

DOS CSBG Annual Program Monitoring Frequency Assessment Tool
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New York State Department of State
 Division of Community Services

Eligible Entity: Choose an item.

FFY: _____ Contract Type: _____ Entitlement _____

Reporting/Contracting:	Yes	No	Comments to Support 'Yes' response – Note if Attachment is provided.
Have any of the following DOS program reports/documents (see below) been submitted late (including incomplete) within the last 18 months? Reports/Documents: PPR, Attestation, Contract/Discretionary documents, Annual Report	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)	
Has the eligible entity requested more than one extension on any report/document due to DOS within the last 18 months?	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)	
Monitoring:			
Were there any CSBG findings within the past twelve months?	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)	
Were there any CSBG deficiencies within the past twelve months?	<input type="checkbox"/> (3)	<input type="checkbox"/> (0)	
Has the eligible entity received notice of a significant deficiency, requiring corrective action, in another program within the past twelve months?	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)	
Fiscal/Organizational Operations:			
Is the eligible entity's federal allocation above \$1,000,000?	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)	
Were any flags identified within the VRQ in the past twelve months?	<input type="checkbox"/> (2)	<input type="checkbox"/> (0)	
Have there been changes to key personnel (ED/CEO, CFO, CSBG Oversight Director, etc.) at the eligible entity within the last 18 months?	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)	
Was the eligible entity's Fiscal Monitoring Frequency Assessment (FMFA) Score six or above?	<input type="checkbox"/> (2)	<input type="checkbox"/> (0)	
Did the eligible entity achieve a final score of 55 private, 47 public or lower on the ACROS (due 9/30 each year) or TRACS (final due prior to next scheduled TRACS)?	<input type="checkbox"/> (2)	<input type="checkbox"/> (0)	
Has the eligible entity lost any funded program(s) within the last 12 months due to noncompliance	<input type="checkbox"/> (2)	<input type="checkbox"/> (0)	
Totals:			

*The information and analysis herein is for the purpose of providing non-binding advice to the Department of State Division of Community Services. The Department of State Division of Community Services may increase or decrease the number of program site visits conducted during the course of any year in response to circumstances presented and based upon the availability of administrative resources. This document is intended solely for intra-agency deliberative purposes.

Recommended <u>minimum</u> number of program visits per year (Total Score/ # of Visits):	Approval Signature	Approval Title	Date
_____	_____	_____	_____
_____	_____	_____	_____