

**NEW YORK STATE  
DEPARTMENT OF STATE  
DIVISION OF COMMUNITY SERVICES**

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COMMUNITY SERVICES BLOCK GRANT

**Grantee Review and Assessment**

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Revised 1/01

*(Agency Name)*

Date of GRA:

# Table of Contents

	<u>PAGE</u>
STATEMENT OF PURPOSE .....	3
Purpose .....	5
Process .....	5
On-Site Review .....	5
Communication .....	6
Reporting .....	6
GRA TEAM .....	7
PART I - OVERVIEW .....	9
Section I: Grantee Profile .....	11
Section II: Summary of Strengths, Observations, Findings and Recommendations .....	13
PART II - AGENCY MANAGEMENT .....	15
Section I: Mission and Vision .....	17
A. Mission .....	17
B. Strategic Plan .....	18
Section II: Personnel Policies, Procedures and Practices .....	19
A. Recruitment and Hiring .....	19
B. Evaluation and Retention .....	21
C. Professional Development .....	22
D. Conflicts and Grievances .....	23
E. Program Volunteer Services .....	24
F. Administrative Internal Controls .....	25
Section III: Fiscal Policies, Procedures and Practices .....	27
A. Budget Development/Approval .....	27
B. Fiscal Internal Controls .....	28
Section IV: Services and Activities .....	29
A. Customer Service .....	29
B. Reporting .....	31
C. Result-Oriented Management and Accountability (ROMA) .....	32
Section V: Community Partnerships .....	33
Supplemental Questions for Program Directors and Department Heads .....	35
PART III - BOARD LEADERSHIP .....	37
A. Individual Member Duty and Care .....	39
B. Duty and Care .....	40
C. Meetings .....	41
D. Composition .....	42
E. Roles and Responsibilities .....	44
F. Board and Staff Relationships .....	45
G. Volunteer Services .....	46
H. Fiscal Controls .....	47
Supplemental Questions for Board Treasurer/Finance Committee Chair .....	49
PART IV - CUSTOMER SURVEY .....	51

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PART V - COMMUNITY PARTNERSHIP SURVEY .....	55
PART VI - FISCAL FUNCTIONS .....	59
Procedures .....	61
Grantee Information .....	62
A. Agency Specific Issues to be Reviewed .....	63
B. Records Availability List .....	64
C. Expenditure Percentage .....	65
D. Cost Allocation .....	66
E. Indirect Cost Rate .....	67
F. Procurement .....	68
G. Bank Statement .....	69
H. Cash Disbursements - General .....	70
I. Cash Receipts .....	71
J. Salary Expense .....	72
K. Local Share .....	73
L. Insurance .....	74
M. Standards of Operation Review Guide .....	75

# STATEMENT OF PURPOSE

## PURPOSE

The Grantee Review and Assessment (GRA) is a comprehensive, pro-active procedure designed and implemented by the Department of State - Division of Community Services (DOS-DCS) to improve grantee leadership and management capacity. The main goal of the GRA is to identify grantee strengths and innovations, and to formulate practical, constructive recommendations for continued progress or improving existing conditions.

The GRA focuses on **board leadership, program operations, grantee management, fiscal functions, community relations, and customer service**. The GRA is an interactive process comprised mainly of interviews and reviews involving key grantee and community personnel: staff, board members, customers, and community partners. The process involves a combination of operational assessment, monitoring, and compliance review.

- ✓ **Operational assessment** reviews adherence to agency bylaws, strategic plan, community action plan, policies and procedures.
- ✓ **Monitoring** assesses program operations, community relations, and customer service.
- ✓ **Compliance** review and assessment focuses on the extent to which the grantee is maintaining its eligibility to receive federal and state funds, as well as its ability to operate according to terms of applicable laws, regulations, policies and guidelines.

The results of the GRA can be used by a grantee to reorder priorities, alter management and fiscal operations, revise board and administrative policies, and improve customer service.

## PROCESS

The GRA will be conducted on a three-year cycle during which all grantees will be assessed. Improvement and support plans will be developed and implemented.

Individual GRAs will be conducted by a team of fiscal, program, and administrative DOS-DCS and Contract Administration Unit (CAU) staff. Guidance will be provided by the DOS Executive Office and the Office of Counsel. The team leader will have contacted the grantee to establish a date for carrying out the GRA. A DCS staff person in the Albany office will serve as a liaison with the team in obtaining information on file in the office, or in assisting with the compilation of customer and other surveys.

## ON-SITE REVIEW

**Entrance Conference:** The entrance conference is designed so that the GRA team will meet with grantee board leadership, executive director, and senior staff. During this meeting, the purpose, process, and procedures will be outlined.

**Management Review:** All members of the GRA team will participate in the management interview, which is conducted with the **grantee executive director, board members, and any grantee staff** the director may wish to be present. The management interview will also include interviews with program directors and department heads.

**Board Leadership:** Interviews with **board members** are conducted by one or more members of the GRA team. Face-to-face interviews will be supplemented by telephone interviews and surveys.

**Community Partnership:** **Community partners** will be interviewed or surveyed. At least five organizations will be selected to participate in the GRA.

**Customer Surveys:** **Customers** are surveyed. Surveys will be provided to the grantee for distribution to a representative sample of customers/clients served. Customers/clients will complete the surveys, place them in sealed envelopes and return to the grantee. Completed surveys are collected by the GRA team leader before the conclusion of the GRA.

## COMMUNICATION

Follow-up communication may occur and additional visits may be necessary to obtain information. Calls regarding the review should be referred to the DCS division director. Calls from the media and public officials must be referred to the DOS press office.

## REPORTING

**Draft Report (Discussion Draft):** A discussion draft, including findings, observations and recommendations, will be provided to the grantee within 45 business days. Grantee board and staff participating in the GRA will have the opportunity to comment on the factual content of the report. Comments must be received from the grantee within a specified time. If there are serious findings, a meeting will be held with the grantee prior to the preparation of the discussion draft. The discussion draft is not a public document. The draft will not be circulated except to the extent required under the Freedom of Information Law (FOIL).

**Final Report:** Upon receipt of comments from the agency, a final report will be prepared and issued to all members of its board of directors and the executive director. The final report will restate relevant information from the discussion draft, and will include the comments received from the grantee. The final report will be available to others upon written request.

**Grantee Action Plan:** If required, the grantee will submit an action plan detailing the steps necessary to comply with recommendations contained in the final report. The action plan should be approved by the grantee board of directors. The action plan should be submitted to DOS-DCS within the time specified in the final report.

**Support Plan:** If necessary, a DOS support plan will be developed for the agency. DOS will monitor progress.

## GRA TEAM

Team Leaders

Program:

Fiscal:

Team Members:

Administrative Support:

Date the GRA was conducted:

Location:

# Part I

# OVERVIEW

## Section I

# Grantee Profile

Grantee:

Address:

Phone:

CEO/Executive Director:

Board Chair:

Fiscal Officer/Comptroller:

---

 Location of Corporate Headquarters:

Years at current location:

Building:	Rent	Lease	Own
If own, are there other tenants in building?			<i>Yes</i> <i>No</i>
Is building owned by the grantee? or a subsidiary?			<i>Yes</i> <i>No</i>

Location of other offices, neighborhood/outreach centers:

Does the grantee own subsidiary corporations? If yes, what is the relationship to the nonprofit?	<i>Yes</i>	<i>No</i>
---	------------	-----------

How are services and activities provided to low-income people?		
a) Provide direct services and activities?	<i>Yes</i>	<i>No</i>
b) Provide services through delegate agencies?	<i>Yes</i>	<i>No</i>
c) Combination of direct and delegates?	<i>Yes</i>	<i>No</i>

Grantee Annual budget: \$                      CSBG Funds: \$

Personnel: (attach organizational chart)

Number of Full time staff:

Number of Part time staff:

Number of Program Volunteers:

ORGANIZATIONAL CHART INSERTED HERE

---

## Section II: Summary of Strengths, Observations, Findings and Recommendations

### OVERVIEW:

#### Management

- strengths
- observations/findings/recommendations
- Grantee Action Plan
- DOS support plan

#### Board Leadership

- strengths
- observations/findings/recommendations
- Grantee Action Plan
- DOS support plan

#### Customers

- strengths
- observations/findings/recommendations
- Grantee Action Plan
- DOS support plan

#### Community Partners

- strengths
- observations/findings/recommendations
- Grantee Action Plan
- DOS support plan

#### Fiscal Review

- strengths
- observations/findings/recommendations
- Grantee Action Plan
- DOS support plan

## Part II

# AGENCY MANAGEMENT

To be completed by members of the GRA team based on responses received during the interview with CEO/Executive Director, board members and staff.



**B. Strategic Plan**

1. Is there a strategic plan? *Yes*      *No*
  
2. Date of the most recent plan?
  
3. Time frame of the most recent plan?
  
  
4. Describe the process used to develop the strategic plan.
  
  
  
  
  
  
  
  
  
  
5. Was the strategic plan distributed to board and staff? *Yes*      *No*
  
6. Is the strategic plan used to guide the services and activities of the agency? *Yes*      *No*
  
7. What are the long range plans for the agency?
  
  
  
  
  
  
  
  
  
  
8. Describe the importance of CSBG to the successful implementation of long range plans and the strategic plan.

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**DOCUMENTS TO BE REVIEWED**

- Strategic Plan
  - Community Action Plan
  - Work Plan (current CSBG)
- 

**NOTES**

## Section II: Personnel Policies, Procedures and Practices

### A. Recruitment and Hiring

1. Is there a written hiring procedure which includes compliance with applicable federal and state laws relating to employment? *Yes*    *No*
  
2. Is there an updated Personnel Policies and Procedures Manual? *Yes*    *No*  
     Date of the most recent document:
  
3. Does the agency have updated job descriptions for all staff? *Yes*    *No*
  
4. Do job descriptions specify:
  - a) job duties? *Yes*    *No*
  - b) skills and experience required? *Yes*    *No*
  - c) supervisory lines of authority ? *Yes*    *No*
  
5. Are references checked? *Yes*    *No*
  - a) Are there additional background checks on employees who work in children's programs? *Yes*    *No*
  
6. Is there an agency code of conduct or ethics? *Yes*    *No*
  - If yes, is it posted? *Yes*    *No*
  - Are employees required to sign the document? *Yes*    *No*
  
7. Describe the procedures for ensuring that equal employment opportunity policies are effectively implemented and monitored.
  - a) Is there an EEO officer? *Yes*    *No*
  
8. Describe compliance with ADA as it relates to employment.

**A. Recruitment and Hiring, continued**

9. Does the Personnel Policies Manual include a policy for the Family Medical Leave Act? *Yes* *No*
10. Do employees have access to an employee assistance program? *Yes* *No*
11. What procedure is used to ensure that new laws, regulations, and policies affecting each program are identified and that appropriate personnel are regularly apprised of them?
12. Title of person (s) responsible for the accuracy, maintenance and security of personnel records.
13. Which federal notices are posted?
- |                                      |            |           |
|--------------------------------------|------------|-----------|
| Title 7                              | <i>Yes</i> | <i>No</i> |
| Equal Pay Act                        | <i>Yes</i> | <i>No</i> |
| Age Discrimination in Employment Act | <i>Yes</i> | <i>No</i> |
| ADA                                  | <i>Yes</i> | <i>No</i> |
| 501 Rehabilitation Act of 1973       | <i>Yes</i> | <i>No</i> |
| Civil Rights Act of 1991             | <i>Yes</i> | <i>No</i> |
| OTHER:                               |            |           |

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**DOCUMENTS TO BE REVIEWED**

- Personnel Policies
  - Sample Job Announcement
  - Sample Job Description
  - Federal Notices
- 

**NOTES**

**B. Evaluation and Retention**

1. Does the agency have formal procedures for evaluating employee performance including:
 

a) evaluation of tasks performed?	<i>Yes</i>	<i>No</i>
b) a designated evaluator or rater?	<i>Yes</i>	<i>No</i>
c) standardization of rating forms and terminology?	<i>Yes</i>	<i>No</i>
  
2. What provisions are made for promotion of staff?
  
3. What process is used to ensure that all staff members are provided with fair and adequate compensation?
  
4. What provisions are made for staff recognition?
  
5. What is the rate, or frequency, of staff turnover?
  
6. Is there a pension plan? *Yes*      *No*
  
7. Is there a deferred compensation plan? *Yes*      *No*
  
8. What provisions are made to ensure that staff are competent in areas of the culture, ethnicity, language and special needs of the customers served by the agency?
  
9. Is there a union? *Yes*      *No*  
(Survey)

**DOCUMENTS TO BE REVIEWED**

- \_ Sample Evaluation (completed with the name deleted)
- \_ Personnel Policies
- \_ Sample Training/Orientation Agenda

**NOTES**



**D. Conflicts and Grievances**

1. Are there written policies that provide for:
 

a) rules governing conflict of interest for board members?	<i>Yes</i>	<i>No</i>
b) rules governing conflict of interest for staff?	<i>Yes</i>	<i>No</i>
  
2. Describe the procedures for review of staff grievances and appeals.
 

Are these procedures included in the Personnel Policies and Procedures? *Yes*      *No*
  
3. Describe any training on mediation, consensus building, and conflict resolution provided to staff.
  
4. During the past 3 years has any action been brought against the agency indicating discrimination in:
 

a) hiring?	<i>Yes</i>	<i>No</i>
b) employment?	<i>Yes</i>	<i>No</i>
c) provision of service?	<i>Yes</i>	<i>No</i>

If yes, how were the actions resolved?
  
5. What resources were used to handle any legal fees?
  
6. Are there any other legal actions pending against the agency? *Yes*      *No*  
If yes, please describe:

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**DOCUMENTS TO BE REVIEWED**Personnel Policies

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**NOTES**

**E. Program Volunteer Services**

1. What procedures are in place for the recruitment and retention of volunteers?
  
2. Do the Personnel Policies and Procedures include information on the use of volunteers?  
(examples: restrictions, duties, screening, etc.) *Yes*    *No*
  
3. Who is responsible for training and supervision of volunteers?(Title)
  
4. How are volunteers compensated and recognized?
  
5. What process is used to assess the value of time contributed by volunteers?
  
6. Describe the process used to check references and background of volunteers who work with children.
  
7. Do board members volunteer in the programs operated by the agency? *Yes*    *No*

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**DOCUMENTS TO BE REVIEWED**

- \_Sample volunteer recruitment letter/notice
  - \_Sample volunteer time sheet
- 

**NOTES**

## F. Administrative Internal Controls

1. What procedure is used to safeguard equipment and materials?
  
2. Is there an inventory listing of all agency equipment? *Yes*    *No*  
     Is the list regularly updated? *Yes*    *No*  
     Date of last revision?
  
3. Are there written procedures to ensure that each program expenditure is accurately recorded and that expenditures do not exceed overall budgets? *Yes*    *No*
  
4. What systems are in place to safeguard important computer records including records on clients, personnel and programs?
  
5. Describe the procedures for ensuring that all personnel comply with established procedures for time and attendance.
  
6. Who is responsible for monitoring employee time and attendance?
  
7. Are there written or established procedures for staff communicating with:
 

a) members of the board of directors?	<i>Yes</i>	<i>No</i>
b) funding sources?	<i>Yes</i>	<i>No</i>
c) the media?	<i>Yes</i>	<i>No</i>
  
8. Is there a time distribution system for staff paid from more than one funding source? *Yes*    *No*
  
9. What procedures are in place to respond to a crisis or emergency within the agency?
  
10. How frequently are fire drills conducted?
  
11. Are any employees certified in CPR or other first aid measures? *Yes*    *No*

**F. Administrative Internal Controls, continued**

- |  |            |           |
|--|------------|-----------|
| 12. Is there a disaster preparedness plan for the agency?  | <i>Yes</i> | <i>No</i> |
| 13. Is the agency included in the County's Emergency Management Plan?<br>If yes, what is the role of the agency? | <i>Yes</i> | <i>No</i> |

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**DOCUMENTS TO BE REVIEWED**

- Sample time card/sheet
  - Disaster Preparedness Plan
- 

**NOTES**

## Section III: Fiscal Policies, Procedures and Practices

### A. Budget Development/Approval

1. Describe the involvement of program directors and fiscal officer/comptroller in the development of program budgets.
  
  
  
  
  
  
  
  
  
  
2. Who is responsible for developing the administrative budget?
  
  
  
  
  
  
  
  
  
  
3. What process is used to allow the finance/budget committee of the board to review program and administrative budgets?
  
  
  
  
  
  
  
  
  
  
4. Do the procedures and practices for submission of budgets to the board allow adequate time (submitted prior to the meeting) for review and approval? *Yes*      *No*

**B. Fiscal Internal Controls**

1. Who is responsible for monitoring fiscal internal control procedures?
2. How often are controls tested?
3. Is there bonding/crime policy? *Yes*      *No*  
If yes, list staff members covered.
4. How frequently are expenditure reports provided to program directors?
5. How frequently are expenditure reports provided to the board?
6. Do the expenditure reports provided to the board and program directors contain information to determine that spending is in compliance with approved budgets? *Yes*      *No*
7. What happens when expenses exceed available funds?
8. How long are fiscal records retained? *months*      *years*
9. Where are fiscal records kept?
10. Is there an official written list of people authorized to sign documents on behalf of the agency? *Yes*      *No*
11. What items are included on the list?

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**DOCUMENTS TO BE REVIEWED**

- \_List of Authorized signatories
  - \_Sample submission to the board
- 

**NOTES**

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## Section IV: Services and Activities

### A. Customer Service

1. Describe the efforts made by the agency to use the philosophy and practice of family development in the areas of: staff development, family/individual assessment, and customer services.
  
2. What process is used to safeguard the confidentiality of clients?
  
3. What process is used to refer customers:
  - a) to services within the agency?
  
  - b) to services outside the agency?
  
4. What process is used to follow-up on results of the referrals?
  
5. What is the role of clients/customers in the design, implementation, and evaluation of the services and activities provided by the agency?
  
6. Are the agency offices and services accessible to families and individuals seeking assistance?  
*Yes*      *No*
  
7. What are the hours of operation?
  
8. What provisions are made to comply with the ADA in meeting the needs of customers/clients?
  
9. Does the agency have bi-lingual staff or have access to translators?  
*Yes*      *No*

**A. Customer Service, continued**

10. Do the level and types of services reflect the needs of low-income persons and communities served by the agency? *Yes*      *No*

11. What efforts are made to reach persons located in remote or rural areas?

12. Does the current telephone system allow easy access to the services provided by the agency? *Yes*      *No*

13. How often are customer/client surveys conducted?

14. How were the results of the customer surveys used?

15. What programs and services would be eliminated if CSBG funds were not available?

---

**DOCUMENTS TO BE REVIEWED**

- \_Assessment Form
  - \_Reports
  - \_Sample Application
  - \_Sample Referral Form
  - \_Customer Survey used by the agency
- 

**NOTES**

**B. Reporting**

1. What type of computer software is used for collecting, tracking, and reporting client data?

2. Is the software able to track milestones achieved by individuals? *Yes*      *No*

3. What is the process for reporting to:

	Types*	Frequency**	Method***
Funding sources			
Board			
Staff			
Community partners			
Customers			

4. Is the information collected and reported by the agency used to monitor, evaluate and improve results? *Yes*      *No*

5. What is the process for safeguarding reports and other records from loss or damages due to theft, fire and disasters?

6. Is there a universal intake form for the agency or is the intake form program specific?

7. Is there centralized intake for the agency or is intake done at the program level?

8. Are agency locations networked by computer? *Yes*      *No*

9. Based on the equipment and process currently in place, is the agency readily able to comply with requests for information from CSBG (PPR/APR/Milestones/Outcomes)? *Yes*      *No*

**DOCUMENTS TO BE REVIEWED**

\_Sample Reports

\_Data Collection Equipment

**NOTES**

\*Types of reports: narrative, program, statistical, fiscal

\*\*Frequency of reporting: monthly, annually, etc.

\*\*\*Method use: oral presentation, written, e-mail, disk, mailed, newsletters, journal

**C. Result-Oriented Management and Accountability (ROMA)**

1. How does ROMA relate to the work of the agency?
  
2. Have the agency board and staff received training on outcome-based planning and reporting?  
*Yes*      *No*
  
3. Has staff received training on the selection and use of the appropriate tools to measure outcomes?  
*Yes*      *No*
  
4. Does the agency use:
 

Direct measures?	<i>Yes</i>	<i>No</i>
Surveys?	<i>Yes</i>	<i>No</i>
Scales?	<i>Yes</i>	<i>No</i>
  
5. Are intake and assessment forms consistent with the outcome measurement tool(s) selected by the agency?  
*Yes*      *No*
  
6. What process is used to integrate fiscal and program data to document the costs of outcomes?
  
7. Do agency reports to the board, community, and funding sources include information regarding return on investment?  
*Yes*      *No*
  
8. Does the agency use outcome-based language in developing proposals to request funds?  
*Yes*      *No*
  
9. What process is in place to inform customers of the requirements to report outcomes and the impact this type of reporting may have on them?
  
10. What are the benefits of implementing ROMA?

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**DOCUMENTS TO BE REVIEWED**

- \_ Sample Reports
  - \_ Intake and Assessment Forms
- 

**NOTES**

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## Section V: Community Partnerships

1. What types of activities are in place to foster the participation of other groups and organizations in the design, implementation, and evaluation of services and activities?
  
2. Who has the primary responsibility for developing and maintaining relations with other organizations?
  
3. How frequently does the agency use other facilities within the community to conduct functions and to provide services?
  
4. What was the role of the community in conducting the needs assessment and in the development of the community action and strategic plans?
  
5. What organizations in the community provide funding or other resources to the agency?
  - a) What process is used to recognize the contributions?
  
  - b) Are contributors provided with reports documenting the outcomes and benefits of their contributions? *Yes*    *No*
  
6. What types of functions, services, and activities receive the most positive press?

---

### DOCUMENTS TO BE REVIEWED

- \_ Sample articles
  - \_ Procedures for media contact
  - \_ Sample correspondence
  - \_ Sample report to partners
  - \_ List of boards, task forces, outside committees, etc. that staff members sit on
- 

### NOTES

## Supplemental Questions for Program Directors and Department Heads

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Note: Responses will be summarized to collectively respond to each question without specific reference to the individual. Information shared in confidence will not be included, but will be forwarded to the Director of Community Services for appropriate action.

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1. Describe your area of responsibility.
  
2. How many staff are in your unit?
  
3. Is there a budget for your unit? *Yes*      *No*
  - If yes:
    - a) What process is used to develop the budget?
  
    - b) What is the source of funding?
  
    - c) How is expenditure monitored?
  
4. How is the work of your unit monitored?
  
5. Who is responsible for conducting staff meetings for your unit?
 

How frequently are meetings held?
  
6. What reports are required to document the following:
  - a) expenditure of funds?
  
  - b) program progress?
  
  - c) customer satisfaction?
  
7. Do you have a copy of the Personnel Policies and Procedures (PPP)? *Yes*      *No*

**Supplemental Questions for Program Directors and Department Heads, continued**

8. How frequently are you evaluated?

9. Are the evaluation processes and procedures consistent with the PPP? *Yes* *No*

10. Describe opportunities for staff development.

11. What suggestions would you make for improvements in the areas of :

\_service delivery

\_marketing

\_management

12. Other comments:

## Part III

# BOARD LEADERSHIP

To be completed based on responses from board members.  
Board members may participate in face-to-face interviews, phone interviews,  
or by completing the questionnaire. Board members will not be identified.

The responses from all board members will be compiled and a summary presented for each question. Source documents will be maintained by the program analyst assigned to the agency. Information shared in confidence will not be included, but will be forwarded to the Director of Community Services for appropriate action.

Please respond to the following questions completely, to the best of your knowledge and recollection. The

information will be used to determine the collective understanding of the functions, roles, and responsibilities of the board of directors.

### A. Individual Member Duty and Care

1. How long have you been a board member?
2. How did you obtain your current seat on the board?
3. When does your term of membership expire?
4. Did you receive orientation as a new member? *Yes*      *No*
5. How frequently do you attend board meetings?
6. What are your responsibilities if you have reason to believe that an agency activity is not proper?
7. Is there information submitted to you which you feel is incomplete or inaccurate? *Yes*      *No*  
If so, how is this dealt with?
8. Do you provide a report to the person, agency, or constituency you represent? *Yes*      *No*
9. Do you have a copy of the following agency documents:
 

_Articles of Incorporation?	<i>Yes</i>	<i>No</i>
_Bylaws?	<i>Yes</i>	<i>No</i>
_Personnel Policy & Procedures?	<i>Yes</i>	<i>No</i>
_Fiscal Manual?	<i>Yes</i>	<i>No</i>

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**B. Duty and Care**

Board members are required to exercise their powers in the interest of the corporation not in their own interest or the interest of another entity or person. (READ PRIOR TO ASKING QUESTIONS)

---

1. How is the mission of the corporation made clear to board members?
  
2. To whom is the board responsible?
  
3. Is the information provided prior to, and during, the board meetings adequate for the decisions reached at the meeting? *Yes*      *No*
  
4. What procedure is used to identify and disclose conflict of interest?
  
5. Does the agency own subsidiary corporations, affiliates, holding companies, or limited partnerships? *Yes*      *No*  
    If so, how many, and for what purpose?
  
6. What is the board responsibility, if any, in maintaining the tax exempt status of the agency?
  
7. Is there directors and officers liability insurance? *Yes*      *No*  
    If so, what is covered?
  
8. Who is responsible for maintaining the records of the corporation?
  
9. Are the length and frequencies of meetings adequate to complete the business of the agency? *Yes*      *No*
  
10. How often does the board conduct an assessment to determine board compliance with bylaws, board policies, and to make certain that the agency is meeting the needs of its customers and investors?

---

**DOCUMENTS TO BE REVIEWED**

- \_ Board assessment document
  - \_ Conflict of interest statement/policy
  - \_ Copy of the directors and officers policy
- 

**NOTES**

**C. Meetings**

1. Are minutes from previous meetings, agenda, and any supporting documentation provided to the board prior to board meetings? *Yes*      *No*
2. How are decisions reached at board meetings?
3. Who is responsible for recording the minutes of the board meetings?
4. What is the process to assure the accuracy of the minutes?
5. Who is responsible for maintaining the minutes of the meetings?
6. Where are the minutes kept?
7. How are conflicts among board members or between board members and the executive director resolved?
8. What process is used to communicate with members who are absent when major decisions are made at a board meeting?
9. What is the process for meeting in executive session?
10. How many times during the past 12 months did the board meet in executive session?
11. Who is allowed to attend meetings held in executive session?
12. Are regular meetings opened to the public? *Yes*      *No*

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**DOCUMENTS TO BE REVIEWED**

Minutes

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**NOTES**

**D. Board Composition**

1. What laws govern the composition of the board?
2. Who is responsible for maintaining compliance with the laws governing board composition?
3. What are the consequences, if any, for not complying with laws regarding board composition?
4. What board documents contain the process and procedure for compliance with the laws regarding board composition?
5. Is the composition of the board consistent with the applicable laws and the board bylaws?  
*Yes*      *No*
6. What is the board size as stated in the agency bylaws?
7. How many seats are currently filled?
8. What is the average number of members attending each board meeting?
9. What is the most common reason for board vacancies?
  
10. Describe the process used to insure the democratic selection of representatives of low-income individuals, families and neighborhoods served by the agency.
  
  
11. What organizations from the private sector are represented on the board?  
List:
  
  
12. Describe the process used to select public officials to serve on the board.

**D. Board Composition, continued**

13. What is the process for removing members from the board?

14. Who informs the member of the removal?

---

**DOCUMENTS TO BE REVIEWED**

- Bylaws
  - Board policies
  - Minutes
  - Current board list
- 

**NOTES**

**E. Roles & Responsibilities**

1. Describe the primary responsibilities of the board.
  
2. Are these responsibilities stated in the bylaws? *Yes*      *No*
  
3. What process is used to assist board members to understand their legal responsibilities in accepting the investment of public and private funds?
  
  
  
  
  
  
  
  
  
  
4. What opportunities are available for training for board members, including conflict resolution, parliamentary procedures, and board governance.

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**DOCUMENTS TO BE REVIEWED**

- Bylaws
  - Training agenda
- 

**NOTES**

**F. Board and Staff Relationships**

1. What staff does the board hire?
  
2. Describe the process used to evaluate the performance of the CEO/Executive Director?
  
3. If and when necessary, what process would be used to terminate the services of the CEO/Executive Director?
  
4. In the absence of the CEO/Executive Director, who is responsible for agency management?
  
5. What is the reporting responsibility of the CEO/Executive Director to the board?
  
6. Who has the responsibility of supervising the CEO/Executive Director?

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**DOCUMENTS TO BE REVIEWED**

- \_ Sample work plan
  - \_ Evaluation form
  - \_ Sample report
- 

**NOTES**

**G. Volunteer Services**

1. Does the agency use the services of volunteers? *Yes*      *No*
  
2. Are the functions of volunteers defined in the agency's personnel policies and procedures? *Yes*      *No*
  
3. Are volunteers covered under the agency's insurance program? *Yes*      *No*
  
4. How does the board recognize the contributions volunteers make to the agency?



**H. Fiscal Controls, continued**

7. What training has been provided to aid board members in understanding financial reports and the audit?
  
8. How is the board informed of audit findings or concerns raised by funding sources regarding expenditure of funds or compliance with regulations or policies?
  
9. Who is responsible for signing agency checks?

---

**DOCUMENTS TO BE REVIEWED**

- \_ Board Minutes
  - \_ Signature cards
- 

**NOTES**

## Supplemental Questions for Board Treasurer/Finance Committee Chair

- |     |   |            |           |
|-----|---|------------|-----------|
| 1.  | Is there a finance committee of the board?<br>If yes, how many members?   | <i>Yes</i> | <i>No</i> |
| 2.  | How often does the committee meet?  |            |           |
| 3.  | Are the minutes of the committee meetings provided to the board?  | <i>Yes</i> | <i>No</i> |
| 4.  | What items are routinely covered by the finance committee?  |            |           |
| 5.  | Does the finance committee analyze expenditure reports and provide a report to the board?   | <i>Yes</i> | <i>No</i> |
| 6.  | When expenses exceed budgets, how is this dealt with?   |            |           |
| 7.  | Does the finance committee periodically review cash receipts or disbursements?  | <i>Yes</i> | <i>No</i> |
| 8.  | Does the finance committee review the salary structures for all positions?  | <i>Yes</i> | <i>No</i> |
| 9.  | Does the finance committee use the agency's fiscal manual during meetings?  | <i>Yes</i> | <i>No</i> |
| 10. | How are the costs allocated to programs?  |            |           |
| 11. | How many bank accounts does the agency have?<br>Does the finance committee receive regular reports on the status of the accounts?<br>Who has access to the bank accounts? | <i>Yes</i> | <i>No</i> |
| 12. | Is there a periodic review of financial operation of the agency?<br>If yes, what is the role of the treasurer or the chair of the finance committee?                      | <i>Yes</i> | <i>No</i> |
| 13. | What process is used to ensure that required fiscal reports and tax documents are submitted?  |            |           |
| 14. | Does the finance committee play a role in the development of fiscal policies?<br>If yes, how?   | <i>Yes</i> | <i>No</i> |

## Part IV

# CUSTOMER SURVEY

Surveys will be provided to the grantee 30 days prior to the GRA. Grantee will distribute surveys to customers along with an envelope so that responses will be kept confidential. Responses should be returned to the program analyst before the completion of the GRA.

The Department of State Division of Community Services provides funding to local community agencies to provide a variety of services and activities to low-income people. The questions below are intended to gather information on what steps should be taken to increase the quality of services provided by local agencies. Your responses will help us to make sure the right mix of services and activities are provided to stabilize families, improve self-sufficiency and revitalize communities. Your assistance in completing this survey is appreciated. Please answer all the questions. Your responses will be kept confidential. If you have a concern, please write to Evelyn Harris, Director, NYS Department of State, Suite 1100, 41 State Street, Albany, NY 12231.

Gender: (circle one)      Male                  Female

Age Group: (circle one)      (18-23)      (24-44)      (45-54)      (55-69)      (70+)

1. How did you learn about the agency?
 

<input type="checkbox"/> family/friend	<input type="checkbox"/> agency brochure
<input type="checkbox"/> referred by another agency	<input type="checkbox"/> Internet
<input type="checkbox"/> newspaper/radio/TV	<input type="checkbox"/> other
  
2. How long have you been a customer?
  - 1 year or less
  - 2-3 years
  - 3-5 years
  - more than 5 years
  
3. What type of assistance do you receive from this agency? (Check all that apply to you and your family.)
 

<input type="checkbox"/> a job	<input type="checkbox"/> housing
<input type="checkbox"/> assistance in finding a job	<input type="checkbox"/> WIC
<input type="checkbox"/> assistance in keeping a job	<input type="checkbox"/> Weatherization
<input type="checkbox"/> training	<input type="checkbox"/> GED
<input type="checkbox"/> food	<input type="checkbox"/> ESL
<input type="checkbox"/> emergency shelter	<input type="checkbox"/> budget counseling
<input type="checkbox"/> clothing	<input type="checkbox"/> transportation
<input type="checkbox"/> child care	<input type="checkbox"/> other
<input type="checkbox"/> Head Start	
  
4. Is it easy to obtain the services provided by the agency? Yes      No
  
5. Should the agency hours of operation be changed to make it easier to obtain services? Yes      No

continued →→→

6. Do you feel that the agency staff treats you with respect? *Yes No*
7. Have you had to make more than one trip to the agency to provide information required for services? *Yes No*
8. Since participating in the services of the agency, do you consider yourself and your family to be:  
 more self-sufficient     less self-sufficient     no change in status
9. Has your family income increased since participating in the services and activities of the agency? *Yes No*
10. If you answered “Yes” to question 9, was the increase a result of the services provided by the agency? *Yes No*
11. Do you believe the agency has helped to improve the conditions in which low-income people live?  
*Yes No Unable to tell No opinion*
12. Do you or members of your family participate in, or volunteer for, any community, religious or social organizations? *Yes No*
13. Do you consider yourself to be an active member of your local community? *Yes No*
14. What suggestions do you have to improve the quality of services provided by the agency?

**THANK YOU!**

## Part V

# COMMUNITY PARTNERSHIP SURVEY

Community Partners may participate in face-to-face interviews,  
telephone interviews, or they may complete and return  
the survey to the assigned program analyst.

The responses will be summarized under each category without identifying the partner. Source documents will be maintained by the assigned program analyst. Information shared in confidence will not be included, but will be forwarded to the Director of Community Services for appropriate action.

1. Type of Entity:
  - Not-for-profit human services
  - Municipality/unit of government
  - Religious organization
  - Civic organization
  - Business or for-profit
  - Professional service
  - Task force
  - Commission
  - Private foundation
  - Other \_\_\_\_\_
  
2. Nature of partnership: (Who does what for whom?)
  
3. Length of time that partnership has existed:
  - 1 year or less
  - 1-3 years
  - 3-5 years
  - More than 5 years
  
4. How was the partnership initiated?
  - Request for funding
  - Serving on joint task force or committee
  - Attendance at function
  - Served on the board
  - Former staff member
  - Other (please explain)
  
5. Is there a financial relationship? *Yes*      *No*
  
6. Are there signed Memoranda of Understanding or contracts? *Yes*      *No*

7. How would you rate the agency on the following: (Excellent — Good — Fair)
- |                                |   |   |   |
|--------------------------------|---|---|---|
| Quality of Service?            | E | G | F |
| Responsiveness to Local Needs? | E | G | F |
| Professionalism of Staff?      | E | G | F |
| Reputation in the Community?   | E | G | F |
8. What do you feel is the most important service this agency provides for the community?
9. Describe your recommendations, if any, for improvement:

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**ADDITIONAL COMMENTS**

# Part VI

# FISCAL FUNCTIONS

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## PROCEDURES

### Pre-visit Procedure

1. Complete the face page of the review form package and send to the Program Analyst for any agency-specific issues.
2. Fax a list of required records to be readily available for review to agency three days in advance.
3. Review most recent audit for pertinent findings or problems.
4. Review recent Department of State fiscal field representative field reports.
5. Meet with the review team (CSBG, Management, Fiscal) to discuss work scope.

### Visit Procedure

1. Entrance conference with agency personnel and review team.
2. Fiscal team members complete thorough review of current CSBG grant expenditures and agency-wide accounting systems and procedures.
3. Meeting of review team to discuss findings and to determine if further review is necessary.

### Post-visit Procedure

1. Draft of findings and observations is prepared by fiscal team members.
2. Draft is forwarded to CAU Supervisor for review and discussion.
3. Fiscal findings and observation report is submitted to DCS Director.

***Grantee Information***

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**Grantee:**

**Contract Number**

**Contract Period**

**Fiscal Field Representative(s)**

**Grantee Contact**

**Date of Review:**

---

**ADDITIONAL COMMENTS**



**B. Records Availability List**

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

1. Agency and CSBG Budget
2. Asset Procurement Documentation
3. Bank Statement Reconciliations
4. Fiscal Policies/Procedures Manuals
5. Internal Control Procedures
6. Sample Time Sheets
7. Equipment Inventory Listing
8. Bank Statements (past 12 months)
9. General Ledger Detail
10. Indirect Cost Rate Letter or Cost Allocation Plan
11. Cash Disbursement Journals
12. Cash Receipts Journal
13. Trail Balance
14. Payroll Ledger
15. Local Share Documentation and Related Records
16. Board/Staff Liability Insurance Policy
17. General Liability Policy
18. Vehicle Insurance
19. Board/Volunteer Liability Insurance
20. Date of Insurance Adequacy Test
21. Authorized Signature List and Signature Cards
22. Bonding Insurance Policy
23. Competitive Bidding Procedures
24. Calendar of Tax Filings

**C. Expenditure Percentage**

Contract Period:

Period to Date:

Percentage of Contract:

<b>Cost Code</b>	<b>Cost Category</b>	<b>Budget Amount</b>	<b>Year-To-Date Expenditures</b>	<b>Year-To-Date Percentage</b>
1	Personnel Services			
2	Delegate Agencies			
3	Contractual Services/Audit			
4	Equipment Purchase/Lease			
5	Other Direct Costs			
6	Indirect Cost			
TOTAL				

**Comments:**

Reviewer Initials:

Review Date:

**D. Cost Allocation**

Review a sample of miscellaneous expenditures:

<b>Cost Category</b>	<b>Vendor</b>	<b>Description</b>	<b>CSBG Amount</b>	<b>Total Amount</b>	<b>Allocation Method</b>	<b>Method Followed?</b>	<b>Comments</b>

**Comments:**

Reviewer Initials:  
Review Date:

**E. Indirect Cost Rate**

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? \_\_\_\_\_

**NOTES:**

Review current indirect cost rate proposal.

**Comments:**

**NOTES:**

Review the indirect cost pool.

Insure no expenses are double counted.

**Comments:**

Reviewer Initials:

Review Date:

**F. Procurement**

1. Does the agency have bidding/procurement procedures?  
Last update:

*Yes No*

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

3. For all major purchases:

<b>PO Number</b>	<b>Vendor Name</b>	<b>Amount of Purchase</b>	<b>Product Purchased</b>	<b>Purchase Authorized</b>	<b>Bids Received</b>	<b>Invoice matches PO</b>	<b>Cost allocated to programs</b>	<b>Comments</b>

**Comments:**

Reviewers Initials:  
Review Date:

**G. Bank Statement**

Test Months Selected

1. Number of bank accounts
2. Type of bank accounts:

Bank Name	Account Number	Account Type	Program	Balance

3. Reconciliation:

Month	Prepared by	Traced Cash to bank Statement	Traced Cash to General Ledger	Verified Outstanding checks	Verified deposits in Transit	Verified Misc Adjustments	Comments

4. Who is authorized to make telephone transfers?
5. Traced above procedures to Policy and Procedure Manual?

**Comments:**

Reviewers Initials:  
Review Date:

**H. Cash Disbursements - General**

1. Review cash disbursements journal for unusual items - note and explain.
2. Test posting of Cash Disbursements Journal to General Ledger
3. Trace select Cash Disbursements to source documents and canceled check:

Vendor Name	Invoice #	Invoice Amount	Marked Paid	Check Number	Check Amount	Signed or Stamped	Are Signers Authorized	Cost Alloc Followed	Comments

**Comments:**

Reviewers Initials:  
 Review Date:

**I. Cash Receipts**

Physical verification of NYS DOS Payment:

	Advance	#2	#3	#4	#5
Check Number					
Check Date					
Check Amount					
Deposit Date					
Deposit Slip Viewed	Yes / No				
On Bank Statement	Yes / No				
In General Ledger	Yes / No				

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**Comments/additional information necessary**

Reviewer Initials:

Review Date:



**K. Local Share**

<b>COST CATEGORY</b>	<b>Cash/ In-kind</b>	<b>Amount</b>	<b>Source</b>	<b>Valuation Method</b>	<b>Doc. Obs.</b>	<b>Signatures</b>	<b>Post G/L</b>

Does the agency have policies & procedures for the documentation and recording of local share? *Yes*    *No*

If yes, are they followed? *Yes*    *No*

**Comments:**

Review Date:  
Reviewer Initials:

**L. Insurance**

Period covered					
Carrier name					
Policy number					
Coverage amount					

**Comments:**

Review initials  
Review date

---

**M. Standards of Operation Review Guide****Grantee:**

Review Date:

1. Does the agency/contractor have more than \$100,000 (uninsured) in an institution?      *Yes*      *No*
2. Does the agency/contractor conduct periodic review of its financial operation?      *Yes*      *No*  
    If yes, how frequently is this done?  
    Please provide the date of the most recent review.
3. How does the agency ensure that all required financial reports and tax filings, are submitted to the various governmental agencies?
4. Are Accounts Payable/open invoices aged?      *Yes*      *No*  
    How frequently are interfund transactions reconciled, when present?