Ricardo D. Martinez

From:	Rita Gonzales-Garza <rita.garza@tdhca.state.tx.us>
Sent:	Thursday, April 20, 2017 3:05 PM
To:	Ricardo D. Martinez
Cc:	Maria G. Silva
Subject:	Final Results for FFY 2016 Review of Organizational Standards Documentation
Attachments:	TX_FFY2016_OrgStdsEE.pdf; WebbCounty_OS_Review_2017-03-31.xls

Mr. Martinez:

Recently, the Department completed a review of the CSBG Organizational Standards documentation submitted by your organization. Congratulations on meeting 92% of the organizational standards. We are providing you with the final results in the attached Excel document which has two worksheets, one with the results of the review and the other worksheet which has a summary of the types of documentation that can be used to evaluate conformance with the organizational standards. Eligible entities should share these results with their board of directors.

We are also providing you with a summary of the statewide results of organizational standards reviews reported to U.S. Department of Health and Human Services, Office of Community Services in our FFY 2016 CSBG Annual Report. In reviewing results statewide, we noticed two areas we believe we can improve upon as a network: community needs assessment and strategic planning. As part of our technical assistance plan, the Department will be offering trainings on these topics this year. We hope all eligible entities will take advantage of the opportunity to attend our trainings. The first one is on Community Needs Assessment at the TACAA Conference at Doubletree, on Thursday, May 11, 2017 at 1:30 p.m. -5:00 p.m. Austin local time. Please be sure to have staff attend. The Strategic Planning-training date will be announced at a later time. Your assigned trainers at TDHCA will also continue to work with each eligible entity to provide technical assistance and guidance on unmet organizational standards. Eligible entities can contact their assigned trainers for guidance.

Organizational standards encompass the types of systems and procedures that a healthy organization and CSBG eligible entity should have in place. If a standards is shown as Met, this is an indication that said documentation was submitted and not necessarily that the document or that the process which was followed meets federal regulations or state requirements. Monitoring reviews will determine compliance with Federal regulations and State requirements.

Please continue to work at establishing conformity with each organizational standard as TDHCA will continue to collect and assess documentation and report results annually to USHHS-OCS.

As we've shared with you before, an excellent resource that explains the purpose of each organizational standard and guidance on how to document conformance is available at the Community Action Partnership website http://www.communityactionpartnership.com/index.php?option=com_content&task=view&id=96&Itemid=291. Go to the header "Technical Assistance Guides and Webinars."

Thank you for your hard work and effort at meeting the CSBG Organizational Standards.

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U.S. Department of Health and Human Services	OMB Clearance No: 0970-0492
CSBG Annual Report	Expiration Date: 01/31/2020

Community Services Block Grant (CSBG)
Annual Report - State Administration Module

SECTION D
Organizational Standards for Eligible Entities

Note: Reference CSBG Information Memorandum #138 State Establishment of Organizational Standards for CSBG Eligible Entities

D.1. Assessment of Organizational Standards:
The CSBG State Plan indicated that the State would use the following organizational standards for its oversight of the CSBG:

◉ The State will use the CSBG Organizational Standards Center of Excellence (COE) organizational standards (as described in IM 138)

○ The State will use an alternative set of organizational standards

D.1a. How did the State assess CSBG Eligible Entities against organizational standards, as described in IM 138?

☐ Peer to Peer review (with validation by the State or State-authorized third party)

☑ Self-assessment (with validation by the State or State-authorized third party)

☐ Self-assessment / Peer review with State risk analysis

☐ State - authorized third party validation

☑ Regular, on-site CSBG monitoring

☑ Other

The Department reviewed documents provided by eligible entities through a desk review.

D.1b. Describe the assessment process as implemented by the State. Please describe any changes in the assessment process that occurred since the time of the State plan submission. Please note that with the exception of regular on-site CSBG monitoring, all assessment options above may include either on-site or desk review (or a combination). The specific State approach should be described in the narrative.
The Department provided eligible entities three opportunities to submit documentation and provided guidance on reasons that documentation did not meet standards. The Department followed the State Plan.

D.2. Organizational Standards Performance:
In the table below, please provide the percentage of CSBG Eligible Entities that met all State-adopted organizational standards in the reporting period (FFY). The target set in the CSBG State Plan is provided in the left-hand column. For more information on the CSBG Organizational Standards, see CSBG Information Memorandum # 138.

Target vs. Actual Performance on the Organizational Standards

Fiscal Year	State CSBG Plan Target	Number of Entities Assessed	Number that Met All (100%) State Standards	Actual Percentage Meeting All (100%) of State Standards
2016		40	2	5.00%

Progress Indicators
Indicate the number of entities that met the following percentages of Organizational Standards

	Number of Entities Assessed	Number that Met between 90% and 99% of State Standards	Actual Percentage
Note – While the State targets the percent of CSBG Eligible Entities to meet 100% of the Organizational Standards, targets are not set in the State Plan for 90%, 80%, and 70% progress indicators.	40	12	30.00%
	Number of Entities Assessed	Number that Met between 80% and 89% of State Standards	Actual Percentage
	40	8	20.00%
	Number of Entities Assessed	Number that Met between 70% and 79% of State Standards	Actual Percentage
	40	6	15.00%

Note: This information is associated with State Accountability measures 6Sa.

D.2a. In the space below, please identify the challenges and factors contributing to the difference between the target and actual results provided in the top row of Table D.2. (above)
2016 was the first year that eligible entities had to submit documentation substantiating compliance with organizational standards. Due to limited time sub recipients were unable to correct deficiencies for organizational standards that require in depth work such as those related to community needs assessment and strategic planning.

D.2b. Percentage Meeting Organizational Standards by Category.
In the table below, provide the number of eligible entities that met each category of the Organizational Standards. The percentage that met all standards in each category will be automatically calculated and totaled in the bottom row.

Percentage Meeting Organizational Standards by Category

Category	Number of Entities Assessed	Number that Met all Standards in Category	Actual Percentage
1. Consumer Input and Involvement	40	21	52.50%
2. Community Engagement	40	20	50.00%
3. Community Assessment	40	9	22.50%
4. Organizational Leadership	40	9	22.50%
5. Board Governance	40	21	52.50%
6. Strategic Planning	40	11	27.50%
7. Human Resource Management	40	15	37.50%
8. Financial Operations & Oversight	40	17	42.50%
9. Data & Analysis	40	20	50.00%

D.3. Technical Assistance Plans and Quality Improvement Plans:
In the table below, please provide the number of CSBG Eligible Entities with unmet organizational standards with Technical Assistance Plans (TAPs) or Quality Improvement Plans (QIPs) in place.

Technical Assistance Plans and Quality Improvement Plans	
Total Number of CSBG Eligible Entities with unmet organizational standards with Technical Assistance Plans (TAPS) in place	0
Total number of CSBG Eligible Entities with unmet organizational standards with Quality Improvement Plans (QIPS) in place	0

D.3.a. If the State identified CSBG Eligible Entities with unmet organizational standards for which it was determined that TAPs or QIPs would not be appropriate, please provide a narrative explanation below.
⦿ Yes ◯ No

The State completed it's assessment in the Spring of 2017 and will be working with eligible entities to develop Technical Assistance Plans and provide training and technical assistance throughout the year.

Note: D.3. is associated with State Accountability Measure 6Sb.

QIPs are described in Section 678C(a)(4) of the CSBG Act.

For additional information on corrective action and the circumstances under which a State may establish TAPs and QIPs, see IM-138, Pages 5-6

CD - Compliance Division, CAD - Community Affairs Division M=Met, NM=Not Met	Low-income Participation	Comments on 1.1	CA Surveys Low-income	Comments on 1.2	Customer Satisfaction Data
	1.1		1.2		1.3
Webb County Community Action Agency	M		M		M

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Comments on 1.3	Partnerships	Comments on 2.1	Key sector info used in CA	Comments on 2.2	Communicate activities
	2.1		**2.2**		**2.3**
3rd Review Comments: met standard with documentation provided. 2nd Review Comment: Thank you for the update. Reviewed additional response, but OS remains NM until board minutes are submitted. Once board meets prior to 3/8/17, please upload doc and send email to rita.garza@tdhca.state.tx.us . Also, for the next OS cycle, you may consider drafting a policy and procedure that addresses how frequent the surveys are conducted and related details of how the results are summarized and presented to the board and how they are used to improve services, etc. You may want to refer to the Community Action Partnership website for Technical Assistance Guides, the one for Category 1 is at http://www.communityactionpartnership.com/storage/cap/documents/OSCOE/Toolkits/category1_final_public.pdf Initial Review Comment: Provided surveys but did not provide survey results or the board meeting minutes indicating the board reviewed the results.	M		M	community assessment process at minimum included: community based orgs - yes faith-based orgs - yes private sector - yes public sector -yes educational institutions - yes	M

Comments on 2.3	Document Volunteer Activity	Comments on 2.4	CA every 3 years	Comments on 3.1	CA includes poverty data	Comments on 3.2
	2.4		**3.1**		**3.2**	
	M	2nd Submission Comments: Do not use volunteers for any activities, only volunteers are their advisory board members. Need additional documentation	M		NM	3rd Review Comments: Poverty prevalence by: gender - yes age - no, page 11 has for all population, don't have for pov pop race - yes ethnicity - yes 2nd Review Comments: Staff reviewed additional documents. Although the additional data has the gender, age, race, and ethnicity for the poverty population, this data was not part of the CNA report so OS remains NM. If data was in the CNA Report, explain such. Initial Review Comments: CA Report data provided appears to be for total popltn and not specific to the poverty population. Please provide. Poverty prevalence by: gender - no age - no race - no ethnicity - no

CA includes qual/ quant data	Comments on 3.3	CA incl Needs/ Causes/Conds	Comments on 3.4	Board accepts CA	Comments on 3.5	Board reviewed Mission Stmt
3.3		3.4		3.5		4.1
M		NM	2nd Review Comments: Staff reviewed additional document. The CNA report does not clearly state the causes and conditions of poverty so this OS remains NM. If subrecipient has a specific section of the CNA which does address it, please notify Department staff at rita.garza@tdhca.state.tx.us Initial Review Comments: CNA Report does not clearly state causes and conditions of poverty.	M		M

Comments on 4.1	CAP outcome based & poverty focus	Comments on 4.2	CAP & SP use ROMA	Comments on 4.3
	4.2		4.3	
Approved and accepted the Strategic Plan	M		M	2nd Review Comments: Additional document was accepted for meeting OS this year. However, in the future, subrecipient must demostrate or explain how a ROMA trainer (internal or external/contracted or TDHCA ROMA trainer) was involved in the development of the CAP Plan and Strategic Plan and how the ROMA cycle was used in their development and the ROMA's involvement in such. It could have been training by TDHCA ROMA staff or t/a by phone or in person. Community Action Partnership detailed guidance can be found at: http://www.communityactionpartnership.com/storage/cap/documents/OSCOE/Toolkits/leadership_category4_final.pdf Initial Review Comment: NM. No certification, agreement or meeting summaries provided.

Board updated CAP strategies	Comments on 4.4	Adheres to Policy on Interim Apptmnts & Filling Vacancy	Comments on 4.5	Risk Assessment	Comments on 4.6
4.4		**4.5**		**4.6**	
M	3rd Review Comments: Received BOD minutes approving CAP and CAP was also provided. Reviewed additional response, but OS remains NM. Need to submit BOD minutesshowing the date that the update was given to the board and board packet with any reports or materials. Must be done annually so must be within the past 12 months. Document submitted was from 2015. Original note: No board meeting minutes provided - only CAP plan	M		M	

Board structure in compliance	Comments on 5.1	Procedures/ democratic selection	Comments on 5.2	n/a Review of Bylaws	Comments on 5.3	Board rec'd by-laws
5.1		5.2		5.3		5.4
NM	3rd Review Comments: See additional document noting this will be addressed in the future. 2nd Review Comments: Staff reviewed additional document. However, OS remains Not Met because in order to comply with the CSBG Act the board membership total has to be divisible by 3 becuase one-third must be local officials and the only way to arrive at exactly one-third is to have the total divisible by 3. There has to be at least 1/3 low-income representatives (it can be more than 1/3) for the poverty sector and then any remaining seats (if any) are private sector representatives. Please work to come into compliance with the CSBG Act. If you have questions, contact rita.garza@tdhca.state.tx.us Initial Review Comments: board membership total has to be divisible by 3, currently bylaws state board membership total is 17	M				M

Comments on 5.4	Board meets quorum reqrmnts	Comments on 5.5	Conflict of interest policy	Comments on 5.6	Board orientation	Comments on 5.7	Board duties/ resp training
	5.5		5.6		5.7		5.8
2nd Submission Comments: Acknowledgement of receipt from: Rodolfo, Adelfa, & Julie. Documentation indicatign the following board members received Bylaws: Julie Bazan; Rodolfo Morales; Adelfa Perez	M	Bylaws provided in Section 5.1	M		M		M

Comments on 5.8	Board rec'd prog reports	Comments on 5.9	Agency-wide strategic plan	Comments on 6.1
	5.9		6.1	
2nd Submission Comments: training materials & sign in sheet for Jan 2016 training. Submit updated training on board duties & responsibilites within the last two years (submission from Jan. 2013)	M	Board packets & premeetign materials	M	2nd Review Comments: Documentation provided adequate to meet standard. Also, in the future ensure that Strategic Plan document which is uploaded for OS also includes 6.1 in the name of the doc along with the other OS that it pertains too. Or other option is to just name the Strategic Plan document Webb County Strategic Plan 2015-2020 and then for each applicable OS note in the cover page to refer to Webb County Strategic Plan 2015-2020. Initial Review Comments: NM. Board meeting minutes were provided but only approved the community needs assessment not the strategic plan

SP addresses required areas	Comments on 6.2	SP contains req'd goals	Comments on 6.3	CA Cust Sat Data/Input includes SP	Comments on 6.4
6.2		**6.3**		**6.4**	
M		M		M	3rd Review Comments: In future revisions to strategic plan, may add more explation on how customer satisfaction data and input was considered in the strategic planning process. Thank you for explanation. 2nd Review Comments: While the Strategic Plan does state that surveys and interviews will be conducted as part of the strategic plan, the plan itself does not clearly state how the results of the customer satisfaction and input was used in the strategic plan development such as how it influenced goals that were set, etc. Per Community Action Partnership technical guidance document it states "This Standard requires two types of documentation that include (1) evidence that customer satisfaction and input is gathered as part of the community needs assessment, and (2) illustration of how it is included in the strategic planning process. A section of the strategic plan (e.g. a process or methodology description) or brief summary that describes how the customer feedback data was used." It can be found at http://www.communityactionpartnership.com/storage/cap/documents/OSCOE/Toolkits/category_6_public_agency_final.pdf Initial Review Comments: Provided a blank customer survey but did not provide customer survey results

Board updates SP Mtg goals	Comments on 6.5	n/a Legal reviews Personnel Policies	Comments on 7.1	Emp handbook/ PP avail to staff	Comments on 7.2	Written job descriptions
6.5		7.1		7.2		7.3
M				M	3rd Submission: Signed acknowledgemetn forms and notice (email) of orientation. 2nd Submission Comments: submitted blank acknowledgement form. Please submit 2-3 copies of signed acknowledgement forms indicating receipt of policies. No response	M

Comments on 7.3	Board annual appraisal of CEO	Comments on 7.4	Board review/ approval of CEO comp	Comments on 7.5	Policy for staff evaluation	Comments on 7.6	Whistleblower policy
	7.4		7.5		7.6		7.7
	M		M	3rd Review Comments: Reviewed additional response, will indicate as Met this cycle. In future, if county has policy that addresses OS please provide or explain practice. 3rd Review Comments: Reviewed additional response, but OS remains NM. Received BOD minutes that a review with compensation was complete, but need policy of review and location of where Dept. Head compensation can be found. Documentation that a department is in compliance with Standard and 7.5 should show 1) that a policy/procedure is in place by the parent agency or municipality and 2) that the department followed that procedure. Documentation might include: • Performance appraisal sign-off	M		M

Comments on 7.7	Employee Orientation	Comments on 7.8	Staff develop training incl/ROMA	Comments on 7.9	Annual audit	Comments on 8.1	Audit findings addressed	Comments on 8.2
	7.8		**7.9**		**8.1**		**8.2**	
	M		M		M	Department has current audt	M	2nd Submission Comments: submission was for the monitoring performed by the Department, however the Single Audit did not indicate there were any findings. No response

Audit presented to Board	Comments on 8.3	Board accepts audit	Comments on 8.4	n/a Bids solicited for audit	n/a IRS 990 completed avail to Board
8.3		8.4		8.5	8.6
NM	3rd Submission: Submitted BOD minutes indicating the Board is made aware of the Department's monitoring reviews. However this standard applies to the annual Single Audit performed by an independent auditor for Webb County. Please submit documentation tha the Board is made aware of the audit and provided with access to the most current audit. 2nd Submission Comments: Submitted board minutes and attachments discussing the monitoring perfromed by the Department. Please submit documentation that reflects the Signle Audit is made available to the Advisory Board. Submit how the BOD is notified of the audit	M	2nd Submission Comments: Suibmitted board minutes and attachments related to the Department's monitoring. This standard refers to the Single Audit findings. There are no findings in the latest Signle Audit, therefore this is not applicable this year. How is the BOD notified of any CSBG findings		

Board receives financial rpt	Comments on 8.7	n/a Timely filing/pymts of payroll w/h	Board approves org-wide budget	Comments on 8.9	n/a Fiscal policies updated/ Board approved	n/a Written procurement policies Board approved	n/a Cost Allocation Plan
8.7		8.8	8.9		8.10	8.11	8.12
M			M	2nd Submission Comments: Submitted minutes and agenda for the Finance Committee and the Advisory Board. Indicate how the tripartitie board has input on the budgets presented to commissioner'scourt			

Written record retention policy	Comments on 8.13	System to track/ report services	Comments on 9.1	System to track outcomes	Comments on 9.2	SP Analysis/ outcome adjust to Board	Comments on 9.3	CSBG IS Survey submitted
8.13		**9.1**		**9.2**		**9.3**		**9.4**
M		M		M		M	2nd Review Comments: Additional documents met standard. Initial Review Comments: NM. Did not provide board meeting minutes indicating the board had been updated within the last 12 months	M

Comments on 9.4

Total Met	Total Not Met	Total Assessed	% met by subrcpnt
46	4	50	92%

ORGANIZATIONAL STANDARD	DOCUMENTATION:	HOW TO DOCUMENT COMPLIANCE:
Maximum Feasible Participation	**Note:** *Other documentation, other than what is identified can be provided.*	
1.1 The department demonstrates low-income individuals' participation in its activities.	☐ Advisory group documents ☐ Advisory group minutes ☐ Activity participation lists ☐ Board/advisory body minutes ☐ Board/advisory body pre-meeting materials/packet ☐ Volunteer lists and documents	Board or committee or advisory group meetings demonstrate low income persons participate in the meetings. List of members which indicate if the member is a low-income person. May document low-income volunteer hours.
1.2 The department analyzes information collected directly from low-income individuals as part of the community assessment.	☐ Community assessment (including appendices) ☐ Backup documentation/data summaries ☐ Community forum summaries ☐ Interview transcripts	The community assessment report or the TDHCA overview forms demonstrates that low-income persons were surveyed or interviewed or participated in a forum.
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 govt processes.	☐ Department policies and procedures ☐ Customer satisfaction instruments, e.g., surveys, data collection tools and schedule ☐ Customer satisfaction reports to department leadership, board and/or broader community ☐ Tripartite board/advisory body minutes ☐ Public hearing/public comment process or findings	Provide documentation that agency is collecting customer satisfaction data and reporting it to the board. Documentation can include a survey tool, a summary of when the last surveys took place and the results of the surveys, board minutes stating a report on the results.
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.	☐ Partnership documentation: agreements, emails, MOU/MOAs ☐ Sub-contracts with delegate/partner agencies ☐ Coalition membership lists ☐ Strategic plan update/report if it demonstrates partnerships	Provide copies of MOUs or agreements or information on participation by attendance at coordination group meetings such as CRCG, etc.

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 a minimum: community-based organizations, faith-based organizations, private sector, public sector, and educational institutions.	☐ Community assessment (including appendices) ☐ Other written or online reports ☐ Backup documentation of involvement: surveys, interview documentation, community meeting minutes, etc. ☐ Board/committee or staff meeting minutes	The community assessment report or the TDHCA overview forms demonstrates the sectors identified in the OS were consulted.
2.3 The department communicates its activities and its results to the community.	☐ 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	Meeting standard can be documented in various ways including providng copies of news releases, an annual report, web postings, etc.
2.4 The department documents the number of volunteers and hours mobilized in support of its activities.	☐ Data on number of volunteers and hours provided ☐ Board/advisory body minutes ☐ Documentation of tracking system(s)	Provide documents which record volunteer hours donated to the agency.
3.1 The department conducted a community assessment and issued a report within the past 3 years, if not other report exists.	☐ Dated community assessment report ☐ Board/advisory body minutes	Provide Community Assessment Report

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).	☐ Community assessment document (including appendices) ☐ Broader municipality-wide assessment ☐ Other data collection process on poverty	Community Assessment Report with poverty population data required in OS.
3.3 The department collects and analyzes both qualitative and quantitative data on its geographic service area(s) in the community assessment.	☐ Community assessment (including appendices) ☐ Backup documentation ☐ Broader municipality-wide assessment ☐ Other data collection process on poverty ☐ Committee/team minutes reflecting analysis	Community Assessment Report has qualitative and quantitative data.
3.4 The community assessment includes key findings on the causes and conditions of poverty and the needs of the communities assessed.	☐ Community assessment document (including appendices) ☐ Back up documentation ☐ Broader community-wide assessment ☐ Committee/team meeting minutes reflecting analysis	Community Assessment Report identifies the causes and conditions of poverty.
3.5 The tripartite board/advisory board formally accepts the completed community assessment.	☐ Community assessment document ☐ Board/advisory body minutes ☐ Board pre-meeting materials/packet	Minutes which clearly state board accepted Community Assessment Report.
4.1 The tripartite board/advisory board has reviewed the organization's mission statement within the past 5 years and assured that: 1. The mission addresses poverty; and 2. The organization's programs and services are in alignment with the mission.	☐ Board/advisory body minutes ☐ Strategic plan ☐ Mission statement	Board or board committee minutes indicating discussion of mission statement.

4.2 The department's Community Action plan is outcome-based, anti-poverty focused, and ties directly to the community assessment.	☐ CAP Plan* ☐ Logic model ☐ Community assessment *Sometimes called the CSBG Plan or CSBG Workplan	CAP plan must have outcome targets (1.1s rqrd, and 1.3s or 6.3s) in performance statement and address top 5 needs.
4.3 The department's Community Action plan and strategic plan document the continuous use of the full ROMA cycle or comparable system (assessment, planning, implementation, achievement of results, and evaluation). In addition, the organization documents having used the services of a ROMA-certified trainer (or equivalent) to assist in implementation.	☐ 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	The ROMA cycle (assessment, planning, implementation, achievement of results, and evaluation) is used in all processes such as CAP Plan, Needs Assessment, Strategic Plan, etc. Include documentation that a ROMA trainer was consulted of the CAP Plan and Strategic Plan (provide dates, summaries of meeting/consultation/trainings, name of ROMA trainer, etc.)
4.4 The tripartite board/advisory board receives an annual update on the success of specific strategies included in the Community Action plan.	☐ Community action plan update/report ☐ Board minutes ☐ Board pre-meeting materials/packet	Board minutes showing the date that the update was given to the board with any materials given.
4.5 The department adheres to its local government's policies and procedures around interim appointments and processes for filling a permanent vacancy.	☐ Board/advisory body minutes ☐ Succession plan/policy ☐ Short term succession plan	Succession plan/policy and documentation on adherence.
4.6 The department complies with its local government's risk asssessment policies and procedures.	☐ Board/advisory body minutes ☐ Completed risk assessment ☐ Risk assessment policy/procedures	The risk assessment policies and procedures and documentation on compliance.

5.1 The department's tripartite board/advisory board is structured in compliance with the CSBG Act: 1. At least one third democratically – selected representatives of the low-income community; One-third local elected officials (or their representatives); and the remaining membership from major groups and interests in the community. 2. Selecting the board through another mechanism specified by the State to assure decision-making and participation by low-income individuals in the development, planning, implementation, and evaluation of programs.	☐ Board/advisory body minutes ☐ Board roster ☐ Bylaws	Provide board roster which includes names and sector represented.
5.2 The department's tripartite board/advisory board has : 1. written procedures that document a democratic selection process for low-income board members adequate to assure that they are representative of the low-income community, or 2. another mechanism specified by the State to assure decision-making and participation by low-income individuals in the development, planning, implementation, and evaluation of programs.	☐ Board/advisory body policies and procedures ☐ Board/advisory body minutes ☐ Bylaws	Board approved policies and procedures clearly indicate a democratic selection process is used to elect low-income board members.

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.	N/A	N/A
5.4 The department documents that each governing board member has received a copy of the bylaws within the past 2 years.	☐ 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	Provide documentation with each board members signature acknowledging receipt of bylaws with past 2 years.
5.5 The department's tripartite board/advisory body member meets in accordance with the frequency and quorum requirements and fills board vacancies as set out in its governing documents.	☐ Board/advisory body minutes ☐ Board roster ☐ Bylaws/governing documents	Provide bylaws and board minutes and board rosters and information on filling board vacancies.
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.	☐ Board/advisory body minutes ☐ Conflict of interest policy/procedures ☐ Signed policies/signature list ☐ Attendance list/sign in list for ethics training	Documents with board members signature acknowledging receipt of policy.

5.7 The department has a process to provide a structured orientation for tripartite board/advisory body members within 6 months of being seated.	☐ Board/advisory body policy/procedures ☐ Board orientation materials ☐ Board/advisory body member acknowledgement/signature	Document explaining the process to provide orientation within required timeframe. A signed board member statement that such orientation was provided or a sign in sheet from the orientation. Copies of the orientation training materials.
5.8 Tripartite board/advisory body members have been provided training on their duties and responsibilities within the past 2 years.	☐ Training agendas ☐ Attendee list ☐ Board minutes ☐ Documentation of board attendance at out of office training conferences/events/webinars, etc.	A signed board member statement that such orientation was provided or a sign in sheet from the orientation. Copies of the training materials.
5.9 The department's tripartite board/advisory body receives programmatic reports at each regular board/advisory meeting.	☐ Board/advisory body minutes ☐ Board materials/packet ☐ Programmatic reports	Board minutes which note presentation of programmatic reports and copies of reports.
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 a plan.	☐ Strategic plan/comparable planning document ☐ Board/advisory body minutes	Strategic Plan or comparable planning document and board minutes indicating approval.

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.	☐ Strategic plan	Srategic Plan or comparable planning document addressing required areas.
6.3 The approved strategic plan or comparable planning document contains family, agency, and/or community goals.	☐ Strategic plan	Srategic Plan or comparable planning document addressing required areas.
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.	☐ Strategic plan including appendices ☐ Notes from strategic planning process ☐ Customer input data/reports ☐ Customer satisfaction data/reports ☐ Public comment/hearing summaries	Strategic Plan or comparable planning document which includes information on customer satisfaction data and input.
6.5 The tripartite board/advisory body has received an update(s) on meeting the goals of the strategic plan within the past 12 months.	☐Strategic plan update/report ☐Board/advisory body minutes ☐Board materials/packet	Board minutes and related materials which document that the board has been updated on the goals outlined in the strategic plan or CPD and any progress made over the course of the last year.
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 the public entities.	N/A	N/A

7.2 The organization makes available the employee handbook (or personnel policies in cases without a handbook) to all staff and notifies of any changes.	☐ Accessible employee handbook/personnel policies ☐ Documentation and location and availability of handbook/ policies ☐ Process for notifying staff of changes	The employee handbook/personnel policies and an explanation of the process for making it availalble to employees.
7.3 The department has written job descriptions for all positions. Updates may be outside the purview of the Department.	☐ Organizational chart/staff list ☐ Job descriptions with dates noted ☐ Local government policies/procedures regarding job descriptions ☐ N/A	Organizational chart/staff list and job descriptions
7.4 The department follows local government procedures for performance appraisal of the department head.	☐ Department performance appraisal procedures ☐ Documentation that performance appraisal has taken place in line with the procedure	Document showing Department head receives appraisal in accordance with policy.
7.5 The compensation of the department head is made available according to local government procedures.	☐ Online link to publically available information ☐ Policy regarding compensation disclosure/transparency ☐ N/A-must document that disclosure is not allowed	Documentation that Department head's compensation is made available according to local government procedures.
7.6 The department follows local governmental policies for regular written evaluation of employees by their supervisors.	☐ Evaluation policy ☐Documentation of fulfilling governmental policies	Copy of policy/evaluation process and documentation that it is followed.
7.7 The department provides a copy of any existing local government whistleblower policy to members of the tripartite board/advisory body at the time of orientation.	☐ Whistleblower policy ☐ Board/advisory body minutes ☐ Board materials/packet ☐ N/A (with documentation that such a policy does not exist)	Policy and documentation that it was provided to board/advisory body.

7.8 The department follows local governmental policies for new employee orientation.	☐ Policies for new employee orientation ☐ Orientation materials ☐ Sampling of HR/personnel files for documentation of attendance	Policy and documentation that it was followed.
7.9 The department conducts or makes available staff development training (including ROMA) on an ongoing basis.	☐ Training plan(s) ☐ Documentation of trainings: presentation, evaluations, attendee lists, sign in sheets ☐ Documentation of attendance at off-site training events/conferences	Documents such as completed sign in sheets, agendas, registration for staff development trainings, including ROMA training.
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.	☐ Completed audit	Audit
8.2 The department follows local government procedures in addressing any audit findings related to CSBG funding.	☐ Board/advisory body minutes ☐ Department's response to the audit	Audit, management response, board minutes.
8.3 The department's tripartite board/advisory body is notified of the availability of the local government audit.	☐ Board/advisory body minutes ☐ Board materials/packet ☐ Notice of public hearing on the audit	Board minutes indicating audit presented to board and audit.
8.4 The department's tripartite board/advisory body is notified of any findings related to CSBG funding.	☐ Completed audit ☐ Board/advisory body minutes	Audit and board minutes noting board is informed of any CSBG findings.

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.	N/A	N/A
8.6 **Not applicable.** The Federal tax reporting process for local governments is outside of the purview of the tripartite board/advisory body therefore this standard does not apply to public entities.	N/A	N/A
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.	☐ Board/advisory body minutes ☐ Board materials/packet ☐ Financial reports provided to the board/advisory body	Board minutes which note presentation of financial reports with required information and copies of reports.
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.	N/A	N/A
8.9 The tripartite board/advisory body has input as allowed by local governmental procedure into the CSBG budget process.	☐ Board/advisory body minutes ☐ Department budget ☐ Policy regarding input into CSBG budget ☐ Board materials/packet ☐ N/A	Documentation showing board involvement in CSBG budget process.
8.10 **Not applicable.** The fiscal Policies for local governments are outside of the purview of tripartite board/advisory body, therefore this standard does not apply to public entities	N/A	N/A

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.	N/A	N/A
8.12 **Not applicable.** The organization documents how it allocates shared costs through an indirect cost rate or through a written cost allocation plan.	N/A	N/A
8.13 The department follows local governmental policies for document retention and destruction.	☐ Document retention and destruction policy ☐ CSBG department document retention and destruction procedure	Records retention and destruction policy.
9.1 The department has a system in place to track and report client demographics and services customers receive.	☐ CSBG Information Survey data report ☐ Data system documentation and/or direct observation ☐ Reports as used by staff, leadership, board or cognizant funder	Electronic and/or hard copy of forms used to collect data (intake, satisfaction surveys, etc.). Screen shots of data collection. Policies related to data collection.
9.2 The department has a system or systems in place to track family, agency, and/or community outcomes.	☐ Data system documentation and/or direct observation ☐ Reports as used by staff, leadership, board or cognizant funder	Electronic and/or hard copy of forms used to collect outcome data (case notes, reports, surveys, etc.) Identification of baseline data and copies of scales or other documents used to follow progress in different domains. Screen shots of data collection. May provide related procedures.

9.3 The department has presented to the tripartite board/advisory board for review or action, at least within the past 12 months, an analysis of the agency's outcomes and any operational or strategic program adjustments and improvements identified as necessary.	☐ Strategic plan update/report ☐ Other outcome report ☐ Notes from staff analysis ☐ Board/advisory body minutes ☐ Board/advisory body pre-meeting materials/packet	Board minutes and related materials which document that the governing board has reviewed, reflected, and used the analysis of outcome data presented by staff to discuss changes that need to be made.
9.4 The department submits its annual CSBG Information Survey data report and it reflects client demographics and CSBG-funded outcomes.	☐ CSBG Information Survey data report ☐ Email or upload documentation reflecting submission	Electronic and/or hard copy of the IS report submission.