



COMMUNITY SERVICES BLOCK GRANT AGENCY QUESTIONNAIRE

ATTACHMENT B
SECTION A: GENERAL INFORMATION

1. AGENCY NAME:		2. CONTRACT NUMBER:	
3. DCED CSBG MONITOR/REPRESENTATIVE:		4. DATE:	
5. COMPLETED BY:			
6. BOARD CHAIR:			
7. NUMBER OF COUNTIES SERVED:		8. DOES YOUR AGENCY HAVE SATELLITE/REMOTE OFFICES FUNDED BY THE CSBG CONTRACT? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH LOCATION: (ATTACH ADDITIONAL PAGES, IF NECESSARY).			
9a. LOCATION OF OFFICE(S):			
9b. LISTING OF SERVICES PROVIDED:			
10. NUMBER OF STAFF:		11. WHAT ARE THE HOURS OF OPERATION?	
12. HOW IS SUPERVISION OF OFF-SITE STAFF PROVIDED?			
13. ARE ALL CLIENT SERVICE LOCATIONS COMPLIANT WITH THE AMERICANS WITH DISABILITIES ACT (ADA)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
14. DESCRIBE HOW THE AGENCY'S POLICIES FOR PROVIDING TRANSLATION AND INTERPRETATION MEET THE LEGAL OBLIGATION TO PROVIDE ASSISTANCE TO LIMITED ENGLISH PROFICIENCY (LEP) CLIENTS RECEIVING OR POTENTIALLY RECEIVING AGENCY SERVICES?			

SECTION B: PROGRAM INFORMATION

1. BRIEFLY DESCRIBE THE COLLABORATION (WHO, WHAT, HOW) THAT OCCURS TO ADDRESS POVERTY ISSUES THROUGHOUT THE VARIOUS AREAS SERVED:

2. INDICATE THE NATIONAL GOALS THAT ARE MET THROUGH CSBG PROGRAM OPERATIONS:

- Individuals and families with low incomes are stable and achieve economic security.
- Communities where people with low incomes live, are healthy, and offer economic opportunity.
- People with low incomes are engaged and active in building opportunities in communities.

3. INDICATE WHICH DOMAINS ARE ADDRESSED THROUGH CSBG PROGRAM OPERATIONS:

- Employment Income Health
- Civic Engagement and Community Initiatives
- Education Housing

SECTION C: TRIPARTITE BOARD

PROVIDE THE FOLLOWING INFORMATION REGARDING THE AGENCY'S CURRENT BOARD COMPOSITION:

1. DESCRIBE THE ORIENTATION AND TRAINING PROCESS FOR NEW BOARD MEMBERS:

2. WHEN WAS THE MOST RECENT ROMA TRAINING CONDUCTED FOR THE BOARD AND AGENCY STAFF BY A NATIONALLY CERTIFIED ROMA TRAINER (NCRT)?

3a. WHICH BOARD MEMBERS ATTENDED ANY TRAININGS, SYMPOSIUMS, OR CONFERENCES AND WHAT DID THEY ATTEND?

3b. WHAT ARE THE PLANS TO SEND A BOARD MEMBER TO A TRAINING, SYMPOSIUM, OR CONFERENCE?

4. IS THERE A CODE OF ETHICS FOR THE BOARD? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	5. WHERE IS IT PUBLISHED?
6. DOES THE MISSION STATEMENT APPEAR IN THE BOARD MANUAL? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7a. IN THE CASE OF A PRIVATE CAP, DOES THE BOARD APPROVE THE AGENCY'S ANNUAL BUDGET? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
7b. IN THE CASE OF A PUBLIC CAP, DOES THE BOARD REVIEW THE ANNUAL BUDGET? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
8. WHAT IS THE BOARD'S ROLE IN MONITORING AND COMPLYING WITH THE ORGANIZATIONAL STANDARDS?	

SECTION D: CLIENT FILES

1. ARE CLIENT FILES ON-SITE AND AVAILABLE FOR INSPECTION BY DCED STAFF? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2. DO CLIENT FILES CONTAIN THE FOLLOWING DOCUMENTS AND INFORMATION:
a. Intake forms with client signature <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
b. Eligibility determination and verification <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
c. Type of service or assistance <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
d. Dates of service <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
e. A service plan signed by the client <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
f. A goal plan signed by the client <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
g. A self-sufficiency matrix with evidence of client knowledge (i.e., initials) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
h. Progress notes <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
i. Discharge plan/case closure <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

SECTION E: PROGRAM OPERATIONS

1. WHAT PROCEDURES DOES THE AGENCY HAVE IN PLACE REGARDING DENIAL OF SERVICES TO APPLICANTS DETERMINED INELIGIBLE FOR SERVICES?
2. HOW DOES THE AGENCY INFORM PARTICIPANTS OF THE GRIEVANCE PROCESS?

3. DESCRIBE THE GRIEVANCE PROCESS:
4. IF THERE HAVE BEEN GRIEVANCES, WHAT WAS THE NUMBER AND NATURE OF THE GRIEVANCES?
5. WHAT IS THE AGENCY'S CURRENT ASSESSMENT OF ITS PROGRESS TOWARD ACCOMPLISHING THE OBJECTIVES OF ITS CSBG PROGRAM AS STATED IN THE WORK PLAN?
6. HOW OFTEN DOES THE AGENCY PERFORM A COMMUNITY NEEDS ASSESSMENT (CNA) TO PRIORITIZE ITS PROGRAMS AND ENSURE THAT THE MOST NEEDY ARE BEING SERVED?
7. WHO PARTICIPATES IN THE CNA PROCESS?
8. DESCRIBE THE PROCESS USED TO ENSURE ALL STAKEHOLDERS ARE INCLUDED IN THE CNA PROCESS:
9. WHAT SERVICE GAPS ARE IDENTIFIED BY THE CURRENT CNA?
10a. WHAT TRAINING AND TECHNICAL ASSISTANCE HAS THE AGENCY SOUGHT THROUGHOUT THE MONITORING PERIOD?
10b. PLEASE IDENTIFY THE SOURCE AND THE SUBJECT OF THE TRAINING AND TECHNICAL ASSISTANCE:

11. WHAT TECHNICAL ASSISTANCE AND/OR TRAINING DOES THE AGENCY, AND/OR ITS SUBCONTRACTORS CURRENTLY NEED?

12. WHAT DATA ENTRY SYSTEM DOES YOUR AGENCY USE TO TRACK AND ANALYZE DATA FOR COPOS REPORTING?

SECTION F: AGENCY SELF-ASSESSMENT

1. WHAT IS THE AGENCY'S CURRENT MISSION STATEMENT?

2. HOW DO PROGRAMS OPERATED BY THE AGENCY SUPPORT THE AGENCY'S ACHIEVEMENT OF THE OVERALL MISSION?

3. AS A RESULT OF THE CNA, HOW HAS THE AGENCY ADJUSTED EITHER DIRECT SERVICES OR COMMUNITY CATALYTIC WORK?

4. DESCRIBE HOW THE AGENCY IS WORKING AS A CATALYTIC AGENT IN THE COMMUNITY?

5. HOW HAS THE AGENCY COLLABORATED WITH COMMUNITY PARTNERS TO ELIMINATE DUPLICATION OF SERVICES?

6. HOW HAS THE AGENCY INTEGRATED A HOLISTIC SERVICE DELIVERY?

7. HOW DOES EACH CSBG PROGRAM OR SERVICE MEASURE CLIENT SUCCESS?

8. WHAT ARE THE AREAS OF FOCUS NEEDED FOR THE AGENCY TO FULLY COMPLY WITH THE ORGANIZATIONAL STANDARDS?
9. HOW DOES EXECUTIVE DIRECTOR COMMUNICATE IMPORTANT INFORMATION TO THE CSBG STAFF?
10. HOW ARE PROGRAM DIRECTORS INVOLVED IN PLANNING AND MONITORING THEIR PROGRAMS?
11. HOW OFTEN DO THE PROGRAM DIRECTORS PRESENT THEIR PROGRAMS' OUTCOMES TO THE BOARD?
12. HOW ARE THE EXECUTIVE DIRECTOR AND STAFF INVOLVED IN COMMUNITY PARTNERSHIPS, CATALYTIC AND COLLABORATIVE ACTIVITIES?
13. IDENTIFY THE STAFF AND THEIR ROLE IN EACH COLLABORATION.
14. HOW OFTEN DOES THE AGENCY CONDUCT PERFORMANCE APPRAISALS OF STAFF?
15. WHO WAS INVOLVED IN CREATING THE MOST RECENT STRATEGIC PLAN?
16a. DESCRIBE HOW THE AGENCY'S STAFF BECOME AWARE OF THE PLAN AND ITS CONTENTS?
16b. DESCRIBE HOW STAFF WERE EDUCATED ABOUT THE WAY THEIR JOBS CONTRIBUTE TO FULFILLING THE PLAN?

17. HOW DOES THE AGENCY ENSURE STABLE AND CONSISTENT STAFF TO ADMINISTER CSBG PROGRAMS?
18. IS THE CSBG INVENTORY LIST MAINTAINED AND AVAILABLE UPON REQUEST? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
19. DO THE RECORDS MAINTAINED FOR PROPERTY ACQUIRED BY THE AGENCY INCLUDE THE FOLLOWING INFORMATION? a. Date the asset was acquired? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A b. Description of the asset? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A c. Physical location of the asset? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A d. Cost or valuation of the asset? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A e. Disposition of the asset? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
20. IS A PERIODIC PHYSICAL INVENTORY CONDUCTED TO VERIFY ASSETS REMAINING IN POSSESSION AND CONTROL OF THE GRANTEE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
21. ARE IDENTIFICATION TAGS PLACED ON ALL PROPERTY AND EQUIPMENT ACQUIRED WITH CSBG FUNDS IN ACCORDANCE WITH CSBG DIRECTIVE, MANAGEMENT OF WAP/CSBG PROPERTY? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
22. IF ANY PROPERTY ACQUIRED WITH DCED ADMINISTERED FUNDS WAS DAMAGED, LOST OR STOLEN, WAS IT PROMPTLY REPORTED TO DCED? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
23. ARE THERE PROCEDURES TO ENSURE THAT PROGRAM INCOME FROM THE SALE OF REAL OR NON-EXPENDABLE PROPERTY IS PROPERLY RECORDED AND REPORTED? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A IF YES, DESCRIBE:
24. FOR EXPENDABLE PERSONAL PROPERTY, ARE THERE ADEQUATE RECORDS TO SUPPORT THE RECEIPT OF GOODS, ISSUANCE OF GOODS AND THE BALANCE OF GOODS ON HAND? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A DESCRIBE:
25. DOES THE AGENCY FOLLOW APPROPRIATE PROCUREMENT PROCEDURES?
26. IS THE AGENCY ENGAGED IN A TECHNICAL ACTION PLAN (TAP) OR A QUALITY IMPROVEMENT PLAN (QIP)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A IF YES, WHAT IS THE STATUS?
26. HAS THE AGENCY HAD OTHER MONITORING FROM OTHER FUNDING SOURCE THAT RESULTED IN A CORRECTIVE ACTION PLAN? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A IF YES, DESCRIBE.

SECTION G: SUBCONTRACTORS	YES	NO	N/A	COMMENTS
1. Does the agency subcontract for any of the services provided under the CSBG award?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Total # of subcontracts during the grant period _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are all subcontracts identified in the contract available for review?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Was a fully executed contract in place for all of the agency's subcontractors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Do contracts for subcontracted services include a provision that the subcontractor must follow State procurement requirements and the fiscal requirements of agency's contract with DCED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Are the amounts and activities of the subcontracts consistent with the descriptions in the contract?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is there evidence the agency monitors its subcontractors for contract compliance? How often are subcontractors monitored? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Were subcontractors conducting their contracted activities and maintaining adequate supporting documentation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9a. If the agency utilized a subcontractor in the previous year, did the subcontractor meet its goals? 9b. If not, was corrective action taken?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Did a subcontractor identify any concerns that could not be satisfactorily addressed by the CAA/DCED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. If any services were subcontracted in addition to those identified in the contract, was prior approval given by DCED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Does the agency's method of selecting service providers for subcontracts ensure fair competition to all interested parties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Does the agency have procedures in place to ensure that subcontractors have current insurance policies for blanket fidelity bond coverage; comprehensive general liability; directors and officers liability; umbrella excess liability; professional liability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Additional comments on subcontractors:				

SECTION H: DISCRETIONARY GRANT MONITORING REPORT

1. DID THE AGENCY RECEIVE A DISCRETIONARY GRANT DURING THE MONITORING PERIOD?
 Yes No N/A
COMMENTS:

1a. WHAT WERE THE GOALS OF THE PROJECT?

2. IF THE PROJECT IS IN PROGRESS, IS IT ON TRACK TO ACCOMPLISHING ITS GOALS?
 Yes No N/A
COMMENTS:

2a. IF THE PROJECT IS NOT ON TRACK TO ACCOMPLISHING ITS GOALS, PLEASE EXPLAIN WHY.

3. IF THE PROJECT IS COMPLETED, DID IT ACCOMPLISH ITS GOALS?
 Yes No N/A
COMMENTS:

3a. IF THE PROJECT IS COMPLETED AND DID NOT ACCOMPLISH ITS GOALS, PLEASE EXPLAIN WHY.

4. IF THE PROJECT IS COMPLETED, WERE OTHER POSITIVE OUTCOMES ACCOMPLISHED?
 Yes No N/A
COMMENTS:

4a. IF YES, WHAT WERE THEY?

5. IF THE PROJECT IS IN PROGRESS, IS IT ON TRACK TO SPEND ALL THE FUNDS?
 Yes No N/A
COMMENTS:

5a. IF THE PROJECT IS NOT ON TRACK TO SPEND ALL THE FUNDS, PLEASE EXPLAIN WHY.

SECTION H: DISCRETIONARY GRANT MONITORING REPORT

6. IF THE PROJECT IS COMPLETE, DID IT USE ALL THE FUNDS?

Yes No N/A

COMMENTS:

6a. IF THE PROJECT IS COMPLETE AND ALL THE FUNDS WERE NOT USED, PLEASE EXPLAIN WHY.

7. WAS THE PROJECT INTENDED TO BE A PILOT OR DEMONSTRATION PROJECT?

Yes No N/A

COMMENTS:

7a. IF YES, DID THE PROJECT CONTINUE?

7b. HOW WAS THE CONTINUATION OF THE PROJECT FUNDED?

AGENCY REPRESENTATIVE:		DATE:
TITLE:		