- 4.2 The organization's Community Action plan is outcome-based, anti-poverty focused, and ties directly to the community assessment.
- 5.1 The organization's governing board is structured in compliance with the CSBG Act: 1. At least one third democratically-selected representatives of the low-income community; 2. One-third local elected officials (or their representatives); and 3. The remaining membership from major groups and interests in the community
- 9.1 The organization has a system or systems in place to track and report client demographics and services customers receive.
- 9.2 The organization has a system or systems in place to track family, agency, and/or community outcomes.
- 9.4 The organization submits its annual data report and it reflects client demographic and organization-wide outcomes.

Helpful Resources:

- NCAP – Organizational Standards Resource Portal
- Calendar of Board Actions
- CAPLAW – Organizational Standards Resource Guide
- CSBG Reporter User Guide

Documentation Chart

The chart below details each standard, along with the criteria for classification as unsatisfactory, satisfactory, or beyond compliance. It also specifies the documentation that will be reviewed to assess whether the standard is met. We hope your agency can utilize this chart as you are reviewing and preparing to upload your organizational standards.

	Unsatisfactory	Satisfactory	Beyond Compliance	Documentation Used
Category 1: Consumer Input & Involvement				
1.1	The organization has no low-income participation on the Board of Directors and has very limited participation in activities (e.g. in only one activity once a year).	**The organization demonstrates low-income individuals' participation in its activities.**	The organization has a recruitment strategy for engaging low-income individuals in organizational activities and events. There are opportunities for capacity building of low-income individuals that are advertised and encouraged (e.g. trainings, meeting facilitation, event planning). The organization has low-income individuals on its Board of Directors and actively assists in linking them, as well as other low-income individuals, to other opportunities to serve in decision making roles including advisory bodies, policy bodies, and in program and event planning.	• Board recruitment documents, including solicitation materials, and final Board membership list • Board minutes documenting conversations about recruitment and the involvement of low-income individuals in activities • Participation lists, group documents, and minutes from agency advisory bodies • Volunteer recruitment materials, and tracking/sign-in documents or accompanying forms
1.2	The organization utilizes client data and outcomes in the community assessment but does not engage or seek input directly from low-income individuals in the community during the assessment process.	**The organization analyzes information collected directly from low-income individuals as part of the community assessment.**	The organization analyzes information from low-income clients and other low-income individuals in the community and compares that data with historical feedback for inclusion in the final assessment report. The organization seeks feedback on an ongoing basis from low-income clients and other low-income individuals and continuously seeks to develop and implement new methods for soliciting feedback. The organization documents using this feedback for making organizational improvements.	1. Low-income individuals were consulted directly • Transcripts from interviews with low-income clients or community members • Notes from community forums or focus groups that included low-income individuals • Methodology section of report that details process to include low-income individuals 2. This was a part of the community assessment process • The community assessment report with methodology on inclusion of low-income individuals, appendices of notes from when low-income people were consulted • Dates on forum, focus group, interview, and analysis notes that are within the timeframe of the community assessment process for the agency 3. The information collected was analyzed • The key findings or recommendations of the final community assessment report as noted in Standard 3.4 • Minutes from a meeting where the analysis of data collected from low-income individuals was discussed
1.3	The organization collects customer satisfaction data and provides the raw data to the board infrequently.	**The organization has a systematic approach for collecting, analyzing, and reporting customer satisfaction data to the governing board.**	The organization continuously collects data, collates the feedback by timeframe and program, analyzes the data frequently and presents a formal report to the board quarterly. There is documentation that the	1. There is a system and strategy in place • Customer satisfaction policy and/or procedures. (timing of collection, staff responsible, level of analysis, and process for reporting) • Schedule for customer satisfaction data collection. (dates of dissemination, projected return dates, time

			information shared is used to make continuous improvements in the organization.	scheduled for analysis, and date for presentation to the Board) 2. The data is collected and analyzed • Customer satisfaction instruments e.g., survey, form, postcard etc. • Report that analyzes the customer satisfaction data to be shared with the organization's leadership, the Board, or the community. 3. The data is reported to the governing board • Board or appropriate committee meeting minutes where the customer satisfaction report was shared and discussed.
Category 2: Community Engagement				
2.1	The organization has a list of partners; however, no documentation that shows what these partnerships entail and/or achieved are specified.	**The organization has documented or demonstrated partnerships across the community, for specifically identified purposes; partnerships include other anti-poverty organizations in the areas.**	The organization has formal documented partnerships across the community which demonstrate coordinated and jointly targeted services which focus on increased integration and decreased duplication.	• MOUs, contracts, and agreements with documented outcomes • Coalition membership(s) information
2.2	The organization does not utilize information gathered from key sectors of the community in assessing needs and resources, during the community assessment process or other times.	**The organization utilizes information gathered from key sectors of the community in assessing needs and resources, during the community assessment process or other times.**	The organization utilizes feedback from partners to actively contribute to identification of and agreement with established goals and objectives; our targets are realistic and measurable; data is available and collected regularly	• Summarizing the data in the community assessment or its appendices, for example, listing of all stakeholders engaged by sector in community needs assessment • Documentation of phone calls, surveys, interviews, focus groups in CAA files (hard copy or electronic); • Documentation in planning team minutes • Summary reports on the data shared at board meetings or board committees; and • Reports from key partners (online/written)
2.3	The organization does not communicate its activities and its results to the community.	**The organization communicates its activities and its results to the community.**	The organization has a communications strategy in place to consistently communicate its activities and its results with the community and releases a Return on Investment (ROI) report and/or a report card annually.	• CAA annual report • Website • Documentation of social media activity (Facebook page, Twitter account, etc…) • Media files of stories published • New release copies • Community event information • Communication plan
2.4	The organization does not document the number of volunteers and hours mobilized in support of its activities.	**The organization documents the number of volunteers and hours mobilized in support of its activities.**	The organization documents the number of volunteers and hours mobilized in support of its activities and demonstrates return on investment of volunteer	No Documentation Needed – Volunteer Hours should be documented on the annual 4th quarter report.

			hours across key functions/goals of our organization.	
Category 3: Community Assessments				
3.1	The organization has completed a needs assessment in the last three years but has not issued a report or we have not completed a needs assessment in the last three years and not making adequate progress on the needs assessment currently underway.	**The organization conducted a community assessment and issued a report within the past years.**	The organization has completed a Community Assessment that compares agency data to assessment data over time, integrates data across issue areas, matches causes and conditions noting levels of need, with use by the governing board for decision-making, and has been communicated to a broad range of stakeholder.	• Documentation that the CAA has conducted a CNA within the past three years • Documentation that confirms the CAA issued a report
3.2	As part of the community assessment, the organization does not include any data specific to poverty, current or dated, on its prevalence related to gender, age, and race/ethnicity for our service area(s). The organization includes current data specific to poverty and its prevalence only on one or two of the following areas: gender, age, and race/ethnicity.	**As part of the community assessment, the organization collects and includes current data specific to poverty and its prevalence related to gender, age, and race/ethnicity for their service area(s).**	As part of the community assessment, the organization compares our data on client gender, age, and race/ethnicity characteristics with those of the assessment data. The community assessment report includes an analysis of the comparisons of client data and assessment data, looks at trends over time, and comments on the intersection of demographic characteristics and poverty for those in our service area.	• Documentation that confirms collection of poverty data regarding gender, age, and race/ethnicity • Documentation that confirms the data is current • Documentation that confirms the data is from the entire service area • Refer to your agencies equity plan and show evidence of discussions on how equity influences the delivery of programs and services
3.3	The organization has no or negligible qualitative and quantitative data in its needs assessment and no data analysis. The organization has either qualitative or quantitative data in the needs assessment but not both and limited data analysis.	**The organization collects and analyzes both qualitative and quantitative data on its geographic service area(s) in the community assessment.**	The organization collects current qualitative and quantitative data and updates data between Community Assessment cycles. The data has been analyzed, needs prioritized, and has been made accessible to a broad range of stakeholders.	• Data collection procedures • Data analysis procedures • Quantitative and qualitative data • Coverage of the service area
3.4	Our community assessment includes key findings summarizing the conditions of poverty, but does not comment on the associated causes.	**The community assessment includes key findings on the causes and conditions of poverty and the needs of the communities assessed.**	Our community assessment includes key findings and matches the causes of poverty with their according conditions in the communities assessed. The key findings section of our assessment report clearly labels the causes and conditions and matches them accordingly, noting the level of need, and	• Key findings section

			commenting on the change over time.	
3.5	Our governing board discussed or reviewed the completed community assessment but did not take formal action or did not document that formal action in its minutes.	**The governing board formally accepts the completed community assessment**	Our governing board formally accepts the completed community assessment after analysis and discussion. Our governing board re-visits our completed community assessment to guide decision-making and can articulate the connections between the community assessment, the CAP Plan, the Strategic Plan, and program output and outcome data.	• Board approval in minutes • Board Pre-Meeting Materials/Packet
Category 4: Organizational Leadership				
4.1	Our organization has a mission statement, but it does not include both elements and/or documentation of review within the past five years is not available.	**The governing board has reviewed and discussed 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.**	Our governing board routinely reviews and applies the mission in making decisions about development of the Strategic Plan. The governing board reviews and applies the mission statement as part of the Community Action Plan annually.	Should address all three requirements • Within the past 5 years • Addresses poverty • Programs and services in alignment with mission Could include: • Minutes from board meeting or retreat • Strategic Plan that includes the mission statement, the process of review and other comments • Mission statement with board review date noted
4.2	Our Community Action Plan does not tie to our Community Assessment and/or only refers to outputs and not outcomes. Our Community Action Plan does not include at least one of the three required elements	**The organization's Community Action Plan is outcome-based, anti-poverty focused, and ties directly to the community assessment.**	Our organization develops its Community Action Plan utilizing updated data in years that the full Community Assessment is not conducted. Our organization has a system in place to track outcomes of the Community Action Plan, such as a scorecard	No documentation is needed, this standard is assessed through conversations with the agency and through review of the Community Action Plan.
4.3	ROMA or equivalent cycle is not used in our organization, or is not evident in our organization's materials. Our organization may not have documented all steps of the ROMA (or equivalent) cycle. Our organization may have received general ROMA training, but did not access a trainer in a consultative capacity	**The organization's Community Action Plan and strategic plan document the continuous use of the full Results Oriented Management and Accountability (ROMA) cycle or comparable system (assessment, planning, implementation, achievement of results, and evaluation).**	Our organization actively encourages staff to become ROMA trainers and/or apply for master trainer status. ROMA principles are demonstrated by board, management, program, and frontline staff.	• Documentation tool or other narrative speaking to the full ROMA cycle and the involvement of a certified ROMA trainer

4.4	Our governing board received an update on the Community Action Plan, but not each year and/or the documentation in the minutes is not present.	**The governing board receives an annual update on the success of specific strategies included in the Community Action Plan.**	Our governing board receives updates on the success of strategies included in the Community Action plan on a semiannual basis.	• Board minutes showing the date that the update was given to the board • Board packet with any reports, materials given, or time on the agenda for updates • Report or update document
4.5	Our organization has a succession plan in place which includes both elements, but does not have the approval (or documentation of the approval) of the plan by the governing board.	**The organization has a written succession plan in place for the CEO/ED, approved by the governing board, which contains procedures for covering an emergency/unplanned, short-term absence of 3 months or less, as well as outlines the process for filling a permanent vacancy.**	Our organization has a succession plan in place for the CEO as well as other management positions and board officers.	• Succession plan/policy AND • Board meeting minutes showing approval through a formal mechanism such as a vote or resolution
4.6	Our organization has conducted a risk assessment, but it was not within the past two years and/or the report to the board was not documented in the minutes.	**An organization-wide, comprehensive risk assessment has been completed within the past 2 years and reported to the governing board.**	Our organization has written procedures for how the risk assessment will be conducted and how issues raised will be followed up on and addressed.	• Reports from the risk assessment (if the CAA feels it should share), policies and procedures for risk assessment, or listing of elements included AND • Board meeting minutes showing date and that the risk assessment was discussed
Category 5: Board Governance				
5.1	Our bylaws reference the tri-partite structure but the board does not reflect this.	**The organization's governing board is structured in compliance with the CSBG Act: 1. At least one third democratically-selected representatives of the low-income community; 2. One-third local elected officials (or their representatives) and; 3. The remaining membership from major groups and interests in the community.**	Our low-income board seats are filled with people living in low-income communities, standing committees that have the power to act on behalf of the board (such as the executive committee) have a tripartite structure. Our board and each standing committee reflect the tripartite nature of the board structure.	No documentation is needed, this standard is assessed through the board roster that is entered into CSBG Reporter. Please keep the roster updated.
5.2	We do not have a written democratic selection process and the board does not have 1/3 of its membership coming from the low income community. We do not have a written democratic selection process but the board is seated with 1/3 being representatives of the low income community.	**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.**	Our written procedures are reviewed prior to each board election cycle to ensure that the process is inclusive and is reaching the intended low-income community.	• Board policies and procedures • Board Minutes • Board Bylaws
5.3	Our bylaws have been reviewed by an attorney in between 5-10 years ago.	**The organization's bylaws have been reviewed by an attorney within the past 5 years.**	Our bylaws have been reviewed by an outside attorney familiar with	• A copy of the invoice for review services • A letter from the attorney stating a review was completed

			the state's nonprofit law within the past 5 years.	• A copy of the review from the attorney. ○ Note the review itself belongs to the CAA and is a private document. The review itself should not have to be shared with the State CSBG Office to document meeting the Standard, though a CAA may choose to do so. • Board minutes documenting the board's discussion of the review

5.4	Our board members received a copy at the start of their board services but have not received a copy in the past 2 years.	**The organization documents that each governing board member has received a copy of the bylaws within the past 2 years.**	All board members received a copy of our bylaws within the past two years and a board committee or full board has reviewed them.	• Board members need to receive a copy of the CAA's bylaws at least every two years. The copy can be in hard copy format or distributed electronically.
				• Acknowledgement of receipt can be done in several ways including but not limited to:
				  ○ Sign in list completed when Bylaws are distributed at a board meeting
				  ○ Email confirmation of receipt
				  ○ Board minutes documenting their distribution and noting those in attendance

5.5	Our board met fewer times than required in the bylaws and/or our board filled vacancies, but outside of the length of time needed to fill them as outlined in our bylaws.	**The organization's governing board meets in accordance with the frequency and quorum requirements and fills board vacancies as set out in its bylaws.**	Our board holds meetings for planning and training in addition to the meetings required by the bylaws. Our board uses its committees as a training ground for new board members and/or has cultivated a list of potential board members to fill seats as needed.	• Board minutes • Board rosters • Bylaws
5.6	Our board members have signed a conflict of interest policy but not in the past 2 years	**Each governing board member has signed a conflict of interest policy within the past 2 years.**	Our board members sign a conflict of interest policy annually and engage in board discussion on real and perceived conflicts.	• Collect signed copies, keep on file at CAA • Review CAPLAW's Tools for Top-Notch CAAs for key provisions of a good policy • See also, IM 82 for guidance
5.7	Our CAA has a process for new board orientation but there is no time period specified, or it is longer than 6 months of being seated	**The organization has a process to provide a structured orientation for governing board members within 6 months of being seated.**	Our CAA has implemented the board orientation process as described for all new board members.	• Board orientation should include information on the agency, roles of board members and CSBG. • New board members need to be informed of the orientation and attend the orientation.
5.8	Training has been provided to our board but not in the past two years.	**Governing board members have been provided with training on their duties and responsibilities within the past 2 years.**	Structured training has been provided to all board members within the past year and our board provided an opportunity to attend	• Training may be delivered at board meetings, special sessions, conferences, through electronic means, or other modalities as determined by the board. Training can be a

			Community Action related training events and conferences	stand-alone event, or part of other activities. Training can be broad in scope or focus on specific issues. • Document through sign in sheets, copy of the curriculum used for training, board minutes documenting that training occurred with the names of those attending, registration and training materials from a conference that board members attended, links to recorded webinars the board viewed with an email from a board member stating they viewed the presentation.
5.9	Our board received programmatic reports periodically but not at each board meeting.	**The organization's governing board receives programmatic reports at each regular board meeting.**	Our board has received programmatic reports, addressing outcomes achieved, that have been thoroughly discussed in a program committee (or equivalent) meeting.	• The 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 that reflect that programmatic reports have been provided and received by the full board would suffice as documentation. Programmatic reporting may be in writing (reports, dashboards) and/or be presented verbally. • A Program Committee of the board is not required (and many CAAs have one in place) but can be a good place to "house" thorough program reviews with summaries coming to the full board.
Category 6: Strategic Planning				
6.1	Our CAA has no strategic plan in place. Our CAA has a strategic plan in place for one or more programs or departments but not the whole agency, the strategic plan is not approved by the governing board, and/or the strategic plan has not been approved by the board within the past five years.	**The organization has an agency-wide strategic plan that has been approved by the governing board within the past 5 years.**	Our CAA has an agencywide strategic plan that has been approved by the governing board within the past 3 years. Our CAA has an agencywide strategic plan that has been approved by the governing board within the past 3 years and the governing board approves annual updates.	• Agency wide strategic plan --Copy of strategic plan with date • Board approval --Board minutes noting approval -- Communication from the board
6.2	Our CAA has no strategic plan in place. Our CAA has a strategic plan in place, but it does not address reduction of poverty, revitalization of low-income communities, or empowerment of people with low incomes to become more self-sufficient.	**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.**	Our approved strategic plan connects the findings of the Community Assessment to the goals stated in the strategic plan related to reduction of poverty, revitalization of low-income communities, and/or empowerment of people with low incomes to become more self-	• Highlighted sections of the strategic plan that directly address one or more of the three goals • Brief narrative that explains how the strategic plan addresses one or more of the three goals and a copy of the strategic plan

			sufficient. Our approved strategic plan addresses all three goals, and our agency has a process in place to assess performance toward meeting goals.	
6.3	Our CAA has no strategic plan in place. Our CAA has a strategic plan in place, but does, but it does not include family, agency, and/or community goals.	**The approved strategic plan contains family, agency, and/or community goals.**	Our approved strategic plan addresses all three elements: family, agency, and community. Our approved strategic plan addresses all three elements, and our agency has a process in place to assess performance toward meeting goals.	• Highlighted sections of the strategic plan that directly address one or more of the three goals • Brief narrative that explains how the strategic plan addresses one or more of the three goals and a copy of the strategic plan
6.4	Our agency collects some customer satisfaction data and customer input, but does not include it as part of the data gathered during the community needs assessment.	**Customer satisfaction data and customer input, collected as part of the community assessment, is included in the strategic planning process.**	Our agency has a structure and process in place to analyze customer satisfaction and recommend changes to strategic plan goals, programs, and services based on the results.	• Customer satisfaction data --Copy of customer satisfaction survey --Results of customer satisfaction surveys • Customer input --List of methods used to gather customer input --Samples of customer input • Use of customer satisfaction data and input in strategic planning process --Agendas of strategic planning committee meetings --Highlighted sections of strategic plan --Narrative description
6.5	Our CAA has a strategic plan in place, but the governing board has not received an update on progress within the past 12 months.	**The governing board has received an update(s) on progress meeting the goals of the strategic plan within the past 12 months.**	Our agency has a mechanism in place (e.g. strategic plan scorecard) to help the implementation or evaluation committee monitor progress on strategic plan goals.	• Copies of presentation made to the board on progress towards meeting the goals of the strategic plan • Board minutes reflecting review of the update
Category 7: Human Resource Management				
7.1	The organization has written personnel policies that have not been reviewed by an attorney in the past 5 years and/or approval by our governing board has not been documented in that timeframe	**The organization has written personnel policies that have been reviewed by an attorney and approved by the governing board within the past 5 years.**	The organization has current written personnel policies that have been reviewed by a Human Resources professional and an Employment Law attorney in the past 2-3 years. Our governing board reviews and approves policies annually. Supervisors are trained on the policies and procedures	• Physical or electronic copy of the Personnel Policies ○ No specific list of policies required • In process policy and/or procedure updates • Board minutes • Board resolutions • A statement or invoice from the reviewing attorney
7.2	The organization has not made available the employee handbook (or personnel policies) to all staff; it does not have adequate written policies to share at this time (Standard	**The organization makes available the employee handbook (or personnel policies in cases without a handbook) to all staff and notifies staff of any changes.**	The organization makes available an employee handbook to all staff, as well as HR policies and procedures for supervisors. Regular and consistent	• Physical or electronic copy of the Personnel Policies • The process or procedure document for staff communication (may be included with the handbook/policies)

	7.1). The organization does not consistently make personnel policies and changes available to all staff; it is not making adequate progress on the necessary reviews and approvals from Standard 7.1.		communication on updates, changes or policy interpretation is provided. The organization proactively communicates updates, changes or policy interpretation to supervisors and staff through identified communication channels and training opportunities.	• Documentation of location and availability of the Personnel Policies • Examples of agency communication of policy change notification to staff
7.3	The organization has written job descriptions for all or most positions; they have not all been updated within the past 5 years and subsequently do not reflect current job roles and responsibilities, requirements, or needed competencies.	**The organization has written job descriptions for all positions, which have been updated within the past 5 years.**	The organization has written job descriptions for all positions, which have all been updated within the past three years. Job descriptions are also updated whenever a position changes significantly, or the person in the position changes. The organization incorporates job descriptions in other annual HR systems and processes: hiring, performance evaluations, promotions, succession, and training and development.	• Organizational chart/staff list • Job descriptions Should include: ○ Job title ○ Reporting relationship ○ Summary/purpose ○ Essential duties ○ Additional duties ○ Supervisory responsibilities ○ Minimum qualifications ○ KSAs ○ Working conditions ○ EEO/ADA Statements ○ Acknowledgement • Date of last review/update on JD • Board or committee minutes noting documents have been reviewed or updated • Policy and procedure for updating JDs
7.4	Our governing board does not conduct a regular performance appraisal of the CEO/executive director; a performance appraisal tool does not exist to evaluate the CEO/executive director role. Or our governing board conducts a performance appraisal of the CEO/executive director less frequently than each calendar year	**The governing board conducts a performance appraisal of the CEO/executive director within each calendar year which includes feedback from all board members.**	The performance appraisal ties measurable goal attainment and performance to CEO/executive director compensation (Standard 7.5.	• Board minutes • Board resolutions • By-laws or policies/procedures • Official board communication to the executive • Blank assessment forms
7.5	Our governing board does not conduct a compensation review for the CEO/executive director. Or our governing board reviews and approves the	**The governing board reviews and approves CEO/executive director compensation within every calendar year.**	Our governing board reviews and approves the CEO/executive director compensation and benefits package within every calendar year; it uses reputable market data from comparable	• Board minutes • Board resolutions • By-laws or policies/procedures • Wage comparability study • Raw market data for compensation comparison

	CEO/executive director compensation less frequently than each calendar year.		organizations and positions.	• Official board communication to the executive • Executive employment contract, if applicable
7.6	My organization does not have a policy in place for written evaluation of employees by their supervisors; employees are inconsistently provided feedback and/or written evaluations by their supervisors.	**The organization has a policy in place for regular written evaluation of employees by their supervisors.**	My organization has a policy in place for annual written evaluation of employees by their supervisors; it incorporates individual goals and alignment between compensation and promotion/performance improvement actions.	• Physical or electronic copy of evaluation policy/process/procedure, likely found in personnel policies • Blank assessment form(s)
7.7	My organization has a whistleblower policy that has not been reviewed or approved by our governing board in the past year.	**The organization has a whistleblower policy that has been approved by the governing board.**	My organization has a board approved whistleblower policy in place that includes procedures for confidential disclosure and reporting, investigation steps, retaliation protections, and communication/corrective action.	• Physical or electronic copy of the Whistleblower policy • Board minutes • Board resolutions
7.8	My organization has new employee orientation for all or most staff that occurs sometime after hire, but not always within 60 days.	**All staff participate in a new employee orientation within 60 days of hire.**	My organization provides new employee orientation within 60 days of hire that is specific to the individual workplace, includes timely employee handbook information, and prepares new employees for the culture and basic expectations of the workplace.	• Physical or electronic copy of personnel policies/employee handbook • Orientation packet or materials Examples of orientation content: ○ Mission and history of Community Action ○ Time and effort reporting ○ ROMA ○ Data collection ○ Job description and performance expectations ○ Education and training ○ Tools and resources ○ Personnel policies/employee handbook • Documentation of attendance from HR/personnel files • Sign-in sheet • Acknowledgement form
7.9	My organization conducts or makes available staff development/training to some or all employees but it does not include ROMA theory, concepts or application.	**The organization conducts or makes available staff development/training (including ROMA) on an ongoing basis.**	My organization conducts and/or makes available staff development/training that includes ROMA and is specific to the individual's role and responsibilities within the organization.	• Training or Professional Development Plans • Documentation of agency trainings ○ Presentations and other materials provided ○ Evaluations ○ Attendee lists • Documentation of attendance at offsite training events/conferences ○ Certificate of Participation ○ Presentations and other materials provided

				• HR/personnel files
Category 8: Financial Operations & Oversight				
8.1	An audit firm has not been selected to perform the annual audit. There is no plan in place to procure an audit. The Organization's annual audit (or audited financial statements) is completed by a Certified Public Accountant but not on a timely basis. The audit and related reports were not submitted to the Single Audit Clearinghouse within the nine month deadline.	**The Organization's annual audit (or audited financial statements) is completed by a Certified Public Accountant on time in accordance with Title 2 of the Code of Federal Regulations, Uniform Administration Requirements, Cost Principles, and Audit Requirement (if applicable) and/or State audit threshold requirements**	The Organization's annual audit (or audited financial statements) is completed by a Certified Public Accountant on time in accordance with Title 2 of the Code of Federal Regulations, Uniform Administration Requirements, Cost Principles, and Audit Requirement (if applicable) and/or State audit threshold requirements. Audit adjustments were few or none. The audit report had no findings or questioned costs.	• Physical or electronic copy of the audit report and related information • An electronic "receipt" from the Federal Clearinghouse showing the date the audit report submitted was within the nine month deadline • A letter or other correspondence from a state agency acknowledging receipt of the audit and related information within the nine month deadline (or earlier if required by the state)
8.2	None of the findings from the prior year's annual audit have been assessed by the organization and addressed where the governing board has deemed it appropriate. Some, but not all of the findings from the prior year's annual audit have been assessed by the organization and addressed where the governing board has deemed it appropriate.	**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.**	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. Corrective action plans for each finding have been prepared by staff. The corrective action plans have been reviewed by the Board if feasible and appropriate and by the impacted funding agencies. Implementation of the plans have begun.	• Documentation confirming the agency's response to any audit findings ○ A physical or electronic copy of the corrective action plans that have been prepared in response to any audit findings • Documentation that the agency has reviewed its corrective action plan with the board ○ Highlighted copies of the official minutes of the meetings of the Board indicating the response by management to the audit findings and indicating the Board's acceptance of its corrective action plan(s).
8.3	The Board of Directors does not receive the audit from the organization's auditor. The organization sends the audit reports to the Board of Directors.	**The organization's auditor presents the audit to the governing board.**	The organization's auditor presents the audit to the governing board and is available to answer questions and provide clarification (either in person, by email, or over the phone). The organization's auditor presents the audit to the governing board and a robust conversation about the audit results.	• Documentation showing the discussion with auditors actually took place • Agenda of the governing board with the required item • Minutes from the governing board meeting with highlights of the discussion • Documentation of the content of the discussion • Printed or electronic copy of a PowerPoint or similar type presentation presented to the Board • Copies of handouts or other printed media presented to the Board
8.4	The board received but did not formally accept the audit.	**The governing board formally receives and accepts the audit.**	The governing board formally receives and accepts the audit,	• Board receipt of the audit

			receives prior training on how to read an audit, and is provided the opportunity to fully discuss audit results.	• Emails with confirmation of receipt • Board acknowledgment of receipt in the minutes • Board acceptance of the audit • Board minutes
8.5	The organization has solicited bids for its audit but it has been more than 5 years ago.	**The organization has solicited bids for its audit within the past 5 years.**	The organization solicits bids for its audit every 3 years. Staff and board have reviewed the proposals and jointly select an auditor. The criteria included in the Federal grant guidance are used to select the winning auditor. The board approves the auditor and signs the audit engagement letter.	• A copy of the organization's procurement policy • A copy of the request for proposals prepared by the agency and submitted to potential providers of audit services • Responses from the replying CPA firms to the request for proposals • Scoring grid or evaluation sheet by entity's personnel responsible for review of the proposals
8.6	The IRS Form 990 is completed, but the form is not made available to the governing board for review.	**The IRS Form 990 is completed annually and made available to the governing board for review.**	The IRS Form 990 is completed annually and made available to the governing board for review. The governing board takes official action to approve the Form 990. The Form 990 is filed in a timely manner, is available on the agency's website, and the agency communicates its availability to the public.	• Documentation that confirms an agency has prepared Form 990 • A physical or electronic copy of the form 990; and, • A physical or electronic copy of the related state form, if any • Documentation that confirms the agency has made the form available for Board review • Board agenda • Board meeting packet • Board meeting minutes • Email to the Board members with required forms attached
8.7	The governing board receives either the organization-wide report on revenue and expenditures compared to budget or the statement of financial position, but not both. Alternatively, the governing board receives at a minimum both required reports but does not consistently receive them at each of their regular meetings.	**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. The governing board discusses fiscal reports**	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. In addition to the two required reports, the governing board receives additional financial information that either it has requested to assist in the analysis of the financial position of the entity or that staff feel would be helpful. Further, the board receives training on reading financial reports.	• Board agenda • Board meeting packet with required reports included • Board meeting minutes • Email to the Board members with the required reports attached • Physical log with Board signatures attesting to the fact they had received the forms

8.8	All required filings and payments related to payroll withholdings are completed, but not in a timely manner.	**All required filings and payments related to payroll withholdings are completed on time.**	There is systematic quarterly oversight to ensure all required filings and payments related to payroll withholdings are completed on time.	• Payroll tax returns • Copies of checks or other documentation showing that amounts due were actually paid • Retirement plan documentations • Submittal forms to the retirement plan • Flexible health spending or other similar plan documents • Required flexible health spending or other similar plan document submittal forms
8.9	Either an organization-wide budget is approved by the governing board subsequent to the start of the fiscal or individual grant budgets, but not an organization-wide budget, is approved by the board.	**The governing board annually approves an organization-wide budget.**	The governing board annually approves an organization-wide budget. prior to the start of the fiscal year.	• A copy of the approved budget • A copy of the budget presentation from the Board meeting (perhaps handouts or PowerPoint) • A Board agenda • Minutes of the Board meeting with the actual approval action indicated from the Board
8.10	The fiscal policies have been reviewed by staff but more than 2 years ago.	**The fiscal policies have been reviewed by staff within the past 2 years, updated as necessary, with changes approved by the governing board.**	Fiscal policies are reviewed and updated as changes occur, with all changes approved by the governing board.	• Documentation of fiscal policies • Copy of fiscal policy manual • Documentation the staff reviewed the policies • Minutes from the staff committee charged with reviewing the policies • Policies document with suggested changes and 'red lines' throughout • Policy manual with review dated indicated on the document cover • Documentation the Board has approved updates • Board agenda • Board minutes • Board packet with policies attached
8.11	A written procurement policy is in place and has been reviewed by the governing board more than 5 years ago.	**A written procurement policy is in place and has been reviewed by the governing board within the past 5 years.**	A written procurement policy is in place, has been reviewed by the governing board within the past 2 years, and periodic checks occur to ensure compliance with the policy.	• Documentation of procurement policy • Copy of procurement policy • Documentation the Board has reviewed changes to the procurement policy • Board agenda • Board minutes • Board packet with procurement policy attached
8.12	The organization has a plan to allocate shared costs, but the plan is not in writing.	**The organization documents how it allocates shared costs through an indirect cost rate or**	The organization documents how it allocates shared costs through an indirect cost rate or through a	• If a negotiated federal cost rate is selected, the entity should have an approval letter from cognizant agency responsible to negotiate the rate with the entity.

		through a written cost allocation plan.	written cost allocation plan. The plan has been reviewed and approved by the governing board. Each cost center in the agency reviews its budget annually to adjust for any changes in the indirect rate.	• If cost allocation is used, the entity should have an updated cost allocation policy document laying out the methodology used for accounting for indirect costs. • If the entity is using the de minimis indirect cost rate, this should be indicated on the grant forms received from the funding agencies.
8.13	The organization has a record retention and destruction plan but it is not in writing or only one of the elements is present in the written policy	**The organization has a written policy in place for record retention and destruction.**	The organization has a comprehensive written policy in place for record retention and destruction that is uniform in requirements for all units/divisions of the organization and approved by the governing board. Regular checks are conducted to ensure compliance with the policy.	• Document Retention and Destruction Policy
Category 9: Data & Analysis				
9.1	The organization has a system or systems that track and report some client demographic and services, but not across all programs or they are unable to report them	**The organization has a system or systems in place to track and report client demographics and services customers receive.**	The organization has a system or systems that track and report client demographic and customer services, and these elements can be cross referenced and aggregated for analysis. The organization has a system or systems that track and report client demographic and customer services, and they tie to the outcome tracking in Standard 9.2	No Documentation Needed – Standard is assessed based on conversations with agency and ability to produce the CSBG Report.
9.2	The organization has a system or systems in place to track and report family, agency, and/or community outcomes but not across all services of the organization.	**The organization has a system or systems in place to track and report family, agency, and/or community outcomes.**	The organization has a system or systems that track and report all outcomes on all levels, and these outcome data are able to be aggregated for analysis.	No Documentation Needed – Standard is assessed based on conversations with agency and ability to produce the CSBG Report.
9.3	The organization has presented to the governing board for review or action, at least within the past 12 months, information about the agency's outcomes, but has not presented analysis or any operational or strategic program adjustments and improvements identified as necessary.	**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.**	The organization has presented to the governing board for review or action, on a semi-annual basis, an analysis of the agency's outcomes and any operational or strategic program adjustments and improvements identified as necessary.	• Evidence that the agency has analyzed, drafted suggestions, shared report with the Board and identified actions: • Copy of analysis report submitted to the board/committee • Board pre-meeting materials/packet • Email exchanges with board • Documentation in board minutes of the review done of the report and the suggestions for action discussed and approved • Policies and practices include consideration of such questions as:

				○ Who does the analysis of data? Is the Board involved in the analysis? ○ How often is it done? How is the report to the Board prepared? ○ How does the agency integrate the data from different systems to produce an agency wide analysis?
9.4	The organization submits its annual data report, but some elements of client demographics are missing, and organization-wide outcomes are limited.	**The organization submits its annual CSBG data report and it reflects client demographics and organization-wide outcomes.**	The organization collects the data for the CSBG data report on an ongoing basis and compares the data to the previous reports for use in planning and decision-making.	No Documentation Needed – Standard is assessed based on conversations with agency and ability to produce the CSBG Report.