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| Virginia Department of Social Services, CSBG Office |
| Organizational Standards Documentation  |
| Private Community Action Agencies  |

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| 2/1/2016 |

**Standard 1.1**

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| *The organization demonstrates low-income individuals’ participation in its activities.* |

**Unsatisfactory**

The organization has no low-income participation on the Board of Directors and has very limited participation in activities

**Satisfactory**The organization demonstrates low income individuals’ participation in its activities

**Beyond Compliance**

* Look at organizational processes
* Look to other community organizations
* Does your agency have a clear strategy for recruiting low-income individuals to the Board?
	+ Recruitment strategy
	+ Document methods and success
* Does your agency directly engage the low-income community with opportunities to participate?
	+ Relationship building
	+ Multi method advertising
* Does your agency leverage its current programs to encourage customer participation?
	+ Provide opportunities to current customers
* Does your agency offer capacity building support to low-income community members?
	+ Build social capital
	+ Grow skills, build network

**Documentation**

* This standard is systematic and ongoing
* Board recruitment documents, including solicitation materials, and final Board membership list
* Board minutes documenting conversations about recruitment and the involvement of low-income individuals in activities;
* Participation lists, group documents, and minutes from agency advisory bodies;
* Volunteer recruitment materials, and tracking/sign-in documents or accompanying forms

**Standard 1.2**

*The organization analyzes information collected directly from low-income individuals as part of the community assessment.*

**Unsatisfactory**

The organization utilizes client data and outcomes in the community assessment, but does not engage or seek input directly from low-income individuals in the community during the assessment process

**Satisfactory**

The organization analyzes information collected directly from low-income individuals as part of the community assessment

**Beyond Compliance**

* Does your agency routinely collect information from low-income individuals who are not current or previous clients?
	+ Forums, focus groups, surveys in the off years
* Does your agency have a strategy to use data collection as a way to engage low-income community members?
	+ –Build relationships
	+ –Raise awareness
	+ –Identify volunteers
* Does your agency update its CNA with data collected from the low-income community?
	+ –Mini-assessments
	+ –From advisory board members, committees, councils, volunteers
	+ –Continuous assessment and evaluation of ROMA

**Documentation**

1) Low-income individuals were consulted directly

•Transcripts from interviews with low-income clients or community members

•Notes from community forums or focus groups that included low-income individuals

•Methodology section of report that details process to include low-incomeindividuals

2) This was a part of the community assessment process

•The community assessment report with methodology on inclusion of low-income individuals, appendices of notes from when low-income people were consulted

•Dates on forum, focus group, interview, and analysis notes that are within the timeframe of the community assessment process for the agency

3) The information collected was analyzed

•The key findings or recommendations of the final community assessment report as noted in Standard 3.4

•Minutes from a meeting where the analysis of data collected from low-income individuals was discussed

**Standard 1.3**

*The organization has a systematic approach for collecting, analyzing, and reporting customer satisfaction data to the governing board.*

**Unsatisfactory**

The organization collects customer satisfaction data and provides the raw data to the board infrequently

**Satisfactory**

The organization has a systematic approach for collecting, analyzing, and reporting customer satisfaction data to the governing board.

**Beyond Compliance**

* Does your agency have a specific Board committee for customer satisfaction and input?
* Policy in place for methodology, staff responsible, time frame for reporting to Board, expectation of Board upon receiving information
* Does your agency offer multiple approaches to make offer feedback easily accessible?
* Ensure accessibility to diverse group of clients
* Ensure comfortable and honest feedback
* Does your agency integrate its customer satisfaction data into a larger performance management system or agency score card?
* Sort data by timeframe and program
* Offer quarterly analysis to leadership
* Make connections between customer satisfaction, customer outcomes, and program changes

**Documentation**

1. There is a system and strategy in place
* Customer satisfaction policy and/or procedures. (timing of collection, staff responsible, level of analysis, and process for reporting)
* Schedule for customer satisfaction data collection. (dates of dissemination, projected return dates, time scheduled for analysis, and date for presentation to the Board)
1. The data is collected and analyzed
* Customer satisfaction instruments e.g., survey, form, postcard etc.
* Report that analyzes the customer satisfaction data to be shared with the organization’s leadership, the Board, or the community.
1. The data is reported to the governing board
* Board or appropriate committee meeting minutes where the customer satisfaction report was shared and discussed.

**Standard 2.1**

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

**Unsatisfactory**

* The partnerships do not span the agency’s entire service area.
* The purpose of the partnership is not clearly identified.
* Partnerships do not include anti-poverty organizations.

**Satisfactory**

The organization has partnerships that span the agency’s entire service area; the partnerships include anti-poverty organizations and have a clear purpose

**Beyond Compliance**

* Conduct a brief evaluation of the strengths and weaknesses of existing community engagement process.
* Convene an evaluation meeting of key stakeholders involved in the current community engagement process to identify ways to improve future efforts.
* Do the existing formal partnerships align with the agency’s strategic plan and community action plan?
* Do the existing formal partnerships support the agency’s strategies, programs, and services?
* Does the agency engage key community stakeholders and build consensus on a shared policy agenda?
* Has the agency identified all possible collaborations related to anti-poverty work within its service area and developed a clear strategy for engagement?
* Has the agency developed collaborative initiatives which have connections to foundations or additional governmental resources?
* Has the agency engaged in more long-term collaborations which have fostered more co-location activities, for example, bundled services, joint services, etc…
* Have the partnerships clearly resulted in the leveraging of resources, use of shared services, braided funding and joint grant applications?

**Documentation Options:**

* MOUs, contracts, and agreements;
* Documented outcomes; and
* Coalition membership(s)

**Standard 2.2**

*The organization 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.*

**Unsatisfactory**

* Information gathered for the community assessment process from only a subset of the sectors.
* The information gathered from the five sectors do not span the agency’s entire service area.
* The organization only gathers information related to needs.

**Satisfactory**

The organization 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.

**Beyond Compliance**

* Establish a process to routinely collect information other sectors.
* Implement a clear process to synthesize the data collected from the various sectors.

**Documentation**

* Summarizing the data in the community assessment or its appendices, for example, listing of all stakeholders engaged by sector in community needs assessment;
* Documentation of phone calls, surveys, interviews, focus groups in CAA files (hard copy or electronic);
* Documentation in planning team minutes;
* Summary reports on the data shared at board meetings or board committees; and
* Reports from key partners (online/written);

**Standard 2.3**

*The organization communicates its activities and its results to the community.*

**Unsatisfactory**

The organization does not communicate its results to the community

**Satisfactory**

The organization communicates its activities and its results to the community.

**Beyond Compliance**

* Standing/Consistent methods for conveying key information to the community
* Development of Communications Strategy

**Documentation**

* CAA annual report;
* Website;
* Documentation of social media activity (Facebook page, Twitter account, etc…);
* Media files of stories published;
* New release copies;
* Community event information; and
* Communication plan

**Standard 2.4**

*The organization documents the number of volunteers and hours mobilized in support of its activities.*

**Unsatisfactory**

The organization lacks documentation of volunteer hours.

**Satisfactory**

The organization documents the number of volunteers and hours mobilized in support of its activities.

**Beyond Compliance**

The volunteer data includes the program areas supported by volunteer support.

**Documentation**

* Data on number of volunteers and hours provided
* Board minutes
* Documentation of tracking system(s)

**Standard 3.1**

*The organization conducted a community assessment and issued a report within the past 3 years.*

**Unsatisfactory**

The organization has completed a needs assessment in the last 3 yearsbut has not issued a report or has not completed a needs assessment in the last 3 years and noting making adequate progress on the needs assessment currently underway

**Satisfactory**

The organization conducted a community assessment and issued a report within the past 3 years.

**Beyond Compliance**

* Do the results of the CNA guide development of the CAA’s strategic plan and community action plan?
* Do the CAA’s strategies, programs, and services address key needs identified in the CNA?
* Are results from the CNA updated and used to routinely guide decisions about the CAA’s service delivery strategies and programs?
* Does the CNA focus on the causes and conditions of poverty?
* Does the CAA use the CNA to engage key community stakeholders and build consensus on a shared policy agenda?

**Documentation**

* Documentation that the CAA has conducted a CNA within the past three years
* Documentation that confirms the CAA issued a report

**Standard 3.2**

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

**Unsatisfactory**

The organization includes current data specific to poverty and its prevalence only on one or two of the following areas; gender, age, and race/diversity.

**Satisfactory**

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

**Beyond Compliance**

* Did the CNA compare the demographic data for its current customers with data from the broader service area?
* Did the report include a geographic comparison between locations within the service area?
* Does the CAA update the demographic data from its CNA on an annual basis?
* Does the CNA combine different demographic categories to produce a more detailed picture of the conditions of poverty in the community?
* Does the CNA include demographic data at the neighborhood and/or census tract level?

**Documentation**

* Documentation that confirms collection of poverty data regarding gender, age, and race/ethnicity
* Documentation that confirms the data is current
* Documentation that confirms the data is from the entire service area

**Standard 3.3**

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

**Unsatisfactory**

The organization has either qualitative or quantitative data in the needs assessment but not both and limited data analysis.

**Satisfactory**

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

**Beyond Compliance**

* Does the data include trends from the last three or more years?
* Is the data updated annually?
* Is the data presented in a way that is accessible to the general public?
* Does the CAA use the data collection process to build connections with broader stakeholder groups?

**Documentation**

* Data collection procedures
* Data analysis procedures
* Quantitative and qualitative data
* Coverage of the service area

**Standard 3.4**

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

**Unsatisfactory**

The community needs assessment includes key findings summarizing the conditions of poverty, but does not comment on the associated causes.

**Satisfactory**

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

**Beyond Compliance**

* Is the analysis of the causes and conditions of poverty grounded in the quantitative and qualitative data collected by the CNA?
* Were the causes and conditions analyzed multiple levels?
* Does the CAA engage other stakeholders in the analysis of the causes and conditions of poverty?
* Does the CAA have a theory of change?

**Documentation**

* Key findings section

**Standard 3.5**

*The governing board formally accepts the completed community assessment.*

**Unsatisfactory**

The governing board discussed or reviewed the completed community assessment but did not take formal action or did not document that formal action in its minutes.

**Satisfactory**

The governing board formally accepts the completed community assessment.

**Beyond Compliance**

* Does the board have a committee or similar structure with responsibility for the CNA?
* Is the board briefed about the findings of the CNA?

**Documentation**

* Board approval in minutes
* Board Pre-Meeting Materials/Packet

**Standard 4.1**

*The governing board has reviewed the organization’s mission statement within the past 5 years and assured that:
1. The mission addresses poverty; and
2. The organization’s programs and services are in alignment with the mission.*

**Unsatisfactory**

The board has reviewed the mission, but has not addressed alignment with programs and services

**Satisfactory**

The governing board has reviewed the organization’s mission statement within the past 5 years and assured that:

1. The mission addresses poverty; and

2. The organization’s programs and services are in alignment with the mission.

**Beyond Compliance**

* Does your agency have written policies and procedures in place to structure your mission review process?
* Is your mission infused into all aspects of agency operations?
* Is your mission a factor in the decision-making process at your organization?

**Documentation:**

Should address all three requirements

* Within the past 5 years
* Addresses poverty
* Programs and services in alignment with mission

Could include:

* Minutes from board meeting or retreat
* Strategic Plan that includes the mission statement, the process of review and other comments
* Mission statement with board review date noted

**Standard 4.2**

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

**Unsatisfactory**

The agency’s Community Action Plan only addresses one or two of the three requirements

**Satisfactory**

The organization’s Community Action Plan is outcome-based, anti-poverty focused, and ties directly to the community assessment.

**Beyond Compliance**

* Is the process to create the Community Action Plan tightly connected to the Community Assessment and Strategic Plan?
* Are staff from different parts of the agency engaged in the development of the Community Action Plan?

**Documentation**Must show all three elements

Could include:

* Community Action Plan
* Logic Model
* Community Assessment

**Standard 4.3**

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

**Unsatisfactory**

All elements of the ROMA cycle (assessment, planning, implementation, achievement of results, and evaluation) are not complete at the time of the review

**Satisfactory**

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

**Beyond Compliance**

* Does your CAA have a ROMA trainer on staff and encourage staff to become ROMA trainers?
* Are ROMA principles applied at the program and the front line levels of the agency?

**Documentation**

Must include both parts – full ROMA cycle and consult with a certified ROMA trainer

Documentation could include:

* Documentation tool or other narrative speaking to the full ROMA cycle and the involvement of a certified ROMA trainer
* Agreement with a ROMA trainer
* Meeting summaries with trainer

**Standard 4.4**

*The governing board receives an annual update on the success of specific strategies included in the Community Action plan.*

**Unsatisfactory**

The board does not receive an annual update on the success of strategies included in the Community Action Plan.

**Satisfactory**

The governing board receives an annual update on the success of specific strategies included in the Community Action Plan.

**Beyond Compliance**

* Does your CAA have written policies and procedures in place for the Community Action Plan?
* Does your CAA have a process to review the Community Action Plan more frequently at the board level?
* Are your Community Assessment, Community Action Plan, and strategic plan clearly connected?

**Documentation could include:**

* Board minutes showing the date that the update was given to the board
* Board packet with any reports, materials given, or time on the agenda for updates
* Report or update document

**Standard 4.5**

*The organization has a written succession plan in place for the CEO/ED, approved by the governing board, which contains procedures for covering an emergency/unplanned, short-term absence of 3 months or less, as well as outlines the process for filling a permanent vacancy.*

**Unsatisfactory**

The agency only has some of the elements of a succession plan in place.
The board has not approved the succession plan.

**Satisfactory**

The organization has a written succession plan in place for the CEO/ED, approved by the governing board, which contains procedures for covering an emergency/unplanned, short-term absence of 3 months or less, as well as outlines the process for filling a permanent vacancy.

**Beyond Compliance**

Has your succession plan been reviewed and/or refreshed recently?

* Are the key tenets of your succession plan communicated?
* Are other key positions in your agency also covered by succession plans?
* Is succession planning built into a conscious leadership development process

**Documentation**

Could include:

* Succession plan/policy AND
* Board meeting minutes showing approval through a formal mechanism such as a vote or resolution

**Standard 4.6**

*An organization-wide, comprehensive risk assessment has been completed within the past 2 years and reported to the governing board.*

**Unsatisfactory**

The risk assessment or timing of report to the governing board is “in process” at the time of assessment

* The agency conducted risk assessment for some but not all areas of management and operations.
* The risk assessment is a collection of assessments, not a singular process.
* The risk assessment was made available, but not reported to the board.

**Satisfactory**

An organization-wide, comprehensive risk assessment has been completed within the past 2 years and reported to the governing board.

**Beyond Compliance**

* Does the agency have written policies and procedures for conducting the risk assessment?
* Does your agency have a committee with responsibility for the risk assessment?
* Does your agency continually assess risk to your organization?
* Does your agency have an overall risk management plan?

**Documentation**

Could include:

* Reports from the risk assessment (if the CAA feels it should share), policies and procedures for risk assessment, or listing of elements included AND
* Board meeting minutes showing date and that the risk assessment was discussed

**Standard 5.1**

*The organization’s governing board is structured in compliance with the CSBG Act:
1. At least one third democratically-selected representatives of the low-income community;
2. One-third local elected officials (or their representatives); and
3. The remaining membership from major groups and interests in the community.*

**Unsatisfactory**

The bylaws reference the tri-partite structure but the board does not reflect this.

**Satisfactory**

The organization’s governing board is structured in compliance with the CSBG Act:

* 1. At least one third democratically-selected representatives of the low-income community;
	2. One-third local elected officials (or their representatives); and
	3. The remaining membership from major groups and interests in the community.

**Beyond Compliance**

The low-income board seats are filled with people living in low-income communities, standing committees that have the power to act on behalf of the board have tripartite structure

**Documentation**

* Bylaws
* Board Membership List
* Board Minutes
* Seats filled in an appropriate time frame

**Standard 5.2**

*The organization’s governing board has 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.*

**Unsatisfactory**

There is no written democratic selection process but the board is seated with 1/3 being representatives from the low-income community

**Satisfactory**

The organization’s governing board has 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.

**Beyond Compliance**

The written procedure for selection is followed and reviewed by the board every 5 years to assess its success and modified as needed.

**Documentation**

* Board policies and procedures
* Board Minutes
* Board Bylaws

**Standard 5.3**

*The organization’s bylaws have been reviewed by an attorney within the past 5 years.*

**Unsatisfactory**

The bylaws were reviewed by an attorney 5-10 years ago

**Satisfactory**

The organization’s bylaws have been reviewed by an attorney within the past 5 years.

**Beyond Compliance**

The bylaws have been reviewed by an outside attorney familiar with the state’s nonprofit law within the past five years

**Documentation**

* A copy of the invoice for review services
* A letter from the attorney stating a review was completed
* A copy of the review from the attorney.
	+ Note the review itself belongs to the CAA and is a private document. The review itself should not have to be shared with the State CSBG Office in order to document meeting the Standard, though a CAA may choose to do so.
* Board minutes documenting the board’s discussion of the review

**Standard 5.4**

*The organization documents that each governing board member has received a copy of the bylaws within the past 2 years.*

**Unsatisfactory**

The board members received a copy at the start of their board service but have not received a copy in the past 2 years.

**Satisfactory**

The organization documents that each governing board member has received a copy of the bylaws within the past 2 years.

**Beyond Compliance**

All board members received a copy of the bylaws within the past 2 years and a board committee has reviewed.

**Documentation**

* Board members need to receive a copy of the CAA’s bylaws at least every two years. The copy can be in hard copy format or distributed electronically.
* Acknowledgement of receipt can be done in several ways including but not limited to:
	+ Sign in list completed when Bylaws are distributed at a board meeting
	+ Email confirmation of receipt
	+ Board minutes documenting their distribution and noting those in attendance

**Standard 5.5**

*The organization’s governing board meets in accordance with the frequency and quorum requirements and fills board vacancies as set out in its bylaws.*

**Unsatisfactory**

The board met fewer times than required in the bylaws and/or our board filled vacancies but outside of the length of time needed to fill them as outlined in our bylaws.

**Satisfactory**

The organization’s governing board meets in accordance with the frequency and quorum requirements and fills board vacancies as set out in its bylaws.

**Beyond Compliance**

The board’s standing committees met periodically through the year. Our board filled vacancies in a timely manner.

**Documentation**

* Board minutes
* Board rosters
* Bylaws

**Standard 5.6**

*Each governing board member has signed a conflict of interest policy within the past 2 years.*

**Unsatisfactory**

The board members have signed a conflict of interest policy but not in the past 2 years

**Satisfactory**

Each governing board member has signed a conflict of interest policy within the past 2 years

**Beyond Compliance**

The board members sign a conflict of interest policy annually and engage in board discussion on real and perceived conflicts.

**Documentation**

* Collect signed copies, keep on file at CAA
* Review CAPLAW’s Tools for Top-Notch CAAs for key provisions of a good policy
* See also, IM 82 for guidance

**Standard 5.7**

*The organization has a process to provide a structured orientation for governing board members within 6 months of being seated.*

**Unsatisfactory**

The CAA has a process for new board orientation but there is no time period specified or it is longer than 6 months of being seated.

**Satisfactory**

The organization has a process to provide a structured orientation for governing board members within 6 months of being seated.

**Beyond Compliance**

The CAA has implemented the board orientation process as described for all new board members.

**Documentation**

* Training agenda/ Board Training Materials
* Board member acknowledgement/signature
* Board policies and procedures

**NOTES:**

* There is no specific curricula requirement, or training methodology required for new board member orientation.
* New board members need to be informed of the orientation and encouraged to attend.
* It is challenging to mandate activities for volunteers and while most CAAs board members will participate in provided new board orientation, it is not appropriate for a CAA to be considered out of compliance with the Standard if a board member chooses not to participate in the offered orientation.

**Standard 5.8**

*Governing board members have been provided with training on their duties and responsibilities within the past 2 years.*

**Unsatisfactory**

Training has been provided to our board but not in the past 2 years.

**Satisfactory**

Governing board members have been provided with training on their duties and responsibilities within the past 2 years.

**Beyond Compliance**

Training has been provided in the past year. Board members are given an opportunity to access additional training annually.

**Documentation**

* Training may be delivered at board meetings, special sessions, conferences, through electronic means, or other modalities as determined by the board. Training can be a stand-alone event, or part of other activities. Training can be broad in scope or focus on specific issues.
* Document through sign in sheets, copy of the curriculum used for training, board minutes documenting that training occurred with the names of those attending, registration and training materials from a conference that board members attended, links to recorded webinars the board viewed with an email from a board member stating they viewed the presentation.
* As with orientation, volunteer board members may choose to not participate in these opportunities but attempts by the board and staff to ensure everyone had the opportunity to participate is critical.

**Standard 5.9**

*The organization’s governing board receives programmatic reports at each regular board meeting.*

**Unsatisfactory**

The board received programmatic reports periodically but not at each board meeting

**Satisfactory**

The organization’s governing board receives programmatic reports at each regular board meeting.

Beyond Compliance

The board has received programmatic reports, addressing outcomes achieved, that have been thoroughly discussed in program committee meeting

**Documentation**

* Board minutes
* Board Pre-Meeting Materials/Packet
* Programmatic Reports

**NOTES**

* The 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.
* Organizations determine their own process to report programs to the board. For example, some organizations 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 that reflect that programmatic reports have been provided and received by the full board would suffice as documentation. Programmatic reporting may be in writing (reports, dashboards) and/or be presented verbally.
* A Program Committee of the board is not required (and many CAAs have one in place) but can be a good place to “house” thorough program reviews with summaries coming to the full board.

**Standard 6.1**

*The organization has an agency-wide strategic plan in place that has been approved by the governing board within the past 5 years.*

**Unsatisfactory**

* A current strategic plan without board approval does not satisfy the standard.
* Program or division level plans do not satisfy the standard.
* Approval by a board sub-committee does not satisfy the standard.

**Satisfactory**

The organization has an agency-wide strategic plan in place that has been approved by the governing board within the past 5 years.

**Beyond Compliance**

* How well is the needs assessment integrated into the strategic plan?
* Is there a strategic planning board committee?
* Does the CAA have a formal structure and process for implementing the strategic plan? --Are there regular meetings to assess progress? --Are staff assigned responsibility for acting on goals?
* Is there a scorecard or similar mechanism to track progress?

**Requires two types of documentation:**

1. Agency wide strategic plan --Copy of strategic plan with date
2. Board approval --Board minutes noting approval --Communication from the board

**Standard 6.2**

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

**Unsatisfactory**

* Addressing the three objectives in other planning processes (e.g. the community action plan) does not satisfy the standard unless they are reflected in the strategic plan
* Elements of the strategic plan that address the three objectives “by effect” (e.g. a goal to strengthen relationships with other stakeholders that will in turn address the three objectives) may not satisfy the standard

**Satisfactory**

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

**Beyond Compliance**

* Does the strategic plan incorporate or address the national goals?
* Does the strategic planning process include looking at innovative program models and new service delivery strategies?
* Does the strategic plan address the root causes of poverty in the community?
* Is outcome data from programs incorporated into the regular review of strategic planning goals?

**Documentation**

* Highlighted sections of the strategic plan that directly address one or more of the three goals
* Brief narrative that explains how the strategic plan addresses one or more of the three goals and a copy of the strategic plan

**Standard 6.3**

*The approved strategic plan contains family, agency, and/or community goals.*

**Unsatisfactory**

* Addressing the three goals in other planning processes (e.g. the community action plan) does not satisfy the standard unless they are reflected in the strategic plan
* If the strategic plan does not contain one or more of three goals, but an operational plan does, the agency risks not complying with the standard

**Satisfactory**

The approved strategic plan contains family, agency, and/or community goals.

**Beyond Compliance**

* Did the agency use a certified ROMA trainer throughout the strategic planning process?
* Does the strategic plan include an operational plan that clearly details how the agency will meet the three goals across its different strategic plan objectives?
* Does the agency track the outcomes necessary to determine if it meets the three goals across its different strategic plan objectives

**Documentation**

* Highlighted sections of the strategic plan that directly address one or more of the three goals
* Brief narrative that explains how the strategic plan addresses one or more of the three goals and a copy of the strategic plan

**Standard 6.4**

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

**Unsatisfactory**

* The agency gathers either customer satisfaction data or customer input, but not both as part of the needs assessment and strategic planning process
* The agency gathers customer satisfaction data and customer input, but did not gather them as part of the community assessment
* The agency gathers customer satisfaction data and customer input, but did not include them as part of the strategic planning process

**Satisfactory**

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

**Beyond Compliance**

* Does the agency routinely gather customer satisfaction data?
* Does the agency have a clear structure and process (e.g. quality improvement committee) for incorporating customer satisfaction data into program and organizational planning processes?
* Does the agency have a clear structure and process for incorporating customer feedback (e.g. advisory council) into program and organizational planning processes?
* Does the board have a committee that reviews customer satisfaction data and feedback?

**Requires three types of documentation:**

1. Customer satisfaction data --Copy of customer satisfaction survey --Results of customer satisfaction surveys
2. Customer input --List of methods used to gather customer input --Samples of customer input
3. Use of customer satisfaction data and input in strategic planning process --Agendas of strategic planning committee meetings --Highlighted sections of strategic plan --Narrative description

**Standard 6.5**

*The governing board has received an update(s) on progress meeting the goals of the strategic plan within the past 12 months.*

**Unsatisfactory**

* The agency provides an update on progress meeting the goals of the strategic plan to a board committee but not the full board
* The agency provides episodic updates but not a complete report on progress meeting the goals of the strategic plan

**Satisfactory**

The governing board has received an update(s) on progress meeting the goals of the strategic plan within the past 12 months.

**Beyond Compliance**

* Does the agency provide the board with quarterly updates?
* Does the agency provide adequate time for board discussion of the update?
* Does the act on feedback from the board about progress towards meeting the goals of the strategic plan?

**Documentation**

* Copies of presentation made to the board on progress towards meeting the goals of the strategic plan
* Board minutes reflecting review of the update

**Standard 7.1**

*The organization has written personnel policies that have been reviewed by an attorney and approved by the governing board within the past 5 years.*

**Unsatisfactory**

Personnel policies have not been reviewed by an attorney and/or were not approved by the governing board within the past 5 years.

**Satisfactory**

The organization has written personnel policies that have been reviewed by an attorney and approved by the governing board within the past 5 years.

**Beyond Compliance**

* Short discussion of strengths and opportunities for improvement
* Review of resource materials (e.g. guides, examples of other HR policies, procedures and template/tools)
* Interviews/focus group with key staff
* Interviews/focus group with outside partners and experts

**Documentation**

* Physical or electronic copy of the Personnel Policies
	+ No specific list of policies required
* In process policy and/or procedure updates
* Board minutes
* Board resolutions
* A statement or invoice from the reviewing attorney

**Standard 7.2**

*The organization makes available the employee handbook (or personnel policies in cases without a handbook) to all staff and notifies staff of any changes.*

**Unsatisfactory**

The organization does not make the employee handbook or personnel policies available to all staff and they do not notify staff of changes.

**Satisfactory**

The organization makes available the employee handbook (or personnel policies in cases without a handbook) to all staff and notifies staff of any changes.

**Beyond Compliance**

* Short discussion of strengths and opportunities for improvement
* Review of resource materials (e.g. guides, examples of other HR policies, procedures and template/tools)
* Interviews/focus group with key staff
* Interviews/focus group with outside partners and experts

**Documentation**

* Physical or electronic copy of the Personnel Policies
* The process or procedure document for staff communication (may be included with the handbook/policies)
* Documentation of location and availability of the Personnel Policies
* Examples of agency communication of policy change notification to staff

**Standard 7.3**

*The organization has written job descriptions for all positions, which have been updated within the past 5 years.*

**Unsatisfactory**

The organization does not have written job descriptions for all positions and/or they have not been updated in the past 5 years.

**Satisfactory**

The organization has written job descriptions for all positions, which have been updated within the past 5 years.

**Beyond Compliance**

* Design performance management as a process instead of the performance appraisal as an event
* Customize training opportunities to development areas identified in *individual* performance evaluations
* Establish a system of coaching and mentoring vs. managing and discipline

**Documentation**

* Organizational chart/staff list
* Job descriptions
 Should include:
	+ Job title
	+ Reporting relationship
	+ Summary/purpose
	+ Essential duties
	+ Additional duties
	+ Supervisory responsibilities
	+ Minimum qualifications
	+ KSAs
	+ Working conditions
	+ EEO/ADA Statements
	+ Acknowledgement
* Date of last review/update on JD
* Board or committee minutes noting documents have been reviewed or updated
* Policy and procedure for updating JDs

**Standard 7.4**

*The governing board conducts a performance appraisal of the CEO/executive director within each calendar year.*

**Unsatisfactory**

The governing board does not conduct a performance appraisal of the CEO/ED within each calendar year.

**Satisfactory**

The governing board conducts a performance appraisal of the CEO/executive director within each calendar year.

**Beyond Compliance**

* Align the executive performance appraisal to the agency’s strategic vision and long-range goals
* Gather executive performance feedback from outside the board: community, partners, peers, employees
* Conduct a full wage comparability study for the executive position reflecting the market in which the agency competes

**Documentation**

* Board minutes
* Board resolutions
* By-laws or policies/procedures
* Official board communication to the executive
* Blank assessment forms

**Standard 7.5**

*The governing board reviews and approves CEO/executive director compensation within every calendar year.*

**Unsatisfactory**

The governing board does not review and approve the CEO/ED compensation each calendar year.

**Satisfactory**

The governing board reviews and approves CEO/executive director compensation within every calendar year.

**Beyond Compliance**

* Align the executive performance appraisal to the agency’s strategic vision and long-range goals
* Gather executive performance feedback from outside the board: community, partners, peers, employees
* Conduct a full wage comparability study for the executive position reflecting the market in which the agency competes

**Documentation**

* Board minutes
* Board resolutions
* By-laws or policies/procedures
* Wage comparability study
* Raw market data for compensation comparison
* Official board communication to the executive
* Executive employment contract, if applicable

**Standard 7.6**

*The organization has a policy in place for regular written evaluation of employees by their supervisors.*

**Unsatisfactory**

The organization does not have a policy in place for regular written evaluation of employees by their supervisors.

**Satisfactory**

The organization has a policy in place for regular written evaluation of employees by their supervisors.

**Beyond Compliance**

* Design performance management as a process instead of the performance appraisal as an event
* Customize training opportunities to development areas identified in *individual* performance evaluations
* Establish a system of coaching and mentoring vs. managing and discipline

**Documentation**

* Physical or electronic copy of evaluation policy/process/procedure, likely found in personnel policies
* Blank assessment form(s)

**Standard 7.7**

*The organization has a whistleblower policy that has been approved by the governing board.*

**Unsatisfactory**

The organization does not have a whistleblower policy and/or it is not approved by the governing board.

**Satisfactory**

The organization has a whistleblower policy that has been approved by the governing board.

**Beyond Compliance**

* Review discipline warnings and compliance documentation over the past 5 years
* Conduct a brief survey or interviews to evaluate the strengths and weaknesses of the personnel policies and related communication
* Ensure your attorney is qualified and/or credentialed

**Documentation**

* Physical or electronic copy of the Whistleblower policy
* Board minutes
* Board resolutions

**Standard 7.8**

*All staff participate in a new employee orientation within 60 days of hire.*

**Unsatisfactory**

Staff do not participate in a new employee orientation within 60 days of hire.

**Satisfactory**

All staff participate in a new employee orientation within 60 days of hire.

**Beyond Compliance**

* Design performance management as a process instead of the performance appraisal as an event
* Customize training opportunities to development areas identified in *individual* performance evaluations
* Establish a system of coaching and mentoring vs. managing and discipline

**Documentation**

* Physical or electronic copy of personnel policies/employee handbook
* Orientation packet or materials
Examples of orientation content:
	+ Mission and history of Community Action
	+ Time and effort reporting
	+ ROMA
	+ Data collection
	+ Job description and performance expectations
	+ Education and training
	+ Tools and resources
	+ Personnel policies/employee handbook
* Documentation of attendance from HR/personnel files
* Sign-in sheet
* Acknowledgement form

**Standard 7.9**

*The organization conducts or makes available staff development/training (including ROMA) on an ongoing basis.*

**Unsatisfactory**

 The organization does not conduct or make available staff development/training on an ongoing basis

**Satisfactory**

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

**Beyond Compliance**

* Design performance management as a process instead of the performance appraisal as an event
* Customize training opportunities to development areas identified in *individual* performance evaluations
* Establish a system of coaching and mentoring vs. managing and discipline

**Documentation**

* Training or Professional Development Plans
* Documentation of agency trainings
	+ Presentations and other materials provided
	+ Evaluations
	+ Attendee lists
* Documentation of attendance at offsite training events/conferences
	+ Certificate of Participation
	+ Presentations and other materials provided
* HR/personnel files

**Standard 8.1**

*The Organization’s annual audit (or audited financial statements) is completed by a Certified Public Accountant on time in accordance with Title 2 of the Code of Federal Regulations, Uniform Administration Requirements, Cost Principles, and Audit Requirement (if applicable) and/or State audit threshold requirements.*

 **Unsatisfactory**

The annual audit is not completed by a CPA on time in accordance with Title 2 of the Code of Federal Regulations Uniform Administration Requirements, Cost Principles, and Audit Requirement (if applicable) and/or State audit threshold requirements.

**Satisfactory**

The Organization’s annual audit (or audited financial statements) is completed by a Certified Public Accountant on time in accordance with Title 2 of the Code of Federal Regulations, Uniform Administration Requirements, Cost Principles, and Audit Requirement (if applicable) and/or State audit threshold requirements.

**Options for going “beyond compliance”:**

* Short discussion of strengths and opportunities for improvement
* Review of resource materials (e.g. guides, examples of other community assessments)
* Interviews/focus group with key staff
* Interviews/focus group with outside partners and experts

**Documentation**

* Physical or electronic copy of the audit report and related information
* An electronic “receipt” from the Federal Clearinghouse showing the date the audit report was submitted was within the nine month deadline
* A letter or other correspondence from a state agency acknowledging receipt of the audit and related information within the nine month deadline (or earlier if required by the state)

**Standard 8.2**

*All findings from the prior year’s annual audit have been assessed by the organization and addressed where the governing board has deemed it appropriate.*

**Unsatisfactory**

The findings from a prior year’s annual audit have not been assessed by the organization and/or was not address by the governing board.

**Satisfactory**

All findings from the prior year’s annual audit have been assessed by the organization and addressed where the governing board has deemed it appropriate.

**Options for going “beyond compliance”:**

* Short discussion of strengths and opportunities for improvement
* Review of resource materials (e.g. guides, examples of other community assessments)
* Interviews/focus group with key staff
* Interviews/focus group with outside partners and experts

**Documentation**

* Documentation confirming the agency’s response to any audit findings
	+ A physical or electronic copy of the corrective action plans that have been prepared in response to any audit findings
* Documentation that the agency has reviewed its corrective action plan with the board
	+ Highlighted copies of the official minutes of the meetings of the Board indicating the response by management to the audit findings and indicating the Board’s acceptance of its corrective action plan(s).

**Standard 8.3**

*The organization’s auditor presents the audit to the governing board.*

**Unsatisfactory:**

* Presentation to the audit committee does not count as presentation to the board
* The auditor must conduct the presentation

**Satisfactory**

The organization’s auditor presents the audit to the governing board.

**Options for going “beyond compliance”:**

* Short discussion of strengths and opportunities for improvement
* Review of resource materials (e.g. guides, examples of other community assessments)
* Interviews/focus group with key staff
* Interviews/focus group with outside partners and experts

**Documentation**

* Documentation evidencing the discussion with auditors actually took place
* Agenda of the governing board with the required item
* Minutes from the governing board meeting with highlights of the discussion
* Documentation of the content of the discussion
* Printed or electronic copy of a PowerPoint or similar type presentation presented to the Board
* Copies of handouts or other printed media presented to the Board

**Standard 8.4**

*The governing board formally receives and accepts the audit.*

**Unsatisfactory**

All board members did not received the audit, the full board did not use a formal motion or similar process to accept the audit

**Satisfactory**

The governing board formally receives and accepts the audit.

**Options for going “beyond compliance”:**

* Short discussion of strengths and opportunities for improvement
* Review of resource materials (e.g. guides, examples of other community assessments)
* Interviews/focus group with key staff
* Interviews/focus group with outside partners and experts

**Documentation**

* Board receipt of the audit
* Emails with confirmation of receipt
* Board acknowledgment of receipt in the minutes
* Board acceptance of the audit
* Board minutes

**Standard 8.5**

*The organization has solicited bids for its audit within the past 5 years.*

**Unsatisfactory**

Informal solicitation of bids does not satisfy the standard

Soliciting a bid from the current auditor does not satisfy the standard

**Satisfactory**

The organization has solicited bids for its audit within the past 5 years.

**Options for going “beyond compliance”:**

* Short discussion of strengths and opportunities for improvement
* Review of resource materials (e.g. guides, examples of other community assessments)
* Interviews/focus group with key staff
* Interviews/focus group with outside partners and experts

**Documentation**

* A copy of the organization’s procurement policy
* A copy of the request for proposals prepared by the agency and submitted to potential providers of audit services
* Responses from the replying CPA firms to the request for proposals
* Scoring grid or evaluation sheet by entity’s personnel responsible for review of the proposals

**Standard 8.6**

*The IRS Form 990 is completed annually and made available to the governing board for review.*

**Unsatisfactory**

Review by Board sub-committee does not meet the standard

**Satisfactory**

The IRS Form 990 is completed annually and made available to the governing board for review.

**Documentation**

* Documentation that confirms an agency has prepared Form 990
* A physical or electronic copy of the form 990; and,
* A physical or electronic copy of the related state form, if any
* Documentation that confirms the agency has made the form available for Board review
* Board agenda
* Board meeting packet
* Board meeting minutes
* Email to the Board members with required forms attached

**Standard 8.7**

*The governing board receives financial reports at each regular meeting that include the following:
1. Organization-wide report on revenue and expenditures that compares budget to actual, categorized by program; and
2. Balance sheet/statement of financial position.*

**Unsatisfactory**

“Make-up” reports at subsequent Board meetings does not meet the standard if one or both reports are not presented at a previous meeting

**Satisfactory**

The governing board receives financial reports at each regular meeting that include the following:

1. Organization-wide report on revenue and expenditures that compares budget to actual, categorized by program; and
2. Balance sheet/statement of financial position.

**Documentation**

* Board agenda
* Board meeting packet with required reports included
* Board meeting minutes
* Email to the Board members with the required reports attached
* Physical log with Board signatures attesting to the fact they had received the forms

**Standard 8.8**

*All required filings and payments related to payroll withholdings are completed on time.*

**Unsatisfactory**

Partial or late filings, even if ultimately completed, do not meet the standard

**Satisfactory**

All required filings and payments related to payroll withholdings are completed on time.

**Documentation**

* Payroll tax returns
* Copies of checks or other documentation showing that amounts due were actually paid
* Retirement plan documentations
* Submittal forms to the retirement plan
* Flexible health spending or other similar plan documents
* Required flexible health spending or other similar plan document submittal forms

**Standard 8.9**

*The governing board annually approves an organization-wide budget.*

**Unsatisfactory**

* A Board review of the budget without formal approval does not meet the standard
* Review of individual program budgets does not meet the standard

**Satisfactory**

The governing board annually approves an organization-wide budget.

**Documentation**

* A copy of the approved budget
* A copy of the budget presentation from the Board meeting (perhaps handouts or PowerPoint)
* A Board agenda
* Minutes of the Board meeting with the actual approval action indicated from the Board

**Standard 8.10**

*The fiscal policies have been reviewed by staff within the past 2 years, updated as necessary, with changes approved by the governing board.*

**Unsatisfactory**

* A partial review of fiscal policies does not meet the standard
* A review of policies without Board approval of changes does not meet the standard
* A review of changes to fiscal policies by a Board committee does not meet the standard

**Satisfactory**

The fiscal policies have been reviewed by staff within the past 2 years, updated as necessary, with changes approved by the governing board.

**Documentation**

* Documentation of fiscal policies
* Copy of fiscal policy manual
* Documentation the staff reviewed the policies
* Minutes from the staff committee charged with reviewing the policies
* Policies document with suggested changes and ‘red lines’ throughout
* Policy manual with review dated indicated on the document cover
* Documentation the Board has approved updates
* Board agenda
* Board minutes
* Board packet with policies attached

**Standard 8.11**

*A written procurement policy is in place and has been reviewed by the governing board within the past 5 years.*

**Unsatisfactory**

* A review of changes by a Board committee does not meet this standard
* Incorporation of a procurement policy into a fiscal policies manual does meet the standard

**Satisfactory**

A written procurement policy is in place and has been reviewed by the governing board within the past 5 years.

**Documentation**

* Documentation of procurement policy
* Copy of procurement policy
* Documentation the Board has reviewed changes to the procurement policy
* Board agenda
* Board minutes
* Board packet with procurement policy attached

**Standard 8.12**

*The organization documents how it allocates shared costs through an indirect cost rate or through a written cost allocation plan.*

**Satisfactory**

The organization documents how it allocates shared costs through an indirect cost rate or through a written cost allocation plan.

 **Documentation**

* If a negotiated federal cost rate is selected, the entity should have an approval letter from cognizant agency responsible to negotiate the rate with the entity.
* If cost allocation is used, the entity should have an updated cost allocation policy document laying out the methodology used for accounting for indirect costs.
* If the entity is using the de minimus indirect cost rate, this should be indicated on the grant forms received from the funding agencies.

**Standard 8.13**

*The organization has a written policy in place for record retention and destruction.*

**Unsatisfactory**

The organization does not have a written policy in place for record retention and destruction

**Satisfactory**

The organization has a written policy in place for record retention and destruction.

**Documentation**

* Document Retention and Destruction Policy

**Standard 9.1**

*The organization has a system or systems in place to track and report client demographics and services customers receive.*

**Unsatisfactory**

There is no system in place to track and report client demographics and services that customers receive.

**Satisfactory**

The organization (or department) has a system or systems in place to track and report client demographics and services customers receive.

**Beyond Compliance**

* Can the people and services tracked in this standard be related to the outcomes tracked in 9.2?
* How often is the data analyzed? By whom?
* Is the analysis used to inform decision making about the CAA’s service delivery strategies and programs?
* Does the agency compare this data with the CNA data to assess if the population being served matches the population with identified needs, and if the services match the highest priority needs?
* Does the CAA identify “community” as client and track demographics of the community and services provided at the community level?

**Documentation**

* Evidence that the agency has a comprehensive data collection system in place (and in use) that includes demographics and service provision.
* Electronic and/or hard copy of forms used to collect data (intake, satisfaction surveys, etc.)
* screen shots of data collection
* policies related to data collection
* job descriptions that identify the collection and recording of data
* Policies and practices include consideration of such questions as

**Standard 9.2**

*The organization has a system or systems in place to track family, agency, and/or community outcomes.*

**Satisfactory**

The organization (private) or department (public) has a system or systems in place to track family, agency, and/or community outcomes.

**Beyond Compliance**

* Can the outcomes tracked in this standard be related to the demographics and services tracked in 9.1?
* Can progress toward outcomes be tracked at the end of one year and carried forward to the next year?
* How often is the outcome data analyzed? By whom?
* How is the analysis used to produce a report to the board for decision making about the CAA’s service delivery strategies and programs? Who is involved?
* Does the agency compare this data with the CNA data to assess if the outcomes that are being achieved match the identified needs?

**Documentation**

* Narrative Describing Data System
* Evidence that the agency has a comprehensive data collection system in place (and in use) that identifies outcomes and progress towards outcomes.
	+ electronic and/or hard copy of forms used to collect outcome data (case notes, reports, surveys, etc.)
	+ Identification of baseline data and copies of scales or other documents used to follow progress in different domains
	+ screen shots of data collection
	+ policies related to data collection
	+ job descriptions that identify the collection and recording of data
* Policies and practices include consideration of such questions as
	+ How is progress tracked? What is done to engage clients so that multiple assessments (needed to show change in status) are possible?
	+ How can the agency integrate different systems from different funding sources into a unified agency wide system?
	+ Are agency outcomes included as a part of the client tracking system?
	+ How do the NPIs compare with performance indicators of other funding sources

**Standard 9.3**

*The organization has presented to the governing board for review or action, at least within the past 12 months, an analysis of the agency’s outcomes and any operational or strategic program adjustments and improvements identified as necessary.*

**Satisfactory**

The organization (private) or department (public) has presented to the governing board (private) or advisory body (public) 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.

**Beyond Compliance**

* Does the agency have a process for tracking the actions that follow the board review?
* Is there documentation of reports to the Board on the results of actions taken
* Does the analysis of outcome data include relationship with demographics and services tracked in 9.1?
* Is multi-year data included in the analysis?
* Does the Board refer back to the CNA data to assess if the agency is making a difference related to the identified needs?

**Documentation**

* Evidence that the agency has analyzed, drafted suggestions, shared report with the Board and identified actions:
* Copy of analysis report submitted to the board/committee
* Board pre-meeting materials/packet
* Email exchanges with board
* Documentation in board minutes of the review done of the report and the suggestions for action discussed and approved
* Policies and practices include consideration of such questions as
	+ Who does the analysis of data? Is the Board involved in the analysis?
	+ How often is it done? How is the report to the Board prepared?
	+ How does the agency integrate the data from different systems to produce an agency wide analysis?

**Standard 9.4**

*The organization submits its annual CSBG Information Survey data report and it reflects client demographics and organization-wide outcomes.*

**Satisfactory**

The organization (private) or department (public) submits its annual CSBG Information Survey data report and it reflects client demographics and organization-wide (private) or CSBG-funded (public) outcomes.

**Beyond Compliance**

* Does the agency have a process for using the information contained in the report for future actions? To compare with CNA data to assess if the agency is making a difference related to the identified needs?
* Does the agency have a process for comparing the data from prior years to the current report?

**Documentation**

* Evidence that the agency has submitted the IS report in a timely way:
	+ electronic and/or hard copy of the IS report submission
	+ verification of receipt of report from state office
	+ Email exchanges with state office regarding the submission of the report
* Policies and practices include consideration of such questions as
	+ How is the accuracy of the data monitored at the local agency level?
	+ Does the report include only unduplicated individuals or families served?
	+ What documentation of community level data is collected to support the information reported?