STANDARDS

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**AMERICA'S POVERTY FIGHTING NETWORK**

COE DEVELOPED CSBG
ORGANIZATIONAL STANDARDS

# Self-Assessment Tool for Public CEEs

# SELF-ASSESSMENT TOOL FOR PUBLIC CEEs

The CSBG organizational standards provide a standard foundation of organizational capacity for all CSBG Eligible Entities (CEEs) across the United States. The Federal Office of Community Services' Information Memorandum (IM) 138 provides direction to States and CEEs on establishing organizational standards by FY 2016 and includes the final wording of the standards developed by the OCS-funded organizational standards Center of Excellence (COE).

The COE-developed organizational standards are comprehensive and were developed by and for the CSBG Network through the work of the CSBG Working Group. They work together to characterize an effective and healthy organization while reflecting the vision and values of Community Action and the requirements of the CSBG Act.

The following assessment tool is intended as a starting point for State CSBG Offices that will need to assess the CEEs in their states against the COE-developed organizational standards. The tool has been modified from earlier versions to reflect the final standards language included in IM 138.  This tool can be modified to meet the needs of States and CEEs and provides guidance regarding the intent of the CSBG Working Group as they developed the standards.  While the guidance provided in this assessment tool and the Glossary may not provide the level of detail desired in all categories, it is hoped that it can spur additional conversation between CEEs and the State CSBG Offices as these groups come together on standards implementation at the state level.  Please note the guidance provided is that of the Center of Excellence, and should not be considered binding. The State CSBG Office and local CEEs are encouraged to work together to come to agreement in each State as to the guidance for each standard.

As noted above, this tool has been updated with the final language for the COE-developed organizational standards as issued in IM 138.  Please note that the Center of Excellence may provide additional modifications to this guidance and may modify the tool as work of the CSBG Working Group and Center of Excellence work continues and CEEs and States work together to implement the CSBG organizational standards.

## THIS TOOL IS INTENDED TO BE USED BY PUBLIC (GOVERNMENTAL ENTITY) CEEs

It is important to note:

- **This tool incorporates the final language for each of the 50 standards for Public CEEs as described in IM 138.**  The COE-developed organizational standards are now considered final and the language in this tool for each of the standards has been modified to match IM 138.
- **This tool is meant to be a resource for CSBG Eligible Entities and State CSBG Offices and is meant to be used internally.**  It is hoped this promotes conversation, dialogue, and cooperation.  However, earlier iterations of the tools have been used by States and Agencies to assess to the standards as they ramp up to FY 2016, and these updated tools may be used by States to inform the assessment and monitoring process.
- **Similar tools have been developed for Agencies and States.**  While the tools have slightly different presentations for Agencies and States, the language and guidance is the same for each standard. There is some variance on language related to Private CEEs and Public CEEs as there is in the COE-developed standards.  In addition, a *Glossary of Terms has been created that users of this tool may want to also reference.*
- **The guidance provided is not binding.**  The guidance provided in this tool is meant to help frame the intent of the standards and, along with the Glossary, provide readers with information regarding the meaning of the standards as develop by the CSBG Working Group.  As assessment and monitoring

protocols are adjusted to incorporate standards, there may be additional information that comes through the conversations between State CSBG Offices and CEEs.  If deemed appropriate, the COE may modify the guidance included in this tool to reflect new information and/or good practices as the tools are used.

- **This tool may change going forward.**  This tool and its layout may be amended as the COE develops tools for the implementation phase of standards.  Also, as CEEs and States work to implement the standards, the design and content may change to reflect what has been learned.
- **This tool is adaptable to your needs.**  This tool is meant to be used by CEEs for internal assessment. Prior iterations of this tool have been downloaded by CEEs and modified to meet individual agency needs.  This is an appropriate and hoped for use of this tool and CEE boards and staff are encouraged to share ways they have used this tool with the COE and CSBG Working Group.  It is available in both PDF and Microsoft Word formats to make it more flexible.
- **Refer back to IM 138.**  All users of this tool are encouraged to read and refer back to IM 138 regarding implementation of CSBG organizational standards

*There are several elements to this tool:*

**First,** there is brief guidance on what has been heard in the field on each standard.  It is not binding guidance, and attempts to clarify issues that have been raised without unintentionally narrowing them.

**Second,** is the standard assessed as *Met* or *Not Met?*

**Third,** what document(s) were used to assess the standard?  Agencies that have had reviews that relied on specific documentation have found it easier to demonstrate they meet a standard.  Recording the document(s) or tool(s) used on this assessment may assist in gathering additional documentation in the future.  This is not intended to be an exhaustive list, nor should an agency need to have all of the sample documentation in place.  This list is only meant to provide examples of ways that CEEs can demonstrate and record how they meet individual standards. There is a space on the tool to note documentation that was used but was not included on the pre-populated list.

**Fourth,** if the standard is not currently met, what is the progress has been done to date by the Organization to meet the standard.

**Fifth**, what action steps, if any, are planned by the Organization to meet or even exceed the standard.

**Sixth**, there are places following each standard to capture general notes and to outline next steps if needed or desired.

If you have questions or feedback about these assessment tools, please contact Jarl Crocker at jcrocker@communityactionpartnership.com or Cashin Yiu at cyiu@communityactionpartnership.com.

# Maximum Feasible Participation – Category 1: Consumer Input and Involvement

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

**Guidance**
- This standard is meant to embody "maximum feasible participation".
- The intent of this standard is to go beyond board membership; however, board participation may be counted toward meeting this standard if no other involvement is provided.  The tripartite board is only one of many mechanisms through which CEEs 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 CEEs meet this standard by including advisory bodies to the board.

**Department Self-Assessment:**
☐ Met
☐ Not Met

**Documentation used: (Check all that apply)**
☐ Advisory group documents
☐ Advisory group minutes
☐ Activity participation lists
☐ Board/advisory body minutes
☐ Board/advisory body pre-meeting materials/packet
☐ Volunteer lists and documents

**Other Documentation:**

**If not met, progress to date on meeting the standard:**

**Action steps to be taken to meet the standard:**

**Notes:**

# Maximum Feasible Participation – Category 1: Consumer Input and Involvement

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

**Guidance:**
- This standard reflects the need for CEEs 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 assessment, with notations of this review in the assessment's appendix, committee minutes, etc.

**Department Self-Assessment:**
☐ Met
☐ Not Met

**Documentation used: (Check all that apply)**
☐ Community assessment (including appendices)
☐ Backup documentation/data summaries
☐ Community forum summaries
☐ Interview transcripts

**Other Documentation:**

**If not met, progress to date on meeting the standard:**

**Action steps to be taken to meet the standard:**

**Notes:**

# Maximum Feasible Participation – Category 1: Consumer Input and Involvement

| Standard 1.3 | The department has a systematic approach for collecting, analyzing, and reporting customer satisfaction data to the tripartite board/advisory body, which may be met through broader local government processes. |
|---|---|

**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 individuation CEE).  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.

**Department Self-Assessment:**
☐ Met
☐ Not Met

**Documentation used: (Check all that apply)**
☐ Department policies and procedures
☐ Customer satisfaction instruments,
  e.g., surveys, data collection tools and schedule
☐ Customer satisfaction reports to department leadership,
  board and/or broader community
☐ Tripartite board/advisory body minutes
☐ Oublic hearing/public comment process or findings

**Other Documentation:**

**If not met, progress to date on meeting the standard:**

**Action steps to be taken to meet the standard:**

**Notes:**

# Maximum Feasible Participation – Category 2: Community Engagement

| Standard 2.1 | The department 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 IS 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.

**Department Self-Assessment:**
☐ Met
☐ Not Met

**Documentation used: (Check all that apply)**

☐ Partnership documentation: agreements, emails, MOU/MOAs
☐ Sub-contracts with delegate/partner agencies
☐ Coalition membership lists
☐ Strategic plan update/report if it demonstrates partnerships

**Other Documentation:**

**If not met, progress to date on meeting the standard:**

**Action steps to be taken to meet the standard:**

**Notes:**

# Maximum Feasible Participation – Category 2: Community Engagement

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

**Guidance:**
- If gathered during the community 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 CEE 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 CEE needs to demonstrate the gap or a good faith effort to engage the sector(s).
- Demonstrating that the department has "gathered" and "used" the information may be met in a variety of ways including, but not limited to: summarizing the data in the community assessment or its appendices; documentation of phone calls, surveys interviews, focus groups in CEE files (hard copy or electronic); documentation in planning team minutes; summary reports on the data shared at board meetings or board committees; etc.

**Department Self-Assessment:**
☐ Met
☐ Not Met

**Documentation used: (Check all that apply)**
☐ Community assessment (including appendices)
☐ Other written or online reports
☐ Backup documentation of involvement: surveys, interview documentation, community meeting minutes, etc.
☐ Board/committee or staff meeting minutes

**Other Documentation:**

**If not met, progress to date on meeting the standard:**

**Action steps to be taken to meet the standard:**

**Notes:**

# Maximum Feasible Participation – Category 2: Community Engagement

| Standard 2.3 | The department communicates its activities and its results to the community. |
|---|---|

**Guidance:**
- This may be met through a CEEs annual report, Social Media activity, traditional news media, community outreach activities, etc.
- Community would be defined by the CEE but needs to include those outside of the staff and board of the CEE.

**Department Self-Assessment:**
☐ Met
☐ Not Met

**Documentation used: (Check all that apply)**           **Other Documentation:**
☐ Annual report
☐ Website, Facebook page, Twitter account, etc.
   (regularly updated)
☐ Media files of stories published
☐ News release copies
☐ Community event information
☐ Communication plan
☐ Public hearing
☐ Reports to municipal governing body

**If not met, progress to date on meeting the standard:**

**Action steps to be taken to meet the standard:**

**Notes:**

# Maximum Feasible Participation – Category 2: Community Engagement

| Standard 2.4 | The department 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.

**Department Self-Assessment:**
☐ Met
☐ Not Met

**Documentation used: (Check all that apply)**              **Other Documentation:**
☐ Data on number of volunteers and hours provided
☐ Board/advisory body minutes
☐ Documentation of tracking system(s)

**If not met, progress to date on meeting the standard:**

**Action steps to be taken to meet the standard:**

**Notes:**

# Maximum Feasible Participation – Category 3: Community Assessment

| Standard 3.1 | The department conducted or was engaged in a community assessment and issued a report within the past 3 years, if no other report exists. |
|---|---|

**Guidance:**
- This standard refers to what is sometimes called a community needs assessment, and requires that CEEs assess both needs and resources in the community. The requirement for this assessment is outlined in the CSBG Act.
- This may require CSBG Lead Offices to adjust timeframes for required submission.
- The report may be electronic or print, and may be circulated as the CEE deems appropriate. This can include: websites, mail/email distribution, social media, press conference, etc.
- It may be helpful for CEEs to document the report release date such as April 2014 or December 2015.

**Department Self-Assessment:**
☐ Met
☐ Not Met

**Documentation used: (Check all that apply)**
☐ Dated community assessment report
☐ Board/advisory body minutes

**Other Documentation:**

**If not met, progress to date on meeting the standard:**

**Action steps to be taken to meet the standard:**

**Notes:**

# Maximum Feasible Participation – Category 3: Community Assessment

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

**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.

**Department Self-Assessment:**
☐ Met
☐ Not Met

**Documentation used: (Check all that apply)**          **Other Documentation:**
☐ Community assessment document (including appendices)
☐ Broader municipality-wide assessment
☐ Other data collection process on poverty

**If not met, progress to date on meeting the standard:**

**Action steps to be taken to meet the standard:**

**Notes:**

# Maximum Feasible Participation – Category 3: Community Assessment

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

**Department Self-Assessment:**
☐ Met
☐ Not Met

**Documentation used: (Check all that apply)**
☐ Community assessment (including appendices)
☐ Backup documentation
☐ Broader municipality-wide assessment
☐ Other data collection process on poverty
☐ Committee/team minutes reflecting analysis

**Other Documentation:**

**If not met, progress to date on meeting the standard:**

**Action steps to be taken to meet the standard:**

**Notes:**

# Maximum Feasible Participation – Category 3: Community Assessment

| Standard 3.4 | The community 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 department may choose to include a key findings section in the assessment report and/or executive summary
- The 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.

**Department Self-Assessment:**
☐ Met
☐ Not Met

**Documentation used: (Check all that apply)**          **Other Documentation:**
☐ Community assessment document (including appendices)
☐ Back up documentation
☐ Broader community-wide assessment
☐ Committee/team meeting minutes reflecting analysis

**If not met, progress to date on meeting the standard:**

**Action steps to be taken to meet the standard:**

**Notes:**

# Maximum Feasible Participation – Category 3: Community Assessment

| Standard 3.5 | The tripartite board/advisory body formally accepts the completed community 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.

**Department Self-Assessment:**
☐ Met
☐ Not Met

**Documentation used: (Check all that apply)**
☐ Community assessment document
☐ Board/advisory body minutes
☐ Board pre-meeting materials/packet

**Other Documentation:**

**If not met, progress to date on meeting the standard:**

**Action steps to be taken to meet the standard:**

**Notes:**

# Vision and Direction – Category 4: Organizational Leadership

<table>
<tr><td><strong>Standard 4.1</strong></td><td>The tripartite board/advisory body has reviewed the department's mission statement within the past 5 years and assured that:<br>1. The mission addresses poverty; and<br>2. The CSBG programs and services are in alignment with the mission.</td></tr>
</table>

**Guidance:**
- "Addresses poverty" does not require using the specific word poverty in the department'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 and formal determination would be recorded in the board minutes.

**Department Self-Assessment:**
☐ Met
☐ Not Met

**Documentation used: (Check all that apply)**
☐ Board/advisory body minutes
☐ Strategic plan
☐ Mission statement

**Other Documentation:**

**If not met, progress to date on meeting the standard:**

**Action steps to be taken to meet the standard:**

**Notes:**

# Vision and Direction – Category 4: Organizational Leadership

| Standard 4.2 | The department's Community Action plan is outcome-based, anti-poverty focused, and ties directly to the community 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 Work plan.

**Department Self-Assessment:**
☐ Met
☐ Not Met

**Documentation used: (Check all that apply)**
☐ CAP Plan*
☐ Logic model
☐ Community assessment

*Sometimes called the CSBG Plan or CSBG Workplan

**Other Documentation:**

**If not met, progress to date on meeting the standard:**

**Action steps to be taken to meet the standard:**

**Notes:**

# Vision and Direction – Category 4: Organizational Leadership

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

**Guidance:**
- There is no requirement to have a certified ROMA trainer on staff at the department.
- While a ROMA trainer (or equivalent) must be involved, it is up to the department to determine the manner in which this individual is utilized.  Examples include: involving the trainer in strategic planning meetings, consultation on implementation, etc.
- This includes involving a ROMA trainer (or equivalent) in the course of ROMA-cycle activities such as the community assessment, strategic planning, data and analysis, and does not need to be a separate activity.

**Department Self-Assessment:**
☐ Met
☐ Not Met

**Documentation used: (Check all that apply)**
☐ Certified ROMA trainer in the department
☐ Agreement with certified trainer not
   within the department
☐ Strategic plan (including appendices)
☐ Community action plan (including appendices)
☐ Meeting summaries of ROMA trainer participation

**Other Documentation:**

**If not met, progress to date on meeting the standard:**

**Action steps to be taken to meet the standard:**

**Notes:**

# Vision and Direction – Category 4: Organizational Leadership

| Standard 4.4 | The tripartite board/advisory body 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: this standard supports meeting that requirement.
- This standard is met by an update being provided at a regular tripartite board/advisory body meeting, and documented in the minutes.
- The update provided to the tripartite board/advisory board may be written or verbal.
- The update provided to the tripartite board/advisory 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.

**Department Self-Assessment:**
☐ Met
☐ Not Met

**Documentation used: (Check all that apply)**          **Other Documentation:**
☐ Community action plan update/report
☐ Board minutes
☐ Board pre-meeting materials/packet

**If not met, progress to date on meeting the standard:**

**Action steps to be taken to meet the standard:**

**Notes:**

# Vision and Direction – Category 4: Organizational Leadership

| Standard 4.5 | The department adheres to its local government's policies and procedures around interim appointments and processes for filling a permanent vacancy. |
|---|---|

**Guidance:**
- This will vary by local government; department provides documentation of the local procedures and is able to show compliance.

**Department Self-Assessment:**
☐ Met
☐ Not Met

**Documentation used: (Check all that apply)**
☐ Board/advisory body minutes
☐ Succession plan/policy
☐ Short term succession plan

**Other Documentation:**

**If not met, progress to date on meeting the standard:**

**Action steps to be taken to meet the standard:**

**Notes:**

| Standard 4.6 | The department complies with its local government's risk assessment policies and procedures. |
|---|---|

**Guidance:**
- This will vary by local government; department provides documentation of the local procedures and is able to show compliance.
- The department may be part of a broader municipality-based/county-based risk assessment, this would be considered meeting the standard.

**Department Self-Assessment:**
☐ Met
☐ Not Met

**Documentation used: (Check all that apply)**          **Other Documentation:**
☐ Board/advisory body minutes
☐ Completed risk assessment
☐ Risk assessment policy/procedures

**If not met, progress to date on meeting the standard:**

**Action steps to be taken to meet the standard:**

**Notes:**

# Vision and Direction – Category 5: Board Governance

| Standard 5.1 | The department's tripartite board/advisory body is structured in compliance with the CSBG Act, by either:<br>1.     Selecting the board members as follows:<br>    &bull; At least one third are democratically-selected representatives of the low-income community;<br>    &bull; One-third are local elected officials (or their representatives); and<br>    &bull; The remaining members are from major groups and interests in the community; or<br>2.     Selecting the board through another mechanism specified by the State to assure decision-making and participation by low-income individuals in the development, planning, implementation, and evaluation of programs. |
|---|---|

**Guidance:**
- This standard is based on the CSBG Act and addresses the composition structure of the tripartite board/advisory body only.
- See the CSBG Act and IM 82 for comprehensive guidance.

**Department Self-Assessment:**
☐ Met
☐ Not Met

**Documentation used: (Check all that apply)**
☐ Board/advisory body minutes
☐ Board roster
☐ Bylaws

**Other Documentation:**

**If not met, progress to date on meeting the standard:**

**Action steps to be taken to meet the standard:**

**Notes:**

# Vision and Direction – Category 5: Board Governance

| | |
|---|---|
| **Standard 5.2** | **The department's tripartite board/advisory body either has:** |

> **1. Written procedures that document a democratic selection process for low-income board members adequate to assure that they are representative of the low-income community, or**
> **2. Another mechanism specified by the State to assure decision-making and participation by low-income individuals in the development, planning, implementation, and evaluation of programs.**
>
> *Please note under IM 82 for Public Entities the law also requires that a minimum of 1/3 of tripartite board membership be comprised of representatives of low-income individuals and families who reside in areas served.*

**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 include: (1) election by ballots cast by the CEE's clients and/or by other low-income people in the CEE's service area (ballots could be cast, for example, at designated polling place(s) in the service area, at the CEE'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 CEE's board.

**Department Self-Assessment:**
☐ Met
☐ Not Met

**Documentation used: (Check all that apply)**                   **Other Documentation:**
☐ Board/advisory body policies and procedures
☐ Board/advisory body minutes
☐ Bylaws

**If not met, progress to date on meeting the standard:**

**Action steps to be taken to meet the standard:**

[empty box]

**Notes:**

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| Standard 5.3 | Not applicable: Review of bylaws by an attorney is outside of the purview of the department and the tripartite board/advisory body, therefore this standard does not apply to public entities. |
| --- | --- |

# Vision and Direction – Category 5: Board Governance

| Standard 5.4 | The department documents that each tripartite board/advisory body member has received a copy of the governing documents, within the past 2 years. |
|---|---|

**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, tripartite board/advisory body minutes documenting receipt for those in attendance, etc.

**Department Self-Assessment:**
☐ Met
☐ Not Met

**Documentation used: (Check all that apply)**
☐ Board/advisory body minutes
☐ Board/advisory body meeting materials
☐ Bylaws/governing documents
☐ List of signatures of those receiving the document
☐ Local government's policies and practices
☐ Copies of acknowledgements

**Other Documentation:**

**If not met, progress to date on meeting the standard:**

**Action steps to be taken to meet the standard:**

**Notes:**

# Vision and Direction – Category 5: Board Governance

| Standard 5.5 | The department's tripartite board/advisory body meets in accordance with the frequency and quorum requirements and fills board vacancies as set out in its governing documents. |
|---|---|

**Guidance:**
- There are no requirements on the meeting frequency or quorum; only that the department abide by its governing documents.

**Department Self-Assessment:**
☐ Met
☐ Not Met

**Documentation used: (Check all that apply)**
☐ Board/advisory body minutes
☐ Board roster
☐ Bylaws/governing documents

**Other Documentation:**

**If not met, progress to date on meeting the standard:**

**Action steps to be taken to meet the standard:**

**Notes:**

# Vision and Direction – Category 5: Board Governance

| Standard 5.6 | Each tripartite board/advisory body member has signed a conflict of interest policy, or comparable local government document, within the past 2 years. |
|---|---|

**Guidance:**
- There is no requirement to use a specific conflict of interest policy, only that the department 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) is in effect for any grant periods after December 26, 2014 and 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.
- standard allows for "comparable local government document" as many Public CEEs address conflict of interest within required ethics training.

**Department Self-Assessment:**
☐ Met
☐ Not Met

**Documentation used: (Check all that apply)**
☐ Board/advisory body minutes
☐ Conflict of interest policy/procedures
☐ Signed policies/signature list
☐ Attendance list/sign in list for ethics training

**Other Documentation:**

**If not met, progress to date on meeting the standard:**

**Action steps to be taken to meet the standard:**

**Notes:**

# Vision and Direction – Category 5: Board Governance

| Standard 5.7 | The department has a process to provide a structured orientation for tripartite board/advisory body 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 department must have documentation of its process (including content), as well as documentation that each board member has been provided with the opportunity for orientation.

**Department Self-Assessment:**
☐ Met
☐ Not Met

**Documentation used: (Check all that apply)**
☐ Board/advisory body policy/procedures
☐ Board orientation materials
☐ Board/advisory body member acknowledgement/signature

**Other Documentation:**

**If not met, progress to date on meeting the standard:**

**Action steps to be taken to meet the standard:**

**Notes:**

# Vision and Direction – Category 5: Board Governance

| Standard 5.8 | Tripartite board/advisory body 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 department needs to have documentation that the training occurred (including content) as well as documentation that each board member has been provided with training opportunities.

**Department Self-Assessment:**
☐ Met
☐ Not Met

**Documentation used: (Check all that apply)**
☐ Training agendas
☐ Attendee list
☐ Board minutes
☐ Documentation of board attendance at out of office training conferences/events/webinars, etc.

**Other Documentation:**

**If not met, progress to date on meeting the standard:**

**Action steps to be taken to meet the standard:**

**Notes:**

# Vision and Direction – Category 5: Board Governance

| Standard 5.9 | The department's tripartite board/advisory body receives programmatic reports at each regular board/advisory 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.  The department determines their own process to report programs to the board. For example, some departments 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.

**Department Self-Assessment:**
☐ Met
☐ Not Met

**Documentation used: (Check all that apply)**
☐ Board/advisory body minutes
☐ Board materials/packet
☐ Programmatic reports

**Other Documentation:**

**If not met, progress to date on meeting the standard:**

**Action steps to be taken to meet the standard:**

**Notes:**

# Vision and Direction – Category 6: Strategic Planning

| Standard 6.1 | The department has a strategic plan, or comparable planning document, in place that has been reviewed and accepted by the tripartite board/advisory body within the past 5 years. If the department does not have a plan, the tripartite board/advisory body will develop the plan. |
|---|---|

**Guidance:**
- This is intended to be an department-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.

**Department Self-Assessment:**
☐ Met
☐ Not Met

**Documentation used: (Check all that apply)**
☐ Strategic plan/comparable planning document
☐ Board/advisory body minutes

**Other Documentation:**

**If not met, progress to date on meeting the standard:**

**Action steps to be taken to meet the standard:**

**Notes:**

# Vision and Direction – Category 6: Strategic Planning

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

**Guidance:**
- These are the purposes of CSBG as laid out in the Act.
- These specific terms are not required, but the Plan needs to include one or more of the themes noted in the standard.

**Department Self-Assessment:**
☐ Met
☐ Not Met

**Documentation used: (Check all that apply)**
☐ Strategic plan

**Other Documentation:**

**If not met, progress to date on meeting the standard:**

**Action steps to be taken to meet the standard:**

**Notes:**

# Vision and Direction – Category 6: Strategic Planning

| Standard 6.3 | The approved strategic plan, or comparable planning document, 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.
- These specific terms are not required, but the Plan must address one or more of these dimensions.
- There is no requirement to address all three: Family, Agency, and Community.

**Department Self-Assessment:**
☐ Met
☐ Not Met

**Documentation used: (Check all that apply)**          **Other Documentation:**
☐ Strategic plan

**If not met, progress to date on meeting the standard:**

**Action steps to be taken to meet the standard:**

**Notes:**

# Vision and Direction – Category 6: Strategic Planning

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

**Guidance:**
- This standard links the community assessment with strategic planning.
- There is no requirement to do additional data collection.
- Please see guidance and glossary under Customer Engagement for more information on customer satisfaction and customer input.
- 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.

**Department Self-Assessment:**
☐ Met
☐ Not Met

**Documentation used: (Check all that apply)**          **Other Documentation:**
☐ Strategic plan including appendices
☐ Notes from strategic planning process
☐ Customer input data/reports
☐ Customer satisfaction data/reports
☐ Public comment/hearing summaries

**If not met, progress to date on meeting the standard:**

**Action steps to be taken to meet the standard:**

**Notes:**

# Vision and Direction – Category 6: Strategic Planning

| Standard 6.5 | The tripartite board/advisory body has received an update(s) on progress meeting the goals of the strategic plan/comparable planning document within the past 12 months. |
|---|---|

**Guidance:**
- The CSBG Act requires that Boards be involved with assessment, planning, implementation and evaluation of programs; this standard supports meeting that requirement.
- The standard would be met by an update provided at a regular Board meeting, or a planning session, and documented in the minutes.
- The update provided to the tripartite board/advisory board may be written or verbal.
- The update provided to the tripartite board/advisory 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.

**Department Self-Assessment:**
☐ Met
☐ Not Met

**Documentation used: (Check all that apply)**          **Other Documentation:**
☐ Strategic plan update/report
☐ Board/advisory body minutes
☐ Board materials/packet

**If not met, progress to date on meeting the standard:**

**Action steps to be taken to meet the standard:**

**Notes:**

## Operations and Accountability – Category 7: Human Resource Management

| Standard 7.1 | Not applicable: Local governmental personnel policies are outside of the purview of the department and the tripartite board/ advisory body, therefore this standard does not apply to public entities. |

# Operations and Accountability – Category 7: Human Resource Management

<table>
<tr><td><strong>Standard 7.2</strong></td><td><strong>The department follows local governmental policies in making available the employee handbook (or personnel policies in cases without a handbook) to all staff and in notifying staff of any changes.</strong></td></tr>
</table>

**Guidance:**
- Each local government will have its own process; department provides documentation of the local policies and is able to show compliance.
- 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 department.
- Agencies are encouraged to have staff sign off that they have received and read the Employee Handbook.

**Department Self-Assessment:**
☐ Met
☐ Not Met

**Documentation used: (Check all that apply)**
☐ Accessible employee handbook/personnel policies
☐ Documentation and location and availability
  of handbook/policies
☐ Process for notifying staff of changes

**Other Documentation:**

**If not met, progress to date on meeting the standard:**

**Action steps to be taken to meet the standard:**

**Notes:**

# Operations and Accountability – Category 7: Human Resource Management

| Standard 7.3 | The department has written job descriptions for all positions. Updates may be outside of the purview of the department. |
|---|---|

**Guidance:**
- Each local government will have its own process; see local documentation.
- This references job descriptions for each type of position, not each staff person.

**Department Self-Assessment:**
☐ Met
☐ Not Met

**Documentation used: (Check all that apply)**
☐ Organizational chart/staff list
☐ Job descriptions with dates noted
☐ Local government policies/procedures
   regarding job descriptions
☐ N/A

**Other Documentation:**

**If not met, progress to date on meeting the standard:**

**Action steps to be taken to meet the standard:**

**Notes:**

# Operations and Accountability – Category 7: Human Resource Management

| Standard 7.4 | The department follows local government procedures for performance appraisal of the department head. |
|---|---|

**Guidance:**
- Each local government will have its own process; department provides documentation of the local procedures and is able to show compliance.

**Department Self-Assessment:**
☐ Met
☐ Not Met

**Documentation used: (Check all that apply)**
☐ Department performance appraisal procedures
☐ Documentation that performance appraisal has taken place in line with the procedure

**Other Documentation:**

**If not met, progress to date on meeting the standard:**

**Action steps to be taken to meet the standard:**

**Notes:**

# Operations and Accountability – Category 7: Human Resource Management

| Standard 7.5 | The compensation of the department head is made available according to local government procedure. |
|---|---|

**Guidance:**
- Each local government will have its own process; department provides documentation of the local procedures and is able to show compliance.

**Department Self-Assessment:**
☐ Met
☐ Not Met

**Documentation used: (Check all that apply)**
☐ Online link to publically available information
☐ Policy regarding compensation disclosure/transparency
☐ N/A-must document that disclosure is not allowed

**Other Documentation:**

**If not met, progress to date on meeting the standard:**

**Action steps to be taken to meet the standard:**

**Notes:**

# Operations and Accountability – Category 7: Human Resource Management

<table>
<tr><td>Standard 7.6</td><td>The department follows local governmental policies for regular written evaluation of employees by their supervisors.</td></tr>
</table>

**Guidance:**
- Each local government will have its own process; department provides documentation of the local policies and is able to show compliance.
- 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.

**Department Self-Assessment:**
☐ Met
☐ Not Met

**Documentation used: (Check all that apply)**          **Other Documentation:**
☐ Evaluation policy
☐ Documentation of fulfilling governmental policies

**If not met, progress to date on meeting the standard:**

**Action steps to be taken to meet the standard:**

**Notes:**

# Operations and Accountability – Category 7: Human Resource Management

| Standard 7.7 | The department provides a copy of any existing local government whistleblower policy to members of the tripartite board/advisory body at the time of orientation. |
|---|---|

**Guidance:**
- Each local government will have its own process; see local documentation.
- Many incorporate their whistleblower policy into their Personnel Policies or Employee Handbook. If incorporated in a larger document, there is no requirement that the whistleblower policy be pulled out separately.
- Some local governments include whistleblower policy within other ethics laws/policies
- This would be met through documentation of orientation.

**Department Self-Assessment:**
☐ Met
☐ Not Met

**Documentation used: (Check all that apply)**          **Other Documentation:**
☐ Whistleblower policy
☐ Board/advisory body minutes
☐ Board materials/packet
☐  N/A (with documentation that such
   a policy does not exist)

**If not met, progress to date on meeting the standard:**

**Action steps to be taken to meet the standard:**

**Notes:**

# Operations and Accountability – Category 7: Human Resource Management

| Standard 7.8 | The department follows local governmental policies for new employee orientation. |
|---|---|

**Guidance:**
- Each local government will have its own process; department provides documentation of the local procedures and is able to show compliance.
- There are not 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.
- If no policy exists, department should still do an orientation for new employees.
- This may be met through individual or group orientations, and documented in personnel files.

**Department Self-Assessment:**
☐ Met
☐ Not Met

**Documentation used: (Check all that apply)**
☐ Policies for new employee orientation
☐ Orientation materials
☐ Sampling of HR/personnel files for documentation of attendance

**Other Documentation:**

**If not met, progress to date on meeting the standard:**

**Action steps to be taken to meet the standard:**

**Notes:**

# Operations and Accountability – Category 7: Human Resource Management

| Standard 7.9 | The department conducts or makes available staff development/training (including ROMA) on an ongoing basis. |
|---|---|

**Guidance:**
- There are no specific requirements for training topics, with the exception of ROMA (or comparable system if one is used and approved by the State).
- 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.

**Department Self-Assessment:**
☐ Met
☐ Not Met

**Documentation used: (Check all that apply)**
☐ Training plan(s)
☐ Documentation of trainings:
   presentation, evaluations, attendee lists, sign in sheets
☐ Documentation of attendance at off-site
   training events/conferences

**Other Documentation:**

**If not met, progress to date on meeting the standard:**

**Action steps to be taken to meet the standard:**

**Notes:**

# Operations and Accountability – Category 8: Financial Operations and Oversight

| Standard 8.1 | The department's annual audit is completed through the local governmental process in accordance with Title 2 of the Code of Federal Regulations, Uniform Administrative Requirements, Cost Principles, and Audit Requirement (if applicable) and/or State audit threshold requirements. This may be included in the municipal entity's full audit. |
|---|---|

**Guidance:**
- Each local government will have its own process; department provides documentation of the local procedures and able to show compliance.
- It is important to note that there may be cases where the department's audit information is subsumed within a broader division of government and may not be specifically mentioned by name in the local government's audit.

**Department Self-Assessment:**
☐ Met
☐ Not Met

**Documentation used: (Check all that apply)**          **Other Documentation:**
☐ Completed audit

**If not met, progress to date on meeting the standard:**

**Action steps to be taken to meet the standard:**

**Notes:**

# Operations and Accountability – Category 8: Financial Operations and Oversight

| Standard 8.2 | The department follows local government procedures in addressing any audit findings related to CSBG funding. |
|---|---|

**Guidance:**
- Each local government will have its own process; department provides documentation of the local procedures and able to show compliance.
- Findings are those noted in the Audit itself, not the Management Letter.
- Any findings that are addressed should be reported back to the advisory board.

**Department Self-Assessment:**
☐ Met
☐ Not Met

**Documentation used: (Check all that apply)**          **Other Documentation:**
☐ Board/advisory body minutes
☐ Department's response to the audit

**If not met, progress to date on meeting the standard:**

**Action steps to be taken to meet the standard:**

**Notes:**

# Operations and Accountability – Category 8: Financial Operations and Oversight

| Standard 8.3 | The department's tripartite board/advisory body is notified of the availability of the local government audit. |
|---|---|

**Guidance:**
- Each local government will have its own process; see local documentation.
- Department's tripartite/advisory body is notified of the audited financial statements and management letter, if applicable.

**Department Self-Assessment:**
☐ Met
☐ Not Met

**Documentation used: (Check all that apply)**
☐ Board/advisory body minutes
☐ Board materials/packet
☐ Notice of public hearing on the audit

**Other Documentation:**

**If not met, progress to date on meeting the standard:**

**Action steps to be taken to meet the standard:**

**Notes:**

# Operations and Accountability – Category 8: Financial Operations and Oversight

| Standard 8.4 | The department's tripartite board/advisory body is notified of any findings related to CSBG funding. |
|---|---|

**Guidance:**
- Each local government will have its own process; see local documentation.
- Notified could include: meeting, email, newsletter, bulletin
- If there were no findings related to CSBG, the department will provide documentation stating that no findings related to CSBG exist.

**Department Self-Assessment:**
☐ Met
☐ Not Met

**Documentation used: (Check all that apply)**
☐ Completed audit
☐ Board/advisory body minutes

**Other Documentation:**

**If not met, progress to date on meeting the standard:**

**Action steps to be taken to meet the standard:**

**Notes:**

# Operations and Accountability – Category 8: Financial Operations and Oversight

| Standard 8.5 | Not applicable: The audit bid process is outside of the purview of tripartite board/advisory body therefore this standard does not apply to public entities. |
|---|---|

# Operations and Accountability – Category 8: Financial Operations and Oversight

| Standard 8.6 | Not applicable: The Federal tax reporting process for local governments is outside of the purview of tripartite board/advisory body therefore this standard does not apply to public entities. |
|---|---|

# Operations and Accountability – Category 8: Financial Operations and Oversight

| Standard 8.7 | The tripartite board/advisory body receives financial reports at each regular meeting, for those program(s) the body advises, as allowed by local government procedure. |
|---|---|

**Guidance:**
- Each local government will have its own process; department provides documentation of the local procedures and able to show compliance.

**Department Self-Assessment:**
☐ Met
☐ Not Met

**Documentation used: (Check all that apply)**
☐ Board/advisory body minutes
☐ Board materials/packet
☐ Financial reports provided to the board/advisory body

**Other Documentation:**

**If not met, progress to date on meeting the standard:**

**Action steps to be taken to meet the standard:**

**Notes:**

# Operations and Accountability – Category 8: Financial Operations and Oversight

| Standard 8.8 | Not applicable: The payroll withholding process for local governments is outside of the purview of the department, therefore this standard does not apply to public entities. |
| --- | --- |

# Operations and Accountability – Category 8: Financial Operations and Oversight

| Standard 8.9 | The tripartite board/advisory body has input as allowed by local governmental procedure into the CSBG budget process. |
|---|---|

**Guidance:**
- Each local government will have its own process; department provides documentation of the local procedures and able to show compliance.
- If no input is allowed, this could be met through documentation of either a tripartite board/advisory body discussion or departmental procedures noting such.

**Department Self-Assessment:**
☐ Met
☐ Not Met

**Documentation used: (Check all that apply)**          **Other Documentation:**
☐ Board/advisory body minutes
☐ Department budget
☐ Policy regarding input into CSBG budget
☐ Board materials/packet
☐ N/A

**If not met, progress to date on meeting the standard:**

**Action steps to be taken to meet the standard:**

**Notes:**

# Operations and Accountability – Category 8: Financial Operations and Oversight

| Standard 8.10 | Not applicable: The fiscal policies for local governments are outside of the purview of the department and the tripartite board/advisory body, therefore this standard does not apply to public entities. |
|---|---|

# Operations and Accountability – Category 8: Financial Operations and Oversight

| | |
|---|---|
| **Standard 8.11** | **Not applicable: Local governmental procurement policies are outside of the purview of the department and the tripartite board/advisory body, therefore this standard does not apply to public entities.** |

# Operations and Accountability – Category 8: Financial Operations and Oversight

| Standard 8.12 | Not applicable: A written cost allocation plan is outside of the purview of the department and the tripartite board/advisory body, therefore this standard does not apply to public entities. |
|---|---|

# Operations and Accountability – Category 8: Financial Operations and Oversight.

| Standard 8.13 | The department follows local governmental policies for document retention and destruction. |
|---|---|

**Guidance:**
- Each local government will have its own process; department provides documentation of the local procedures and able to show compliance.
- This Policy may be a stand-alone policy or may be part of a larger set of department policies.

**Department Self-Assessment:**
☐ Met
☐ Not Met

**Documentation used: (Check all that apply)**          **Other Documentation:**
☐ Document retention and destruction policy
☐ CSBG department document
   retention and destruction procedure

**If not met, progress to date on meeting the standard:**

**Action steps to be taken to meet the standard:**

**Notes:**

# Operations and Accountability – Category 9: Data and Analysis

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

**Guidance:**
- Some funders require their own systems be used; the department may or may not have a department-wide system in place. As long as all services and demographics are tracked, this standard would be met.
- The CSBG Information Survey data report already requires the reporting of client demographics. This standard does not require additional demographic data collection/reporting.

**Department Self-Assessment:**
☐ Met
☐ Not Met

**Documentation used: (Check all that apply)**
☐ CSBG Information Survey data report
☐ Data system documentation and/or direct observation
☐ Reports as used by staff, leadership, board or cognizant funder

**Other Documentation:**

**If not met, progress to date on meeting the standard:**

**Action steps to be taken to meet the standard:**

**Notes:**

# Operations and Accountability – Category 9: Data and Analysis

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

**Guidance:**
- Some funders require their own systems be used; the department may or may not have a department-wide system in place. As long as all outcomes are tracked, the standard would be met.
- This may or may not be the same system(s) as referenced in standard 9.1.

**Department Self-Assessment:**
☐ Met
☐ Not Met

**Documentation used: (Check all that apply)**
☐ Data system documentation and/or direct observation
☐ Reports as used by staff, leadership, board or cognizant funder

**Other Documentation:**

**If not met, progress to date on meeting the standard:**

**Action steps to be taken to meet the standard:**

**Notes:**

# Operations and Accountability – Category 9: Data and Analysis

| Standard 9.3 | The department has presented to the tripartite board/advisory body 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:**
- This standard could be met through board or staff discussions, as long as the analysis and discussion are documented.
- It is important to note that a department is likely to have multiple programs with varying program years. This standard addresses an annual review of department outcomes. Departments are likely to make operational and strategic program adjustments throughout the year, making a single point in time analysis less effective than ongoing performance management.
- The department can meet this standard by having an annual board discussion of agency outcomes, multiple conversations over the course of the year or other process the department deems appropriate as long as these discussions are reflected in the minutes, with any operational or program adjustments or improvements being noted.
- The department is not required to make adjustments in order to meet the standard, only to have conducted an analysis.

**Department Self-Assessment:**
☐ Met
☐ Not Met

**Documentation used: (Check all that apply)**
☐ Strategic plan update/report
☐ Other outcome report
☐ Notes from staff analysis
☐ Board/advisory body minutes
☐ Board/advisory body pre-meeting materials/packet

**Other Documentation:**

**If not met, progress to date on meeting the standard:**

**Action steps to be taken to meet the standard:**

**Notes:**

# Operations and Accountability – Category 9: Data and Analysis

| Standard 9.4 | The department submits its annual CSBG Information Survey data report and it reflects client demographics and CSBG-funded outcomes. |
|---|---|

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

**Department Self-Assessment:**
☐ Met
☐ Not Met

**Documentation used: (Check all that apply)**          **Other Documentation:**
☐ CSBG Information Survey data report
☐ Email or upload documentation reflecting submission

**If not met, progress to date on meeting the standard:**

**Action steps to be taken to meet the standard:**

**Notes:**