



COMMUNITY SERVICES BLOCK GRANT ON-SITE MONITORING TOOL

GENERAL INFORMATION	
AGENCY NAME:	CONTRACT NUMBER:
DCED CSBG MONITOR/REPRESENTATIVE:	
DATE OF VISIT:	AGENCY STAFF INVOLVED IN REVIEW:
<input type="checkbox"/> Yes <input type="checkbox"/> No 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 Did the agency complete and return the questionnaire?	

In preparation for the on-site visit, review the agency's current contract file including log notes and correspondence to determine the following:

REPORTING REQUIREMENTS	YES	NO	COMMENTS
Is the agency submitting the Program Invoice forms on a timely basis?	<input type="checkbox"/>	<input type="checkbox"/>	
Is sufficient documentation submitted with each invoice to support the expenditures reported?	<input type="checkbox"/>	<input type="checkbox"/>	
Are expenditures reported by the agency to date within the budgeted amounts by category per the contract?	<input type="checkbox"/>	<input type="checkbox"/>	
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"/>	
Is the agency on track to draw down the remaining balance of the award within the contract period?	<input type="checkbox"/>	<input type="checkbox"/>	
Has the agency submitted required reports, including COPOS entries, on a timely basis?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the agency participating in the ROMA system for measuring performance and results?	<input type="checkbox"/>	<input type="checkbox"/>	
Based on the reports submitted to DCED, does the agency demonstrate that they understand national indicators?	<input type="checkbox"/>	<input type="checkbox"/>	
Regarding the Organizational Standards, what is the number of non-compliant indicators? _____ out of a possible _____			
Please list non-compliant indicators, if applicable:			

Review the agency's Board roster and the information provided by the agency on the CSBG pre-visit questionnaire, and interview appropriate agency staff to complete the following:

BOARD GOVERNANCE SYSTEM	YES	NO	COMMENTS
Does the agency have a Tripartite Board in place to oversee its CSBG programs?	<input type="checkbox"/>	<input type="checkbox"/>	

Does DCED have a copy of the most recent board roster? Include date in comments.	<input type="checkbox"/>	<input type="checkbox"/>	
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"/>	
Do representatives of low-income persons reside in the neighborhood from which they were elected?	<input type="checkbox"/>	<input type="checkbox"/>	
Have either public or low-income sector board seats remained vacant for more than 90 days?	<input type="checkbox"/>	<input type="checkbox"/>	
Does DCED have a copy of the most current by-laws?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a Code of Ethics for the board?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the mission statement in the agency's Board Manual?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the board approve the agency's annual budget? Include date of minutes showing approval in comments.	<input type="checkbox"/>	<input type="checkbox"/>	

BOARD GOVERNANCE SYSTEM (cont'd)	YES	NO	COMMENTS
Does the board approve the agency's policies?	<input type="checkbox"/>	<input type="checkbox"/>	
Do board members receive ROMA training?	<input type="checkbox"/>	<input type="checkbox"/>	
What is the date of the last ROMA training meeting conducted for the board?			
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"/>	
Does the board have an adequate system for the orientation of new board members?	<input type="checkbox"/>	<input type="checkbox"/>	

Review the minutes of several of the agency's recent board meetings to determine the following:

BOARD MEETINGS AND MINUTES	YES	NO	COMMENTS
How often does the Tripartite Board meet?			
Are the regular board meetings open to the public?	<input type="checkbox"/>	<input type="checkbox"/>	
Has DCED been provided with a schedule of board meeting dates?	<input type="checkbox"/>	<input type="checkbox"/>	
What is the date of the most recent board meeting attended by the Program Specialist?			
Have all board minutes been submitted to DCED?	<input type="checkbox"/>	<input type="checkbox"/>	
Do the minutes list the board members in attendance & absent?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a quorum present at all meetings?	<input type="checkbox"/>	<input type="checkbox"/>	
Do the minutes indicate that the board members are aware of their roles and responsibilities with regard to the CSBG program?	<input type="checkbox"/>	<input type="checkbox"/>	
Are financial reports communicated regularly to the agency's board and policy groups?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the board provided with current financial information?	<input type="checkbox"/>	<input type="checkbox"/>	

Is there evidence in the minutes that the board uses community needs and service gap analysis to establish service priorities and adopt program objectives?	C	C	
Do the minutes indicate that the agency's board fully participates in the development, planning, implantation and evaluation of the CSBG program?	C	C	
Does the board monitor staff development/training needs, plans and outcomes?	C	C	
Does the board monitor program performance by comparing outcome goals to outcomes achieved?	C	C	
Does the board evaluate major programs every three years, including regulatory compliance and outcome analysis? Tools/approach used?	C	C	
Additional comments on the board:			

Obtain the most current roster of the agency's Board of Directors and extract the following information:

BOARD COMPOSITION		YES	NO	N/A	COMMENTS
Is the composition of the board appropriate, e.g., at least 1/3 democratically elected representatives of low-income individuals and at least 1/3 elected officials or their representatives?		C	C	C	
Are election/selection procedures in accordance with agency by-laws and CSBG policy issuance?		C	C	C	
Elected Public Officials		Low-Income Representatives			Private Sector Representatives
# of Seats: _____	# of Seats: _____			# of Seats: _____	
# of Vacancies: _____	# of Vacancies: _____			# of Vacancies: _____	

Based on the agency's operations and the updated information gathered during the current review, assess the agency staff assigned to CSBG program:

PERSONNEL	YES	NO	COMMENTS
Does the agency have adequate staff assigned to administer the CSBG program activities effectively and efficiently?	C	C	
Did agency staff involved in the on-site review demonstrate knowledge of CSBG program guidelines and procedures?	C	C	
Has the agency experienced recent turnover in staff assigned to administer the CSBG program?	C	C	
Are all staff positions identified in the CSBG Contract application, and any amendments thereto, filled?	C	C	
Are all staff members performing the duties described in the job descriptions submitted when the CSBG contract was negotiated?	C	C	

Review a sampling of client files to determine the following (Use DCED Client File Worksheets):

CLIENT FILES / ELIGIBILITY	YES	NO	COMMENTS
Is a client file maintained for each person served?	C	C	
Does the form used for determining client eligibility list all eligibility criteria and the documentation needed to determine eligibility?	C	C	
For clients receiving direct services, is income documented for all members of the household 18 years and older?	C	C	
Is there evidence in the client files reviewed that documents that the agency has procedures in place to verify income amounts and family size as stated in the application?	C	C	
Is the agency using the appropriate Health and Human Services (HHS) poverty guidelines to determine eligibility?	C	C	
Does the agency limit eligibility to clients at or below 125% of the HHS poverty guidelines?	C	C	
Do intake forms include client characteristics necessary for the agency to file accurate demographic reports? (CSBG Information Survey and COPOS)	C	C	
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?	C	C	
Do client files contain information regarding types of assistance and dates of services provided?	C	C	
Do client files contain a log describing the nature of the service(s) provided, including the date and amount of services received?	C	C	
Are all documents signed by the client where applicable (intake, eligibility, case management plan, etc.)?	C	C	
Are proper procedures in place for case management, and is adequate client information and follow-up documented?	C	C	
Does the agency have in place an effective system for tracking and reporting the number of clients transferring out of poverty as a result of the services provided by the agency?	C	C	
Are referrals documented and logged in the client files?	C	C	
If follow-up activities were suggested as part of the case-plan were these activities documented in the client files?	C	C	
Is there evidence that applicants were apprised of grievance procedures if services were denied?	C	C	

Review the current year budget for direct services line item(s). If the agency has set aside monies for direct services, review a sample of client files served with direct CSBG program funds to address the following (skip this section if no direct services are provided):

CLIENT FILES – DIRECT SERVICES	YES	NO	COMMENTS
Does the agency review the clients' financial status at least once every year? If not, how does the agency ensure ongoing eligibility?	C	C	
Is documentation such as a bill, voucher and/or copy of the check retained in the client file for services provided?	C	C	
Are persons served and service units being counted correctly?	C	C	
Were detailed case management activities thoroughly documented in the client files?	C	C	
Is there a signed case management plan?	C	C	
Were client goals mutually agreed to and documented?	C	C	
Were efforts to achieve goals documented?	C	C	

Were goals oriented toward self-sufficiency?	C	C	
Are the services provided consistent with the program narrative and scope of work?	C	C	
Does the agency link with other programs in the community or area when services are beyond the agency's scope?	C	C	
Is the agency taking appropriate steps to ensure privacy and confidentiality of client information, such as secure files, confidentiality policies, private consultation space etc.?	C	C	
If the agency is no longer working with the client, is there a signed discharge plan?	C	C	
Are client records maintained for at least three years in accordance with contract language?	C	C	
Did the review of the client files sampled indicate that all clients provided services were eligible? If not, indicate the number of clients determined ineligible and/or unverifiable in each service category.	C	C	
Did the review of the documentation indicate that the services have impacted on client self-sufficiency?	C	C	
Additional Comments on Client Files (attach Client File Worksheet):			

PROGRAM PERFORMANCE REVIEW

As part of the exit interview, and based on information obtained during the monitoring visit, discuss the following with the agency's Executive Director or other responsible staff:

PROGRAM OBJECTIVES	YES	NO	COMMENTS
Are all of the counties and/or municipalities in the agency's service area served equitably?	C	C	
Is the agency gathering and tracking all information needed to complete the CSBG program reports?	C	C	
Are program outcomes sufficiently documented?	C	C	
Is the agency on track to meet the goals and objectives stated in the application and scope of work by the end of the contract period?	C	C	
Is the agency utilizing all of its current year performance measures in its service delivery area to measure outcomes?	C	C	
Is the agency fulfilling its responsibility to establish and maintain an effective internal control system to ensure that: <ul style="list-style-type: none"> a. appropriate goals and outcome measures are met b. resources are safeguarded c. rules and regulations are followed d. reliable data is obtained, maintained and fairly disclosed 	C	C	
Is the agency fulfilling its responsibility to use resources efficiently, economically and effectively to achieve the purposes for which the CSBG funding was provided?	C	C	

ROMA REPORTING	YES	NO	COMMENTS
Has the agency received outcome/ROMA training from DCED and/or the Community Action Association of Pennsylvania?	C	C	
Has the agency developed a system, or 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?	C	C	

GENERAL OPERATIONAL ISSUES	YES	NO	COMMENTS
Are all client service locations, services provided and hours of operation accessible to persons with disabilities (to the extent feasible)?	C	C	
Do the service locations provide all of the CAA's services?	C	C	
What are the hours of operation?			
Has the agency taken appropriate steps to address language barriers with the clientele in its service area?	C	C	
Do the agency's policies for providing translation and interpretation meet the legal obligation to provide assistance to Limited English Proficiency (LEP) clients receiving or potentially receiving agency services?	C	C	

SUBCONTRACTS (If Applicable)

SUBCONTRACTORS	YES	NO	N/A	COMMENTS
Does the agency subcontract for any of the services provided under the CSBG award?	C	C	C	
Total # of subcontracts during the grant period ____				
# of counties____municipalities____served	C	C	C	
Were all subcontracts identified in the contract available for review?	C	C	C	
Was a fully executed contract in place for all of the agency's sub-contractors?	C	C	C	
Do contracts for subcontracted services include a provision that the sub-contractor must follow State procurement requirements and the fiscal requirements of agency's contract with DCED?	C	C	C	
Are the amounts and activities of the subcontracts consistent with the descriptions in the contract?	C	C	C	
Is there evidence the agency monitors its subcontractors for contract compliance? How often are subcontractors monitored? _____	C	C	C	
Were subcontractors conducting their contracted activities and maintaining adequate supporting documentation?	C	C	C	
Were funds used only for allowable expenses?	C	C	C	
If the agency utilized a subcontractor in the previous year, did the subcontractor meet its goals? If not, was corrective action taken?	C	C	C	
Did a subcontractor identify any concerns that could not be satisfactorily addressed by the CAA/DCED?	C	C	C	
If any services were subcontracted in addition to those identified in the contract, was prior approval given by DCED?	C	C	C	
Does the agency's method of selecting service providers for subcontracts ensure fair competition to all interested parties?	C	C	C	
Is there evidence that women and minority subcontractors were actively recruited?	C	C	C	
Does the agency have procedures in place to ensure that subcontractors have current insurance policies for blanket fidelity bond coverage; comprehensive general liability; directors and officers liability; umbrella excess liability; professional liability?	C	C	C	
Is there proof that subcontractors have insurance?	C	C	C	
If client/participant interviews were conducted, were the clients/participants satisfied with the subcontractor's service?	C	C	C	
Additional Comments on Sub-contractors/ Sub-grantees:				

PRIOR MONITORING

For the following, review previous monitoring reports and findings. If not satisfactorily resolved, list any unresolved findings in the current monitoring report.

REVIEW OF PRIOR MONITORING REPORTS	YES	NO	N/A	COMMENTS
Have all financial corrective action requirements from the previous monitoring reports been satisfactorily addressed?	C	C	C	
Have all programmatic corrective action requirements from the previous monitoring reports been satisfactorily addressed?	C	C	C	
Have all administrative corrective action requirements from the previous monitoring reports been satisfactorily addressed?	C	C	C	
Other than the annual independent audit, has the agency had any of its programs reviewed by representatives of other funding sources, such as Head Start <i>Prism</i> ?	C	C	C	

ADMINISTRATIVE

GENERAL	YES	NO	N/A	COMMENTS
Does the agency maintain all issuances and memoranda regarding CSBG funding in a centralized file or notebook?	C	C	C	
Does agency staff have access to CSBG guidelines?	C	C	C	

EXIT CONFERENCE

Identify strengths and best practices of the agency:

Notable follow-up points from agency pre-monitoring questionnaire:

Preliminary summary of findings and need for corrective action(s):

As a result of the monitoring visit, the following need(s) for training and/or technical assistance have been identified:

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

SIGNATURE

DCED PROGRAM SPECIALIST:

DATE: