



# Department of State

## Division of Community Services

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### Community Services Block Grant Program

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## Triennial Review for Accountability and Compliance with Standards (TRACS)

### For Public Eligible Entities

**Grantee:**

**On Site Dates:**

**Draft/Report Date:**

REVISED: OCT 2018

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**Grantee Profile (Grantee completes prior to on-site assessment)**

Grantee Name: \_\_\_\_\_  
CSBG Service Area \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address of CSBG program location: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Web Address: \_\_\_\_\_

**CSBG Administration:**

Director/CSBG Purpose: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Fiscal staff/CSBG Purpose: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Overall Authority for CSBG Ex. Chair/County \_\_\_\_\_

Supervisors/Commissioner: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Chair of CSBG Advisory Council (Board): \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Fiscal:**

CSBG Annual Allocation:\$ \_\_\_\_\_

**Personnel:**

[Attach agency organizational chart showing the CSBG Program in the agency's structure]

Full time staff assigned to CSBG: \_\_\_\_\_

Part time staff assigned to CSBG: \_\_\_\_\_

Program Volunteers: \_\_\_\_\_

**Facilities:**

Years at current location: \_\_\_\_\_  Rent  Lease  Own

List locations of other offices, neighborhood/outreach centers, Head Start sites, and delegate agencies:

**Service Delivery:**

How are services and activities provided to low-income people?

a) Direct services and activities?  Yes  No

b) Provide services through delegate agencies?  Yes  No

If yes, how many delegate agencies?

List Delegate Agencies and their primary locations:

c) Combination of direct and delegates?  Yes  No

**Comments:** (Note any special circumstances such as agency restructuring, transition of leadership, financial difficulties, or staff turnover, etc. that should be taken into consideration during the assessment.)

**Grantee Organizational Chart**

## Instructions for filling out DOS Attendance & Quorum Tracking Sheet

### Entering Board/advisory body member information:

1. Enter Board/advisory body Member Names (cells B2-B22)
2. Enter abbreviated sectors (EPO = Elected Public Officials, LI = Low Income, P = Private) for each sector the Board/advisory body member represents (cells C2-C22)
3. Enter Board/advisory body meeting dates (on date per cell) across the top of each column (cells D1-L1)
4. Enter Quorum requirement (cell C32, highlighted in yellow). **NOTE:** If quorum is NOT a percentage (%), please change cell to "Number" instead of "Percentage" (found under HOME tab, Number section – pull down arrow). The formula will automatically accept this change.
5. Enter attendance information:
  - X = Attended meeting
  - E or A = Excused absence (if applicable\*) or Absent from meeting
  - U = Unexcused absence from meeting

**NOTE:** \*Some attendance requirements in the bylaws state that if a certain number of UNEXCUSED absences (absent without cause, etc.) occur a Board/advisory body member may be removed from the Board/advisory body. If your bylaws have this stipulation, please track the number of excused and unexcused absences as indicated above.

The sheet should automatically calculate if quorum was met, Yes or No.

### Adding rows for additional Board/advisory body members:

1. Click on row 3 – (selecting cell A3 will also work) and moving downward (hold mouse left button or shift key) – highlight the number of rows needed – let go of mouse key/shift key once done.
2. On HOME tab select the DOWN ARROW under INSERT option.
3. Select INSERT SHEET ROWS (the new rows should be added)
4. While holding the left mouse key or shift key select (highlight) cell R2 and then move down to highlight the newly added rows in column R (will vary depending on the number of rows added).  
NOTE: The new rows will be missing the “#/DIV0!” or formula
5. On HOME tab select FILL (under EDITING section), select DOWN (this should fill-in to the new cells the formula from.
6. Correct the row numbers in column A (can also select column A rows 2-??, Select FILL, Select SERIES, and make sure STEP VALUE is set to 1).
7. The quorum formulas will adjust automatically if completed correctly.

# DOS Attendance & Quorum Tracking Sheet

	Board Member Name	Sector										Attendance
1												#DIV/0!
2												#DIV/0!
3												#DIV/0!
4												#DIV/0!
5												#DIV/0!
6												#DIV/0!
7												#DIV/0!
8												#DIV/0!
9												#DIV/0!
10												#DIV/0!
11												#DIV/0!
12												#DIV/0!
13												#DIV/0!
14												#DIV/0!
15												#DIV/0!
16												#DIV/0!
17												#DIV/0!
18												#DIV/0!
19												#DIV/0!
20												#DIV/0!
21												#DIV/0!
											Only current members	#DIV/0!
<b>DO NOT ENTER DATA IN GREEN COLORED CELLS</b>												
	Quorum = % of members non-vacant seats or:	0	0	0	0	0	0	0	0	0	0	
	Number counted for quorum:	0	0	0	0	0	0	0	0	0	0	
	Number needed for quorum:	0	0	0	0	0	0	0	0	0	0	
	Quorum met Yes or No:	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
	% quorum											

Double click table to access Excel Form.



## Fiscal Information from Grantee

### **Federal Requirements**

*Public Law 105-285 Section 678D. Fiscal Controls, Audits, and Withholding:*

(1)....A State that receives funds under this subtitle shall—

- (A) *establish fiscal control and fund accounting procedures necessary to assure the proper disbursement of and accounting for Federal funds paid to the State under this subtitle, including procedures for monitoring the funds provided under this subtitle;*
- (B) *ensure that cost and accounting standards of the Office of Management and Budget apply to a recipient of the funds under this subtitle;*
- (C) *prepare, at least every year, an audit of the expenditures of the State of amounts received under this subtitle...;*
- (D) *make appropriate books, documents, papers, and records ... for examination, copying, or mechanical reproduction....*

(2) AUDITS.—

- (A) *IN GENERAL.*—... *each audit... shall be conducted by an entity independent of any agency administering activities or services carried out under this subtitle;*
- (B) *SINGLE AUDIT REQUIREMENTS.*—*Audits shall be conducted under this paragraph in the manner and to the extent provided in chapter 75 of title 31, United States Code (commonly known as the ‘Single Audit Act Amendments of 1996’).*
- (C) *SUBMISSION OF COPIES.*—*Within 30 days after the completion of each such audit in a State, the chief executive officer of the State shall submit a copy of such audit to any eligible entity that was the subject of the audit at no charge, to the legislature of the State, and to the Secretary.*

*Public Law 105-285SEC. 678F. Limitations on Use of Funds:*

(a) CONSTRUCTION OF FACILITIES.—

- (1) *LIMITATIONS.*—*Except as provided in paragraph (2), grants made under this subtitle (other than amounts reserved under section 674(b)(3)) may not be used by the State, or by any other person with which the State makes arrangements to carry out the purposes of this subtitle, for the purchase or improvement of land, or the purchase, construction, or permanent improvement (other than low-cost residential weatherization or other energy-related home repairs) of any building or other facility.*
- (2) *WAIVER.*—*The Secretary may waive the limitation contained in paragraph (1) upon a State request for such a waiver, if the Secretary finds that the request describes extraordinary circumstances....*

## Agency Instructions by Section

**Sections A-I** on the following pages, comprise the Fiscal Section for your Triennial Review for Accountability and Compliance with Standards (TRACS). As you complete each section, please make copies of the source documents that support each answer. Specific copying instructions are located on each page in sections A through J. Your assigned DOS Fiscal Field Representative (FFR) will need the copies to take after the on-site review; for this reason, electronic copies are encouraged when possible. If copies are not needed, it will be indicated in Section A, Records Availability List, or on the individual page.

A copy of your current Fiscal Policy and Procedure Manual should be submitted to your assigned DOS FFR one week before the scheduled on-site review.

As the document is completed, there are numerous questions regarding written policies and procedures. If there is a written policy, please indicate what manual the policy and/or procedure is located in and the applicable page number(s).

**Section A - Records availability list:** A current Trial Balance and Balance Sheet to start with – not the General Ledger detail – if something specific is necessary, your assigned DOS FFR will request it during the review.

**Section B - Cost Allocation:** Leave blank-your assigned DOS FFR will complete during the review.

**Section C – Procurement:** Answer question 1 - your assigned DOS FFR will complete the rest.

**Section D - Indirect Cost Rate:** Complete in its entirety. Provide a transaction detail for salaries charged to the indirect cost pool for the fiscal year to date. Please indicate titles next to each employee name to facilitate reconciliation between the approved indirect cost agreement and the actual charges. Provide a transaction detail for the indirect cost pool for the fiscal year to date. If you do not have an approved indirect cost rate, check the N/A box and leave the rest blank.

**Section E- Bank Reconciliations:** Complete in its entirety.

**Section F - Independent Audit:** Complete in its entirety.

**Section G - Cash Receipts:** For the last 5 receipts from DOS for CSBG grants, complete the first 4 rows of the chart.

**Section H - Required Filings:** Complete the Department of State Filings chart.

**Section I - Insurance:** Complete in its entirety.

**Section J -Internal Controls:** Complete in its entirety.

## **Section A: Records Availability List**

The following is a list of records that will be reviewed by the DOS FFR during the visit and should be readily available (all reports should be through the most current month end unless otherwise noted):

<b>Documents</b>	<b>Date/Time Period</b>
<input type="checkbox"/> CSBG Budget	
<input type="checkbox"/> Fiscal Policies/Procedures Manuals	
<input type="checkbox"/> Most recent delegate voucher for each delegate agency with documentation	

**Section B: Cost Allocation**

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

- Cost allocation plan (Copy for DOS FFR to take)
- Allocated costs, GL, Invoice, monthly allocation, allocation basis documentation (DOS FFR will copy as needed)

Review a sample of allocated expenditures:

Cost Category	Vendor	Description	CSBG Amount	Total Amount	Allocation Method	Method Followed?	Comments
			\$	\$			
			\$	\$			
			\$	\$			
			\$	\$			
			\$	\$			

**Comments:**

**DOS Reviewer Initials:** \_\_\_\_\_

**Review Date:** \_\_\_\_\_

**Section C: Procurement**

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

Asset Procurement Documentation (CSBG purchases for past 12 months)

1. Does the agency have bidding/procurement procedures?  Yes  No

Last update:

2. Review Policies and Procedures Manual regarding Procurement Procedures and briefly describe:

3. For CSBG purchases:

PO Number	Vendor Name	Amount of Purchase	Product Purchased	Purchase Authorized	Bids Received	Invoice matches PO	Cost allocated to programs	Comments
		\$	\$					
		\$	\$					
		\$	\$					
		\$	\$					
		\$	\$					

**Comments:**

**DOS Reviewer Initials:** \_\_\_\_\_

**Review Date:** \_\_\_\_\_

**Section D: Indirect Cost Rate**

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

- Not Applicable
- Indirect Cost Rate Proposal and Approval Letter (Copy for DOS FFR to take)
- Transaction detail showing all salaries charged to the indirect cost pool for the current year to date (Copy for DOS FFR to take)
- Transaction detail of charges in the indirect cost pool for the current fiscal year to date (Copy for DOS FFR to take)

1. Does the agency have an indirect cost rate approved by the cognizant agency?  Yes  No

If yes, identify the cognizant agency:

\_\_\_\_\_

2. What is the current rate? \_\_\_\_\_

Base? (Total direct salaries, personnel, ...) \_\_\_\_\_

3. Do the indirect costs charged conform to the rate agreement?  Yes  No

4. How are costs excluded per the established agreement handled?

\_\_\_\_\_

5. Are positions charged to the indirect cost pool consistent with the approved agreement?  Yes  No

**Comments:**

\_\_\_\_\_

**DOS Reviewer Initials:** \_\_\_\_\_  
**Review Date:** \_\_\_\_\_

**Section E: Bank Statement**

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

- Bank Statements (Past 12 months for accounts in which CSBG funds are deposited)
- Bank Statement Reconciliations (Most recently completed for accounts in which CSBG funds are deposited)

Test Months Selected: \_\_\_\_\_

1. Number of bank accounts: \_\_\_\_\_

2. Type of bank accounts:

Bank Name	Account Number	Account Type	Program	Balance
				\$
				\$
				\$
				\$

3. Reconciliation: DOS  
Month(s) Tested:

Account Number	Prepared by	Traced Cash to Bank Statement	Traced Cash to General Ledger	Verified Outstanding Checks	Verified Deposits in Transit	Verified Misc. Adjustments	Comments

- 4. Is there adequate separation of duties?  Yes  No
- 5. Does the agency conduct regular, timely reconciliation of its bank statements to its financial records?  
 Yes  No
- 6. Does someone not involved in the reconciliation process review and initial the reconciliation?  
 Yes  No

If yes, who is assigned this responsibility?

7. Do bank statements reflect any negative cash balances, overdrafts, or finance charges?  
 Yes  No

**Comments:**

**DOS Reviewer Initials:** \_\_\_\_\_  
**Review Date:** \_\_\_\_\_

## **Section F: Independent Audit**

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

- Independent Audit (Last 3 years) – including Management Letter (Copy the balance sheet and Schedule of Findings and Questioned costs for each year for DOS FFR to take)
- Independent Auditor’s most recent Peer Review Report (Copy for DOS FFR to take)
- Board minutes reflecting review or showing notification of the availability of the local government audit.

1. Were annual audits conducted for the last three years in accordance with OMB Circular A-133 and submitted within the required time period?  Yes  No
2. Were all opinions unqualified?  Yes  No
3. Was appropriate follow-up conducted for CSBG related findings and questioned costs?  Yes  No
4. Did the independent auditor perform any other services for the grantee?  Yes  No

### **Comments:**

**DOS Reviewer Initials:** \_\_\_\_\_  
**Review Date:** \_\_\_\_\_



**Section G: Cash Receipts**

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

Payment documentation for the last 5 DOS payments (Copy the ACH information, the GL showing the receipt posted as revenue in the appropriate account and the bank statement page showing the deposit)

1. Physical verification of NYS DOS Payments:

	#1	#2	#3	#4	#5
Check/Ach Number					
Check Date					
Check Amount	\$	\$	\$	\$	\$
Deposit Date					
	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
On Bank Statement					
In General Ledger					

**Comments:**

**DOS Reviewer Initials:** \_\_\_\_\_  
**Review Date:** \_\_\_\_\_

## Section H: Required Filings

1. Department of State Filings:

Filing	Most Recent Due Date	Date Submitted
Independent Audit		
Unaudited Financial Statements		

2. How does the agency ensure that all required financial reports and tax filings are submitted to various government agencies?

Is there a written procedure?     Yes     No

**Comments:**

**DOS Reviewer Initials:** \_\_\_\_\_  
**Review Date:** \_\_\_\_\_

## **Section I: Insurance**

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

- General Liability Policy (If applicable)
- Vehicle Insurance (If applicable)
- Board/Staff/Volunteer Liability Insurance Policy (If applicable)
- Bonding Insurance Policy (If applicable)

### **Insurance – Positive Indicators**

- Agency assets are safeguarded by maintaining adequate insurance coverage.

### **Comments:**

**DOS Reviewer Initials:** \_\_\_\_\_

**Review Date:** \_\_\_\_\_

### Section J: Internal Controls

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

Equipment Inventory purchased with CSBG funds listing

1. Did the most recent Vendor Responsibility Questionnaire disclose any issues?  Yes  No

a. If yes, were they resolved?

2. Are there written procedures which include fiscal and administrative controls?  Yes  No

3. Is there adequate separation of duties?  Yes  No

4. Is fiscal staff familiar with grant reporting requirements?  Yes  No

a. On what date was orientation provided?

b. Has fiscal staff received recent updates to grant requirements?  Yes  No

If yes, when (date)?

5. Is there a record retention policy?  Yes  No

6. Are fiscal records kept in a secure location?  Yes  No

a. Location of fiscal records:

7. Describe the current plan to physically process and distribute payroll should a crisis occur which would cause the agency to be temporarily closed:

8. Is there a written travel and reimbursement policy?  Yes  No

9. Is there an agency listing for all CSBG funded equipment?  Yes  No

10. Are identification tags affixed to CSBG funded equipment and portable assets?  Yes  No

11. Is a physical inventory of CSBG funded equipment conducted and compared to the inventory listing regularly?  Yes  No

If yes:

a. How often?

b. What is the title of the person responsible?

c. When was the last physical inventory conducted?

d. Is there a written procedure?  Yes  No

12. Are there written procedures to ensure program expenditures are accurately recorded and that expenditures do not exceed overall budgets?  Yes  No

13. How often are actual costs compared to budget?

a. Is there a written procedure?  Yes  No

**Comments:**

**DOS Reviewer Initials:** \_\_\_\_\_  
**Review Date:** \_\_\_\_\_

## 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/advisory body membership; however, Board/advisory body participation may be counted toward meeting this standard if no other involvement is provided. The tripartite Board/advisory body is only one of many mechanisms through which Eligible entities engage people with low-incomes.
- Participation can include activities such as Head Start Policy Council, tenant or neighborhood councils, and volunteering, etc.
- Though not mandatory, many Eligible entities meet this standard by including advisory bodies to the board.

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

- Advisory group documents
- Advisory group minutes
- Activity participation lists
- Board minutes
- Board/advisory body pre-meeting materials/packet
- Volunteer lists and documents

### Other Documentation:

Board/advisory body member selection documents for low-income reps, needs assessment, Board/advisory body meeting announcements, volunteer timesheets.

### Indicators of compliance with Organizational Standard and additional State Requirements as part of the triennial review process.

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

### Findings by reviewer:

### Assessment of the Indicators:

- Met-The eligible entity has met all of the Indicators as part of the triennial assessment.
- Met-The eligible entity has met some (not all) of the Indicators as part of the triennial assessment.
- Not Met –The eligible entity has met none of the Indicators as part of the triennial assessment.

### Assessment of Organizational Standard Based on the Indicators Checked:

- Met-The eligible entity has met the requirements of the Standard as written.
- Not Met –The eligible entity has not met the requirements of the Standard as written

### Recommendations or next steps needed to meet the National Standard and/or Indicators:

## 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 Eligible entities to talk directly with low-income individuals regarding the needs in the community.
- Data can be collected through a variety of ways including, but not limited to, focus groups, interviews, community forums, customer surveys, etc.
- Analyzing the information can be met through review of the collected data by staff and/or Board/advisory body, including a review of collected data in the written community assessment, with notations of this review in the assessment’s appendix, committee minutes, etc.

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

- Community assessment (including appendices)
- Backup documentation/data summaries
- Community forum summaries
- Interview transcripts

**Other Documentation:**

**Indicators of compliance with Organizational Standard and additional State Requirements as part of the triennial review process.**

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

**Findings by reviewer:**

- Assessment of the Indicators:**
- Met-The eligible entity has met all of the Indicators as part of the triennial assessment.
  - Met-The eligible entity has met some (not all) of the Indicators as part of the triennial assessment.
  - Not Met –The eligible entity has met none of the Indicators as part of the triennial assessment.

- Assessment of Organizational Standard Based on the Indicators Checked:**
- Met-The eligible entity has met the requirements of the Standard as written.
  - Not Met –The eligible entity has not met the requirements of the Standard as written

**Recommendations or next steps needed to meet the National Standard and/or Indicators:**

## 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 eligible entity). Such collection may occur by program or agency-wide at a point in time.
- Analyzing the findings is typically completed by staff.
- Reporting to the Board/advisory body may be via written or verbal formats.

**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/advisory body and/or broader community
- Tripartite Board/advisory body minutes
- Public hearing/public comment process or findings

**Other Documentation:**

Survey tallies, meeting minutes when survey results are discussed, documentation of changes made as a result of survey information.

**Indicators of compliance with Organizational Standard and additional State Requirements as part of the triennial review process.**

- \*Department has a process for conducting customer satisfaction surveys (agency-wide or program specific). **(Similar to 6.4)**
- \*Surveys are conducted systematically (annually, quarterly, point of service, etc.).
- \*Department compiles the results of the surveys.
- \*Department reviews the results and responds if necessary.
- \*Customer survey results are shared with the tripartite board/advisory body or a committee member.
- Department has a process for reviewing and responding to customer suggestions and comments.

**Findings by reviewer:**

**Assessment of the Indicators:**

- Met-The eligible entity has met all of the Indicators as part of the triennial assessment.
- Met-The eligible entity has met some (not all) of the Indicators as part of the triennial assessment.
- Not Met –The eligible entity has met none of the Indicators as part of the triennial assessment.

**Assessment of Organizational Standard Based on the Indicators Checked:**

- Met-The eligible entity has met the requirements of the Standard as written.
- Not Met –The eligible entity has not met the requirements of the Standard as written

**Recommendations or next steps needed to meet the National Standard and/or Indicators:**



## 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.

**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:**

**Indicators of compliance with Organizational Standard and additional State Requirements as part of the triennial review process.**

- \*Services and Activities demonstrate partnerships with other groups, including faith-based and religious organizations.
- \*Grantee is a member of NYSCAA and or other anti-poverty coalitions.
- Major groups and interests in the community are represented on the Board/advisory body of directors.
- Formal partnerships are recognized by written agreements.
- Partnership activities are documented in minutes of meetings of coalitions and consortiums.
- The eligible entity has a process to ensure the delegate agencies are collaborating and referring customers to other delegate agencies in order to provide holistic services to common customers.

**Findings by reviewer:**

**Assessment of the Indicators:**

- Met-The eligible entity has met all of the Indicators as part of the triennial assessment.
- Met-The eligible entity has met some (not all) of the Indicators as part of the triennial assessment.
- Not Met –The eligible entity has met none of the Indicators as part of the triennial assessment.

**Assessment of Organizational Standard Based on the Indicators Checked:**

- Met-The eligible entity has met the requirements of the Standard as written.
- Not Met –The eligible entity has not met the requirements of the Standard as written

**Recommendations or next steps needed to meet the National Standard and/or Indicators:**

## 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/advisory body meeting minutes
- Engagement may include: key informant interviews, staff participation in other community groups/advisory bodies, community-wide processes, etc.
- Documentation is needed to demonstrate that all five sectors have been engaged: community-based organizations, faith-based organizations, private sector, public sector, and educational institutions. There is no requirement for how many individual organizations the eligible entity must contact, or what data is collected.
- If one or more of these sectors are not present in the community or refuses to participate, then the eligible entity needs to demonstrate the gap or a good faith effort to engage the sector(s).
- Demonstrating that 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 eligible entity files (hard copy or electronic); documentation in planning team minutes; summary reports on the data shared at Board/advisory body meetings or Board/advisory body committees; etc.

**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/advisory body/committee or staff meeting minutes

**Other Documentation:**

**Indicators of compliance with Organizational Standard and additional State Requirements as part of the triennial review process.**

- \*A variety of stakeholders (community-based organizations, faith-based organizations, private sector, public sector, and educational institutions) provided input in the development of the needs assessment (**EACH GROUP MUST BE REPRESENTED TO MEET THE INDICATOR**).
- \*Process used to obtain information from the groups above conforms to the guidance listed above (phone calls, interviews, focus groups, interviews, forums, surveys, etc.).
- \*Documentation was provided to demonstrate scope of data collected from these groups (survey tool, community meeting minutes, forum topics, focus group questions, etc.).

**Findings by reviewer:**

**Assessment of the Indicators:**

- Met-The eligible entity has met all of the Indicators as part of the triennial assessment.
- Met-The eligible entity has met some (not all) of the Indicators as part of the triennial assessment.
- Not Met –The eligible entity has met none of the Indicators as part of the triennial assessment.

**Assessment of Organizational Standard Based on the Indicators Checked:**

- Met-The eligible entity has met the requirements of the Standard as written.
- Not Met -The eligible entity has not met the requirements of the Standard as written

**Recommendations or next steps needed to meet the National Standard and/or Indicators:**

## 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 an Eligible entities annual report, Social Media activity, traditional news media, community outreach activities, etc.
- Community would be defined by the eligible entity but needs to include those outside of the staff and Board/advisory body of the eligible entity.

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

- 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

**Other Documentation:**

**Indicators of compliance with Organizational Standard and additional State Requirements as part of the triennial review process.**

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

**Findings by reviewer:**

**Assessment of the Indicators:**

- Met-The eligible entity has met all of the Indicators as part of the triennial assessment.
- Met-The eligible entity has met some (not all) of the Indicators as part of the triennial assessment.
- Not Met –The eligible entity has met none of the Indicators as part of the triennial assessment.

**Assessment of Organizational Standard Based on the Indicators Checked:**

- Met-The eligible entity has met the requirements of the Standard as written.
- Not Met –The eligible entity has not met the requirements of the Standard as written

**Recommendations or next steps needed to meet the National Standard and/or Indicators:**

## 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.

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

- Data on Number of Volunteers and Hours Provided
- Board/advisory body Minutes
- Documentation of Tracking System(s)
- Volunteer Lists and Documents

**Other documentation utilized to demonstrate the standard and indicators below are “met”:**

CSBG work plan, volunteer timesheets, volunteer job descriptions, background checklist.

**Indicators of compliance with Organizational Standard and additional State Requirements as part of the triennial review process.**

- \*Volunteers complete timesheets.
- There is a process to assess the value of volunteer time used as an in-kind contributions.
- The agency has clearly defined roles for volunteers (job descriptions).
- Background checks are performed for volunteers working in programs serving children **OR**
  - Note if agency does not have volunteers working with children
- Note if agency does not utilize volunteers

**Findings by reviewer:**

**Assessment of the Indicators:**

- Met-The eligible entity has met all of the Indicators as part of the triennial assessment.
- Met-The eligible entity has met some (not all) of the Indicators as part of the triennial assessment.
- Not Met –The eligible entity has met none of the Indicators as part of the triennial assessment.

**Assessment of Organizational Standard Based on the Indicators Checked:**

- Met-The eligible entity has met the requirements of the Standard as written.
- Not Met –The eligible entity has not met the requirements of the Standard as written

**Recommendations or next steps needed to meet the National Standard and/or Indicators:**

## 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 Eligible entities 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 eligible entity deems appropriate. This can include: websites, mail/email distribution, social media, press conference, etc.
- It may be helpful for Eligible entities to document the report release date such as April 2014 or December 2015.

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

- Dated community assessment report
- Board/advisory body minutes

**Other Documentation:**

**Indicators of compliance with Organizational Standard and additional State Requirements as part of the triennial review process.**

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

**Findings by reviewer:**

- Assessment of the Indicators:**
- Met-The eligible entity has met all of the Indicators as part of the triennial assessment.
  - Met-The eligible entity has met some (not all) of the Indicators as part of the triennial assessment.
  - Not Met –The eligible entity has met none of the Indicators as part of the triennial assessment.

- Assessment of Organizational Standard Based on the Indicators Checked:**
- Met-The eligible entity has met the requirements of the Standard as written.
  - Not Met –The eligible entity has not met the requirements of the Standard as written

**Recommendations or next steps needed to meet the National Standard and/or Indicators:**

## 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.

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

- Community assessment document (including appendices)
- Broader municipality-wide assessment
- Other data collection process on poverty

**Other Documentation:**

NYSCAA needs assessment tool.

**Indicators of compliance with Organizational Standard and additional State Requirements as part of the triennial review process.**

- \*The needs assessment document includes current data specific to **poverty** as it relates to **gender, age, race and ethnicity** for the eligible entity’s service area.

**(All four are required. Note- “ethnicity” is used to refer to Hispanic Origin in Census Data)**

**Findings by reviewer:**

**Assessment of the Indicators:**

- Met-The eligible entity has met all of the Indicators as part of the triennial assessment.
- Met-The eligible entity has met some (not all) of the Indicators as part of the triennial assessment.
- Not Met –The eligible entity has met none of the Indicators as part of the triennial assessment.

**Assessment of Organizational Standard Based on the Indicators Checked:**

- Met-The eligible entity has met the requirements of the Standard as written.
- Not Met –The eligible entity has not met the requirements of the Standard as written

**Recommendations or next steps needed to meet the National Standard and/or Indicators:**

## 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.

### 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:

### Indicators of compliance with Organizational Standard and additional State Requirements as part of the triennial review process.

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

### Findings by reviewer:

### Assessment of the Indicators:

- Met-The eligible entity has met all of the Indicators as part of the triennial assessment.
- Met-The eligible entity has met some (not all) of the Indicators as part of the triennial assessment.
- Not Met –The eligible entity has met none of the Indicators as part of the triennial assessment.

### Assessment of Organizational Standard Based on the Indicators Checked:

- Met-The eligible entity has met the requirements of the Standard as written.
- Not Met –The eligible entity has not met the requirements of the Standard as written

### Recommendations or next steps needed to meet the National Standard and/or Indicators:



## 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.

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

- Community assessment document (including appendices)
- Back up documentation
- Broader community-wide assessment
- Committee/team meeting minutes reflecting analysis

### Other Documentation:

### Indicators of compliance with Organizational Standard and additional State Requirements as part of the triennial review process.

- \* Needs assessment includes a section on key findings which includes quantitative data on the conditions of poverty (see examples under guidance above).
- \* Needs assessment includes a section on key findings which includes quantitative or qualitative data on causes of poverty (see examples under guidance above).

### Findings by reviewer:

### Assessment of the Indicators:

- Met-The eligible entity has met all of the Indicators as part of the triennial assessment.
- Met-The eligible entity has met some (not all) of the Indicators as part of the triennial assessment.
- Not Met –The eligible entity has met none of the Indicators as part of the triennial assessment.

### Assessment of Organizational Standard Based on the Indicators Checked:

- Met-The eligible entity has met the requirements of the Standard as written.
- Not Met –The eligible entity has not met the requirements of the Standard as written

### Recommendations or next steps needed to meet the National Standard and/or Indicators:

## 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/advisory body voting on a motion to accept the assessment at a regular Board/advisory body meeting and documenting this in the minutes.

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

- Community assessment document
- Board/advisory body minutes
- Board/advisory body pre-meeting materials/packet

**Other Documentation:**

**Indicators of compliance with Organizational Standard and additional State Requirements as part of the triennial review process.**

- \*The Board/advisory body formally voted to accept the eligible entity’s community needs assessment within the past 3 years.
- Board/advisory body members participate in the needs assessment process (survey, focus group, interview, etc.).

**Findings by reviewer:**

**Assessment of the Indicators:**

- Met-The eligible entity has met all of the Indicators as part of the triennial assessment.
- Met-The eligible entity has met some (not all) of the Indicators as part of the triennial assessment.
- Not Met –The eligible entity has met none of the Indicators as part of the triennial assessment.

**Assessment of Organizational Standard Based on the Indicators Checked:**

- Met-The eligible entity has met the requirements of the Standard as written.
- Not Met –The eligible entity has not met the requirements of the Standard as written

**Recommendations or next steps needed to meet the National Standard and/or Indicators:**

**Vision and Direction – Category 4: Organizational Leadership**

**Standard 4.1**      **The tripartite Board/advisory body has reviewed the department’s mission statement within the past 5 years and assured that:**  
**1. The mission addresses poverty; and**  
**2. The CSBG programs and services are in alignment with the mission.**

**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/advisory body that determines if the programs and services are in alignment with the mission. This review and formal determination would be recorded in the Board/advisory body minutes.

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

- Board/advisory body minutes
- Strategic plan
- Mission statement

**Other Documentation:**

**Indicators of compliance with Organizational Standard and additional State Requirements as part of the triennial review process.**

- \*The mission statement addresses poverty (conforms to guidance listed above).
- \*The tripartite board/advisory body provided input in the development of the mission statement.
- \*The tripartite board/advisory body reviewed and approved the mission statement within the last 5 years.
- \*Programs are consistent with the eligible entity’s mission statement.

**Findings by reviewer:**

**Assessment of the Indicators:**

- Met-The eligible entity has met all of the Indicators as part of the triennial assessment.
- Met-The eligible entity has met some (not all) of the Indicators as part of the triennial assessment.
- Not Met –The eligible entity has met none of the Indicators as part of the triennial assessment.

**Assessment of Organizational Standard Based on the Indicators Checked:**

- Met-The eligible entity has met the requirements of the Standard as written.
- Not Met –The eligible entity has not met the requirements of the Standard as written

**Recommendations or next steps needed to meet the National Standard and/or Indicators:**

**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.

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

- CAP Plan\*
- Logic Model
- Community Assessment

**Other documentation utilized to demonstrate the standard and indicators below are “met”:**

CSBG work plan (Excel work book)

\*The CAP Plan is sometimes referred to as the CSBG Plan or CSBG Workplan

**Indicators of compliance with Organizational Standard and additional State Requirements as part of the triennial review process.**

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

**Findings by reviewer:**

- Assessment of the Indicators:**
- Met-The eligible entity has met all of the Indicators as part of the triennial assessment.
  - Met-The eligible entity has met some (not all) of the Indicators as part of the triennial assessment.
  - Not Met –The eligible entity has met none of the Indicators as part of the triennial assessment.

- Assessment of Organizational Standard Based on the Indicators Checked:**
- Met-The eligible entity has met the requirements of the Standard as written.
  - Not Met –The eligible entity has not met the requirements of the Standard as written

**Recommendations or next steps needed to meet the National Standard and/or Indicators:**

## 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.

### 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:

Board/advisory body minutes recording board/advisory body member discussions and/or activities related to planning, implementation (review and knowledge needed to make informed decisions for agency oversight) and evaluation (see Standard 9.3).  
CSBG work plan, PPRs.

### Indicators of compliance with Organizational Standard and additional State Requirements as part of the triennial review process.

- \*The current CSBG work plan clearly documents the most recent need assessment priorities and strategic plan goals and objectives
  - (Note if a ROMA certified trainer was involved in these processes).
- \*The CSBG work plan demonstrates program implementation by using a funnel or concepts of the ROMA logic model
  - (Note if a ROMA certified trainer was involved in creating the work plan).
- The eligible entity reviews program reports including delegate agency reports (and narratives when applicable) to ensure the targets are achieved as part of the ROMA Cycle (evaluation). **(Similar to 9.3)**
- The eligible entity reviews its strategic plan at least annually to evaluate and measure the objectives **(Similar to 4.4, 6.5 and 9.3).**

### Findings by reviewer:

### Assessment of the Indicators:

- Met-The eligible entity has met all of the Indicators as part of the triennial assessment.
- Met-The eligible entity has met some (not all) of the Indicators as part of the triennial assessment.
- Not Met –The eligible entity has met none of the Indicators as part of the triennial assessment.

**Assessment of Organizational Standard Based on the Indicators Checked:**

- Met-The eligible entity has met the requirements of the Standard as written.
- Not Met -The eligible entity has not met the requirements of the Standard as written

**Recommendations or next steps needed to meet the National Standard and/or Indicators:**

**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 Board/advisory body 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 body may be written or verbal.
- The update provided to the tripartite Board/advisory body 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/advisory body that is less than one year.

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

- Community action plan update/report
- Board/advisory body minutes
- Board/advisory body pre-meeting materials/packet

**Other Documentation:**

**Indicators of compliance with Organizational Standard and additional State Requirements as part of the triennial review process.**

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

**Findings by reviewer:**

**Assessment of the Indicators:**

- Met-The eligible entity has met all of the Indicators as part of the triennial assessment.
- Met-The eligible entity has met some (not all) of the Indicators as part of the triennial assessment.
- Not Met –The eligible entity has met none of the Indicators as part of the triennial assessment.

**Assessment of Organizational Standard Based on the Indicators Checked:**

- Met-The eligible entity has met the requirements of the Standard as written.
- Not Met –The eligible entity has not met the requirements of the Standard as written

**Recommendations or next steps needed to meet the National Standard and/or Indicators:**

## 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.

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

- Board/advisory body minutes
- Succession plan/policy
- Short term succession plan

**Other Documentation:**

**Indicators of compliance with Organizational Standard and additional State Requirements as part of the triennial review process.**

- \*The eligible entity has a written policy/process in place for filling interim appointments and/or permanent vacancies.

**Findings by reviewer:**

**Assessment of the Indicators:**

- Met-The eligible entity has met all of the Indicators as part of the triennial assessment.
- Met-The eligible entity has met some (not all) of the Indicators as part of the triennial assessment.
- Not Met –The eligible entity has met none of the Indicators as part of the triennial assessment.

**Assessment of Organizational Standard Based on the Indicators Checked:**

- Met-The eligible entity has met the requirements of the Standard as written.
- Not Met –The eligible entity has not met the requirements of the Standard as written

**Recommendations or next steps needed to meet the National Standard and/or Indicators:**



**Vision and Direction – Category 4: Organizational Leadership**

**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.

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

- Board/advisory body minutes
- Completed risk assessment
- Risk assessment policy/procedures

**Other Documentation:**

Emergency /disaster plan, Business Continuity Plan.

**Indicators of compliance with Organizational Standard and additional State Requirements as part of the triennial review process.**

- \*The government complies with its Risk Assessment Policy and/or Procedures.
- The government entity has an emergency plan that covers a variety of short term scenarios (For example inclement weather, intruder, threats, pandemic, etc.).
- The government entity has a written Business Continuity Plan that will allow services and administrative functions to be carried out under a variety of long term emergency situations (for example fire, flood, roof collapse, building condemned, etc.).

**Findings by reviewer:**

**Assessment of the Indicators:**

- Met-The eligible entity has met all of the Indicators as part of the triennial assessment.
- Met-The eligible entity has met some (not all) of the Indicators as part of the triennial assessment.
- Not Met –The eligible entity has met none of the Indicators as part of the triennial assessment.

**Assessment of Organizational Standard Based on the Indicators Checked:**

- Met-The eligible entity has met the requirements of the Standard as written.
- Not Met –The eligible entity has not met the requirements of the Standard as written

**Recommendations or next steps needed to meet the National Standard and/or Indicators:**

## 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:

1. Selecting the Board/advisory body members as follows:
  - At least one third are democratically-selected representatives of the low-income community;
  - One-third are local elected officials (or their representatives); and
  - The remaining members are from major groups and interests in the community; or
2. Selecting the Board/advisory body 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.

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

- Board/advisory body minutes  
 Board/advisory body roster  
 Bylaws

### Other Documentation:

Board member list with residential addresses, Public Official Roster, Public Official Letterhead, Board member business cards, resume, group/community interest letter appointing representative, notation in minutes supporting private sector group/community interest of specific representative.

### Indicators of compliance with Organizational Standard and additional State Requirements as part of the triennial review process.

- \*Bylaws are consistent with federal legislation (tripartite composition).  
 \*Board/advisory body members are selected by the entity (appointed and reappointed by full board/advisory body vote).  
 \*Low-income sector representatives reside in neighborhoods, if specified within the bylaws  
**OR**  **Not applicable per the bylaws.**  
 \*Public Sector officials were in public office at the time of selection.  
 \*Private Sector members represent groups and interest within the community (Business, industry, labor, religious, law enforcement, education, or other major groups and interests in the community served)  
 \*Current composition of board/advisory body complies with 42 U.S.C. 9901 et seq. §676B (number seated and vacancies per sector).

### Findings by reviewer:

### Assessment of the Indicators:

- Met-The eligible entity has met all of the Indicators as part of the triennial assessment.  
 Met-The eligible entity has met some (not all) of the Indicators as part of the triennial assessment.  
 Not Met –The eligible entity has met none of the Indicators as part of the triennial assessment.

**Assessment of Organizational Standard Based on the Indicators Checked:**

- Met-The eligible entity has met the requirements of the Standard as written.
- Not Met -The eligible entity has not met the requirements of the Standard as written

**Recommendations or next steps needed to meet the National Standard and/or Indicators:**

## 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/advisory body 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/advisory body 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 eligible entity's clients and/or by other low-income people in the eligible entity's service area (ballots could be cast, for example, at designated polling place(s) in the service area, at the eligible entity's offices, or via the Internet); (2) vote at a community meeting of low-income people (the meeting could serve not simply to select low-income sector directors but also to address a topic of interest to low-income people); (3) designation of one or more community organization(s) composed predominantly of and representing low-income people in the service area (for example, a Head Start policy council, low-income housing tenant association, or the Board of a community health center) to designate representative(s) to serve on the eligible entity's Board/advisory body.

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

- Board/advisory body policies and procedures
- Board/advisory body minutes
- Bylaws

#### Other Documentation:

Ballots, documentation of vote (signatures, attendance list) and posting of public meeting, minutes of community organization and documentation to support community group is composed predominately of and representing low-income people within the service area.

#### Indicators of compliance with Organizational Standard and additional State Requirements as part of the triennial review process.

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

#### Findings by reviewer:

#### Assessment of the Indicators:

- Met-The eligible entity has met all of the Indicators as part of the triennial assessment.
- Met-The eligible entity has met some (not all) of the Indicators as part of the triennial assessment.
- Not Met –The eligible entity has met none of the Indicators as part of the triennial assessment.

**Assessment of Organizational Standard Based on the Indicators Checked:**

- Met-The eligible entity has met the requirements of the Standard as written.
- Not Met -The eligible entity has not met the requirements of the Standard as written

**Recommendations or next steps needed to meet the National Standard and/or Indicators:**

## Vision and Direction – Category 5: Board Governance

**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.

**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:**

**Indicators of compliance with Organizational Standard and additional State Requirements as part of the triennial review process.**

- \*Eligible entity can document that board/advisory body members have received a copy of the bylaws within the past 2 years.

**Findings by reviewer:**

**Assessment of the Indicators:**

- Met-The eligible entity has met all of the Indicators as part of the triennial assessment.
- Met-The eligible entity has met some (not all) of the Indicators as part of the triennial assessment.
- Not Met –The eligible entity has met none of the Indicators as part of the triennial assessment.

**Assessment of Organizational Standard Based on the Indicators Checked:**

- Met-The eligible entity has met the requirements of the Standard as written.
- Not Met –The eligible entity has not met the requirements of the Standard as written

**Recommendations or next steps needed to meet the National Standard and/or Indicators:**

## 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/advisory body 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.

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

- Board/advisory body minutes
- Board/advisory body roster
- Bylaws/governing documents

**Other Documentation:**

Copies of letters sent to board members to address attendance issues, sign-in sheets.

**Indicators of compliance with Organizational Standard and additional State Requirements as part of the triennial review process.**

- \*The board/advisory body met the required number of times as stated in the bylaws in the past year.
- \*A quorum was present at the required number of meetings in the past year.
- The Board/advisory body is in compliance with the attendance policy or “removal due to lack of attendance” if/as included within the bylaws.
- Bylaws contain provisions for filling vacancies.
- The Board/advisory body is in compliance with the provisions for filling vacancies as set in the bylaws.

**Findings by reviewer:**

**Assessment of the Indicators:**

- Met-The eligible entity has met all of the Indicators as part of the triennial assessment.
- Met-The eligible entity has met some (not all) of the Indicators as part of the triennial assessment.
- Not Met –The eligible entity has met none of the Indicators as part of the triennial assessment.

**Assessment of Organizational Standard Based on the Indicators Checked:**

- Met-The eligible entity has met the requirements of the Standard as written.
- Not Met –The eligible entity has not met the requirements of the Standard as written

**Recommendations or next steps needed to meet the National Standard and/or Indicators:**



## 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 Eligible entities address conflict of interest within required ethics training.

**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:**

Board meeting agenda item

**Indicators of compliance with Organizational Standard and additional State Requirements as part of the triennial review process.**

- \*The conflict of interest policy or comparable local government document has been signed by Board/advisory body members within the past 2 years.

**Findings by reviewer:**

**Assessment of the Indicators:**

- Met-The eligible entity has met all of the Indicators as part of the triennial assessment.
- Met-The eligible entity has met some (not all) of the Indicators as part of the triennial assessment.
- Not Met –The eligible entity has met none of the Indicators as part of the triennial assessment.

**Assessment of Organizational Standard Based on the Indicators Checked:**

- Met-The eligible entity has met the requirements of the Standard as written.
- Not Met –The eligible entity has not met the requirements of the Standard as written

**Recommendations or next steps needed to meet the National Standard and/or Indicators:**

## 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/advisory body 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/advisory body meetings, special sessions, in person, through electronic media, or through other modalities as determined by the Board/advisory body.
- The department must have documentation of its process (including content), as well as documentation that each Board/advisory body member has been provided with the opportunity for orientation.

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

- Board/advisory body policy/procedures  
 Board/advisory body orientation materials  
 Board/advisory body member acknowledgement/signature

### **Other Documentation:**

Board minutes, training attendance records.

### **Indicators of compliance with Organizational Standard and additional State Requirements as part of the triennial review process.**

- \*Orientation for new board/advisory body members is provided within six months of initial appointment to the board/advisory body.  
 At minimum, the orientation topics include a review of the bylaws, overview of programs, and review of CSBG fiscal reports/annual CSBG budget.  
 Board/advisory body members are provided with copies of or have access to organizational documents (bylaws, strategic plan, needs assessment, and annual CSBG budget).

### **Findings by reviewer:**

### **Assessment of the Indicators:**

- Met-The eligible entity has met all of the Indicators as part of the triennial assessment.  
 Met-The eligible entity has met some (not all) of the Indicators as part of the triennial assessment.  
 Not Met -The eligible entity has met none of the Indicators as part of the triennial assessment.

### **Assessment of Organizational Standard Based on the Indicators Checked:**

- Met-The eligible entity has met the requirements of the Standard as written.  
 Not Met -The eligible entity has not met the requirements of the Standard as written

### **Recommendations or next steps needed to meet the National Standard and/or Indicators:**

**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/advisory body meetings, special sessions, conferences, through electronic media, or other modalities as determined by the Board/advisory body.
- The department needs to have documentation that the training occurred (including content) as well as documentation that each Board/advisory body member has been provided with training opportunities.

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

- Training agendas
- Attendee list
- Board/advisory body minutes
- Documentation of Board/advisory body attendance at out of office training conferences/events/webinars, etc.

**Other Documentation:**

Certificate of Training Completion.

**Indicators of compliance with Organizational Standard and additional State Requirements as part of the triennial review process.**

- \*Board/advisory body members have received training on their duties and responsibilities within the past 2 years.
- Board/advisory body members are made aware of opportunities for training (NYSCAA, CAPLAW, NCAF, webinars, United Way, etc.).
- Training on relevant topics is provided to the board/advisory body (Ex. changes in regulations, understanding CSBG financial reports, etc.).

**Findings by reviewer:**

- Assessment of the Indicators:**
- Met-The eligible entity has met all of the Indicators as part of the triennial assessment.
  - Met-The eligible entity has met some (not all) of the Indicators as part of the triennial assessment.
  - Not Met -The eligible entity has met none of the Indicators as part of the triennial assessment.

- Assessment of Organizational Standard Based on the Indicators Checked:**
- Met-The eligible entity has met the requirements of the Standard as written.
  - Not Met -The eligible entity has not met the requirements of the Standard as written

**Recommendations or next steps needed to meet the National Standard and/or Indicators:**

## 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 body meeting.

### Guidance:

- This standard does not require a report on each program at every Board/advisory body meeting; however it does call for some level of programmatic reporting at every Board/advisory body meeting. The department determines their own process to report programs to the Board/advisory body. 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/advisory body meeting.
- Board/advisory body minutes should reflect that programmatic reports have been received documentation.
- Programmatic reporting may be in writing (reports, dashboard) and/or verbal.

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

- Board/advisory body minutes
- Board/advisory body materials/packet
- Programmatic reports

### Other Documentation:

RFP, Proposal rating tools, approved delegate contracts,

### Indicators of compliance with Organizational Standard and additional State Requirements as part of the triennial review process.

- \*The board/advisory body receives program reports at each board/advisory body meeting (written or verbal). **(Similar to 9.3)**
- The board/advisory body or committee regularly reviews program reports to ensure goals and targets are achieved.
- Board/advisory body or a committee approves CSBG work plans and outcomes submitted for funding (May be reviewed prior to or after submission to funding source recognizing timelines may be short).
- The board/advisory body establishes priority areas for funding which are used in rating proposals.
- There is an objective rating tool used to assess each application for funding.
- Delegate Agency contracts are executed in a timely fashion.
- Delegate agencies receive payments in a timely manner.
- Department and board/advisory body periodically monitor and evaluate funded projects.

### Findings by reviewer:

### Assessment of the Indicators:

- Met-The eligible entity has met all of the Indicators as part of the triennial assessment.
- Met-The eligible entity has met some (not all) of the Indicators as part of the triennial assessment.
- Not Met –The eligible entity has met none of the Indicators as part of the triennial assessment.

### Assessment of Organizational Standard Based on the Indicators Checked:

- Met-The eligible entity has met the requirements of the Standard as written.
- Not Met –The eligible entity has not met the requirements of the Standard as written

### Recommendations or next steps needed to meet the National Standard and/or Indicators:

## 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/advisory body voting on a motion to accept the strategic plan at a regular Board/advisory body meeting and documenting this in the minutes.

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

- Strategic plan/comparable planning document
- Board/advisory body minutes

**Other Documentation:**

**Indicators of compliance with Organizational Standard and additional State Requirements as part of the triennial review process.**

- \*The Strategic Plan was developed within the past 5 years.
- \*Board/advisory body members participate in the strategic planning process (survey, focus group, interview, etc.).
- \*The Strategic Plan was reviewed and voted on by the Board/advisory body within the past 5 years.

**Findings by reviewer:**

**Assessment of the Indicators:**

- Met-The eligible entity has met all of the Indicators as part of the triennial assessment.
- Met-The eligible entity has met some (not all) of the Indicators as part of the triennial assessment.
- Not Met –The eligible entity has met none of the Indicators as part of the triennial assessment.

**Assessment of Organizational Standard Based on the Indicators Checked:**

- Met-The eligible entity has met the requirements of the Standard as written.
- Not Met –The eligible entity has not met the requirements of the Standard as written

**Recommendations or next steps needed to meet the National Standard and/or Indicators:**

## 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.

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

Strategic plan

**Other Documentation:**

**Indicators of compliance with Organizational Standard and additional State Requirements as part of the triennial review process.**

- \*The Strategic Plan addresses the reduction of poverty.
- \*The Strategic Plan addresses the revitalization of low-income communities.
- \*The Strategic Plan addresses the empowerment of people with low incomes to become more self-sufficient.

**Must address one or more to meet the federal standard and indicators.**

The Strategic Plan includes goals and measurable objectives.

**Findings by reviewer:**

**Assessment of the Indicators:**

- Met-The eligible entity has met all of the Indicators as part of the triennial assessment.
- Met-The eligible entity has met some (not all) of the Indicators as part of the triennial assessment.
- Not Met –The eligible entity has met none of the Indicators as part of the triennial assessment.

**Assessment of Organizational Standard Based on the Indicators Checked:**

- Met-The eligible entity has met the requirements of the Standard as written.
- Not Met –The eligible entity has not met the requirements of the Standard as written

**Recommendations or next steps needed to meet the National Standard and/or Indicators:**

## 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.

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

Strategic plan

**Other Documentation:**

**Indicators of compliance with Organizational Standard and additional State Requirements as part of the triennial review process.**

- \*The Strategic Plan contains community goals.
- \*The Strategic Plan contains agency goals.
- \*The Strategic Plan contains individual/family goals.

**Must address **one or more** to meet the federal and state standards.**

**Findings by reviewer:**

**Assessment of the Indicators:**

- Met-The eligible entity has met all of the Indicators as part of the triennial assessment.
- Met-The eligible entity has met some (not all) of the Indicators as part of the triennial assessment.
- Not Met –The eligible entity has met none of the Indicators as part of the triennial assessment.

**Assessment of Organizational Standard Based on the Indicators Checked:**

- Met-The eligible entity has met the requirements of the Standard as written.
- Not Met –The eligible entity has not met the requirements of the Standard as written

**Recommendations or next steps needed to meet the National Standard and/or Indicators:**

## 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.

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

- Strategic plan including appendices
- Notes from strategic planning process
- Customer input data/reports
- Customer satisfaction data/reports
- Public comment/hearing summaries

**Other Documentation:**

**Indicators of compliance with Organizational Standard and additional State Requirements as part of the triennial review process.**

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

**Findings by reviewer:**

**Assessment of the Indicators:**

- Met-The eligible entity has met all of the Indicators as part of the triennial assessment.
- Met-The eligible entity has met some (not all) of the Indicators as part of the triennial assessment.
- Not Met -The eligible entity has met none of the Indicators as part of the triennial assessment.

**Assessment of Organizational Standard Based on the Indicators Checked:**

- Met-The eligible entity has met the requirements of the Standard as written.
- Not Met -The eligible entity has not met the requirements of the Standard as written

**Recommendations or next steps needed to meet the National Standard and/or Indicators:**



## 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 Board/advisory body 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 meeting, or a planning session, and documented in the minutes.
- The update provided to the tripartite Board/advisory body may be written or verbal.
- The update provided to the tripartite Board /advisory body 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/advisory body that is less than one year.

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

- Strategic plan update/report
- Board /advisory body minutes
- Board/advisory body materials/packet

### Other Documentation:

### Indicators of compliance with Organizational Standard and additional State Requirements as part of the triennial review process.

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

### Findings by reviewer:

### Assessment of the Indicators:

- Met-The eligible entity has met all of the Indicators as part of the triennial assessment.
- Met-The eligible entity has met some (not all) of the Indicators as part of the triennial assessment.
- Not Met –The eligible entity has met none of the Indicators as part of the triennial assessment.

### Assessment of Organizational Standard Based on the Indicators Checked:

- Met-The eligible entity has met the requirements of the Standard as written.
- Not Met –The eligible entity has not met the requirements of the Standard as written

### Recommendations or next steps needed to meet the National Standard and/or Indicators:

**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

**Standard 7.2**      **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.**

**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.

**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:**

**Indicators of compliance with Organizational Standard and additional State Requirements as part of the triennial review process.**

- \*Department Personnel acknowledge in writing that they reviewed or have access to the personnel policies.
- \*Personnel are notified of changes to the personnel policies.

**Findings by reviewer:**

**Assessment of the Indicators:**

- Met-The eligible entity has met all of the Indicators as part of the triennial assessment.
- Met-The eligible entity has met some (not all) of the Indicators as part of the triennial assessment.
- Not Met -The eligible entity has met none of the Indicators as part of the triennial assessment.

**Assessment of Organizational Standard Based on the Indicators Checked:**

- Met-The eligible entity has met the requirements of the Standard as written.
- Not Met -The eligible entity has not met the requirements of the Standard as written

**Recommendations or next steps needed to meet the National Standard and/or Indicators:**

**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.

**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:**

**Indicators of compliance with Organizational Standard and additional State Requirements as part of the triennial review process.**

- Written job descriptions are available for all department personnel.

**Findings by reviewer:**

**Assessment of the Indicators:**

- Met-The eligible entity has met all of the Indicators as part of the triennial assessment.
- Met-The eligible entity has met some (not all) of the Indicators as part of the triennial assessment.
- Not Met –The eligible entity has met none of the Indicators as part of the triennial assessment.

**Assessment of Organizational Standard Based on the Indicators Checked:**

- Met-The eligible entity has met the requirements of the Standard as written.
- Not Met –The eligible entity has not met the requirements of the Standard as written

**Recommendations or next steps needed to meet the National Standard and/or Indicators:**

**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.

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

- Department performance appraisal procedures
- Documentation that performance appraisal has taken place in line with the procedure

**Other Documentation:**

**Indicators of compliance with Organizational Standard and additional State Requirements as part of the triennial review process.**

- \*Local government provides documentation of compliance with local performance appraisal process for the department head.

**Findings by reviewer:**

**Assessment of the Indicators:**

- Met-The eligible entity has met all of the Indicators as part of the triennial assessment.
- Met-The eligible entity has met some (not all) of the Indicators as part of the triennial assessment.
- Not Met –The eligible entity has met none of the Indicators as part of the triennial assessment.

**Assessment of Organizational Standard Based on the Indicators Checked:**

- Met-The eligible entity has met the requirements of the Standard as written.
- Not Met –The eligible entity has not met the requirements of the Standard as written

**Recommendations or next steps needed to meet the National Standard and/or Indicators:**

## **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.

**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:**

**Indicators of compliance with Organizational Standard and additional State Requirements as part of the triennial review process.**

- \*Local government provides documentation of compliance with local procedures for compensation of department head.

**Findings by reviewer:**

- Assessment of the Indicators:**
- Met-The eligible entity has met all of the Indicators as part of the triennial assessment.
  - Met-The eligible entity has met some (not all) of the Indicators as part of the triennial assessment.
  - Not Met –The eligible entity has met none of the Indicators as part of the triennial assessment.

- Assessment of Organizational Standard Based on the Indicators Checked:**
- Met-The eligible entity has met the requirements of the Standard as written.
  - Not Met –The eligible entity has not met the requirements of the Standard as written

**Recommendations or next steps needed to meet the National Standard and/or Indicators:**

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

**Standard 7.6      The department follows local governmental policies for regular written evaluation of employees by their supervisors.**

**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.

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

- Evaluation policy
- Documentation of fulfilling governmental policies

**Other Documentation:**

**Indicators of compliance with Organizational Standard and additional State Requirements as part of the triennial review process.**

- \*Local government has a policy for regular written evaluation of employees by their supervisors.
- \*Local government provides documentation of compliance with local procedures for regular written evaluation of employees by their supervisors.

**Findings by reviewer:**

**Assessment of the Indicators:**

- Met-The eligible entity has met all of the Indicators as part of the triennial assessment.
- Met-The eligible entity has met some (not all) of the Indicators as part of the triennial assessment.
- Not Met -The eligible entity has met none of the Indicators as part of the triennial assessment.

**Assessment of Organizational Standard Based on the Indicators Checked:**

- Met-The eligible entity has met the requirements of the Standard as written.
- Not Met -The eligible entity has not met the requirements of the Standard as written

**Recommendations or next steps needed to meet the National Standard and/or Indicators:**

**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 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.

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

- Whistleblower policy
- Board/advisory body minutes
- Board materials/packet
- N/A (with documentation that such a policy does not exist)

**Other Documentation:**

**Indicators of compliance with Organizational Standard and additional State Requirements as part of the triennial review process.**

- \*Board/advisory body members are provided a copy of any existing local government whistleblower policy at the time of orientation.

**Findings by reviewer:**

**Assessment of the Indicators:**

- Met-The eligible entity has met all of the Indicators as part of the triennial assessment.
- Met-The eligible entity has met some (not all) of the Indicators as part of the triennial assessment.
- Not Met –The eligible entity has met none of the Indicators as part of the triennial assessment.

**Assessment of Organizational Standard Based on the Indicators Checked:**

- Met-The eligible entity has met the requirements of the Standard as written.
- Not Met –The eligible entity has not met the requirements of the Standard as written

**Recommendations or next steps needed to meet the National Standard and/or Indicators:**



**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.

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

- Policies for new employee orientation
- Orientation materials
- Sampling of HR/personnel files for documentation of attendance
- NA – No departmental new hires since last assessment

**Other Documentation:**

**Indicators of compliance with Organizational Standard and additional State Requirements as part of the triennial review process.**

\*The department follows local government procedures for orientation of new employees.

**Findings by reviewer:**

**Assessment of the Indicators:**

- Met-The eligible entity has met all of the Indicators as part of the triennial assessment.
- Met-The eligible entity has met some (not all) of the Indicators as part of the triennial assessment.
- Not Met –The eligible entity has met none of the Indicators as part of the triennial assessment.

**Assessment of Organizational Standard Based on the Indicators Checked:**

- Met-The eligible entity has met the requirements of the Standard as written.
- Not Met –The eligible entity has not met the requirements of the Standard as written

**Recommendations or next steps needed to meet the National Standard and/or Indicators:**

**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.

**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:**

**Indicators of compliance with Organizational Standard and additional State Requirements as part of the triennial review process.**

- \*ROMA training was provided to appropriate staff in the past 5 years.
- \*ROMA training was provided to appropriate staff at the delegate agencies.
- Professional development or employee training is included in the CSBG work plan.
- \*Documentation provided to demonstrate certification or training received including but not limited to: ROMA Trainer, FDC, CDA, CCAP, Financial Social Work, etc.

**Findings by reviewer:**

- Assessment of the Indicators:**
- Met-The eligible entity has met all of the Indicators as part of the triennial assessment.
  - Met-The eligible entity has met some (not all) of the Indicators as part of the triennial assessment.
  - Not Met –The eligible entity has met none of the Indicators as part of the triennial assessment.

- Assessment of Organizational Standard Based on the Indicators Checked:**
- Met-The eligible entity has met the requirements of the Standard as written.
  - Not Met –The eligible entity has not met the requirements of the Standard as written

**Recommendations or next steps needed to meet the National Standard and/or Indicators:**

## 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.

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

Completed audit

**Other Documentation:**

**Indicators of compliance with Organizational Standard and additional State Requirements as part of the triennial review process.**

- \*Agency’s annual audit was completed by a Certified Public Accountant on time in accordance with Title 2 of the Code of Federal Regulations, Uniform Administrative Requirements, Cost Principles, and Audit Requirement.
- Auditor opinions have been unmodified.

**Findings by reviewer:**

**Assessment of the Indicators:**

- Met-The eligible entity has met all of the Indicators as part of the triennial assessment.
- Met-The eligible entity has met some (not all) of the Indicators as part of the triennial assessment.
- Not Met –The eligible entity has met none of the Indicators as part of the triennial assessment.

**Assessment of Organizational Standard Based on the Indicators Checked:**

- Met-The eligible entity has met the requirements of the Standard as written.
- Not Met –The eligible entity has not met the requirements of the Standard as written

**Recommendations or next steps needed to meet the National Standard and/or Indicators:**

**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.

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

- Board/advisory body minutes
- Department’s response to the audit

**Other Documentation:**

**Indicators of compliance with Organizational Standard and additional State Requirements as part of the triennial review process.**

- \*The audit contained no finding or questioned costs necessitating a response.

**OR**

  - \*Follow-up and corrective actions have been taken for CSBG related findings and questioned costs. (Reference: Title 2 of the Code of Federal Regulations, Uniform Administrative Requirements, Cost Principles, and Audit Requirement §200.508 (c) and §200.511 (a)).

**Findings by reviewer:**

**Assessment of the Indicators:**

- Met-The eligible entity has met all of the Indicators as part of the triennial assessment.
- Met-The eligible entity has met some (not all) of the Indicators as part of the triennial assessment.
- Not Met –The eligible entity has met none of the Indicators as part of the triennial assessment.

**Assessment of Organizational Standard Based on the Indicators Checked:**

- Met-The eligible entity has met the requirements of the Standard as written.
- Not Met –The eligible entity has not met the requirements of the Standard as written

**Recommendations or next steps needed to meet the National Standard and/or Indicators:**

**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 Board/advisory body is notified of the audited financial statements and management letter, if applicable.

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

- Board/advisory body minutes
- Board/advisory body materials/packet
- Notice of public hearing on the audit

**Other Documentation:**

**Indicators of compliance with Organizational Standard and additional State Requirements as part of the triennial review process.**

\*Tripartite Board/advisory body is notified of the availability of the local government audit.

**Findings by reviewer:**

**Assessment of the Indicators:**

- Met-The eligible entity has met all of the Indicators as part of the triennial assessment.
- Met-The eligible entity has met some (not all) of the Indicators as part of the triennial assessment.
- Not Met –The eligible entity has met none of the Indicators as part of the triennial assessment.

**Assessment of Organizational Standard Based on the Indicators Checked:**

- Met-The eligible entity has met the requirements of the Standard as written.
- Not Met –The eligible entity has not met the requirements of the Standard as written

**Recommendations or next steps needed to meet the National Standard and/or Indicators:**

**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.

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

- Schedule of Findings or Questioned Costs
- Board/advisory body minutes

**Other Documentation:**

**Indicators of compliance with Organizational Standard and additional State Requirements as part of the triennial review process.**

- \*The audit contained no finding or questioned costs necessitating a response.
- OR**
- \*The board/advisory council is notified of CSBG related findings and questioned costs. **(Reference: Title 2 of the Code of Federal Regulations, Uniform Administrative Requirements, Cost Principles, and Audit Requirement §200.508 (c) and §200.511 (a)).**

**Findings by reviewer:**

**Assessment of the Indicators:**

- Met-The eligible entity has met all of the Indicators as part of the triennial assessment.
- Met-The eligible entity has met some (not all) of the Indicators as part of the triennial assessment.
- Not Met –The eligible entity has met none of the Indicators as part of the triennial assessment.

**Assessment of Organizational Standard Based on the Indicators Checked:**

- Met-The eligible entity has met the requirements of the Standard as written.
- Not Met –The eligible entity has not met the requirements of the Standard as written

**Recommendations or next steps needed to meet the National Standard and/or Indicators:**

**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.

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

- Board/advisory body minutes
- Board/advisory body materials/packet
- Financial reports provided to the Board/advisory body

**Other Documentation:**

**Indicators of compliance with Organizational Standard and additional State Requirements as part of the triennial review process.**

- \*Board/advisory body members receive financial reports on CSBG funding at every regular board/advisory body meeting.
- Board/advisory body approves CSBG budget and amendments.

**Findings by reviewer:**

**Assessment of the Indicators:**

- Met-The eligible entity has met all of the Indicators as part of the triennial assessment.
- Met-The eligible entity has met some (not all) of the Indicators as part of the triennial assessment.
- Not Met –The eligible entity has met none of the Indicators as part of the triennial assessment.

**Assessment of Organizational Standard Based on the Indicators Checked:**

- Met-The eligible entity has met the requirements of the Standard as written.
- Not Met –The eligible entity has not met the requirements of the Standard as written

**Recommendations or next steps needed to meet the National Standard and/or Indicators:**

**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.

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

- Board/advisory body minutes
- Department budget
- Policy regarding input into CSBG budget
- Board/advisory body materials/packet
- N/A

**Other Documentation:**

**Indicators of compliance with Organizational Standard and additional State Requirements as part of the triennial review process.**

- \*Board/advisory body provides input on the CSBG budget.

**Findings by reviewer:**

**Assessment of the Indicators:**

- Met-The eligible entity has met all of the Indicators as part of the triennial assessment.
- Met-The eligible entity has met some (not all) of the Indicators as part of the triennial assessment.
- Not Met –The eligible entity has met none of the Indicators as part of the triennial assessment.

**Assessment of Organizational Standard Based on the Indicators Checked:**

- Met-The eligible entity has met the requirements of the Standard as written.
- Not Met –The eligible entity has not met the requirements of the Standard as written

**Recommendations or next steps needed to meet the National Standard and/or Indicators:**

**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.

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

- Document retention and destruction policy
- CSBG department document retention and destruction procedure

**Other Documentation:**

**Indicators of compliance with Organizational Standard and additional State Requirements as part of the triennial review process.**

\*The department follows local governmental policies for record retention and destruction.

**Findings by reviewer:**

**Assessment of the Indicators:**

- Met-The eligible entity has met all of the Indicators as part of the triennial assessment.
- Met-The eligible entity has met some (not all) of the Indicators as part of the triennial assessment.
- Not Met –The eligible entity has met none of the Indicators as part of the triennial assessment.

**Assessment of Organizational Standard Based on the Indicators Checked:**

- Met-The eligible entity has met the requirements of the Standard as written.
- Not Met –The eligible entity has not met the requirements of the Standard as written

**Recommendations or next steps needed to meet the National Standard and/or Indicators:**

## 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.

**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/advisory body or cognizant funder

**Other Documentation:**

Intake application(s), assessment of client/customer needs.

**Indicators of compliance with Organizational Standard and additional State Requirements as part of the triennial review process.**

- \*Department has a data collection system that tracks customer services.
- \*Department has a data collection system that tracks customer demographics.
- Department has an intake system which offers a variety of services with minimal paperwork for the customer.
- Intake process assesses customer’s comprehensive needs (food, housing, employment, education, health care, etc.).

**Findings by reviewer:**

- Assessment of the Indicators:**
- Met-The eligible entity has met all of the Indicators as part of the triennial assessment.
  - Met-The eligible entity has met some (not all) of the Indicators as part of the triennial assessment.
  - Not Met –The eligible entity has met none of the Indicators as part of the triennial assessment.

- Assessment of Organizational Standard Based on the Indicators Checked:**
- Met-The eligible entity has met the requirements of the Standard as written.
  - Not Met –The eligible entity has not met the requirements of the Standard as written

**Recommendations or next steps needed to meet the National Standard and/or Indicators:**



## 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.

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

- Data system documentation and/or direct observation
- Reports as used by staff, leadership, Board/advisory body or cognizant funder

**Other Documentation:**

**Indicators of compliance with Organizational Standard and additional State Requirements as part of the triennial review process.**

- \*Department has a data collection system that tracks family outcomes.
- \*Department has a data collection system that tracks community outcomes.
- \*Department has a data collection system that tracks agency outcomes.

**AT LEAST ONE MUST BE MET**

**Findings by reviewer:**

**Assessment of the Indicators:**

- Met-The eligible entity has met all of the Indicators as part of the triennial assessment.
- Met-The eligible entity has met some (not all) of the Indicators as part of the triennial assessment.
- Not Met –The eligible entity has met none of the Indicators as part of the triennial assessment.

**Assessment of Organizational Standard Based on the Indicators Checked:**

- Met-The eligible entity has met the requirements of the Standard as written.
- Not Met –The eligible entity has not met the requirements of the Standard as written

**Recommendations or next steps needed to meet the National Standard and/or Indicators:**

## 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 eligible entity’s outcomes and any operational or strategic program adjustments and improvements identified as necessary.

**Guidance:**

- This standard could be met through Board/advisory body 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/advisory body discussion of eligible entity 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.

**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:**

**Indicators of compliance with Organizational Standard and additional State Requirements as part of the triennial review process.**

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

**Findings by reviewer:**

**Assessment of the Indicators:**

- Met-The eligible entity has met all of the Indicators as part of the triennial assessment.
- Met-The eligible entity has met some (not all) of the Indicators as part of the triennial assessment.
- Not Met –The eligible entity has met none of the Indicators as part of the triennial assessment.

**Assessment of Organizational Standard Based on the Indicators Checked:**

- Met-The eligible entity has met the requirements of the Standard as written.
- Not Met –The eligible entity has not met the requirements of the Standard as written

**Recommendations or next steps needed to meet the National Standard and/or Indicators:**

## 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.

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

- CSBG Information Survey data report
- Email or upload documentation reflecting submission

**Other Documentation:**

**Indicators of compliance with Organizational Standard and additional State Requirements as part of the triennial review process.**

- The APR was submitted on time (by **November 1<sup>st</sup>**).
- \*The APR included eligible entity-wide outcomes consistent with the CSBG work plan.
- The eligible entity has a process for verifying that delegate agencies are accurately reporting customer demographic data.
- The eligible entity has a process for verifying that delegate agencies are accurately reporting outcomes.
- There is a process to accurately report unduplicated customers between delegate agencies.

**Findings by reviewer:**

**Assessment of the Indicators:**

- Met-The eligible entity has met all of the Indicators as part of the triennial assessment.
- Met-The eligible entity has met some (not all) of the Indicators as part of the triennial assessment.
- Not Met –The eligible entity has met none of the Indicators as part of the triennial assessment.

**Assessment of Organizational Standard Based on the Indicators Checked:**

- Met-The eligible entity has met the requirements of the Standard as written.
- Not Met –The eligible entity has not met the requirements of the Standard as written

**Recommendations or next steps needed to meet the National Standard and/or Indicators:**

## TRACS Scoring Sheet

Standards	Total # of National Standards	Total # of Applicable National Standards	# Met	% Met	Total # of Indicators	Total # of Applicable Indicators	# Met	% Met		
<b>Maximum Feasible Participation</b>										
o Consumer Input and Involvement	3	3			14					
o Community Engagement	4	4			13-16					
o Community Assessment	5	5			11					
<b>Vision and Direction</b>										
o Organizational Leadership	6	6			16					
o Board Governance	8	8			28					
o Strategic Planning	5	5			11-15					
<b>Operations and Accountability</b>										
o Human Resource Management	8	8			13					
o Financial Operations and Oversight	7	7			9					
o Data and Analysis	4	4			13-15					
<b>Total</b>	<b>50</b>	<b>50</b>			<b>%</b>	<b>128-137</b>				<b>%</b>

**Overall Compliance Level with National Standards: XX of XX (XXX% met)**

**Overall Compliance Level with State Established Indicators of Excellence: XXX of XXX (XXX% met)**

**A Continuous Improvement Plan will be created by DOS to track progress on unmet Standards and unmet Indicators.**