



Department of State

Division of Community Services

Community Services Block Grant Program

Annual Compliance Review Of Organizational Standards (ACROS)

Grantee Self-Assessment Tool Public Eligible Entities

Grantee Name: **Grantee Name**

Report Date: **Date**

SELF-ASSESSMENT TOOL FOR PUBLIC Eligible Entities

Background

The CSBG organizational standards provide a standard foundation of organizational capacity for all Eligible Entities across the United States. The Federal Office of Community Services' Information Memorandum (IM) 138 provides direction to States and eligible entities on establishing organizational standards by FY 2020 and includes the final wording of the standards developed by the OCS-funded organizational standards Center of Excellence (COE).

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

This tool has been updated with the final language for the organizational standards as issued in IM 138. The tool provides guidance regarding the intent of the CSBG Working Group as they developed the standards. Please note that the Center of Excellence may provide additional modifications to this guidance and may modify the tool as work of the CSBG Working Group and Center of Excellence work continues.

New York State Process

As part of IM138, New York State Department of State, Division of Community Services (DOS-DCS) is responsible for assessing the status of all eligible entities annually against the organizational standards. After discussion with DOS staff, grantees, the State Association and CSBG Advisory Council, it was determined that DOS-DCS would use this assessment tool to carry out the State's responsibility under IM 138.

DOS-DCS will require each eligible entity to complete this self-assessment each Federal Fiscal Year (FFY). The self- assessment and corresponding documentation must be submitted to the assigned program analyst for review and verification by January 31st. The information will be verified by the assigned program analyst and a report will be prepared identifying the unmet standards and timetable to come into compliance. Technical assistance needs will also be incorporated into the report.

Once every 3 years, the eligible entity will have an on-site review using a similar but more comprehensive tool known as the Triennial Review for Accountability with Compliance Standards (TRACS). For the FFY that the triennial review is conducted, the TRACS assessment process will replace this annual self-assessment.

Understanding the Self-Assessment Tool

First, there is brief guidance on each standard. It attempts to clarify issues that have been raised without unintentionally narrowing the standard.

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

Third, what document(s) were used to assess the standard? This is not intended to be an exhaustive list, nor should an agency need to have all of the sample documentation in place. This list is only meant to provide examples of ways to demonstrate how the standard is met.

There is a space on the tool to note documentation that was used but was not included on the pre-populated list. You are required to provide a hard copy of each document in support of the standard.

Gathering these document(s) will assist in providing documentation for the future Triennial Review for Accountability and Compliance with Standards (TRACS) which assesses compliance with the standards as well as state requirements.

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

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

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

Submitting the Tool and Supporting Documentation

Organizing the documents is key to ensuring an efficient and thorough review. Eligible entities are required to create a binder large enough to hold each standard with the corresponding documentation behind it or attached to it. The documentation must be sufficient to support compliance with each standard. There are 50 standards in all.

When documentation for a standard is contained in a large document, provide the specific information being requested or a specific reference to the document. For example, many standards will reference the bylaws as a source for documentation. Rather than copying the full bylaws several times, the eligible entity should provide one copy of the entire bylaws for review. For the standards that require the bylaws as a source for documentation, provide a notation to the specific page or article in the bylaws associated with the standard to facilitate the reviewer's assessment of compliance.

Binders must be submitted to the assigned program analyst by January 31st.

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

Grantee Name: _____
CSBG Service Area _____

Address of CSBG program location: _____

Telephone Number: _____ E-mail Address: _____

Fax Number: _____ Web Address: _____

CSBG Administration:

Director/CSBG Purpose: _____ E-mail Address: _____

Secondary Contact: _____ E-mail Address: _____

Fiscal staff/CSBG Purpose: _____ E-mail Address: _____

Overall Authority for CSBG Ex. Chair/County _____

Supervisors/Commissioner: _____ E-mail Address: _____

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

Fiscal:

CSBG Annual Allocation:\$ _____

Personnel:

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

Full time staff assigned to CSBG: _____

Part time staff assigned to CSBG: _____

Program Volunteers: _____

Facilities:

Years at current location: _____ Rent Lease Own

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

Service Delivery:

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

a) Direct services and activities? Yes No

b) Provide services through delegate agencies? Yes No

If yes, how many delegate agencies?

List Delegate Agencies and their primary locations:

c) Combination of direct and delegates? Yes No

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

Many of the questions in the ACROS are not pertinent to a Public CAA therefore the responses will read “not applicable”

References in this assessment tool to the “Board of Directors” will apply to the “CIC” which is the advisory council for Livingston County and to the “CAB” for New York City.

Grantee Organizational Chart

Instructions for filling out DOS Attendance & Quorum Tracking Sheet

Entering board member information:

1. Enter Board Member Names (cells B2-B22)
2. Enter abbreviated sectors (EPO = Elected Public Officials, LI = Low Income, P = Private) for each sector the board member represents (cells C2-C22)
3. Enter board meeting dates (on date per cell) across the top of each column (cells D1-Q1)
4. Enter Quorum requirement (cell C32, highlighted in yellow). **NOTE:** If quorum is NOT a percentage (%), please change cell to “Number” instead of “Percentage” (found under HOME tab, Number section – pull down arrow). The formula will automatically accept this change.
5. Enter attendance information:

X = Attended meeting

E or A = Excused absence (if applicable*) or Absent from meeting

U = Unexcused absence from meeting

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

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

Adding rows for additional board members:

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

DOS Attendance & Quorum Tracking Sheet

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

Double click table to access Excel Form

Maximum Feasible Participation – Category 1: Consumer Input and Involvement

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

Guidance

- This standard is meant to embody “maximum feasible participation”.
- The intent of this standard is to go beyond board membership; however, board participation may be counted toward meeting this standard if no other involvement is provided. The tripartite board is only one of many mechanisms through which eligible entities engage people with low-incomes.
- Participation can include activities such as Head Start Policy Council, tenant or neighborhood councils, and volunteering, etc.
- Though not mandatory, many eligible entities meet this standard by including advisory bodies to the board.

Department Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

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

Other Documentation:

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

Action steps to be taken to meet the standard:

Notes:

Maximum Feasible Participation – Category 1: Consumer Input and Involvement

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

Guidance:

- This standard reflects the need for eligible entities to talk directly with low-income individuals regarding the needs in the community.
- Data can be collected through a variety of ways including, but not limited to, focus groups, interviews, community forums, customer surveys, etc.
- Analyzing the information can be met through review of the collected data by staff and/or board, including a review of collected data in the written community assessment, with notations of this review in the assessment's appendix, committee minutes, etc.

Department Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

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

Other Documentation:

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

Action steps to be taken to meet the standard:

Notes:

Maximum Feasible Participation – Category 1: Consumer Input and Involvement

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

Guidance:

- This reflects the need for any business to gather information regarding customer satisfaction. All organizations need to be aware of how satisfied their customers are of the services they receive.
- This standard does not imply that a specific satisfaction level needs to be achieved.
- Documentation is needed to demonstrate all three components in order to meet the standard: 1) collection, 2) analysis, and 3) reporting of data.
- A systematic approach may include, but not be limited to, surveys or other tools being distributed to customers annually, quarterly, or at the point of service (or on a schedule that works for the individuation eligible entity). Such collection may occur by program or agency-wide at a point in time.
- Analyzing the findings is typically completed by staff.
- Reporting to the board may be via written or verbal formats.

Department Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Department policies and procedures
- Customer satisfaction instruments, e.g., surveys, data collection tools and schedule
- Customer satisfaction reports to department leadership, board and/or broader community
- Tripartite board/advisory body minutes
- Public hearing/public comment process or findings

Other Documentation:

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

Action steps to be taken to meet the standard:

Notes:

Maximum Feasible Participation – Category 2: Community Engagement

Standard 2.1 The department has documented or demonstrated partnerships across the community, for specifically identified purposes; partnerships include other anti-poverty organizations in the area.

Guidance:

- Partnerships are considered to be mutually beneficial arrangements wherein each entity contributes and/or receives: time, effort, expertise and/or resources.
- Specifically identified purposes may include but are not limited to: shared projects; community collaborations/coalitions with an identified topic e.g. domestic violence, homelessness, teen pregnancy prevention, transportation task forces, community economic development projects, etc.; contractually coordinated services; etc.
- The IS Report already asks for a list of partners. The intent of this standard is not to have another list, but to have documentation that shows what these partnerships entail and/or achieve.
- These could be documented through MOUs, contracts, agreements, documented outcomes, coalition membership, etc.
- This standard does not require that every partnership is a formal, fully documented relationship.

Department Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

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

Other Documentation:

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

Action steps to be taken to meet the standard:

Notes:

Maximum Feasible Participation – Category 2: Community Engagement

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

Guidance:

- If gathered during the community assessment, it would be documented in the assessment. If done during “other times” this may be reflected in reports, data analysis, or staff/board meeting minutes
- Engagement may include: key informant interviews, staff participation in other community groups/advisory bodies, community-wide processes, etc.
- Documentation is needed to demonstrate that all five sectors have been engaged: community-based organizations, faith-based organizations, private sector, public sector, and educational institutions. There is no requirement for how many individual organizations the eligible entity must contact, or what data is collected.
- If one or more of these sectors are not present in the community or refuses to participate, then the eligible entity needs to demonstrate the gap or a good faith effort to engage the sector(s).
- Demonstrating that the department has “gathered” and “used” the information may be met in a variety of ways including, but not limited to: summarizing the data in the community assessment or its appendices; documentation of phone calls, surveys interviews, focus groups in eligible entity files (hard copy or electronic); documentation in planning team minutes; summary reports on the data shared at board meetings or board committees; etc.

Department Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Community assessment (including appendices)
- Other written or online reports
- Backup documentation of involvement: surveys, interview documentation, community meeting minutes, etc.
- Board/committee or staff meeting minutes

Other Documentation:

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

Action steps to be taken to meet the standard:

Notes:

Maximum Feasible Participation – Category 2: Community Engagement

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

Guidance:

- This may be met through an eligible entities annual report, Social Media activity, traditional news media, community outreach activities, etc.
- Community would be defined by the eligible entity but needs to include those outside of the staff and board of the eligible entity.

Department Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Annual report
 Website, Facebook page, Twitter account, etc.
 (regularly updated)
 Media files of stories published
 News release copies
 Community event information
 Communication plan
 Public hearing
 Reports to municipal governing body

Other Documentation:

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

Action steps to be taken to meet the standard:

Notes:

Maximum Feasible Participation – Category 2: Community Engagement

Standard 2.4 The department documents the number of volunteers and hours mobilized in support of its activities.

Guidance:

- There is no requirement to utilize volunteers, only to document their number and hours, if utilized.
- This information should already be collected as part of current National Performance Indicators.

Department Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Data on number of volunteers and hours provided
 Board/advisory body minutes
 Documentation of tracking system(s)

Other Documentation:

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

Action steps to be taken to meet the standard:

Notes:

Maximum Feasible Participation – Category 3: Community Assessment

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

Guidance:

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

Department Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Dated community assessment report
 Board/advisory body minutes

Other Documentation:

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

Action steps to be taken to meet the standard:

Notes:

Maximum Feasible Participation – Category 3: Community Assessment

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

Guidance:

- Documentation is needed to demonstrate all four categories in order to meet the standard: gender, age, race, and ethnicity.
- Data on poverty is available from the U.S. Census Bureau.

Department Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

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

Other Documentation:

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

Action steps to be taken to meet the standard:

Notes:

Maximum Feasible Participation – Category 3: Community Assessment

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

Guidance:

- Documentation is needed to demonstrate that both types of data are collected in order to meet the standard:
 - Qualitative: this is opinions, observations, and other descriptive information obtained from the community through surveys, focus groups, interviews, community forums, etc.
 - Quantitative: this is numeric information, e.g. Census data, program counts, demographic information, and other statistical sources.
- Documentation on data analysis is also required in order to meet the standard.

Department Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Community assessment (including appendices)
- Backup documentation
- Broader municipality-wide assessment
- Other data collection process on poverty
- Committee/team minutes reflecting analysis

Other Documentation:

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

Action steps to be taken to meet the standard:

Notes:

Maximum Feasible Participation – Category 3: Community Assessment

Standard 3.4 **The community assessment includes key findings on the causes and conditions of poverty and the needs of the communities assessed.**

Guidance:

- There is no required way to reflect this information
- The department may choose to include a key findings section in the assessment report and/or executive summary
- The conditions of poverty may include items such as: numbers of homeless, free and reduced school lunch statistics, SNAP participation rates, etc.
- Causes of poverty may include items such as: lack of living wage jobs, lack of affordable housing, low education attainment rates, etc.

Department Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

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

Other Documentation:

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

Action steps to be taken to meet the standard:

Notes:

Maximum Feasible Participation – Category 3: Community Assessment

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

Guidance:

- This would be met through the Board voting on a motion to accept the assessment at a regular board meeting and documenting this in the minutes.

Department Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

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

Other Documentation:

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

Action steps to be taken to meet the standard:

Notes:

Vision and Direction – Category 4: Organizational Leadership

Standard 4.1 The tripartite board/advisory body has reviewed the department’s mission statement within the past 5 years and assured that:

1. The mission addresses poverty; and
2. The CSBG programs and services are in alignment with the mission.

Guidance:

- “Addresses poverty” does not require using the specific word poverty in the department’s mission.
- Language such as but not limited to: low-income, self-sufficiency, economic security, etc. is acceptable.
- It is the board that determines if the programs and services are in alignment with the mission. This review and formal determination would be recorded in the board minutes.

Department Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Board/advisory body minutes
 Strategic plan
 Mission statement

Other Documentation:

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

Action steps to be taken to meet the standard:

Notes:

Vision and Direction – Category 4: Organizational Leadership

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

Guidance:

- The State Lead Agency is responsible for determining the Plan’s format, and needs to ensure that the three components are readily identifiable.
- The Plan needs to be focused on outcomes, i.e., changes in status (such as hunger alleviation vs. food baskets).
- The Community Action plan is sometimes referred to as the CSBG Work plan.

Department Self-Assessment:

- Met
- Not Met

Documentation used: (Check all that apply)

- CAP Plan*
- Logic model
- Community assessment

*Sometimes called the CSBG Plan or CSBG Workplan

Other Documentation:

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

Action steps to be taken to meet the standard:

Notes:

Vision and Direction – Category 4: Organizational Leadership

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

Guidance:

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

Department Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Certified ROMA trainer in the department
- Agreement with certified trainer not within the department
- Strategic plan (including appendices)
- Community action plan (including appendices)
- Meeting summaries of ROMA trainer participation

Other Documentation:

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

Action steps to be taken to meet the standard:

Notes:

Vision and Direction – Category 4: Organizational Leadership

Standard 4.4 The tripartite board/advisory body receives an annual update on the success of specific strategies included in the Community Action plan.

Guidance:

- The CSBG Act requires that boards be involved with assessment, planning, implementation, and evaluation of the programs: this standard supports meeting that requirement.
- This standard is met by an update being provided at a regular tripartite board/advisory body meeting, and documented in the minutes.
- The update provided to the tripartite board/advisory board may be written or verbal.
- The update provided to the tripartite board/advisory board should include specific strategies outlined in the Community Action plan and any progress made over the course of the last year, or by another period of time as determined by the board that is less than one year.

Department Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

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

Other Documentation:

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

Action steps to be taken to meet the standard:

Notes:

Vision and Direction – Category 4: Organizational Leadership

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

Guidance:

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

Department Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

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

Other Documentation:

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

Action steps to be taken to meet the standard:

Notes:

Vision and Direction – Category 4: Organizational Leadership

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

Guidance:

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

Department Self-Assessment:

- Met
- Not Met

Documentation used: (Check all that apply)

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

Other Documentation:

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

Action steps to be taken to meet the standard:

Notes:

Vision and Direction – Category 5: Board Governance

Standard 5.1 The department’s tripartite board/advisory body is structured in compliance with the CSBG Act, by either:

1. **Selecting the board members as follows:**
 - At least one third are democratically-selected representatives of the low-income community;
 - One-third are local elected officials (or their representatives); and
 - The remaining members are from major groups and interests in the community; or
2. **Selecting the board through another mechanism specified by the State to assure decision-making and participation by low-income individuals in the development, planning, implementation, and evaluation of programs.**

Guidance:

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

Department Self-Assessment:
 Met
 Not Met

Documentation used: (Check all that apply)

- Board/advisory body minutes
- Board roster
- Bylaws

Other Documentation:

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

Action steps to be taken to meet the standard:

Notes:

Vision and Direction – Category 5: Board Governance

Standard 5.2 The department’s tripartite board/advisory body either has:

1. Written procedures that document a democratic selection process for low-income board members adequate to assure that they are representative of the low-income community, or
2. Another mechanism specified by the State to assure decision-making and participation by low-income individuals in the development, planning, implementation, and evaluation of programs.

Please note under IM 82 for Public Entities the law also requires that a minimum of 1/3 of tripartite board membership be comprised of representatives of low-income individuals and families who reside in areas served.

Guidance:

- See the CSBG Act and IM 82 for comprehensive guidance.
- See definitions list for additional clarity on democratic selection – please note that the CSBG Act requires a democratic *selection* process, not *election* process.
- Examples of democratic selection procedures for low-income sector directors include: (1) election by ballots cast by the eligible entity’s clients and/or by other low-income people in the eligible entity’s service area (ballots could be cast, for example, at designated polling place(s) in the service area, at the eligible entity’s offices, or via the Internet); (2) vote at a community meeting of low-income people (the meeting could serve not simply to select low-income sector directors but also to address a topic of interest to low-income people); (3) designation of one or more community organization(s) composed predominantly of and representing low-income people in the service area (for example, a Head Start policy council, low-income housing tenant association, or the board of a community health center) to designate representative(s) to serve on the eligible entity’s board.

Department Self-Assessment:

- Met
- Not Met

Documentation used: (Check all that apply)

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

Other Documentation:

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

Action steps to be taken to meet the standard:

Notes:

Vision and Direction – Category 5: Board Governance

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

Vision and Direction – Category 5: Board Governance

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

Guidance:

- Distribution may be accomplished through electronic or hard copy distribution.
- Acknowledgment of receipt may be accomplished through a signed and dated written acknowledgement, email acknowledgement, tripartite board/advisory body minutes documenting receipt for those in attendance, etc.

Department Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Board/advisory body minutes
- Board/advisory body meeting materials
- Bylaws/governing documents
- List of signatures of those receiving the document
- Local government’s policies and practices
- Copies of acknowledgements

Other Documentation:

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

Action steps to be taken to meet the standard:

Notes:

Vision and Direction – Category 5: Board Governance

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

Guidance:

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

Department Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

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

Other Documentation:

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

Action steps to be taken to meet the standard:

Notes:

Vision and Direction – Category 5: Board Governance

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

Guidance:

- There is no requirement to use a specific conflict of interest policy, only that the department utilizes one that meets its needs.
- The signed conflict of interest policies are collected, reviewed, and stored by the Organization.
- 2 CFR Part 200 (Super Circular) is in effect for any grant periods after December 26, 2014 and has additional information on conflict of interest policies and specific disclosures.
- As a point of reference, the 990 asks: Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If so, describe how.
- Standard allows for “comparable local government document” as many Public eligible entities address conflict of interest within required ethics training.

Department Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Board/advisory body minutes
 Conflict of interest policy/procedures
 Signed policies/signature list
 Attendance list/sign in list for ethics training

Other Documentation:

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

Action steps to be taken to meet the standard:

Notes:

Vision and Direction – Category 5: Board Governance

Standard 5.7 The department has a process to provide a structured orientation for tripartite board/advisory body members within 6 months of being seated.

Guidance:

- There is no specific curricula requirement, or training methodology required; Board Orientation should have many organization-specific elements. These may include bylaws, overview of programs, and review of fiscal reports.
- Training may be delivered at board meetings, special sessions, in person, through electronic media, or through other modalities as determined by the board.
- The department must have documentation of its process (including content), as well as documentation that each board member has been provided with the opportunity for orientation.

Department Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

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

Other Documentation:

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

Action steps to be taken to meet the standard:

Notes:

Vision and Direction – Category 5: Board Governance

Standard 5.8 Tripartite board/advisory body members have been provided with training on their duties and responsibilities within the past 2 years.

Guidance:

- There is no specific curricula requirement, or training methodology required.
- Training may be delivered at board meetings, special sessions, conferences, through electronic media, or other modalities as determined by the board.
- The department needs to have documentation that the training occurred (including content) as well as documentation that each board member has been provided with training opportunities.

Department Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

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

Other Documentation:

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

Action steps to be taken to meet the standard:

Notes:

Vision and Direction – Category 5: Board Governance

Standard 5.9 The department's tripartite board/advisory body receives programmatic reports at each regular board/advisory meeting.

Guidance:

- This standard does not require a report on each program at every board meeting; however it does call for some level of programmatic reporting at every board meeting. The department determines their own process to report programs to the board. For example, some departments may cycle through their programs semi-annually, others may do so on a quarterly basis, and yet others may do a brief summary at every board meeting.
- Board minutes should reflect that programmatic reports have been received documentation.
- Programmatic reporting may be in writing (reports, dashboards) and/or verbal.

Department Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

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

Other Documentation:

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

Action steps to be taken to meet the standard:

Notes:

Vision and Direction – Category 6: Strategic Planning

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

Guidance:

- This is intended to be an department-wide document, not a list of individual program goals
- This would be met through the Board voting on a motion to accept the strategic plan at a regular board meeting and documenting this in the minutes.

Department Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

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

Other Documentation:

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

Action steps to be taken to meet the standard:

Notes:

Vision and Direction – Category 6: Strategic Planning

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

Guidance:

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

Department Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Strategic plan

Other Documentation:

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

Action steps to be taken to meet the standard:

Notes:

Vision and Direction – Category 6: Strategic Planning

Standard 6.3 The approved strategic plan, or comparable planning document, contains family, agency, and/or community goals.

Guidance:

- These goals are set out as part of ROMA, referenced in IM 49, and provide the framework for the National Performance Indicators.
- These specific terms are not required, but the Plan must address one or more of these dimensions.
- There is no requirement to address all three: Family, Agency, and Community.

Department Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Strategic plan

Other Documentation:

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

Action steps to be taken to meet the standard:

Notes:

Vision and Direction – Category 6: Strategic Planning

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

Guidance:

- This standard links the community assessment with strategic planning.
- There is no requirement to do additional data collection.
- Please see guidance and glossary under Customer Engagement for more information on customer satisfaction and customer input.
- The standard may be documented by references to the analysis of customer satisfaction data and input within the plan, or by including the analysis of customer satisfaction data in the plan or its appendices, with a brief explanation of how it was used.

Department Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

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

Other Documentation:

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

Action steps to be taken to meet the standard:

Notes:

Vision and Direction – Category 6: Strategic Planning

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

Guidance:

- The CSBG Act requires that Boards be involved with assessment, planning, implementation and evaluation of programs; this standard supports meeting that requirement.
- The standard would be met by an update provided at a regular Board meeting, or a planning session, and documented in the minutes.
- The update provided to the tripartite board/advisory board may be written or verbal.
- The update provided to the tripartite board/advisory board should include goals outlined in the strategic plan and any progress made over the course of the last year, or by another period of time as determined by the board that is less than one year.

Department Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

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

Other Documentation:

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

Action steps to be taken to meet the standard:

Notes:

Operations and Accountability – Category 7: Human Resource Management

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

Operations and Accountability – Category 7: Human Resource Management

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

Guidance:

- Each local government will have its own process; department provides documentation of the local policies and is able to show compliance.
- The Handbook may be made available in electronic (such as an agency intranet, a location on a shared server, or distributed via email) or print formats.
- The process for notification of changes is up to the individual department.
- Agencies are encouraged to have staff sign off that they have received and read the Employee Handbook.

Department Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Accessible employee handbook/personnel policies
 Documentation and location and availability of handbook/policies
 Process for notifying staff of changes

Other Documentation:

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

Action steps to be taken to meet the standard:

Notes:

Operations and Accountability – Category 7: Human Resource Management

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

Guidance:

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

Department Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Organizational chart/staff list
 Job descriptions with dates noted
 Local government policies/procedures regarding job descriptions
 N/A

Other Documentation:

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

Action steps to be taken to meet the standard:

Notes:

Operations and Accountability – Category 7: Human Resource Management

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

Guidance:

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

Department Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

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

Other Documentation:

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

Action steps to be taken to meet the standard:

Notes:

Operations and Accountability – Category 7: Human Resource Management

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

Guidance:

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

Department Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Online link to publically available information
 Policy regarding compensation disclosure/transparency
 N/A-must document that disclosure is not allowed

Other Documentation:

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

Action steps to be taken to meet the standard:

Notes:

Operations and Accountability – Category 7: Human Resource Management

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

Guidance:

- Each local government will have its own process; department provides documentation of the local policies and is able to show compliance.
- The standard calls for a policy being in place.
- It is recognized that it is best practice to have annual reviews for every employee, but the standard is not intended to imply that 100% of employees must have an annual review. This caveat is noted given normal business conditions that may impact individual employees at any given time, e.g. timing of resignation/dismissal, FMLA leave, seasonal, etc.

Department Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Evaluation policy
 Documentation of fulfilling governmental policies

Other Documentation:

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

Action steps to be taken to meet the standard:

Notes:

Operations and Accountability – Category 7: Human Resource Management

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

Guidance:

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

Department Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

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

Other Documentation:

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

Action steps to be taken to meet the standard:

Notes:

Operations and Accountability – Category 7: Human Resource Management

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

Guidance:

- Each local government will have its own process; department provides documentation of the local procedures and is able to show compliance.
- There are not curricula requirements for the orientation; it is up to the organization to determine the content. Some examples of content include time and effort reporting, ROMA, data collection, mission, history of Community Action, etc.
- If no policy exists, department should still do an orientation for new employees.
- This may be met through individual or group orientations, and documented in personnel files.

Department Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Policies for new employee orientation
 Orientation materials
 Sampling of HR/personnel files for documentation of attendance

Other Documentation:

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

Action steps to be taken to meet the standard:

Notes:

Operations and Accountability – Category 7: Human Resource Management

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

Guidance:

- There are no specific requirements for training topics, with the exception of ROMA (or comparable system if one is used and approved by the State).
- This standard may be met through in-house, community-based, conference, online and other training modalities. Agencies may conduct their own training in-house, or may make online or outside training available to staff.
- This should be documented in personnel files.

Department Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Training plan(s)
 Documentation of trainings: presentation, evaluations, attendee lists, sign in sheets
 Documentation of attendance at off-site training events /conferences

Other Documentation:

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

Action steps to be taken to meet the standard:

Notes:

Operations and Accountability – Category 8: Financial Operations and Oversight

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

Guidance:

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

Department Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Completed audit

Other Documentation:

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

Action steps to be taken to meet the standard:

Notes:

Operations and Accountability – Category 8: Financial Operations and Oversight

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

Guidance:

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

Department Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

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

Other Documentation:

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

Action steps to be taken to meet the standard:

Notes:

Operations and Accountability – Category 8: Financial Operations and Oversight

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

Guidance:

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

Department Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

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

Other Documentation:

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

Action steps to be taken to meet the standard:

Notes:

Operations and Accountability – Category 8: Financial Operations and Oversight

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

Guidance:

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

Department Self-Assessment:

- Met
- Not Met

Documentation used: (Check all that apply)

- Completed audit
- Board/advisory body minutes

Other Documentation:

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

Action steps to be taken to meet the standard:

Notes:

Operations and Accountability – Category 8: Financial Operations and Oversight

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

Operations and Accountability – Category 8: Financial Operations and Oversight

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

Operations and Accountability – Category 8: Financial Operations and Oversight

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

Guidance:

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

Department Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

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

Other Documentation:

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

Action steps to be taken to meet the standard:

Notes:

Operations and Accountability – Category 8: Financial Operations and Oversight

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

Operations and Accountability – Category 8: Financial Operations and Oversight

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

Guidance:

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

Department Self-Assessment:
 Met
 Not Met

Documentation used: (Check all that apply)

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

Other Documentation:

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

Action steps to be taken to meet the standard:

Notes:

Operations and Accountability – Category 8: Financial Operations and Oversight

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

Operations and Accountability – Category 8: Financial Operations and Oversight

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

Operations and Accountability – Category 8: Financial Operations and Oversight

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

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

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

Guidance:

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

Department Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

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

Other Documentation:

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

Action steps to be taken to meet the standard:

Notes:

Operations and Accountability – Category 9: Data and Analysis

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

Guidance:

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

Department Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- CSBG Information Survey data report
 Data system documentation and/or direct observation
 Reports as used by staff, leadership, board or cognizant funder

Other Documentation:

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

Action steps to be taken to meet the standard:

Notes:

Operations and Accountability – Category 9: Data and Analysis

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

Guidance:

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

Department Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

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

Other Documentation:

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

Action steps to be taken to meet the standard:

Notes:

Operations and Accountability – Category 9: Data and Analysis

Standard 9.3 The department has presented to the tripartite board/advisory body for review or action, at least within the past 12 months, an analysis of the agency’s outcomes and any operational or strategic program adjustments and improvements identified as necessary.

Guidance:

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

Department Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Strategic plan update/report
- Other outcome report
- Notes from staff analysis
- Board/advisory body minutes
- Board/advisory body pre-meeting materials/packet

Other Documentation:

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

Action steps to be taken to meet the standard:

Notes:

Operations and Accountability – Category 9: Data and Analysis

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

Guidance:

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

Department Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

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

Other Documentation:

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

Action steps to be taken to meet the standard:

Notes:

ACROS Scoring Sheet

| Standards | Total # of National Standards | # Met | % Met |
|---------------------------------------|-------------------------------|-------|----------|
| Maximum Feasible Participation | | | |
| o Consumer Input and Involvement | 3 | | |
| o Community Engagement | 4 | | |
| o Community Assessment | 5 | | |
| Vision and Direction | | | |
| o Organizational Leadership | 6 | | |
| o Board Governance | 8 | | |
| o Strategic Planning | 5 | | |
| Operations and Accountability | | | |
| o Human Resource Management | 8 | | |
| o Financial Operations and Oversight | 7 | | |
| o Data and Analysis | 4 | | |
| Total | 50 | | % |

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

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