



COMMUNITY SERVICES BLOCK GRANT ON-SITE MONITORING TOOL

ATTACHMENT C
SECTION A: GENERAL INFORMATION

1. AGENCY NAME:		2. CONTRACT NUMBER:	
3. DCED CSBG PROGRAM SPECIALIST:		4. DATE OF VISIT:	5. DATES OF MONITORING PERIOD:
6. AGENCY STAFF INVOLVED IN REVIEW:			
7. BOARD CHAIR:		8. RISK ASSESSMENT SCORE/LEVEL:	
9. WAS A CSBG PRE-VISIT QUESTIONNAIRE MAILED OUT TO THE AGENCY AT LEAST TWO WEEKS IN ADVANCE OF THE SCHEDULED ON-SITE VISIT? <input type="checkbox"/> Yes <input type="checkbox"/> No		10. DID THE AGENCY COMPLETE AND RETURN THE QUESTIONNAIRE BY THE DATE REQUESTED? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION B: REPORTING REQUIREMENTS
YES NO N/A
COMMENTS

	YES	NO	N/A	COMMENTS
1. Is the agency submitting Program Invoice forms monthly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is sufficient documentation submitted with each invoice to support the reported expenditures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are the expenditures reported by the agency to date within the budgeted amounts by category per the contract?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. If reported expenditures exceed budgeted amounts by line item, has the agency requested an amendment to the original budget and/or provided adequate explanation for any significant variances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Is the agency on track to draw down the remaining balance of the award within the contract period?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Has the agency submitted required reports, including COPOS entries, on a timely basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is the agency participating in the ROMA system for measuring performance and results?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

8a.Regarding Organizational Standards, what is the number of compliant indicators?

_____ out of a possible _____ Percentage: _____

8b.Please list the non-compliant indicators:

Additional comments about reporting requirements:

SECTION C: ROMA IMPLEMENTATION	YES	NO	N/A	COMMENTS
1. Has agency staff and board received outcome/ROMA training from a Nationally Certified ROMA Trainer (NCRT)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Does the agency use ROMA, to provide a description of outcome measures to be used to measure performance in promoting self-sufficiency, family stability and community revitalization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Based on the reports submitted to DCED, does the agency demonstrate that they understand national indicators?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional information on ROMA Implementation:				

SECTION D: BOARD ROSTER		
1. Elected Public Officials	2. Low-Income Representatives	3. Private Sector Representatives
# of Seats:	# of Seats:	# of Seats:
# of Vacancies:	# of Vacancies:	# of Vacancies:

SECTION E: BOARD COMPOSITION AND BY-LAWS	YES	NO	N/A	COMMENTS
1. Are all three sectors of the Tripartite Board represented in accordance with Federal legislation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is the composition of the board made up of at least 1/3 democratically elected representatives of low-income individuals; 1/3 elected officials or their representatives; and representatives of the public?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Do the by-laws specify a method for selection that is appropriate for each board sector?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Do representatives of low-income persons reside in the neighborhood from which they were elected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Does DCED have a copy of the most current by-laws?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Are there clear procedures in the by-laws for filling a vacancy on the board?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Does selection of board members occur in accordance with the agency's by-laws?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Are election and selection procedures in accordance with CSBG directives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Are there clear procedures for the removal of a member explained in the by-laws?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Do the by-laws define the positions, selection process, and terms of service for the officers of the board?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Are there term limits for all board members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION E: BOARD COMPOSITION AND BY-LAWS <i>(cont'd)</i>	YES	NO	N/A	COMMENTS
12. Do the by-laws define a quorum?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Do the by-laws state that written minutes of all open meetings will be kept?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Is there a section in the by-laws that address the compensation of board members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Do the by-laws address non-discrimination policies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Do the by-laws state that written notice, including an agenda, is given to the Board members at least 5 days in advance of board meetings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Does the Board roster include the name, title, address, sector represented, date appointed or elected, and term expiration date for all board members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Is there a written policy outlining the process for amending the by-laws?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Are the procedures for hiring, supervising, evaluating, and dismissing an executive director clearly outlined in the by-laws?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20a. Does the board follow the by-laws on all matters? 20b. If no, please explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21a. Have board vacancies been filled within 90 days? 21b. If no, how long was the vacancy and in which sector?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22a. Do the by-laws state that the board meetings shall be open to the public and notices are to be posted? 22b. Where are the notices posted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. How often is the board required to meet?				
24. How often are the by-laws reviewed by the board?				
25. What is the date the board last reviewed the by-laws?				
26. When were the Agency's by-laws last amended by the board?				
27. How many board members do the by-laws specify?				
Additional Comments on Board Composition and By-laws:				

*Only pertains to private CEEs.

SECTION F: BOARD GOVERNANCE	YES	NO	N/A	COMMENTS
1a. Is there evidence that the board receives programmatic information relating to CSBG and all other programs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1b. Is there evidence that the board receives financial information relating to CSBG and all other programs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Does the board approve the agency's annual budget?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Does the board fully participate in the development, planning, implementation, outcome analysis, and evaluation of the CSBG program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Is the board active and engaged in fulfilling the mission of the agency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Does the board set policy for the agency?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Are Robert's Rules of Order followed for all board meetings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Does the board have committees structured to fully address its fiduciary and governance responsibilities? Please list the standing committees:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Are non-board members encouraged to participate on committees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Comments on Board Governance:				

* Only pertains to private CEEs.

SECTION G: BOARD MEETINGS AND MINUTES	YES	NO	N/A	COMMENTS
1. Did the agency provided a schedule of board meeting dates to DCED when requested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Have all board minutes been submitted to DCED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Is there a quorum present at all meetings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Is there evidence in the minutes that the board uses community needs assessment and service gap analysis to establish service priorities and adopt program objectives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Do the minutes indicate that the agency's board fully participates in the development, planning, implementation and evaluation of the CSBG program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Does the board monitor program performance by comparing goals to outcomes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Do the minutes accurately reflect the actions taken at board meetings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION G: BOARD MEETINGS AND MINUTES <i>(cont'd)</i>	YES	NO	N/A	COMMENTS
8. Do the minutes list board members present and absent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Do the minutes list all other attendees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. How often does the Tripartite Board meet?				
11. What was the date of the most recent board meeting attended by the Program Specialist?				
Additional Information on Board Meetings and Minutes:				

SECTION H: PERSONNEL	YES	NO	N/A	COMMENTS
1. Does the agency have adequate staff assigned to administer the CSBG program activities effectively and efficiently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Do agency staff involved in the on-site review demonstrate knowledge of CSBG program guidelines and procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Is CSBG staffing stable and consistently able to administer CSBG requirements and programs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are all staff positions identified in the CSBG workplan filed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are all staff members performing the duties described in the job descriptions submitted with the CSBG Workplan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION I: CLIENT FILES / ELIGIBILITY	YES	NO	N/A	COMMENTS
1. Is a client file maintained for each person served?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Does the form used for determining client eligibility list all eligibility criteria and the documentation needed to determine eligibility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. For clients receiving direct services, is income documented for all members of the household 18 years and older?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Is there evidence in the client files reviewed that documents the agency has procedures in place to verify income amounts and family size as stated in the application?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Is the agency using the appropriate Health and Human Services (HHS) poverty guidelines to determine eligibility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Does the agency limit eligibility for CSBG programs to clients at or below 125% of the HHS poverty guidelines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Do intake forms include client characteristics necessary for the agency to file accurate demographic reports? (CSBG Annual Report and COPOS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Does the client signature section of the intake form include a self-declaration statement that the information provided is true and correct, to the best of the applicant's knowledge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Do client files contain information regarding types of assistance and dates of services provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Do client files contain a log describing the nature of the service(s) provided, including the date and amount of services received?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Are all documents signed by the client where applicable (intake, eligibility, case management plan, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Is adequate client information and follow-up documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Does the agency track and report the number of clients transferring out of poverty as a result of the services provided by the agency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Are referrals to other agencies documented in the client files?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. If follow-up activities were suggested as part of the case-plan were these activities documented in the client files?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Does the agency review clients' financial status at least every 365 days according to the CSBG Income Eligibility Determination directive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Is documentation such as a bill, voucher and/or copy of the check retained in the client file for proof of services provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Are persons served and service units being counted correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Are detailed case management activities thoroughly documented in the client files?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Is there a signed case management plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Are client goals mutually agreed to and documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Are efforts to achieve goals mutually agreed to and documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Are goals oriented toward self-sufficiency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Are the services provided consistent with the program narrative and scope of work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. Does the agency link with other programs in the community or area when services are beyond the agency's scope?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. Is the agency taking appropriate steps to ensure privacy and confidentiality of client information, such as secure files, confidentiality policies, private consultation space etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION I: CLIENT FILES / ELIGIBILITY (cont'd)	YES	NO	N/A	COMMENTS
27. If the agency is no longer working with the client, is the closure noted in a progress note?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. Are client records maintained for at least three years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29a. Did the review of the client files sampled indicate that all clients provided services were eligible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29b. If not, indicate the number of clients determined ineligible and/or unverifiable in the comments section to the right.				
30. Did review of the documentation indicate that the services have impacted client self-sufficiency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Comments on Client Files (attach Client File Worksheet):				

SECTION J: DATA COLLECTION	YES	NO	N/A	COMMENTS
1. Is the agency gathering and tracking all information needed to complete the CSBG Annual Report in COPOS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is the agency's data collection system able to capture all the data required for CSBG Annual Report in COPOS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Is the agency on track to meet the targeted objectives stated in the Annual Report and Workplan by the end of the contract period?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION K: ROMA IMPLEMENTATION	YES	NO	N/A	COMMENTS
1. Has the agency staff and board received ROMA training from a Nationally Certified ROMA Trainer (NCRT) in the last 24 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Does the agency use the existing ROMA system to provide a description of outcome measures to be used to measure performance in promoting self-sufficiency, family stability and community revitalization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Have all the sub-grantees received ROMA training by NCRT in the last 24 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION L: PRIOR MONITORING	YES	NO	N/A	COMMENTS
1. Have all financial corrective action requirements from the previous monitoring reports been satisfactorily addressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Have all programmatic corrective action requirements, Technical Assistance Plan (TAP), or Quality Improvement Plan (QIP) from the previous monitoring reports been satisfactorily addressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Have all administrative corrective action requirements from the previous monitoring reports been satisfactorily addressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Comments on Prior Monitoring:				

SECTION M: DISCRETIONARY GRANT MONITORING REPORT	YES	NO	N/A	COMMENTS
1. Did the agency receive a discretionary grant during the monitoring period?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. If the project is in progress, is it on track to accomplishing its purpose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. If the project is completed, did it accomplish its purpose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. If the grant is completed, were other positive outcomes accomplished?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. If the project is in progress, is it on track to spend all the funds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. If the project is complete, did it use all the funds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Comments on Discretionary Grant:				

SECTION O: EXIT CONFERENCE

1. Identify any strengths and best practices of the agency:

2. Notable follow-up points from the agency's pre-monitoring questionnaire:

3. Preliminary summary of findings, Technical Assistance Plan (TAP) or Quality Improvement Plan (QIP), and need for corrective action(s):

4. As a result of the review, the following recommendations for training and/or technical assistance have been identified as opportunities for growth:

5. Is the agency currently engaged in a Technical Assistance Plan (TAP) or a Quality Improvement Plan (QIP)? If yes, what is the status of the plan?

6. If appropriate, indicate a scheduled date for a follow up, on-site visit to assess the implementation of corrective actions:

7. DCED PROGRAM SPECIALIST:

8. DATE:

SECTION C: ROMA IMPLEMENTATION	YES	NO	N/A	COMMENTS
1. Has agency staff and board received outcome/ROMA training from a Nationally Certified ROMA Trainer (NCRT)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Does the agency use ROMA, to provide a description of outcome measures to be used to measure performance in promoting self-sufficiency, family stability and community revitalization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Based on the reports submitted to DCED, does the agency demonstrate that they understand national indicators?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional information on ROMA Implementation:				

SECTION D: BOARD ROSTER		
1. Elected Public Officials	2. Low-Income Representatives	3. Private Sector Representatives
# of Seats:	# of Seats:	# of Seats:
# of Vacancies:	# of Vacancies:	# of Vacancies:

SECTION E: BOARD COMPOSITION AND BY-LAWS	YES	NO	N/A	COMMENTS
1. Are all three sectors of the Tripartite Board represented in accordance with Federal legislation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is the composition of the board made up of at least 1/3 democratically elected representatives of low-income individuals; 1/3 elected officials or their representatives; and representatives of the public?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Do the by-laws specify a method for selection that is appropriate for each board sector?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Do representatives of low-income persons reside in the neighborhood from which they were elected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Does DCED have a copy of the most current by-laws?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Are there clear procedures in the by-laws for filling a vacancy on the board?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Does selection of board members occur in accordance with the agency's by-laws?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Are election and selection procedures in accordance with CSBG directives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Are there clear procedures for the removal of a member explained in the by-laws?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Do the by-laws define the positions, selection process, and terms of service for the officers of the board?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Are there term limits for all board members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION E: BOARD COMPOSITION AND BY-LAWS <i>(cont'd)</i>	YES	NO	N/A	COMMENTS
12. Do the by-laws define a quorum?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Do the by-laws state that written minutes of all open meetings will be kept?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Is there a section in the by-laws that address the compensation of board members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Do the by-laws address non-discrimination policies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Do the by-laws state that written notice, including an agenda, is given to the Board members at least 5 days in advance of board meetings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Does the Board roster include the name, title, address, sector represented, date appointed or elected, and term expiration date for all board members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Is there a written policy outlining the process for amending the by-laws?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Are the procedures for hiring, supervising, evaluating, and dismissing an executive director clearly outlined in the by-laws?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20a. Does the board follow the by-laws on all matters? 20b. If no, please explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21a. Have board vacancies been filled within 90 days? 21b. If no, how long was the vacancy and in which sector?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22a. Do the by-laws state that the board meetings shall be open to the public and notices are to be posted? 22b. Where are the notices posted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. How often is the board required to meet?				
24. How often are the by-laws reviewed by the board?				
25. What is the date the board last reviewed the by-laws?				
26. When were the Agency's by-laws last amended by the board?				
27. How many board members do the by-laws specify?				
Additional Comments on Board Composition and By-laws:				

*Only pertains to private CEEs.

SECTION F: BOARD GOVERNANCE	YES	NO	N/A	COMMENTS
1a. Is there evidence that the board receives programmatic information relating to CSBG and all other programs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1b. Is there evidence that the board receives financial information relating to CSBG and all other programs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Does the board approve the agency's annual budget?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Does the board fully participate in the development, planning, implementation, outcome analysis, and evaluation of the CSBG program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Is the board active and engaged in fulfilling the mission of the agency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Does the board set policy for the agency?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Are Robert's Rules of Order followed for all board meetings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Does the board have committees structured to fully address its fiduciary and governance responsibilities? Please list the standing committees:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Are non-board members encouraged to participate on committees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Comments on Board Governance:				

* Only pertains to private CEEs.

SECTION G: BOARD MEETINGS AND MINUTES	YES	NO	N/A	COMMENTS
1. Did the agency provided a schedule of board meeting dates to DCED when requested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Have all board minutes been submitted to DCED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Is there a quorum present at all meetings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Is there evidence in the minutes that the board uses community needs assessment and service gap analysis to establish service priorities and adopt program objectives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Do the minutes indicate that the agency's board fully participates in the development, planning, implementation and evaluation of the CSBG program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Does the board monitor program performance by comparing goals to outcomes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Do the minutes accurately reflect the actions taken at board meetings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION G: BOARD MEETINGS AND MINUTES <i>(cont'd)</i>	YES	NO	N/A	COMMENTS
8. Do the minutes list board members present and absent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Do the minutes list all other attendees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. How often does the Tripartite Board meet?				
11. What was the date of the most recent board meeting attended by the Program Specialist?				
Additional Information on Board Meetings and Minutes:				

SECTION H: PERSONNEL	YES	NO	N/A	COMMENTS
1. Does the agency have adequate staff assigned to administer the CSBG program activities effectively and efficiently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Do agency staff involved in the on-site review demonstrate knowledge of CSBG program guidelines and procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Is CSBG staffing stable and consistently able to administer CSBG requirements and programs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are all staff positions identified in the CSBG workplan filed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are all staff members performing the duties described in the job descriptions submitted with the CSBG Workplan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION I: CLIENT FILES / ELIGIBILITY	YES	NO	N/A	COMMENTS
1. Is a client file maintained for each person served?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Does the form used for determining client eligibility list all eligibility criteria and the documentation needed to determine eligibility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. For clients receiving direct services, is income documented for all members of the household 18 years and older?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Is there evidence in the client files reviewed that documents the agency has procedures in place to verify income amounts and family size as stated in the application?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Is the agency using the appropriate Health and Human Services (HHS) poverty guidelines to determine eligibility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Does the agency limit eligibility for CSBG programs to clients at or below 125% of the HHS poverty guidelines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Do intake forms include client characteristics necessary for the agency to file accurate demographic reports? (CSBG Annual Report and COPOS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Does the client signature section of the intake form include a self-declaration statement that the information provided is true and correct, to the best of the applicant's knowledge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Do client files contain information regarding types of assistance and dates of services provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Do client files contain a log describing the nature of the service(s) provided, including the date and amount of services received?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Are all documents signed by the client where applicable (intake, eligibility, case management plan, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Is adequate client information and follow-up documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Does the agency track and report the number of clients transferring out of poverty as a result of the services provided by the agency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Are referrals to other agencies documented in the client files?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. If follow-up activities were suggested as part of the case-plan were these activities documented in the client files?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Does the agency review clients' financial status at least every 365 days according to the CSBG Income Eligibility Determination directive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Is documentation such as a bill, voucher and/or copy of the check retained in the client file for proof of services provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Are persons served and service units being counted correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Are detailed case management activities thoroughly documented in the client files?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Is there a signed case management plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Are client goals mutually agreed to and documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Are efforts to achieve goals mutually agreed to and documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Are goals oriented toward self-sufficiency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Are the services provided consistent with the program narrative and scope of work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. Does the agency link with other programs in the community or area when services are beyond the agency's scope?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. Is the agency taking appropriate steps to ensure privacy and confidentiality of client information, such as secure files, confidentiality policies, private consultation space etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION I: CLIENT FILES / ELIGIBILITY (cont'd)	YES	NO	N/A	COMMENTS
27. If the agency is no longer working with the client, is the closure noted in a progress note?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. Are client records maintained for at least three years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29a. Did the review of the client files sampled indicate that all clients provided services were eligible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29b. If not, indicate the number of clients determined ineligible and/or unverifiable in the comments section to the right.				
30. Did review of the documentation indicate that the services have impacted client self-sufficiency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Comments on Client Files (attach Client File Worksheet):				

SECTION J: DATA COLLECTION	YES	NO	N/A	COMMENTS
1. Is the agency gathering and tracking all information needed to complete the CSBG Annual Report in COPOS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is the agency's data collection system able to capture all the data required for CSBG Annual Report in COPOS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Is the agency on track to meet the targeted objectives stated in the Annual Report and Workplan by the end of the contract period?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION K: ROMA IMPLEMENTATION	YES	NO	N/A	COMMENTS
1. Has the agency staff and board received ROMA training from a Nationally Certified ROMA Trainer (NCRT) in the last 24 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Does the agency use the existing ROMA system to provide a description of outcome measures to be used to measure performance in promoting self-sufficiency, family stability and community revitalization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Have all the sub-grantees received ROMA training by NCRT in the last 24 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION L: PRIOR MONITORING	YES	NO	N/A	COMMENTS
1. Have all financial corrective action requirements from the previous monitoring reports been satisfactorily addressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Have all programmatic corrective action requirements, Technical Assistance Plan (TAP), or Quality Improvement Plan (QIP) from the previous monitoring reports been satisfactorily addressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Have all administrative corrective action requirements from the previous monitoring reports been satisfactorily addressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Comments on Prior Monitoring:				

SECTION M: DISCRETIONARY GRANT MONITORING REPORT	YES	NO	N/A	COMMENTS
1. Did the agency receive a discretionary grant during the monitoring period?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. If the project is in progress, is it on track to accomplishing its purpose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. If the project is completed, did it accomplish its purpose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. If the grant is completed, were other positive outcomes accomplished?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. If the project is in progress, is it on track to spend all the funds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. If the project is complete, did it use all the funds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Comments on Discretionary Grant:				

SECTION O: EXIT CONFERENCE

1. Identify any strengths and best practices of the agency:

2. Notable follow-up points from the agency's pre-monitoring questionnaire:

3. Preliminary summary of findings, Technical Assistance Plan (TAP) or Quality Improvement Plan (QIP), and need for corrective action(s):

4. As a result of the review, the following recommendations for training and/or technical assistance have been identified as opportunities for growth:

5. Is the agency currently engaged in a Technical Assistance Plan (TAP) or a Quality Improvement Plan (QIP)? If yes, what is the status of the plan?

6. If appropriate, indicate a scheduled date for a follow up, on-site visit to assess the implementation of corrective actions:

7. DCED PROGRAM SPECIALIST:

8. DATE: