



NORTHEAST INSTITUTE FOR QUALITY COMMUNITY ACTION

QUALITY COMMUNITY ACTION SYSTEM

COMMUNITY ACTION AGENCY SELF-ASSESSMENT MANUAL

Northeast Institute for Quality Community Action
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1. The Northeast Institute for Quality Community Action

The Northeast Institute for Quality Community Action (NIQCA) was founded in January 2005 and is a product of a four-year collaborative effort involving representatives of local Community Action Agencies, State Associations and Public Officials located in the States of



Massachusetts, Connecticut and Rhode Island. The NIQCA's mission is to promote excellence in the management of Community Action Agencies. The NIQCA's Quality Community Action System (QCAS) provides the tools and resources for agencies to organize a program of continuous quality improvement, which will cost-effectively identify management strengths and correct weaknesses. This investment in promoting management excellence will sustain the maintenance of a strong and resilient network of Community Action services that promote the well-being and self-sufficiency of low-income consumers throughout the New England Region.

2. Description of the Self-Assessment Process

A STEP-BY-STEP APPROACH

Purpose of Self-Assessment

The self-assessment process is the foundation of the Quality Community Action System (QCAS). It is intended to help participating organizations develop a picture of organizational quality, recognize best practices, and identify risks as well as opportunities for self improvement. The self-assessment process is structured journey that should involve a cross-section of agency stakeholders who will collectively share information and experience which will identify and embrace best practice reforms designed to improve organizational effectiveness.

Content Areas

The NIQCA self-assessment instrument is designed to focus on best practice standards for agency management systems divided into the following six content areas: Planning and Community Investment; Operational Management and Structure; Governance; Information Technology; Human Resources and, Finance and Budget. Each management function includes a set of individual standards which are used to assess the quality of policies and practices.

Completing the Self-Assessment Instrument

The participating organization determines who participates in the Self-Assessment process and who completes the self-assessment instrument. Experience has demonstrated that a process that creates a cross-functional team with representatives drawn from all levels and units of the organization (e.g., senior managers, staff and board members) produces both a product that more accurately identifies strengths and weaknesses and an experience that strengthens commitments to improve performance. Including community representatives, consumers, partner agency representatives, etc. in the process can further help provide valuable information and support for the agency.

Scoring the Self-Assessment Instrument

The self-assessment instrument is designed so that the organization can score itself. Each Management Area of the QCAS lists a set of practice standards which are aligned on a 5 point

scale with a Score of #1 representing “Risk” and a score of #5 representing “Excellence.” In the Scoring Scale a score of # 3 represents confirmation of “Best Practice.”

Using the NIQCA Assessment tool assigned agency and Peer Reviewers assess the degree to which current, existing agency policies and practices align with the QCAS standards assigned to each Section of the Assessment instrument. The process essentially takes a snapshot of the agency’s compliance with best practice standards on a particular day. Policies in draft form are acknowledged but cannot be considered in scoring since they technically have not been adopted.

Prior to scoring, assigned reviewers should conduct a desk review of selected documents and schedule/conduct an interview with one or more key informants who are familiar with the operations within an assigned area (e.g., HR Manager, CFO, Board President, etc).

Following each Standard is a list of suggested questions to help guide the Key Informant Interview. The Reviewer should take summary notes of responses to questions. No scoring should be attempted during the Interview. At the end of each Section of is a Scoring Summary Section. Each individual member of the Team assigned to this Section should, within 24 hours, score each Standard based on his/her assessment of compliance with information collected from documents and interviews. If the Reviewer is working as part of a Team then, at a Team meeting, the Reviewer should present the scores he/she has assigned and the rationale for the scores. The Team should discuss the Reviewer’s scoring and then, using an agreed upon process for decision-making (e.g., consensus) assign a Team Score for each area of the assigned Section. Each Team assigned to review a QCAS Content Area will attend a meeting of the full agency Assessment Team and present its scores and the rationale for the scores. Following discussion, the full Assessment Team will vote on assigning an Agency Score to each QCAS section. This Agency Score will represent the final consensus of the Self-Assessment and should be documented in the Scoring Summary section included in the Rating Scale for each Content Area Sub-section. Copies of all Assessment Team Agency Content and Sub-section Area Scores with their associated rationale statements should be forwarded to the Peer Review Team if a site visit is scheduled.

Note: The NIQCA Assessment tool includes three (3) “Stretch Standards” which address areas of policy and practice which may in the future be adopted as core standards within the Manual. Incorporating these Standards in the agency self-assessment process is entirely discretionary. Agencies are encouraged to include these standards since they address issues on importance when considering management excellence. *The Peer Review process will not include a review of these discretionary standards.*

Using the Self-Assessment as Preparation for the Site Review

Section IV contains a description of the Peer site review process. Peer Reviewers utilize the identical process the agency used to conduct its self-assessment. While the internal self-assessment may identify areas where management policies and practices could be strengthened the agency should defer taking any action to address these issues until the Peer Review site visit has been completed. The intent of the Peer Review is to provide the agency’s Assessment Team an independent analysis of agency strengths and weaknesses, which can be integrated into the agency’s overall Self-Assessment and used to formulate priorities for improvement planning.

Confidentiality

In consultation with CAPLAW legal counsel, the NIQCA has drafted a strong confidentiality statement to assure the QCAS process respects the privacy and confidentiality rights of each participating agency. Each site Peer Review Team member is required to sign a NIQCA Confidentiality and Code of Conduct Agreement before beginning a site review. The NIQCA's Confidentiality Statement is included in the NIQCA-CAA Peer Review Agreement, which is signed prior to the conduct of a Peer Review site visit.

Accessing Technical Assistance

The NIQCA is available to assist local CAA's access needed assistance upon request. The NIQCA will, based on the needs identified through the QCAS process, sponsor specialized trainings and workshops for CAA managers and board members.

Using the Self-Assessment: A Continuum of Participation

The self-assessment process is very flexible and allows for the participating organization to determine the level of participation by those inside the agency, (e.g., management, board and staff), and those outside it, (e.g., community representatives, partner agencies, peer review teams, etc.). Every level of participation is designed to provide specific benefits. Therefore, every participation level is a distinct, positive step toward improving the quality of agency operations and the degree to which those operations play a positive role in the community. The level of participation is based partly on the organization's current status and partly on what it hopes to accomplish after the self-assessment. It is important to remember that the self-assessment is only a beginning. The self-assessment is a diagnostic tool, like a routine medical check-up. Every organization should be prepared to use the self-assessment as the opportunity to engage in a process of continuous quality improvement which will strengthen agency productivity, performance and competitiveness.

3. The Twelve Step QCAS Process

The twelve step QCAS Self-Assessment process represents a flexible, continuous, and sustainable quality monitoring and improvement program which can both promote management excellence and create a culture of teamwork dedicated to achieving the highest standards of professional practice. While assessment is an essential component of the QCAS process, its value is lost if action is not taken to assure that strengths are sustained and deficiencies are corrected. Each sequential step in the process is important and will lead an organization through the conduct of the self-assessment, identification of improvement opportunities, development of an action plan, monitoring of the effect of the action plan, and back to another self-assessment. In most cases, agency's can complete the Self-Assessment and Plan Development process within a period of three to four months. It is important to sustain the momentum of the process since delays can compromise both the quality of the data as well as the level of commitment to complete the assignment. The 12 Steps of the QCAS process are as follows:

Step 1

Action: Determine the organization's current status, benefits of the QCAS Self-Assessment and willingness and ability to commit the resources required to undertake and complete the process.

Purpose: Confirm the organization's commitment and readiness¹ to undertake the QCAS Self-Assessment process. Make decision to proceed or not proceed to Step # 2.

Process: Executive leadership meets with managers and board members to assess the agency's readiness and ability to undertake the QCAS Self-Assessment.

Step 2

Action: Organize an Agency Assessment Team, which may include managers, staff, board members, consumers, volunteers, committee members, and representatives of community partners to develop and execute a plan for completing the agency's QCAS Self-Assessment.

Purpose: Develop an operational plan and structure to undertake and complete the agency's QCAS Self-Assessment.

Process: Executive leadership solicits ideas and suggestions for Assessment Team members, appoints members, and identifies a charge and leadership for the Team. An initial Team meeting is held to review its charge, receive an orientation to the QCAS process and finalize a plan for conducting the assessment including timetables for completion of tasks.

Step 3

Action: Assign an individual or team to conduct the assessment of one or more of the Management Content Sections.

Purpose: Ensure that assignments for the completion of assessments for each Management Content Area are clear and manageable.²

Process: Make assignments, review charge and assessment procedures along with timetables for completion of tasks.

Step 4

¹ Readiness includes commitment of board and senior managers, other efforts under way, and staff awareness of the value of such a project.

² Content areas include: Governance, Operational Policy and Organizational Structure; Planning, Marketing, Fundraising and Community Investment; Information Technology; Human Resources and Finance and Budget.

Action: Individuals or teams assigned to individual Management Content Sections review written (document desk review and verbal documentation (i.e., Key Informant interviews) and assign scores using the tools and guidelines contained in the NIQCA Self-assessment Manual.

Purpose: Draft a preliminary rating and scoring rationale for each Management Content Section by assigned individuals or teams.

Process: Reviewers assigned to assess specific Content Areas review written documentation and conduct interviews with key informants. Based on this information the Reviewer reviews the 5 point rating scale and assigns a score based on the agency's status of compliance with a standard of practice. The Reviewer further documents a rationale for his/her scoring decision. If a Team is assigned to review an Area then the individual Reviewer reports their scoring assignment to the Team and the Team, through an agreed procedure (e.g., consensus) reviews the individual's score and agrees on a Team Score and rationale for each Standard within a Section based on open discussion and deliberation.

Step 5

Action: Meeting of full Assessment Team with individuals or teams which conducted assessments to review and discuss Team or individual scoring decisions and the rationale for these choices. Based on an open discussion, the full Assessment Team assigns a final Agency Score for each Standard within each of the 6 Management Sections of the NIQCA Manual.

Purpose: Assignment of final assessment ratings on all Management Content Sections by the full agency Assessment Team.

Process: Allow ample time for this activity. This may require a series of meetings or a retreat over a full day or two. During this time Reviewers or Teams of Reviewers report the scores they have assigned to the Self-Assessment Areas they were responsible for reviewing. Once presented, members of the full agency Assessment Team can discuss the rationale for the assigned score and, based on the discussion, confirm or change the Reviewer's or Team's scoring. The score approved by the Assessment Team becomes the 'Agency Score' for each area of the assessment.

Step 5A

Action: Schedule a Peer Review site visit.

Purpose: To provide an independent assessment of agency compliance with best practices and compare agency and peer scoring to identify possible areas of risk/excellence which should be considered in preparing an agency Action Plan for Improvement.

Process: Forward documentation to assigned Peer Reviewers per instructions and schedule meetings and interviews during 2 day site visit. Provide Report to agency officials within 10-15 days following the site visit.

Step 6

Action: Agency Assessment Team meets to update Agency scoring based on Peer Review feedback and, based on final scoring, identify areas assessed to be at risk (i.e., an area with an average score less than 3 or, with more than 30% of the individual items within a Content Area scoring less than a 3).

Purpose: Before engaging in a systematic review of the results of the entire self-assessment, it is important to both integrate Peer Review data into the agency's assessment scoring (if elected) and seek to immediately identify any areas of serious risk which jeopardize agency operations.

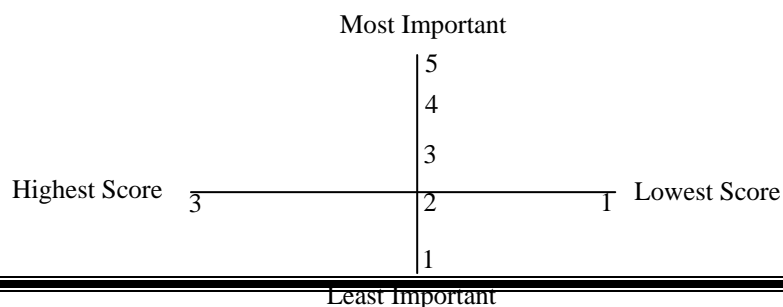
Process: Re-calculate an average score for each area and the agency as a whole incorporating Peer Review scoring feedback and review amended scoring which suggests some level of risk within each Section of the Assessment and/or areas of strength which could be targeted to promote exemplary practice.

Step 7

Action: Rate the importance of each of the items for the well being of the agency.

Purpose: The self-assessment, to this point, has considered the various infrastructure areas solely on how each rates relative to the standards expressed in the scales. While it is assumed that all of the items and areas are important to the well being of the agency, some aspects of infrastructure may be more or less important to an agency's health at a particular time. In this step, assess importance to the agency regardless of the rating.

Process: Ignore, for the moment, the rating for each item in the at-risk category. Only think about the item's importance to the agency on a scale of 1-5, where 1 = not very important (it would be nice eventually) and 5 = most important (a live or die issue). Assign an importance score to each at-risk item with a score of **3 or less**. Also, go back to the areas that were not at risk and assign importance scores to each item scoring **2 or less**. Then plot the items on a quadrant graph like the one below. The items in the upper right quadrant are those with the lowest scores and the highest importance. These items offer the greatest opportunity for improvement.



STEP 8

- Action:** Determine ease of accomplishment.
- Purpose:** In order to decide which improvement items to address first, the agency will need a sense of how difficult they will be to accomplish in terms of resources and time.
- Process:** Review the list of potential improvement items and rate them according to the amount of resources each item will require and the time each will take to complete. Use the same kind of quadrant graph as in Step 7. Plot time horizontally from long term (left) to short term (right), and plot resource requirements vertically from high (bottom) to low (top). The items in the upper right quadrant will be those than can be accomplished most quickly and with the least expenditure of resources.

Step 9

- Action:** Choose final action items.
- Purpose:** Now that the agency has determined which areas and items are most at risk, which items will yield the greatest returns for the agency, and what it will cost in terms of time and resources to address those items, the agency is ready to select the final items for improvement. This requires an in-depth understanding of the internal dynamics of the agency.
- Process:** In order to determine what kind of improvement projects to select from the final list, the agency will have to determine its capacity to undertake change. This requires an assessment of everything else the agency is facing, the commitment of executive leadership, the resilience of staff and their capacity to absorb more change. Using the matrices developed in Steps 7 and 8, select items for completion in the short term (six months) and the long term (a year or more). If possible, include items that can be accomplished quickly and easily, as well as those that will require greater commitment from the organization. Consider also a mix of improvement projects that can be done by individual units and those that are best worked on by cross-functional teams.

Step 10

- Action:** Develop an Action Plan for Improvement.
- Purpose:** A successful quality improvement effort requires the development of an action plan with measurable goals, action steps, milestones, accountability and timetables for accomplishment and review.
- Process:** Agency Team with ED/CEO identifies Improvement Priorities, develops an Action Plan to address priorities and assigns responsibility for plan implementation and

tracking of progress. This may be integrated into the agency's multi-year Strategic Plan with a focus on ROMA goals #4 and #5.

Step 11

Action: Monitor progress under the action plan and assess the effects of the improvement efforts.

Purpose: Having identified improvement efforts in some of the agency's most at-risk areas, the agency must ensure that it is making progress in its improvement efforts before it can turn its attention elsewhere. Structured, systematic monitoring is the only means of ensuring that improvement efforts are having the intended effect.

Process: The improvement team should present reports to a management team on the milestones, measures and timelines identified in the action plan. See Step 10.

Step 12

Action: Conduct new self-assessments for at-risk areas every twelve months. Conduct complete self-assessment at least every three years.

Purpose: If any areas are still at risk, they should remain a priority until the agency is confident that they no longer jeopardize the health of the organization. When there are no more areas at risk, the self-assessment then focuses on continuous improvement.

Process: When all at risk areas have been brought to the threshold level, the organization should raise the bar for the next full self-assessment. For example, it may define improvement opportunities as any area with an average score of less than 3.5 or more than 25 percent of the individual items scoring less than 3.5. In this way, successive cycles of improvement projects and self-assessment will continue to raise the overall quality of the organization.

I. ASSESSMENT TOOL: THE SIX AREAS

A. Planning and Community Investment

Required Section Documentation: Mission statement; strategic plan; evidence of updated needs assessment, agency marketing plan/example of marketing materials; fundraising/ development plan (list of fundraising activities and net income for the past 2 years).

1. *Mission Statement*³

1—at risk	The agency has no mission statement or, there is a mission statement available within the agency but it is not generally recognized or understood, is not considered in agency decision. The Mission Statement has not been reviewed in the past 4+ years.
2—approaching achievement of standard	There is a mission statement that has been reviewed in the past 3 years but there is little evidence that it is well understood by key internal or external audiences or that it is considered in agency decision making.
3—fully meets standard	There is a mission statement that has been reviewed in the past 3 years. Efforts are made to assure that all key internal agency audiences are aware and understand the statement. The statement is regularly used as the starting point for planning, budgeting and policy determination.
4—exceeds standard; approaching excellence	3 plus, there is evidence of efforts to communicate the agency’s Mission Statement to selected community audiences.
5—excellent	4 plus, the mission statement is crisp, clear, concise and easily communicated and understood. The Statement is routinely reviewed at least every 3 years.
Score:	Scoring Rationale:

³ An agency mission formulates the organization’s enduring statement of purpose in a statement that is concise, outcome oriented and is grounded in the organization’s fundamental values and principles. The Mission provides an essential reference point for organizational decision-making.

1. Mission Statement

Assessment Questions:

- 1. Has the agency adopted a mission statement? When was the statement last reviewed?*
- 2. How familiar are Board and staff members with the agency's mission statement?*
- 3. How is the mission statement communicated to Board and staff members? To what degree is the agency's mission statement considered in making decisions regarding policy, plans or budgets? Examples?*
- 4. Is the statement clear, concise and expressive of the agency's purpose and values?*
- 5. Is there evidence of agency efforts to communicate its mission statement to key internal and external stakeholders (e.g., facility signage, web page, annual reports, etc.)*
- 6. Is the statement reviewed every 3 years? Is it reviewed as part of the strategic planning process?*

COMMENTS:

2. Strategic Plan

1—at risk	The agency had not adopted a multi-year strategic plan which establishes measurable goals based on an updated assessment of organizational and community needs, and updated agency mission and vision statements.
2—approaching achievement of standard	The agency had adopted a strategic plan but the plan: (a) Is outdated (5+years since update), (b) Was developed without the participation of key agency and community stakeholders (e.g., customers, funders, community residents, public and corporate leaders, etc), (c) Was developed without reviewing the agency’s mission and/or assessing an updated agency and community needs assessment, or, plan progress is not monitored and reported and/or goals are not considered in agency decision making regarding investment plans and priorities.
3—fully meets standard	The agency has adopted an updated Strategic Plan which was developed with broad agency and community involvement and was informed by an updated assessment of agency and community needs. The plan is reviewed on an annual basis and goals are routinely considered in agency decision making.
4—exceeds standard; approaching excellence	3 a plus, Plan progress reports comparing plan vs. actual achievements are reported to the agency’s Board and key staff members. Operational plans have been developed to align departmental and program activities to promote the achievement of strategic plan goals.
5—excellent	4, plus plan progress is reported to key community stakeholders through vehicles such as the agency’ annual report, web site, community meetings, news media, etc.
Score:	Scoring Rationale:

2. Strategic Plan

Assessment Questions:

1. *Does the agency have an updated strategic plan? How was the plan developed? Who was involved? Did the plan process include an assessment of community and agency needs?*
2. *How frequently is the plan reviewed and updated? Are progress reports prepared? Who receives copies of these reports?*
3. *Is there evidence that departments/programs to align priorities/activities with the agency’s strategic plan?*
4. *Is information of plan achievements communicated to community stakeholders? How?*

COMMENTS:

3. Community Needs Assessment

1—at risk	The agency has not conducted an updated community needs assessment in the past 5+years.
2—approaching achievement of standard	The agency has conducted updated (e.g., 3 year) target assessments of needs for selected programs but has not conducted an agency-wide community needs assessment in the past 4 years. The agency has conducted an updated (e.g., 3years) community needs assessment but the data has not been used for the purposes of strategic or program planning.
3—fully meets standard	The agency conducts an updated community needs assessment every 3 years and data is used to help inform agency strategic and program planning efforts.
4—exceeds standard; approaching excellence	3 plus, needs assessment data is continually updated as new information becomes available.
5—excellent	4 plus, the agency has initiated or participates in collaborations with community partners, funders, etc. to undertake community needs assessments with data available for all parties to utilize to better understand and respond to high priority unmet or emerging needs.
Score:	Scoring Rationale:

3. Community Needs Assessment

Assessment Questions:

1. *Has the agency conducted an updated community needs assessment in the past 3 years? If not, when was the last assessment completed?*
2. *How was or is the needs assessment data used to help inform agency planning and investment decisions?*
3. *Who is responsible for conducting needs assessments? How often is data collected/reported? To whom is information reported?*
4. *Does the agency collaborate with partners to conduct updated needs assessments?*

COMMENTS:

4. Program Planning

1—at risk	Agency programs and projects are designed and developed by one or two senior staff using funder requirements as the sole basis for planning.
2—approaching achievement of standard	Agency programs and projects are designed and developed by a few senior staff with occasional input from other management, supervisory or line staff, community partners, customers, board committee members, etc. Little evidence that the agency's mission, strategic plan or community needs assessment are considered in program planning.
3—fully meets standard	Agency programs and projects are routinely developed using a team approach led by a senior manager (e.g., planner, program director, deputy director, etc) with input from other staff and agency stakeholders. The agency's mission, strategic plan and needs assessment are always considered in decisions to design new or revise existing programs. Agency (e.g., customer feedback) as well as funder specifications are considered in the planning process.
4—exceeds standard; approaching excellence	3 plus, the design of individual programs is influenced by a commitment to a customer friendly, integrated service delivery system, which assesses needs and responds to needs in a seamless, prompt, respectful, effective manner.
5—excellent	4 plus, program planning initiatives are reviewed by a Board committee using transparent criteria (e.g., Alignment with mission, strategic goals, appropriate community need, Funding availability, etc) prior to submission to the Board for review/action.
Score:	Scoring Rationale:

4. Program Planning

Assessment Questions:

- 1. Who is responsible for program planning within the agency? Who/how is planning initiated? Who is normally involved in agency program planning?*
- 2. What factors are considered in initiating program planning.....what data and factors are considered in program design and development?*
- 3. Are teams used to develop programs? Who leads these teams...how frequently is this approach used? Who serves on these teams?*
- 4. Is integrated customer service a factor considered in designing new or changing existing agency programs?*
- 5. Are program proposals reviewed by a Board Committee using explicit criteria to assess need and appropriateness?*

COMMENTS:

5. Marketing

1—at risk	There is no written agency marketing plan and what marketing efforts exist are primarily focused on program outreach initiatives designed to meet contract requirements.
2—approaching achievement of standard	Limited agency-wide marketing activities (e.g., web page, annual report, press releases, brochures, etc) but they are not products of a planning process which identified priority markets, communication goals and strategies, etc and common branding, messaging and graphics.
3—fully meets standard	The agency has adopted a written corporate marketing plan with, goals, strategies and timetables. Accountability for plan execution is clear and the plan is aligned with agency strategic plan goals.
4—exceeds standard; approaching excellence	3 plus, training has been provided to staff and Board members to assure that key stakeholders understand and are able to carry out their agency marketing responsibilities.
5—excellent	4 plus, the agency's marketing plan is reviewed and updated on an annual basis.
Score:	Scoring Rationale:

5. Marketing

Assessment Questions:

- 1. Please describe the agency's current marketing activities. Has the agency developed/adopted a written Marketing Plan? What has been the agency's experience in implementing this Plan?*
- 2. Are marketing activities primarily program driven or are activities designed to address agency-wide needs?*
- 3. Is the agency's Marketing Plan or activities aligned with the agency's Strategic Planning goals?*
- 4. Who is responsible for agency or program marketing activities?*
- 5. How often is the Marketing Plan reviewed or updated?*

COMMENTS:

6. Resource Development

1—at risk	Neither agency management or board members demonstrate interest or initiative in seeking to increase and diversify agency revenue through efforts to seek grants/contracts or raise funds from private/community sources.
2—approaching achievement of standard	Agency management has demonstrated a commitment to seek to increase and diversify agency revenue through the development of grants/contract proposals. The agency's Board however collectively has not demonstrated a commitment to help raise funds despite the interests and initiative of a few individual members.
3—fully meets standard	Both agency management and Board members have evidenced a commitment to resource development however, these efforts are not directed by a plan which specifies goals, strategies, responsibilities and timetables.
4—exceeds standard; approaching excellence	The agency has developed and adopted an updated development plan and the plan reflects support for the achievement of strategic planning objectives.
5—excellent	Board and staff are provided training to support their development efforts and the need for development experience and expertise is considered in staff and volunteer recruitment.
Score:	Scoring Rationale:

6. Resource Development

Assessment Questions:

- 1. Please describe the agency's efforts to broaden and diversify revenue to support agency administration and service activities. Who leads these efforts? What role does the agency's Board play in these efforts?*
- 2. Has the agency developed a written Development Plan? What is the status of the Plan? Is the Plan aligned with the agency's Strategic Plan?*
- 3. Has development training been provided to key Board and staff?*
- 4. Is Development expertise/experience a priority for staff and volunteer recruitment?#5. What success has the agency had in generating unrestricted revenue for the agency?*

COMMENTS:

**Summary Team Scores
Planning and Community Investment Section**

Standard	NIQCA Score	Agency Score
1. Mission Statement		
2. Strategic Plan		
3. Community Needs Assessment		
4. Program Planning		
5. Marketing		
6. Resource Development – Fundraising		
Total Score		
Average Section Score		

B. Operational Management

Required Section Documentation: List of agency programs with ID of programs without written policies; evidence of formal and informal strategic alliances; program performance reports (funder, board samples); customer satisfaction survey—report; customer confidentiality—privacy protection policies; risk management and disaster recovery/business continuity plans.

1. Program Policies and Procedures

1—at risk	The majority of agency programs have no written operating policies and procedures.
2—approaching achievement of standard	There are some written policies and procedures for some programs but not others. Policies are not routinely distributed to staff and training to assure consistent policy implementation is only provided if mandated by a funder.
3—fully meets standard	Written policies and procedures exist for all programs and policies are routinely distributed to staff with appropriate training as needed.
4—exceeds standard; approaching excellence	Program policies are complemented by an integrated intake/assessment system with written policies and procedures which provide customer uniform access to agency services based on need and eligibility.
5—excellent	Program policies are reviewed at least every 2-3 years to assure they respond to changing regulatory and/or best practice standards.
Score:	Scoring Rationale:

1. Program Policies and Procedures

Assessment Questions:

1. *Do written operating policies exist for all agency programs? If not which programs do not have policies? Are plans underway to draft policies for these programs?*
2. *Are copies of policies routinely distributed to appropriate staff? Is training provided whether mandated or not?*
3. *Has the agency created an agency-wide centralized customer intake and assessment system with written policies and procedures which are aligned and complement program operating policies?*
4. *How often are policies reviewed and updated?*

COMMENTS:

2. Strategic Relationships

1—at risk	The agency does not appear to initiate or positively respond to overtures from community groups and organizations seeking to form strategic relationships unless mandated to do so.
2—approaching achievement of standard	Selected programs within the agency have initiated, developed and maintain both formal and informal strategic relationships designed to promote referrals, service delivery, communication, training, etc.
3—fully meets standard	The agency has developed and maintains a number of both formal and informal strategic relationships with community groups and organizations designed to promote customer access to services, coordinate service delivery, address critical community needs and improve the efficient use of resources.
4—exceeds standard; approaching excellence	Agency strategic relationships are developed in response to the agency's mission, strategic goals, community needs assessments, program performance reviews and customer satisfaction feedback.
5—excellent	The agency reviews its strategic formal relationships on an ongoing basis to assess effectiveness, need and appropriateness.
Score:	Scoring Rationale:

2. Strategic Relationships

Assessment Questions:

1. *Are Strategic Relationships with local community groups/organizations initiated and maintained as commitments or, are these relationships primarily the product of specific program efforts aimed at supporting program outreach, marketing and coordinated service delivery, etc.?*
2. *What factors influence the development of agency strategic relationships?*
3. *How are relationships formed, negotiated and supported?*
4. *How are relationships reviewed to assess their effectiveness, etc? Who is responsible for these reviews?*

COMMENTS:

3. *Integration of Services*

1—at risk	There are no formal or informal linkages between agency programs. From a customer service perspective, each agency program operates with independent intake, assessment, eligibility determination policies and procedures.
2—approaching achievement of standard	There are informal linkages between some agency programs that are intended to promote customer improved awareness of services and intra program referrals.
3—fully meets standard	Formal linkages exist between the majority of the agency’s programs and informal linkages exist among others. Linkages are designed to improve customer service, agency marketing, staff communication/development , data collection/analysis/reporting, etc.
4—exceeds standard; approaching excellence	The agency has implemented an agency-wide centralized customer intake and assessment system that informs customers about the scope of agency services, assesses the interest, need and eligibility for services and makes appropriate referrals with customer consent.
5—excellent	The agency has established formal and informal strategic relationships with community partner agencies that affords customers a seamless referral system for accessing services not provided by the agency.
Score:	Scoring Rationale:

3. *Integration of Services*

Assessment Questions:

1. *Please describe any formal or informal linkages that exist between agency programs designed to promote for customers improved information and access to agency services.*
2. *Do linkages exist between programs offered in different sites/locations?*
3. *Does the agency provide customers access to a centralized, integrated intake and assessment system? Please describe. Does the system cover all programs and service sites?*
4. *Plans for strengthening agency service integration efforts? Please describe.*
5. *Has the agency developed relationships with community partners aimed at helping customers access services which the agency does not provide? Please describe how customers are referred....any follow up?*

COMMENTS:

4. Program Assessment and Reporting

1—at risk	Assessments of program performance for the majority of agency programs are not in compliance with ROMA and National Indicator standards.
2—approaching achievement of standard	Assessments of program performance for the majority of agency programs are conducted in compliance with ROMA and National Indicator standards. Reports to funders are prepared and submitted in a complete and timely fashion however, few, if any reports of program performance are provided the agency’s Board or designated Committee.
3—fully meets standard	Assessments of all agency programs are conducted in compliance with ROMA and National Indicator standards. Timely and complete Assessment Reports are provided to program funders and the agency’s Board or designated Committee at least annually.
4—exceeds standard; approaching excellence	3 plus, the agency incorporates the use on independent metrics into its assessments of programs (e.g., Customer Satisfaction feedback, Follow-up research, etc).
5—excellent	4 plus, the agency has developed a protocol for identifying a selected number of programs for an in-depth evaluation to assess relative need, cost effectiveness, alignment with strategic goals/mission, etc.
Score:	Scoring Rationale:

4. Program Assessment and Reporting

Assessment Questions:

1. *Are all agency programs monitored and evaluated in compliance with ROMA and National Indicator standards? If not, which programs are not in compliance? Are there plans to bring the assessment of these programs into ROMA/NI compliance?*
2. *Please describe who receives program performance monitoring and assessment reports? How frequently are reports prepared/distributed? Are reports used internally to make changes aimed at improving access, responsiveness, effectiveness, etc.? Examples?*
3. *Is the data used to assess program performance include both funder mandated and agency developed metrics? Please describe.*
4. *Does the agency have a policy of scheduling in-depth evaluations of one or more programs during the year? How is this information used by management and the board to make decisions?*

COMMENTS:

5. Customer Satisfaction

1—at risk	Customer satisfaction information is only collected for programs where it is mandated and is not generally used.
2—approaching achievement of standard	Customer satisfaction information is collected for some non-mandated programs but in an inconsistent manner, e.g., in the methodologies, the timing, or the regularity with which data are collected. Reporting and use are also inconsistent.
3—fully meets standard	Customer satisfaction information is collected for most programs and is reported individually by program. It is reviewed and used by program at least annually.
4—exceeds standard; approaching excellence	Customer satisfaction information is collected with some integration among programs and is reported and used during the year for continuous improvement.
5—excellent	Customer satisfaction is collected with full integration among programs and is reported and used both quarterly and annually in planning and continuous improvement.
Score:	Scoring Rationale:

5. Customer Satisfaction

Assessment Questions:

1. *Is customer satisfaction feedback data collected by the agency? Is data collected only for selected programs where solicitation of feedback is either mandated by a funding source or is undertaken at the discretion of senior program staff? Is data collected?*
2. *Does the agency solicit customer feedback data from a sampling of customers from all or most programs within the agency? If yes, how is data collected? How often is data collected? Who is responsible for collection, storage and use of this data?*
3. *Is customer satisfaction data used to help assess program performance? Can you share some examples of how this data has been used to influence the delivery of services to customers?*

COMMENTS:

6. Confidentiality and Customer Privacy Protection

1—at risk	There are no written policies or procedures governing the protection of customer confidentiality and privacy rights.
2—approaching achievement of standard	There are written customer confidentiality and privacy protection policies for some programs as mandated by statute or regulation or, policies exist for all programs but evidence exists that these policies are incomplete, outdated, or are inconsistently communicated and applied.
3—fully meets standard	Written policies and procedures exist for all programs although coverage, procedures, etc. vary within individual programs. Policies are complete, updated and available to both customers and staff to assure consistent understanding and application. Customers are informed (e.g., signage, consent form, flyer, etc) of a user friendly procedure for filing complaints regarding alleged violations for agency Customer Confidentiality and Privacy Protection policies/procedures.
4—exceeds standard; approaching excellence	3, plus written Customer Confidentiality and Privacy Protection policies are integrated and applied agency wide. Evidence exists of staff being trained on agency policies and procedures.
5—excellent	4, plus agency policies and procedures are reviewed on an ongoing basis incorporating feedback from complaint experience, customer satisfaction surveys, and changes in standards dictated by statute, regulation or best practice guidelines.
Score:	Scoring Rationale:

6. Confidentiality and Customer Privacy Protection

Assessment Questions:

1. Please describe the agency's policies regarding the protection of customer confidentiality and privacy. Are these policies exclusive to particular programs or are they applied consistently throughout the agency?
2. Any concerns about the compliance of these policies with mandates or best practice standards?
3. How are customers informed of the agency's complaint procedure? How are complaints handled?
4. Have staff been trained on the implementation of agency customer privacy protection policies? How frequently is training offered?
5. How are policies reviewed and updated to assure compliance with mandates and best practices?

COMMENTS:

7. Agency Web Site

1—at risk	The agency does not have a web site at this time or, a website is planned but construction has either not begun or is incomplete.
2—approaching achievement of standard	There is a web site but it contains outdated information, is difficult to navigate and responsibility for site management (e.g., content development/screening, site updates, branding/graphics, etc) is diffuse or undefined.
3—fully meets standard	There is a website that provides updated information describing the agency and reasonably accessible (3 click) navigation to information on programs and services, employment, volunteer opportunities, donations, events and activities, etc. Responsibility for site management is clearly defined and policies exist for content posting, deletion, etc.
4—exceeds standard; approaching excellence	3 plus, the web site reflects a clear understanding of user needs and interests and provides easily accessible (2 clicks) navigation to updated information about the agency and its programs. The site may allow users to submit employment applications, make donations, register for events and to seek assistance or information with appropriate privacy protections.
5—excellent	4, plus the web site provides agency and program information in more than one language.
Score:	Scoring Rationale:

7. Agency Web Site

Assessment Questions:

1. *Who is responsible for the day-to-day management of web site content, etc. Do written policies exist describing roles, responsibilities and procedures for adding, deleting or otherwise changing text or graphic content on the site?*
2. *Does the site provide easy navigation to users seeking up to date information about the agency or its programs?*
3. *Does the site have any interactive qualities regarding employment, fundraising, etc?*
4. *Does the site provide information to limited English speaking users?*

COMMENTS:

8. Risk Management Planning⁴

1—at risk	The agency has not developed or implemented any risk management policies or practices except for isolated actions mandated by an external authority (e.g., Federal/State law or regulation, Loan or Insurance contract, Funder requirement, etc).
2—approaching achievement of standard	The agency has developed some written risk management policies and practices in response to both selected internal needs (e.g., Board/Officer Liability Insurance, Key Board/Manager Bonding, Pre-Employment Checks etc) and external mandates (e.g., Annual Audit, Property Insurance, etc).
3—fully meets standard	The agency has adopted a written Risk Management Plan meets the definition of a plan described in footnote # 5 below. The agency's Plan includes clear procedures for good faith reporting violations of legal and/or ethical standards to a designated compliance manager with the responsibility and authority to initiate an investigation of allegations.
4—exceeds standard; approaching excellence	3 plus, reports of performance in achieving risk mitigation goals are presented to the agency's board and senior management on an at least an annual basis.
5—excellent	4, plus. The agency's board and management leadership work to create an organizational culture, which established clear expectations regarding ethical behavior and a collective commitment to risk mitigation.
Score:	Scoring Rational:

8. Risk Management Planning

Assessment Questions:

1. *Has the agency developed any written policies aimed at identifying and managing high priority risks to agency operations? Please describe.*
2. *Has the agency prepared/adopted a written Risk Management Plan consistent with the guideline provided in footnote #5? When was the plan adopted? Who is responsible for overseeing implementation?
How often are reports of progress in achieving plan goals provided to managers and board members?*
3. *Is there a clear procedure for reporting violations of legal/ethical standards?*
4. *Has the management and the board made an effort to create a culture of ethical behavior and risk management within the agency? How?*

COMMENTS:

⁴ A set of policies and practices designed to continually identify and control risks, which may prevent or seriously interfere with the organization's ability to achieve its mission and strategic goals and objectives. Risk Management includes a plan, which summarizes an analysis of likely internal and external risks, an assessment of the magnitude of the threat(s) posed by these risks and the development of strategies to accept, avoid, mitigate or transfer risk(s) deemed to be of serious organizational concern.

9. Disaster Recovery/Business Continuity Planning⁵

1—at risk	The agency has not developed a written Disaster Recovery/Business Continuity Plan for the agency nor have any plans been developed to cover individual programs or management functions.
2—approaching achievement of standard	The agency has developed a written Disaster Recovery/Business Continuity Plan(s) covering one or more specific management function(s) (e.g., IT, Finance/Payroll, etc) and/or individual program(s) (e.g. Head Start, Weatherization, etc.)
3—fully meets standard	The agency has prepared or, within 12-18 months, will complete preparation of an agency-wide Disaster Recovery/Business Continuity Plan which conforms to the definition listed under footnote #1 below.
4—exceeds standard; approaching excellence	3, plus there is a Committee which meets periodically to review and update the Plan and, with management direction, schedule mock emergency trainings designed to test/evaluate plan protocols.
5—excellent	4, plus the agency’s disaster recovery plans are reviewed and updated with appropriate professional analysis and counsel.
Score:	Scoring Rationale:

9. Disaster Recovery/Business Continuity Planning

Assessment Questions:

1. *Has the agency developed any Disaster Recovery/BC Plans for either the agency or individual programs/mgt. functions? Please describe.....plan coverage....when adopted....how updated, etc.*
2. *If the agency has an agency-wide plan, does it meet the criteria listed under footnote # above? Is such a plan being developed?*
3. *Has a committee been formed to help support implementation/update of the Plan. Have mock incidents been planned for training purposes?*
4. *Has the development or update of the agency’s plan(s) been informed by professional analysis or counsel?*

COMMENTS:

⁵ Recovery / Business Continuity Plan - The documentation of the strategies, procedures, resources, organizational structure, and information database utilized by an organization to recover from, resume, manage and continue operations in the event of a substantial disruptive incident. Components may include (but are not limited to): an emergency operations plan, mitigation plans, protection of people and of financial data, databases, custom software, human resource files, insurance files, contracts and other specialized records. Other recommended components: Communications, Logistics and Facilities, and Training.

**Summary Team Scores
Operational Management Section**

Standard	NIQCA Score	Agency Score
1. Program Policies and Procedures		
2. Strategic Relationships		
3. Program Integration		
4. Program Performance Assessment and Reporting		
5. Customer Satisfaction		
6. Confidentiality and Customer Privacy		
7. Agency Web Site		
8. Risk Management Planning		
9. Disaster Recovery/Business Continuity Planning		
Total Score		
Average Section Score		

C. Governance

Required Section Documentation: Copy of Agency Bylaws, Copies of Agency Board Minutes, Documentation of Board Manual/Handbook, Documentation of Board Approval of an agency Strategic Plan and Budget, Documentation of Board Training(s) and New Member Orientation, Copy of agency Ethics and Conflict-of-Interest policies, Documentation of ED/CEO Performance Appraisal, Copy of Executive Succession Plan, NIQCA Board Profile Chart.

1. Board Size and Composition⁶

1—at risk	The composition and/or size of the agency’s Board does not comply with Federal/State CSBG regulations based on evidence that one or more vacancies have existed for 12 or more months and little or no documentation of actions taken to fill the vacancy(s) exists.
2—approaching achievement of standard	The composition and/or size of the agency’s Board does not comply with Federal/State CSBG regulations based on evidence that one or more vacancies have existed for 12 or more months however, documentation of efforts made to fill the vacancy(s) exist.
3—fully meets standard	The agency’s Board is in full compliance with Federal/State CSBG size and composition requirements or, vacancies exist for less than 12 months and documentation of agency efforts to fill the vacancy(s) exist.
4—exceeds standard; approaching excellence	The agency’s Board is in full compliance with CSBG size and composition requirements and, the agency has developed a Board Recruitment Plan which proactively identifies leadership needs considering factors such as knowledge, experience, diversity, skills, etc. and describes strategies for quickly filling vacancies as they occur.
5—excellent	4 plus, the agency routinely reviews and, as needed, updates its Bylaws to assure clarity, simplicity and flexibility in maintaining a capacity to maintain agency compliance with CSBG Board size and composition requirements.
Score	Scoring Rationale:

⁶Refer to Appendices A-C for description of federal and state CSBG standards. Agency should also be familiar and compliant with other non-CSBG state or federal regulations (e.g., Head Start) which dictate standards for Board size/composition characteristics.

1. Board Size and Composition

Assessment Questions:

- 1. Does the current size and composition of the agency's Board comply with applicable Federal and State CSBG regulations?*
- 2. Does the current size and composition of the agency's Board comply with the agency's Bylaw standards?*
- 3. If a Board vacancy(s) exists, how many months has this seat remained unfilled?*
- 4. Who is responsible for recruiting and nominating new Board members to fill vacancies? Is there an expectation about the length of time it should take to restore the Board's compliance with CSBG and/or agency Bylaw standards? Share an example of how these expectations have been addressed during the past 24 months?*
- 5. During the past 12 months has the Board been unable to conduct business due to the existence of a quorum? How many times has this situation arisen? What has been done to address this problem?*
- 6. Does the agency have a written Board Succession Plan which proactively identifies membership needs, priorities and recruitment strategies?*

COMMENTS:

2. Agency Bylaws⁷

1—at risk	The agency’s Bylaws are not in compliance with 3+ Federal or State regulatory requirements listed in the Appendix of the 17 Standards listed below. The agency’s Bylaws have not been reviewed in 10+ years.
2—approaching achievement of standard	The agency’s Bylaws are not in compliance with between 1 and 2 Federal or State regulatory standards and/or 5 of the 17 Standards listed below. The agency’s Bylaws have not been reviewed in 5+ years.
3—fully meets standard	The agency’s Bylaws are in compliance with all legal requirements, have been reviewed in the past 4 years and meet 15 of the 17 Standards listed below. A copy of the agency’s Bylaws are routinely distributed to all new Board members.
4—exceeds standard; approaching excellence	3 plus, the agency’s Bylaws fully meet all the 17 Standards listed below and the agency routinely utilizes legal counsel to assist in the review/update of the agency’s Bylaws.
5—excellent	4 plus the agency offers Board members training on effective governance which includes a review of the agency’s Bylaws at least once every 2-3years.
Score:	Scoring Rationale:

⁷ Legal and Best Practice Standards:

- a. Prohibition against Board or Committee proxy voting is stated.+
 - b. Essential duties and responsibilities of Board members are stated. +
 - c. Requirement that the Board meet at least 6 times/year is stated.+
 - d. The standard that Board meetings are open to the public is stated.+
 - e. Performance standards for members (e.g., regular meeting attendance, ethical behavior) are stated along with a procedure(s) for applying sanctions against members who violate these standards.
 - f. Procedures for managing the conduct of Board meetings are stated (e.g. Robert’s Rules revised).
 - g. A reasonable quorum standard (e.g., 50% of seated members) for the conduct of Board business is stated.
 - h. Requirement for at least 5 days advance notice of meeting is stated.+
 - i. Titles, terms and responsibilities of Corporate Offices are stated along with procedures for filling Officer vacancies.
 - j. A requirement that the Board record and maintain written Minutes of its meetings is stated.+
 - k. Provision is made for the appointment of standing or ad hoc committees along with a description of committee responsibilities, authority, and expectation that Committees membership will reflect the tripartite composition standard of the Board.
 - l. Procedures are stated for the Boards election of all members including filling vacancies caused by resignation, etc.+
 - m. The requirement that Executive Committee actions be reported to the full Board at its next regularly scheduled meeting.
 - n. Prohibition against Board “alternates” (if allowed in the Bylaws) holding an Office or being allowed to vote if the primary Board member is present.+
 - o. Term limits for Board members are clearly stated.
 - p. Responsibility for the timely evaluation of the agency’s Executive/CEO is assigned and transparent.
 - q. Procedures for voting on matters of “Special Interest” (e.g., Bylaw Amendment, Corporation Dissolution) are clearly stated.
- + Federal or State CSBG requirement in one or more states. See Appendix for detail.

2. Agency Bylaws

Assessment Questions:

- 1. Are the agency's Bylaws in compliance with Federal and State compliance standards? How many of compliance related standards are not addressed in the agency's Bylaws?*
- 2. How many of the 17 listed compliance and best practice Bylaw standards listed above are addressed within the agency's Bylaws?*
- 3. When was the last review of the agency's Bylaws completed? How often are the Bylaws reviewed? Who is responsible for conducting the review of the Bylaws? Is agency legal counsel involved in the review of the Bylaws?*
- 4. Does the agency provide the Board training on corporate governance and oversight? Are the agency's Bylaws addressed in these trainings? How often is training offered to the Board on the topic of good governance?*

COMMENTS:

3. Board Roles and Responsibilities⁸

1—at risk	The Board fails to assume the majority of the roles and responsibilities specified below* and/or evidence exists that Board and management roles and responsibilities are confused leading to situations where the Board is micro-managing the agency or, deferring essential Board responsibilities to agency management. The Board does not view the agency's Executive/CEO as the only employee it directly supervises.
2—approaching achievement of standard	Evidence exists that the Board clearly distinguishes its role and responsibilities from those assumed by management and it only directly supervises the agency's Executive/CEO. The Board however fails to assume between 3-5 of the roles and responsibilities listed below.*
3—fully meets standard	The Board consistently assumes all but 2 of the roles and responsibilities listed below* and these responsibilities are reviewed with new members at an Orientation meeting.
4—exceeds standard; approaching excellence	The Board assumes all of the roles and responsibilities listed below* and Committees are used to help the Board use its time productively and help carry out its planning, policy development and oversight responsibilities.
5—excellent	4 plus, the Board routinely evaluates its effectiveness in carrying out its responsibilities and uses the information to improve both performance and participation.
Score:	Scoring Rationale:

⁸ Roles and Responsibilities:

- a. Adopt and periodically review the agency's Mission Statement.
- b. Adopt policies to guide and direct agency operations.
- c. Adopt, review and update an agency multi-year Strategic Plan.
- d. Review and approve both agency and program budgets.
- e. Protect the financial well being of the agency through periodic monitoring/reporting, conduct of an annual audit, sign off on the agency's IRS 990 Report and assure compliance with all applicable legal reporting requirements.
- f. Review and approve contracts and grant requests.
- g. Employ and annually evaluate the performance of the agency's Executive/CEO.
- h. Evaluate agency programs using ROMA standards.
- i. Plan and conduct fundraising to support the agency.
- j. Adopt an Executive Succession Plan.
- k. Review and approve Executive compensation adjustments.
- l. Nominate and elect Board members and officers.
- m. Assist in marketing the agency to community leaders and stakeholders.
- n. Adopt and comply with an agency Code of Ethics which includes policies and procedures for addressing actual and perceived conflicts of interest.

3. Board Roles and Responsibilities

Assessment Questions:

- 1. How does the Board distinguish the role/responsibilities of the Board vs. the roles/responsibilities of the agency's Executive/CEO and other management staff?*
- 2. How many of the * roles and responsibilities are being assumed by the Board? Are there plans to address any of the items which are not currently being addressed? Which roles/responsibilities are not being addressed?*
- 3. Are Board member roles and responsibilities reviewed with new Board members? Please explain how/when this is done?*
- 4. What role(s) do Committees play in helping the Board carry out its responsibilities? Are Committees listed in the Bylaws active?*
- 5. Does the Board regularly assess its effectiveness? If so, how and what use is made of the information?*

COMMENTS:

4. Keeping the Board Informed

1—at risk	The Board is rarely provided accurate, complete and up to date information about agency finances, programs, strategic plan achievement or risk management issues except in circumstances driven by crisis or external funder or regulator demands. A report summarizing the agency’s annual audit is not presented to the full Board.
2—approaching achievement of standard	The Board receives periodic financial and program updates but one or both are not reported in a plan vs. actual format or, in compliance with standards (e.g., ROMA), and are not provided in advance of meetings and may be outdated or inaccurate. Reports on Strategic Plan progress and risk management issues are rarely communicated. There is little evidence of Board understanding and/or deliberation on the substance of these Reports.
3—fully meets standard	The Board receives timely, accurate financial and program reports in an appropriate format and in compliance with applicable standards in advance of meetings. Information of Strategic Plan progress and risk management matters are communicated along with an audit summary presented by the agency’s auditor or Treasurer. The agency’s 990 Report is made available to the Board for review.
4—exceeds standard; approaching excellence	The Board receives annual updates on Strategic Plan progress and, at least annually, receives a report summarizing program performance utilizing ROMA outcomes.
5—excellent	The Board conducts an annual performance assessment which includes questions regarding the frequency and utility of Committee and management reporting. The Board receives an annual update on agency Customer Satisfaction.
Score:	Scoring Rationale:

4. Keeping the Board Informed

Assessment Questions:

- 1. Describe the types and frequency of information provided to the Board on a monthly, quarterly and annual basis. How are reports used to inform Board decision making?*
- 2. Are reports provided in advance of scheduled Board meetings?*
- 3. Is the Board familiar with ROMA Program evaluation requirements? Are Reports provided the Board which detail program performance using outcome plan vs. actual measures?*
- 4 Does the Board receive an Audit Report presented by the agency's Auditor or Treasurer? Are copies of the agency's 990 Report made available to Board members?*
- 5. Does the agency's Board assessment include one or more questions regarding the utility of existing Board reports?*
- 6. Does the Board receive information detailing feedback from consumers regarding satisfaction with services and assistance? How frequently?*

COMMENTS:

5. Board Training and Orientation

1—at risk	The agency does not provide a structured Agency Orientation program for new members and/or the agency does not offer training to current Board members on either a formal or informal basis
2—approaching achievement of standard	The agency provides a structured Agency Orientation for new members but, members are not provided a Board Manual/Handbook or Conflict-of-Interest policy/disclosure form. Board training is offered sporadically on primarily an informal basis.
3—fully meets standard	The agency provides a structured Agency Orientation program for new members including distribution of a Board Manual/Handbook and a Conflict-of-Interest policy/disclosure form. Board training is occasionally provided on both a formal and informal basis.
4—exceeds standard; approaching excellence	3 plus, the agency supplements the Orientation for new members with a Mentoring Support option and a schedule of Board trainings has been developed to address identified needs/interests.
5—excellent	4, plus the Board uses an annual Board Assessment tool to identify priority training/development needs and members are offered opportunities to attend local, state, regional and national CAA meetings to learn about emerging issues and best practices.
Score:	Scoring Rationale:

5. Board Training and Orientation

Assessment Questions:

- 1. Please explain how procedure to Orient new members to the agency’s Board. Who provides the Orientation.....What is covered.....Is a Manual/Handbook given to new members....Is a Conflict policy and Disclosure Form given new members?*
- 2. Please describe the agency’s efforts to provide Board trainings. Is training formal and structured or informal? Is there a schedule for trainings during the year? How are training needs identified? Is there an annual Board Assessment conducted?*
- 3. Does the agency offer a Mentoring option for new members (match new with veteran member)? Please explain how it works.*
- 4. Do agency Board members ever attend local, state, regional or national CAA meetings/conventions?*

COMMENTS:

6. Executive Director Performance Appraisal

1—at risk	The Board does not conduct annual appraisals of the agency’s Executive/CEO or, an Appraisal has not been conducted in the past 2 years.
2—approaching achievement of standard	The Board has a policy of conducting annual appraisals of the agency’s Executive/CEO performance but they are often unreasonably delayed (e.g., 6 months) and the current assessment is at least 6 months overdue.
3—fully meets standard	The Board conducts an annual appraisal of the agency’s Executive/CEO performance and the process offers the Executive an opportunity to participate. The assessment is primarily performance focused and results are considered in developing compensation adjustment recommendations.
4—exceeds standard; approaching excellence	3 plus, achievement of agency Strategic Planning goals is incorporated into the Executive’s performance appraisal.
5—excellent	4, plus the appraisal process is reviewed by the Board with Executive/CEO involvement at least every 3 years to identify possible improvements in the effectiveness of both the content and process of the review.
Score:	Scoring Rationale:

5. Executive Director Performance Appraisal

Assessment Questions:

1. *What is the agency’s policy regarding the appraisal of the agency’s Executive/CEO? Who is responsible for initiating/conducting the assessment? How often is an assessment completed?*
2. *During the past two years have annual Executive/CEO evaluations been completed? Were they completed on a timely basis or were they delayed? If was so, how long was the delay? What is the status of the evaluation this year?*
3. *Does the Executive/CEO participate in the appraisal? How?*
4. *Is the appraisal performance focused? Does the appraisal incorporate an analysis the agency Strategic goal achievement?*
5. *Is the appraisal process evaluated to identify opportunities for improvements in content and process?*

COMMENTS:

7. Code of Ethics

1—at risk	The agency has not adopted a written Code of Ethics and Conflict-of-Interest Policy that details expectations of behavior and defines responsibilities of Board members and Personnel.
2—approaching achievement of standard	The agency has adopted a written Code of Ethics and Conflict-of-Interest Policy covering only Board or Personnel. The agency’s has a written policy covering both Board and Personnel but the policy is outdated and/or incomplete (e.g., Conflict disclosure requirement omitted, limited coverage of persons or activities, no sanctions for violations, etc).
3—fully meets standard	The agency has adopted a complete and updated Code of Ethics and Conflict-of-Interest policy covering Board, Personnel and agency Volunteers. Policies and statements are routinely communicated to key audiences and a clear procedure has been developed for reporting of violations with appropriate protections.
4—exceeds standard; approaching excellence	3 plus the agency’s policy also covers contractors, vendors and other types of business relationships.
5—excellent	4 plus, the agency’s policies are reviewed and updated as need, experience or legal mandates require.
Score:	Scoring Rationale:

6. Code of Ethics

Assessment Questions:

1. *Please describe the agency’s Code of Ethics and Conflict-of-Interest policies. Who is covered by these policies? Are the policies complete and updated?*
2. *When were these policies last reviewed? Who was involved in the development or review of these policies?*
3. *How are these policies communicated to key covered audiences?*
4. *How are violations reported, investigated and addressed?*

COMMENTS:

8. Executive Succession Planning

1—at risk	The agency has not adopted an Executive/CEO Succession Plan.
2—approaching achievement of standard	The agency is currently drafting an Executive/CEO Succession Plan that addresses both short (up to 3 months) and intermediate (+ 3 months) term absences as well as a permanent transitions (e.g. resignation, retirement, etc). The agency has a Succession Plan but it fails to cover all contingencies.
3—fully meets standard	The Board has adopted a written Executive/CEO Succession Plan that addresses short and intermediate term absences as well as a permanent transitions.
4—exceeds standard; approaching excellence	The agency has clearly communicated the content of the Succession Plan to key Board and senior staff members who are assigned responsibilities in the Plan. Training has been provided to key staff to assure that they can quickly and effectively assume the responsibilities assigned by the Plan.
5—excellent	The Plan includes a process for the Board to establish explicit introductory performance goals for a new Executive/CEO to help clarify initial expectations/priorities and begin to develop an effective working relationship. The agency’s Plan is reviewed and updated as need and standards are identified.
Score:	Scoring Rationale:

7. Executive Succession Planning

Assessment Questions:

1. *Has the agency adopted an Executive Succession Plan? If yes, when was the Plan adopted? Does the Plan cover the contingencies listed in the standard? Please review the key elements of the Plan. If no, is the agency considering developing a Plan in the next 12-24 months?*
2. *If the agency has a Plan have key Board and staff members been informed of their roles and responsibilities? Has training been provided to key staff?*
3. *Does the Plan call for the Board to develop/communicate initial performance goals to a new Executive?*

COMMENTS:

**Summary Team Scores
Governance Section**

Standard	NIQCA Score	Agency Score
1. Board Size and Composition		
2. Agency Bylaws		
3. Board Roles and Responsibilities		
4. Keeping the Board Informed		
5. Board Training and Orientation		
6. Executive Director Performance Appraisal		
7. Code of Ethics		
8. Executive Succession Planning		
Total Score		
Average Section Score		

D. Information Technology

Required Section Documentation: IT Policy Manual/Policies; Evidence of Hardware/Software License Inventories; IT Security Plan-Policies/Procedures; IT Training (Needs Assessment, Agendas, Schedules); Examples of ROMA Compliant Program Performance Reports – Integrated Agency Customer Service Reports; IT Technical Support Policies/Procedures; Telecommunications Assessment/Plan.

1. IT Management and Administration

1—at risk	Responsibility for the management of the agency’s IT function is assumed by various individuals, departments and programs without any centralized coordination, planning, budgeting or policy direction.
2—approaching achievement of standard	IT administrative responsibilities have been: 1. Assigned to an ad hoc staff team that meets on an “as needed” basis to address agency-wide needs and problems, 2. Assigned to a mid-level staff member with limited administrative and/or technical expertise or experience or, 3. Outsourced to a vendor who operates with little or no agency technical or administrative oversight.
3—fully meets standard	IT management responsibilities have been delegated to a senior manager with IT experience and expertise. Manager has responsibility for agency-wide IT administration (including supervision of, staff and/or vendors) and there exists written operational policies and procedures which guide the management and operation of the agency’s IT function.
4—exceeds standard; approaching excellence	3, plus there is a cross-functional agency team that assists the IT Manager develop strategic goals, define operating policies and procedures, identify training needs and promote effective communication and problem-solving.
5—excellent	4, plus the agency has developed an IT budget and the agency’s IT senior Manager serves as a member of the agency’s Management Team.
Score:	Scoring Rationale:

1. IT Management and Administration

Assessment Questions:

1. Please describe who is responsible for the management and oversight of the agency’s Information Technology function. How much of this staff member’s time is allocated (e.g., FTE %) to IT management? To whom does this Manager report for supervision? What is the current staffing of the IT department?
2. What IT training and experience does this IT manager have?
3. Are there written policies and procedures which are used to assure clarity, uniformity and continuity in the management of the agency’s IT function? When were these policies last reviewed and updated as needed?
4. Has the agency formed an IT User Committee to assist in the development of IT operating policies, promotion of user communication support/training, problem-solving, etc.?
5. Is the IT function represented on the agency’s senior management team?

COMMENTS:

2. IT Training

1—at risk	The agency does not provide any formal orientation or training for staff related to either software applications or IT operational policies and procedures. Informal IT orientation and training may be offered to appropriate staff by supervisors or colleagues but access, content and effectiveness varies throughout the organization.
2—approaching achievement of standard	A formal IT orientation program is provided to all appropriate new employees which includes a review of software applications and agency IT policies and procedures including security, privacy and, support topics.
3—fully meets standard	2, plus IT related training is provided to all appropriate staff when new technology, software applications and/or policies are introduced or in response to a large volume of consistent requests.
4—exceeds standard; approaching excellence	3, plus a training needs inventory ⁹ is occasionally distributed to identify agency-wide IT training needs, and training has been offered to address 2 or more of the priority needs identified through the inventory.
5—excellent	4, plus a training needs inventory is administered regularly and data from the inventory as well as IT Team feedback and Helpdesk support requests are compiled to produce and implement a written IT Training Program designed to address high priority agency and user needs.
Score:	Scoring Rationale:

2. IT Training

Assessment Questions:

1. Please describe what, if any efforts, are made to inform new staff about IT use, support and security policies. Who provides this Orientation? How is this managed in different sites? Are written policies provided new staff (e.g., appropriate use, privacy expectations, security, helpdesk support, etc)?

2. What IT training is provided to agency staff? How are needs assessed? Is there a “needs inventory” maintained? Is there a written IT Staff Training Plan? What are some examples of recent IT trainings provided by the agency?#3. Who provides IT training? How is the training evaluated?

COMMENTS:

⁹ A training needs inventory generally lists and prioritizes where training is needed, who needs to be trained, and what skill sets employees must learn in order to be more productive.

3. IT Hardware Asset Management and Planning

1—at risk	The agency does not maintain an inventory of owned or leased hardware that identifies asset age, funding source, location and user assignment.
2—approaching achievement of standard	The agency has an inventory of its IT hardware but it is outdated (12 months+) and/or incomplete (e.g., missing equipment or asset age, funding source, location and assignment information).
3—fully meets standard	The agency maintains an updated (within past 12 months) IT inventory of owned or leased hardware that identifies the asset’s age, funding source, location and user assignment. The inventory is used for purposes of annual budget planning.
4—exceeds standard; approaching excellence	3, plus the agency’s IT Inventory is routinely used to help create an annual agency Capital Budget for management and board consideration and approval.
5—excellent	4, plus the agency’s IT Inventory is used to help create a multi-year agency Capital Budget Plan for management and board consideration and approval.
Score:	Scoring Rationale:

3. IT Hardware Asset Management and Planning

Assessment Questions:

1. Does the agency maintain an updated inventory of owned or leased IT equipment that identifies critical characteristics? When was the inventory last updated? How often is this inventory routinely updated?

2. Is this inventory integrated with the agency’s overall capital asset inventory?

3. Is this inventory used to ID equipment replacement needs within the context of an annual Capital Budget? Is this information integrated into an overall agency multi-year capital budget?

4. Who is responsible for the update of this inventory? How is the inventory updated?

COMMENTS:

4. IT Software Asset Management and Planning

1—at risk	The agency does not maintain an inventory of current licenses for its operating systems and application programs.
2—approaching achievement of standard	The agency has an inventory of current licenses for its operating systems and application programs but it is outdated (12 months +) and/or incomplete.
3—fully meets standard	The agency maintains an updated (within past 12 months) inventory of current software licenses for its operating systems and application programs. The agency’s operating system and application programs are regularly updated with patches, revisions and on-line updates.
4—exceeds standard; approaching excellence	3, plus needs to increase authorized users access to agency software applications is routinely used in agency/IT Budget Planning.
5—excellent	4, plus the agency’s IT personnel participate in meetings and workshops to identify systems and application updates, patches, upgrades and new products which can improve agency operating effectiveness and efficiency.
Score:	Scoring Rationale:

4. IT Software Asset Management and Planning

Assessment Questions:

1. *Does the agency maintain an updated inventory of current license agreements covering its operating system(s) and software applications? When was the inventory last updated?*
2. *Does the agency have written policies regarding unauthorized access/use/copying, etc. of agency software applications? Do agency IT personnel participate in professional meetings/workshops, etc. to receive updated information regarding application patches, updates, etc?*
3. *Who is responsible for overseeing compliance with license agreements?*
4. *Are needs to expand authorized access to licensed applications built into agency budgeting processes?*

COMMENTS:

5. IT Security

1—at risk	There are no written IT Security policies in place or, policies exist but there are critical gaps in the policies related to: 1. Secure off-site backup data storage, 2. Redundant server storage/data recovery and, 3. Intrusion protection (Firewalls, Anti-Virus, Spam, Spyware, and Mail System Filters), 4. Password management/security authorization, 5. Mobile devices/laptop security, 6 Unauthorized software installation or copying. 7. Customer privacy protection.
2—approaching achievement of standard	There are written policies covering at least 5 of the 7 topics highlighted above.
3—fully meets standard	There are written IT Security policies and procedures that cover all 7 of the topics described in Cell #1. Policies are distributed/reviewed with new staff and HR communicates information regarding separated users to IT within 48 hours.
4—exceeds standard; approaching excellence	3, plus IT staff routinely monitors and audits the integrity of network security and addresses individual policy violations through an approved HR communication procedure and areas of risk through patching, online updates, system upgrades, staff training and/or policy development.
5—excellent	4, plus the agency's IT Security policies are routinely reviewed (at least every 24 months) and updated as needed to assure compliance with changing legal and best practice standards.
Score:	Scoring Rationale:

5. IT Security

Assessment Questions:

1. *Does the agency have written IT Security policies? Do the policies address the topics listed in Cell #1? If not, what topics are missing from the current policies? Any plans to address these omissions?*
2. *How are IT Security policies communicated to staff? Who is responsible for determining staff access authorizations? How quickly does HR inform IT of staff hiring/separation?*
3. *How often are policies reviewed and updated? Who is responsible for updates?*
4. *Does IT staff monitor security policy implementation? How? What actions are taken if security violations are identified?*

COMMENTS:

6. Agency Web Site Technical Support

1—at risk	There are no efforts at constructing a web site at this time or, a web site is planned but construction has either not begun or is incomplete.
2—approaching achievement of standard	A web site exists, but no written policies governing site access and management exist and responsibilities for site maintenance, upgrade and support are either unclear or assigned to individuals, departments, programs or vendors with little oversight or coordination.
3—fully meets standard	The agency has written policies and procedures governing site access and management and responsibilities for technical site maintenance and support are clearly assigned and regularly evaluated (whether in-house or outsourced).
4—exceeds standard; approaching excellence	3, plus a team has been formed of site users (e.g., IT, programs, management, marketing/development, HR, etc) to promote security, problem-solving and compliance with policies and standards.
5—excellent	4, plus an annual assessment of site maintenance and support needs is undertaken to improve site accessibility and functionality.
Score:	Scoring Rationale:

6. Agency Web Site Technical Support

Assessment Questions:

1. *Who is responsible for the design and technical maintenance/support of the agency's web site?*
2. *Are there written policies that detail responsibilities for site support both in house and outsourced?*
3. *How are needs for technical IT web site support communicated? Who receives these requests and authorizes service?*
4. *Is there a web user committee formed to help identify needs for site improvements, policy development and management support?*
5. *Does the agency undertake a proactive annual assessment of the site to ID needs for improved functionality, etc?*

COMMENTS:

7. Electronic Client Data Management and Integration

1—at risk	Current agency IT client data management systems do not support one or more of the agency’s major service programs and the agency has not attempted to create and produce any reports which reflect an integration of client service data.
2—approaching achievement of standard	Current agency IT client data management system supports all major agency programs and the agency is making determined efforts to begin generating integrated, agency-wide reports that describe the demographic characteristics of clients served.
3—fully meets standard	The agency generates integrated client demographic, client and program outcome reports for the majority of its major programs for use by internal (managers, board) and external (funders) audiences.
4—exceeds standard; approaching excellence	3, plus the agency has a plan and a timetable for developing a client data management system which can support the implementation of a centralized agency intake system and the agency can produce, for all agency programs, integrated client and program outcome and demographic data to respond to funder requirements and meet the needs of the internal users including agency managers and board members.
5—excellent	4, plus IT management consistently seeks user feedback on its reporting system and responds to needs and suggestions to improve the quality, timeliness and utility of the data collected and reported.
Score:	Scoring Rationale:

7. Electronic Client Data Management and Integration

Assessment Questions:

- 1. Please describe how customer demographic and service related data is collected, stored and reported to internal (e.g., program managers) and external (e.g., funders) users. Is data collected for all agency programs/services?*
- 2. Is the agency able to generate integrated reports describing the unduplicated number/characteristics of customers served the services received.....outcomes achieved?*
- 3. Doe the current software support a centralized agency intake and assessment system?*
- 4. What types of reports are routinely prepared.....for whom.....how frequently? How are types, format, frequency of reports influenced by user feedback/suggestions?*

COMMENTS:

8. IT Support

1—at risk	The agency has no formal system with policies, procedures and personnel to address either agency-wide network problems or individual network user needs. Written support plans with appropriate documentation have not been developed to assure the capacity to support authorized customized software applications.
2—approaching achievement of standard	An ad hoc support system with some written policies and procedures exists to respond to agency-wide and individual user needs. The system is primarily informal and responsiveness and effectiveness varies widely depending on availability of personnel. Written support plans exist for some customized software applications but not for others.
3—fully meets standard	A formalized IT support system with written, policies, procedures and assigned personnel exists to address both agency-wide network and individual user needs.
4—exceeds standard; approaching excellence	3, plus IT staff collect and review network support activity data to address systemic issues and problems through training, equipment/software upgrades and policy development. Training has been provided to assure that more than one staff person is able to support customized software applications authorized by the agency.
5—excellent	4, plus a formalized “Helpdesk” type IT support resource has been established to document, triage and respond to IT service requests with standards for support activity (e.g., response time).
Score:	Scoring Rationale:

8. IT Support

Assessment Questions:

- 1. What, if any, policies and procedures have been developed to inform users about how to access IT support to address IT related issues/problems? Are these policies written? How are they communicated to users?*
- 2. Who/how are requests for helpdesk assistance processed and addressed? Do these policies and procedure apply agency wide or are different site locations handled differently? How are the needs of these sites addressed?*
- 3. Is data collected to assess training/equipment/software upgrade needs based on helpdesk requests?*

COMMENTS:

9. Telecommunications

1—at risk	There is no written plan or assessment of agency telecommunications needs or equipment.
2—approaching achievement of standard	There is no written pan. An assessment has been completed but it has not been updated in over a year and few changes have been made to improve connectivity, voice mail, phones, or mobile phone usage.
3—fully meets standard	There has been an updated assessment, and a written plan has been prepared and started to be implemented.
4—exceeds standard; approaching excellence	There has been an assessment, and a written plan has been fully implemented.
5—excellent	4, plus the agency’s Telecommunications plan is reviewed and updated as needed on at least an annual basis.
Score:	Scoring Rationale:

9. Telecommunications

Assessment Questions:

- 1. Has the agency conducted an assessment of its Telecom needs, capacity, equipment and costs? When was the assessment completed? What is the status of response to the assessment? What if any changes have been made?*
- 2. Does the agency have a written Telecom Plan which identifies improvement/upgrade goals and timetables? Who is responsible for overseeing the development/implementation of this plan?*
- 3. How often does the agency update its Telecom assessment and Plan?*

COMMENTS:

**Summary Team Scores
Information Technology**

Standard	NIQCA Score	Agency Score
1. IT Management and Administration		
2. IT Training		
3. IT Hardware Asset Management		
4. IT Software Asset Management		
5. IT Security		
6. Web Site Technical Support		
7. Electronic Customer Data Management and Integration		
8. IT Support		
9. Telecommunications		
Total Score		
Average Section Score		

E. Human Resources

Required Documentation: Wage/Salary Administration Plan; HR Policy Manual/Handbook; Summary of Benefits; Evidence of Employee Recognition; Employee Satisfaction Survey/Findings; Diversity Plan; NIQCA Staffing Chart; Hiring Policies; 5 Job Descriptions; Employee Appraisal Policies; Documentation of New Employee Orientation Program; Staff Development Plan/Evidence of Trainings in Past 12 Months; Whistleblower Policy.

1. Human Resources Policies¹⁰

1—at risk	There are no written HR policies and procedures.
2—approaching achievement of standard	There are written HR policies and procedures, but they incomplete, fragmented and have not been reviewed in the past three years. The agency has no consistent procedure for disseminating policies to its employees or the procedure is not routinely followed.
3—fully meets standard	Formal written HR policies and procedures are documented and have been reviewed with legal counsel in the last 3 years. Copies of the agency’s HR Policies are routinely disseminated to all employees.
4—exceeds standard; approaching excellence	3 plus, HR policies and procedures are reviewed and updated at least every 2 years and trainings are provided to managers and supervisors to assure understanding and compliance.
5—excellent	4 plus, HR policies and procedures are reviewed annually and the HR manager maintains relationships with professional associations/groups in order to stay current with emerging HR related legal and best practice standards.
Score:	Scoring Rational:

1. Human Resources Policies

Assessment Questions:

1. Does the agency have a complete and updated set of HR policies and procedures which are routinely distributed to new and current employees? Please explain when/how policies are reviewed and disseminated to employees. Are policies reviewed by legal counsel?

2. Have managers and supervisors been trained to assure consistent understanding and implementation of agency HR policies?

3. Does the HR manager maintain relationships with professional associations to stay current with emerging HR standards and legal mandates?

COMMENTS:

¹⁰ Human resource policies and procedures should cover issues such as hiring and firing, orientation, grievances, attendance, benefits and compensation, discipline, substance abuse, and workplace violence.

2. Human Resources Management

1—at risk	Responsibility for the management of the HR function is diffuse, fragmented and confusing.
2—approaching achievement of standard	There is a person responsible for HR management but the person has little authority, training and support. Day-to-day activities focus on documentation and compliance vs. planning, policy management and problem-solving.
3—fully meets standard	The HR function is formalized and centralized within the agency and a person with authority, training and support is designated to oversee and manage the agency’s HR function.
4—exceeds standard; approaching excellence	3, plus there is some visible representation of the HR function in the agency’s strategic and fiscal planning processes.
5—excellent	4, plus the HR function is represented on the agency’s senior management team.
Score:	Scoring Rationale:

2. Human Resources Management

Assessment Questions:

1. Please review who within the agency is responsible for the management of the HR function? To whom does this person report? What is the current FTE staffing assigned to HR management responsibilities?
2. What is the scope of responsibilities assigned to the HR manager (e.g., policy development/assessment; planning; budgeting; supervision; bargaining negotiations vs. compliance management/documentation)?#3. What, if any, role does the HR Manager play in senior management deliberations?

COMMENTS:

3. Hiring Policies and Practices. 11

1—at risk	No standard written hiring and policies or practices are in place. ¹¹
2—approaching achievement of standard	Some standard written hiring policies and practices are in place, but they are not incomplete, fully compliant with legal standards or are reasonably understood and applied by managers.
3—fully meets standard	There is a documented set of standard hiring policies and practices that meet legal and ethical standards and are reasonably and consistently understood and applied by agency managers. All candidates interviewed are provided a copy of an updated Position Description.
4—exceeds standard; approaching excellence	3, plus managers/supervisors with assigned personnel recruitment/hiring related responsibilities are provided training to assure that updated agency policies and practices are uniformly understood and applied.
5—excellent	4 plus, policies and practices are reviewed and updated at least every 3 years based on feedback by applicants, managers, legal counsel and professional associations regarding new/updated practice standards/updates.
Score:	Scoring Rationale:

3. Hiring Policies and Practices

Assessment Questions:

1. Does the agency have written personnel hiring policies and procedures? Are the policies complete, compliant and current?
2. Are candidates interviewed for vacancies provided Position Descriptions?
3. Are policies clear regarding who is responsible for communicating an offer of employment to a candidate?
4. Are Managers trained to assure understanding and consistent application of agency Hiring policies?
5. How often are policies reviewed/updated? Is legal counsel involved in the agency's policy review?

COMMENTS:

¹¹ Standard hiring and selection practices include complying with legal standards and negotiated bargaining contracts, posting vacancies internally first, documenting and communicating duties and qualifications, screening and interviewing procedures and orienting new employees.

4. Whistleblower Protection Policy

1—at risk	The agency does not have a written Whistleblower Protection policy.
2—approaching achievement of standard	The agency is developing a written Whistleblower Protection policy or the agency has a written policy but the policy is incomplete (e.g., no Compliance Officer identified, No protection from retribution for good faith reporting, Confidential reporting procedure non-existent or confusing, Sanctions for intentionally false reporting etc.) or the policy is not routinely communicated to all staff.
3—fully meets standard	The agency has a written Whistleblower Protection policy/procedure which is compliant with legal and best practice standards and is routinely communicated to all staff including a review in the Orientation meeting for new employees.
4—exceeds standard; approaching excellence	3 plus, the agency’s policy was developed with legal counsel and training has been provided to staff to assure uniform understanding and application of the agency’s policy. Person(s) who are assigned responsibility for receiving, screening and investigating allegations of violations of legal/ethical standards have been trained to assure compliance with legal standards or, the agency has designated an external source (e.g., legal counsel) to conduct investigations.
5—excellent	A procedure exists to routinely review/update the agency’s policy based on experience in responding to reports of violations.
Score:	Scoring Rationale:

4. Whistleblower Protection Policy

Assessment Questions:

1. *Has the agency adopted a written Whistleblower Protection policy? Is a policy being developed?*
2. *Is the Policy compliant with basic legal and best practice standards?*
3. *Is the policy communicated to staff? How? Is this policy reviewed in the Orientation for new staff?*
4. *Has the policy been developed/updated with legal counsel?*
5. *Have staff assigned to receive/investigate reports of violations received training? Has this responsibility been outsourced to an independent source?*
6. *Is the policy reviewed based on experience in addressing reports?*

COMMENTS:

5. Diversity. 12

1—at risk	There is no written documentation of agency policies/practices designed to acknowledge and consider diversity interests, values and concerns in any of the following agency functions: planning; management; service delivery or governance.
2—approaching achievement of standard	The agency has developed written employment plans/policies which reflect consideration of diversity interests, values and concerns. Consideration of diversity is reflected in other areas of agency operations but are limited to application within individual programs/departments or are completely informal in character and application.
3—fully meets standard	The agency has developed written policies which reflect agency-wide consideration of diversity interests, values and concerns in areas of agency management, customer service, planning and governance.
4—exceeds standard; approaching excellence	The organization has a comprehensive diversity plan ¹² and training on diversity related topics (cultural competency) is provided to staff.
5—excellent	Diversity awareness is integrated into all aspects of organizational life through formal and informal policies and actions.
Score:	Scoring Rationale:

5. Diversity

Assessment Questions:

1. Please describe agency efforts to acknowledge the value and importance of diversity in agency operations. Are these efforts reflected in written policies/practices? What areas of agency operations are covered by these efforts/policies?

2. Does the agency offer diversity related training to agency staff. Please explain what has been offered? How frequently is training provided? Is it agency wide or confined to individual programs/departments?

3. Has the agency developed a “Diversity Plan?” Please summarize Plan goals. Who is responsible for Plan monitoring?

COMMENTS:

¹² A diversity plan forms part of the strategic plan and usually incorporates an assessment of the status quo; a statement of goals, objectives, and expected outcomes; actions taken and to be taken; and measures that track success towards achieving the stated goals.

6. Job Descriptions

1—at risk	There are no job descriptions or job descriptions for are not available for all positions.
2—approaching achievement of standard	Job descriptions exist for all positions but some essential information is missing from one or more descriptions (e.g., Job Title, Salary Code, Supervisor, Key Responsibilities, Exempt Status, etc) and/or Descriptions are not routinely disseminated to candidates interviewed for employment and/or current employees (e.g., during performance reviews, position revisions/updates, etc.).
3—fully meets standard	Complete job descriptions that clearly articulate the roles and responsibilities of employees are routinely provided to staff and candidates interviewed for employment. Descriptions are linked to the agency’s wage and salary scale.
4—exceeds standard; approaching excellence	3, plus critical competencies and physical requirements associated with assigned responsibilities are described in the Descriptions. Descriptions are reviewed during annual performance reviews and policies exist to manage the creation/description and coding on new positions within the agency.
5—excellent	4, plus as positions become vacant descriptions are routinely reviewed to assure that they reflect current or emerging needs/requirements.
Score:	Scoring Rationale:

6. Job Descriptions

Assessment Questions:

- 1. Do Job Descriptions exist for all positions? Do these descriptions provide essential information identified in the Standard?*
- 2. Are descriptions disseminated to employment candidates and current employees? Please describe how descriptions are disseminated. Are descriptions coded to ID wage/salary range classification?*
- 3. Do descriptions ID critical competencies and physical requirements for positions?*
- 4. Are positions included in annual performance reviews? Are position descriptions reviewed when vacancies occur?*

COMMENTS:

7. Performance Appraisals

1—at risk	The agency has no written policies, forms or procedures regarding the conduct of employee performance appraisals or, written policies and procedures exist but they are neither uniform in either content and/or administration.
2—approaching achievement of standard	Written uniform performance appraisal policies and procedures exist but do not require annual reviews and/or do not allow for employee involvement in the annual appraisal process.
3—fully meets standard	Written, uniform policies, forms and procedures exist governing the conduct of employee performance appraisals on an annual basis. Policies are uniformly applied throughout the agency and employees are encouraged to participate in the annual appraisal process.
4—exceeds standard; approaching excellence	3, plus managers and staff have been trained on performance management and the process includes use of objective, measurable performance goals and identification of individual knowledge/skill/competency development needs and goals.
5—excellent	4, plus policies and procedures are reviewed every 2-3 years to assess effectiveness and utility.
Score:	Scoring Rationale:

7. Performance Appraisals

Assessment Questions:

- 1. Do written agency policies and procedures exist to direct/guide the conduct of employee performance appraisals? Are policies uniform and consistently applied across the agency on an annual basis?*
- 2. Do policies allow for employee participation in the appraisal process?*
- 3. Have managers/supervisors been trained to assure they understand and apply agency policies consistently?*
- 4. Do appraisals incorporate the use of measurable performance goals and identify staff development needs?*
- 5. How often are policies reviewed/updated? How is this assessment undertaken?*

COMMENTS:

8. Employee Wage and Salary Administration.

1—at risk	No formal wage and salary structure exists.
2—approaching achievement of standard	A formal wage and salary structure exists, but it is not been reviewed and updated in the past 3 years.
3—fully meets standard	The agency has a formal wage and salary structure that has been reviewed and updated in the past two years.
4—exceeds standard; approaching excellence	3, plus the agency’s wage and salary structure includes some performance-based incentive provisions and was developed using geographically adjusted industry wage and salary benchmarking data where available.
5—excellent	4, plus a comprehensive, performance-based compensation system is in effect and is continually reviewed and updated based on experience and changing circumstances.
Score:	Scoring Rationale:

8. Employee Compensation

Assessment Questions:

1. *Has the agency adopted a written Wage and Salary Administration Plan? When was the Plan last updated? Who is responsible for the management/update of the Plan? How is the Plan reviewed/updated?*
2. *Is there a regular timetable for the review and update of the agency’s Plan? If so what is the timetable?*
3. *How, if at all, does the Plan take performance into consideration in adjusting wages/salaries within step classifications?*
4. *Are position descriptions aligned with the agency’s wage/salary plan? How are new positions graded?*

COMMENTS:

9. Employee Benefits

1—at risk	Only mandated benefits are provided.
2—approaching achievement of standard	A basic benefit package including health insurance, vacation and sick leave is provided to employees.
3—fully meets standard	A package of benefits is offered an employee that is reasonably competitive with the local market based on the agency’s experience with recruitment and retention.
4—exceeds standard; approaching excellence	3, plus the agency’s benefits package includes elements such as flextime, on-site daycare, Cafeteria Choice program, employee wellness programs, EAP, Retirement Savings Plans with an employer match, etc.
5—excellent	4, plus the agency routinely seeks feedback from staff regarding benefit investment needs and priorities.
Score:	Scoring Rationale:

9. Employee Benefits

Assessment Questions:

- 1. Please review the agency Benefits package? How does the agency assess the competitiveness of this package with other local community agencies/organizations?*
- 2. Is feedback from staff solicited to help guide agency benefit investment decisions?*
- 3. Are there any especially creative or innovative elements in the agency’s benefit package?*

COMMENTS:

10. Organizational Decision Making

1—at risk	Responsibilities for decision-making within the organization is diffuse, confused or fragmented.
2—approaching achievement of standard	Decision-making within the organization is strictly hierarchal (i.e., top down).
3—fully meets standard	Responsibilities for decisions within the organization is delegated to staff based on the authority and responsibilities assigned by position descriptions.
4—exceeds standard; approaching excellence	3 plus, cross functional teams are consistently used to help inform management decisions.
5—excellent	4 plus, the agency has created an organizational culture where participatory decision-making is consistently encouraged and supported.
Score:	Scoring Rationale:

10. Organizational Decision Making

Assessment Questions:

- 1. How are decisions made within the agency? Is there confusion about how decisions are made within the organization?*
- 2. Are staff encouraged to make decisions consistent with their roles/responsibilities or, are decisions consistently made a limited number of senior staff on a top down basis?*
- 3. Are cross-functional teams involving staff with various expertise and responsibilities used to help inform organizational decision-making?#4. Has the agency created or is attempting to create a culture which promotes and supports participatory decision-making by staff throughout the organization?*

COMMENTS:

11. Employee Relations

1—at risk	There exists little or no documentation of agency efforts to assess and promote positive employee relations (e.g., through recognition activities, developing channels of two way staff communication, promoting staff development and team building, etc.).
2—approaching achievement of standard	Evidence exists of some efforts to promote positive employee relations within individual departments or programs but little documentation of agency-wide initiatives. Agency-wide initiatives that may exist are not informed by an assessment of staff satisfaction and are limited to recognition of service tenure or sporadic professional development training, etc.
3—fully meets standard	Evidence exists that, informed by occasional staff feedback, the agency sponsors a diverse range of policies and programs designed to promote positive staff relations.
4—exceeds standard; approaching excellence	3, management through training and coaching has or is seeking to develop a culture within the organization which both formally and informally acknowledges the needs and accomplishments of staff.
5—excellent	4 plus, the agency annually seeks staff feedback on opportunities to strengthen employee relations and engages staff in initiatives aimed at addressing high priority needs.
Score:	Scoring Rationale:

11. Employee Relations

Assessment Questions:

1. *What, if any, actions has the agency taken to promote positive employee relations. Are these efforts confined to individual programs/departments or are efforts agency-wide?*
2. *What are some examples of actions taken in response to staff feedback?*
3. *How frequently is staff feedback solicited? Are their forums (e.g., teams, staff meetings, retreats) where staff feedback is solicited?*

COMMENTS:

12. Team Work. ¹³

1—at risk	The agency does not use cross functional teams to help, assess needs, develop plans, identify/solve problems, promote communication, assist in policy execution, etc.
2—approaching achievement of standard	There are isolated efforts at using teams.
3—fully meets standard	Cross-functional teams ¹³ are used to perform some management functions or manage and deliver some projects and programs.
4—exceeds standard; approaching excellence	3, plus there is a formal system for training managers and supervisors in team building and management principles.
5—excellent	Cross-functional teams are an integral part of the organizational culture.
Score:	Scoring Rationale:

12. Team Work

Assessment Questions:

- 1. How, if at all, are teams used within the agency to help develop plans/policies, enhance communication, assist in problem-solving, etc.?*
- 2. Are teams routinely organized to assist in agency planning, etc.?*
- 3. Is there training provided to managers and supervisors to help support team organization, management and productivity?*

COMMENTS:

¹³ Cross-functional teams are work groups composed of workforce members from several different work units in the organization who possess different skills and perform various job functions. The groups can help solve complex problems, provide customer focus, encourage creativity, promote organizational learning and serve as a single point of contact. Cross-functional teams can also provide organization-wide accountability and participation and tap the varied expertise and experience available.

13. Staff Orientation and Development. 14

1—at risk	No staff development training or employee orientation is offered to new or existing employees.
2—approaching achievement of standard	Staff training and orientation is offered but content is limited to mandatory compliance requirements.
3—fully meets standard	The organization provides both a new employee Orientation program and opportunities for staff training/development beyond mandatory requirements on an on-going basis.
4—exceeds standard; approaching excellence	3 plus, the agency has a written staff development and training plan ¹⁴ which has been circulated to staff and offers both mandatory and discretionary educational opportunities to increase their knowledge and skills. Decisions on trainings are guided by the results of individual performance evaluations.
5—excellent	A formal staff development plan is in place that is linked to performance evaluations, strategic planning goals and approaches to individual compensation. Whenever appropriate, agency seeks professional certification for trainings to help staff meet professional licensure/certification requirements.
Score:	Scoring Rationale:

13. Staff Orientation and Development

Assessment Questions:

1. *How does the agency provide an Orientation to new employees? Does the agency offer any trainings to staff?*
2. *Are trainings limited to mandated content or are trainings offered to address agency and individual development needs/priorities?*
3. *Has the agency developed a written staff development Plan?*
4. *Is the Plan informed by agency and staff development priorities identified through personnel appraisals, strategic planning, etc.?*

COMMENTS:

¹⁴ A training plan should be aligned with the agency's strategic plan. It should incorporate needs assessment, training vision, goals and objectives, procedures for identifying trainees, method of training, and method of evaluating the results of the training

**Summary Team Scores
Human Resources Section**

Standard	NIQCA Score	Agency Score
1. Human Resources Policies		
2. Human Services Management		
3. Hiring Policies and Procedures		
4. Whistleblower Protection Policy		
5. Diversity		
6. Job Descriptions.		
7. Performance Appraisals		
8. Employee Wage and Salary Administration		
9. Employee Benefits		
10. Organizational Decision-Making		
11. Employee Relations.		
12. Team Work.		
13. Staff Orientation and Development.		
Total Score		
Average Section Score		

F. FINANCE AND BUDGET

Required Section Documentation: Past year agency annual audit; current agency budget; agency budgets for the past three years; capital asset plan and budget; finance manual/handbook; copy of financial control policies/procedures (if not included in manual); examples of financial reports prepared for the agency’s board and program managers; copies of corrective action plans (if any) developed in response to audit or program monitoring reviews; agency finance plan; documentation of training on finance topics for staff or Board members during the past twelve months; agency purchasing/procurement policies/procedures.

1. Financial Controls¹⁵

1—at risk	No written financial control policies exist or, written policies exist but these policies appear to have serious gaps in coverage, appear to be inconsistent with actual practice, are confusing, contradictory or consistently lack specificity regarding the segregation of duties. Agency audit reports have identified uncorrected material weaknesses of significant deficiencies in agency internal control policies.
2—approaching achievement of standard	Written control policies and procedures exists with minor weaknesses identified either in the Best Practice assessment or in audit reports/management letters. Agency policies have not been reviewed or, as needed updated, in 5+ years.
3—fully meets standard	Written complete and updated (within the last 3 years) control policies and procedures exist. Audit reports confirm the integrity of the agency’s control policies and procedures. Control policies appear to be understood and uniformly applied and occasional internal audits are conducted to test the integrity and effectiveness of selected control policies.
4—exceeds standard; approaching excellence	3, plus the agency conducts regular internal audits of its control policies and policies are reviewed every 2 years to assure compliance with GAAP and regulatory standards/requirements
5—excellent	4 plus, agency control policies are informed by an agency Risk Management Plan (A plan designed to identify and prevent, mitigate, transfer, etc. high priority risks which could jeopardize the financial, operational or reputational well-being of the organization).
Score:	Scoring Rationale:

¹⁵ Financial controls are procedures for ensuring the proper accounting for and management of financial transactions. Routine financial controls include procedures for the accounting of payments, cash receipts, requisitions, procurement, and separation of duties.

1. Financial Controls

Assessment Questions:

- 1. Are the agency's financial control policies written, complete, updated, consistent with practice and provide specificity regarding personnel roles and responsibilities? Do the policies allow any one individual to initiate and complete transactions?*
- 2. Has the agency's Audit raised any major or minor concerns regarding control policies/procedures?*
- 3. When were the agency's policies last reviewed and updated? Is there a policy which requires periodic reviews?*
- 4. How are staff informed about their responsibilities in implementing the agency's policies? Is practice consistent with policy?*
- 5. Does the agency conduct its own internal audits of control policies? Who performs these reviews? How frequently?*
- 6. Has the agency developed a Risk Management Plan?*

COMMENTS:

2. Accounting Policies

1—at risk	The agency fails to comply with 2 or more of the following standard accounting reconciliation policies on a timely basis (20 th day of the following month): a. Monthly reconciliation of the bank statement to the general ledger (including any needed adjustments), b. Monthly reconciliation of subsidiary records (Accounts Payable, Accounts Receivable) to the general ledger, c. Posting of cash receipts and disbursements, d. Formal monthly closing process completed with all major balance sheets items reviewed and adjusted as necessary.
2—approaching achievement of standard	The agency fails to comply with one of the four accounting standards described in Cell #1 above.
3—fully meets standard	The agency generally fully complies with Accounting standards in all four areas.
4—exceeds standard; approaching excellence	The agency has developed backup staffing plan to assure compliance with accounting policies in the case of illness, vacation or employment transitions.
5—excellent	4 plus, the agency has routinely updates policies to comply with GAAP and regulatory compliance standards.
Score:	Scoring Rationale:

2. Accounting Policies

Assessment Questions:

1. Are agency accounting policies aligned with the standards outlined in Cell #1 above? Do agency practices comply with these standards? Any areas where compliance needs to be improved?

2. Are staff roles and responsibilities in carrying out these policies clear and consistently carried out? Does a staffing backup plan exist to assure policy compliance during periods of staff transition, illness or vacation? Has there been training for backup staff?

3. How often are policies/procedures reviewed and updated? Who is responsible? When was the last review conducted?

COMMENTS:

3. Agency Budget Planning /Preparation

1—at risk	Only Program Budgets are prepared for adoption and preparation is exclusively the responsibility of agency’s Finance Office/Department.
2—approaching achievement of standard	The agency’s Finance staff informally involve senior department and program managers in the process of budget planning and development for both agency and program budgets.
3—fully meets standard	The agency has developed and implemented a structured budget planning process which includes the involvement of appropriate department and program managers and affords the option to a designated board committee (e.g., Finance) to review/comment on proposed budgets prior to submission to the Board for adoption. The agency develops both an agency budget and program budgets for timely Board adoption.
4—exceeds standard; approaching excellence	3, plus there is evidence that strategic planning goals, year-end budget deficits/surpluses, cash flow and program cost analysis are considered by agency management as part of the budget planning process to assure that new or continued investments/subsidies are justified (e.g., mission, need, appropriateness) and do not pose a serious risk to the agency’s fiscal well-being.
5—excellent	4, plus the budget planning process is periodically reviewed to assess its utility and effectiveness.
Score:	Scoring Rationale:

3. Agency Budget Planning /Preparation

Assessment Questions:

1. *Does the agency develop an overall organization budget in addition to program budgets?*
2. *What is the process for budget planning and development within the agency? Who is responsible for drafting budgets.....who is involved in the process? Is this process formally structured or is it informal?*
3. *Is there a Schedule/calendar for budget development during the year? Who is responsible for overseeing the timely preparation/submission of budgets?*
4. *Is a Board Committee afforded the option of reviewing budgets prior to submission to the Board for approval?*
5. *What factors are considered in building agency and program budgets?*
6. *Does the agency assess the effectiveness of its current budget planning process? How often...any changes made as a result of this assessment?*

COMMENTS:

4. Building and Equipment Capital Asset Management

1—at risk	The agency either does not maintain detailed records of its capital assets or, the last inventory was conducted 3+ years ago.
2—approaching achievement of standard	The agency has an inventory of its capital assets but it is either incomplete or has not been updated in the past 2 years and priorities for expenditures are exclusively driven by emergencies and crisis rather than a plan.
3—fully meets standard	The agency maintains a complete and updated inventory of its capital assets. Capital budgets based on depreciation information, energy conservation strategies, strategic planning goals and program needs, etc. are developed and submitted to the Board for approval.
4—exceeds standard; approaching excellence	3 plus, the agency has a written multi-year plan for capital expenditures and funding which is aligned with the agency’s strategic plan.
5—excellent	4 plus, the agency consistently seeks to develop strategic community alliances which promote cost savings and the most efficient use of existing or new facilities and equipment.
Score:	Scoring Rationale:

4. Building and Equipment Capital Asset Management

Assessment Questions:

- 1. Does the agency maintain an updated inventory of its capital assets (buildings, vehicles, equipment)? Who is responsible for maintaining this inventory? How often is the inventory updated? When was the last update?*
- 2. Is capital spending based on an assessment of need/plan or is it basically driven by crisis and emergencies?*
- 3. Does the agency develop budgets requesting support for proposed capital expenditures? What factors are considered in developing capital asset budget priorities?*
- 4. Do what degree has the agency’s Strategic Plan influenced capital expenditure budget priorities?*
- 5. Does the agency maintain Strategic Alliances which afford the opportunity to more efficiently utilize capital assets (e.g., shared building usage, shared computer training lab/equipment, etc)?*

COMMENTS:

5. Agency Wide Internal Financial Reporting

1—at risk	There is no consistent agency-wide financial reporting provided to either senior managers, program directors or Board members. If reporting exists it is sporadic and often outdated, inaccurate or incomplete.
2—approaching achievement of standard	An agency wide statement of revenue and expenses is prepared and distributed to the Board on a quarterly basis and monthly program expenditure reports are provided to managers however, reports may not be timely, complete or prepared in a plan vs. actual format.
3—fully meets standard	Timely, accurate and complete monthly agency and program financial reports are prepared and routinely distributed to key department and program managers as well as the agency’s Board. Financial information is routinely provided to the Board in advance of meetings.
4—exceeds standard; approaching excellence	3, plus the agency, in response to requests by managers or Board members, provides customized financial reports to address questions raised by summary reporting.
5—excellent	4, plus the agency provides dashboard financial indicators to users and seeks feedback from users to determine the need to make changes which will improve the value, clarity and utility of the agency’s financial reports.
Score:	Scoring Rationale:

5. Agency Wide Internal Financial Reporting

Assessment Questions:

- 1. Please describe the types and frequency of financial/budget reports prepared and distributed to program managers, department managers and board members. Are reports consistently timely and complete?*
- 2. Are revenue and expense statements provided in a Plan vs. Actual format? Are reports to the board provided in advance of meetings? Are reports to the board routinely explained and discussed?*
- 3. Does the agency provide customized reports to users to provide more detail on questions raised by summary reports?*
- 4. Has the agency created any financial performance dashboard indicators for managers or board members?*
- 5. Does the agency solicit feedback from users regarding the value, clarity and utility of reports? Have changes been made in response to suggestions?*

COMMENTS:

6. Program Cost Analysis and Monitoring

1—at risk	The agency has not performed an analysis of the (direct and indirect) costs of the programs it provides, or an analysis has been conducted but it is outdated (3+years).
2—approaching achievement of standard	The agency has performed an updated (annual) analysis of the costs of some of its programs or, an analysis of all programs has been conducted but has not been updated in the past 2 years.
3—fully meets standard	The agency maintains an updated analysis of the costs of all of its programs.
4—exceeds standard; approaching excellence	3, plus the agency routinely uses cost information as a basis for budgeting, pricing services, negotiating contracts and strategic planning.
5—excellent	4, plus the agency seeks to analyze its costs against local, regional and national practice and benchmarking standards.
Score:	Scoring Rationale:

6. Program Cost Analysis and Monitoring

Assessment Questions:

- 1. Has the agency conducted an analysis of the cost of some or all of its programs? How frequently are costs analyzed? Are there plans to increase the frequency or scope of the analysis? If costs are not analyzed how does the agency develop budgets, assess grant/contract service viability, etc?*
- 2. Who receives results of the cost analysis? How is the information used in program, budget development, pricing/contract negotiations, etc?*
- 3. Is information collected compared with local, regional, state, national cost benchmarking standards?*

COMMENTS:

7. Audit

1—at risk	The agency’s audit was not completed within 180 days following the end of the fiscal year for reasons unrelated to auditor availability and scheduling. The audit identifies Material Weaknesses or Significant Deficiencies in agency accounting, financial control policies/practices and/or other findings of noncompliance that are fiscal in nature. Copies of the audit were neither made available or reported to the agency’s governing Board. No action has been taken to address deficiency findings documented in the prior years’ audit.
2—approaching achievement of standard	The agency’s audit is unqualified but was not completed within 150 days following the end of the fiscal year for reasons unrelated to auditor availability and scheduling. A number of deficiencies in accounting and/or control policies/practices were identified but were not judged to rise to the level of being considered Material or Significant. Copies of the Audit were made available for distribution to Board members but a summary Report was not provided the Board. Actions addressing prior year Audit findings are underway but delayed or incomplete.
3—fully meets standard	The agency’s audit was completed in a timely fashion with an unqualified opinion. Audit was reviewed by designated Committee and reported and distributed to the Board, funders, etc. in a timely manner. Action was taken to fully address any findings or recommendations presented in the prior years’ audit or management letter.
4—exceeds standard; approaching excellence	3, plus an Audit Committee composed of individuals with accounting expertise has been created and designated by the Board to review with the Auditor both the audit plan, a draft report, and report audit findings to the agency’s Board in a timely fashion.
5—excellent	4, plus the Audit Committee is charged with responsibility to assure that, auditors rotate in-firm assignments (Senior, Partners, etc.) at least every 4 years, optionally receive whistleblower complaints from board members or senior management and review the audit process, auditor performance and initiate the review/rebidding of the auditing contract every 6-8 years or as considered necessary.
Score:	Scoring Rationale:

7. Audit

Assessment Questions:

- 1. When was the agency's audit completed for the past fiscal year? If the conduct of the audit was delayed....please explain.*
- 2. Does the audit identify any Material Weaknesses or Significant Deficiencies in accounting policies/practices? Please describe. What action has/is the agency taking to address these issues?*
- 3. Was the audit report presented to the agency's Board? Who presented the Report?*
- 4. Were there any prior year audit findings? Have these issues been addressed? If not, what is the status of action?*
- 5. Has the agency created an Audit Committee? If so please describe the Committee's makeup, roles and responsibilities?*

COMMENTS:

8. Financial Planning

1—at risk	Little or no financial planning is undertaken related to agency budgeting, operational improvements, asset acquisition/management, investments, policy development/review, risk management or personnel training/development, etc.
2—approaching achievement of standard	There is written documentation of agency financial planning efforts in 1-2 of the areas listed in Cell #1 above.
3—fully meets standard	There is written documentation of agency financial planning in 3 or more of the areas listed in Cell # 1 above.
4—exceeds standard; approaching excellence	3 plus, Financial planning efforts are aligned to promote the achievement of agency Strategic Planning goals and benchmarks.
5—excellent	4 plus, Financial planning efforts seek to solicit involvement and feedback from key internal (e.g., managers, board members) and, as appropriate, external (e.g., funders) stakeholders.
Score:	Scoring Rationale:

8. Financial Planning

Assessment Questions:

- 1. Has the agency undertaken any planning aimed at addressing needs related to the management of agency finances? Is planning currently underway? Please explain what planning efforts have/are being carried out....what are the areas of focus?*
- 2. Who is responsible for fiscal planning in the agency? How is planning conducted? Who is involved?*
- 3. What if any influence does the agency's Strategic Plan have on the priorities financial planning? What other factors influence planning priorities?*
- 4. What are some examples of the products of recent agency financial planning efforts?*

COMMENTS:

9. Training in Financial Matters

1—at risk	No formal or informal training related to financial matters (e.g., budgeting, financial reporting, financial software applications, financial literacy, risk management/control policies, accounting standards) has been provided to finance department staff, program/department managers, supervisors or board members for 2 years+.
2—approaching achievement of standard	Informal training addressing one or more of the topics listed in Cell # 1 or other priority topic(s) has been offered department or senior staff or board members within the past 2 years.
3—fully meets standard	Formal (i.e., prescheduled, organized, structured) trainings on two or more of the topics listed in Cell #1 (or other priority area) has been provided to department, senior staff and/or board members within the past 2 years.
4—exceeds standard; approaching excellence	3, plus trainings are informed by user feedback, agency goals, needs identified in staff development appraisals and changing professional or regulatory standards/requirements.
5—excellent	4, plus Trainings on financial matters is integrated into an overall staff and/or board development plan.
Score:	Scoring Rationale:

9. Training in Financial Matters

Assessment Questions:

1. *Has training on financial matters been provided to finance staff, program/department directors, supervisors or board members in the past 2 years? Was this training formal or informal? What topics were covered? Who provided the training?*
2. *How were/are training needs and priorities determined? Are trainings evaluated by participants?*
3. *Are there plans to strengthen agency training on financial matters over the next year? What needs have been identified?*
4. *Are financial training commitments integrated into an overall agency staff development plan?*

COMMENTS:

10. Unrestricted Agency Operating Revenue¹⁶

1—at risk	Unrestricted revenue amounts to less than 1% of the agency’s total budgeted revenue.
2—approaching achievement of standard	Unrestricted revenue amounts to between 1% - 1.9% of the agency’s total budgeted revenue.
3—fully meets standard	Budgeted unrestricted operating revenue amounts to between 2% - 4% of the agency’s total budgeted revenue.
4—exceeds standard; approaching excellence	Unrestricted revenue amounts to between 4.1% - 6% of the agency’s total budgeted revenue.
5—excellent	Unrestricted revenue amounts to over 6% of the agency’s total budgeted revenue.
Score:	Scoring Rationale:

10. Unrestricted Agency Operating Revenue

Assessment Questions:

- 1. What are the agency’s goals for maintaining or increasing unrestricted the amount of unrestricted revenue available for budget allocation?*
- 2. What has been the 3 year trend experience in maintaining or increasing unrestricted agency revenue?*
- 3. What are the agency’s priorities for budgeting unrestricted revenue?*

COMMENTS:

¹⁶ Revenue that is not restricted for a specific use or purpose by a donor or funder. Agency uses discretion in budgeting unrestricted income for operating purposes.

11. Procurement Policies and Procedures

1—at risk	There are no written procurement policies or procedures or, written policies exist but evidence exists that agency purchasing practices are not consistent with its written policies.
2—approaching achievement of standard	Written procurement policies and procedures exist and are being consistently implemented but fail to address one or more of the following requirements: 1. Expenditure budget authorization, 2. Responsibilities for PO preparation/approval, 3. Competitive bidding procedures with dollar thresholds, 4. Purchase receipt documentation, verification and accounting, 5 Conflict-of-Interest policies , 6. Minority vendor contracting policies and, 7. Credit Card use.
3—fully meets standard	Written, complete procurement policies and procedures exist and are consistently implemented by authorized/responsible agency personnel.
4—exceeds standard; approaching excellence	3 plus, the agency provides training to authorized/responsible staff to assure their understanding and consistent application of agency procurement policies and procedures and, a policy exists to conduct internal tests to assess compliance with procurement policies.
5—excellent	4 plus, agency procurement policies are routinely reviewed and updated as needed but not less than every 3 – 5 years.
Score:	Scoring Rationale:

11. Procurement Policies and Procedures

Assessment Questions:

1. Does the agency have complete and updated Procurement policies which comply with regulatory (e.g., Head Start) and best practice standards (Cell #2)? When were policies last reviewed? Are policies being consistently implemented throughout the agency? How is compliance determined?

2. If policies are incomplete, what steps have/will be taken to address deficiencies?

3. Who is responsible for overseeing the implementation of agency Procurement policies? Are internal audits conducted to assure compliance with policies?

4. Are staff trained on agency policies to assure understanding and consistent application?

COMMENTS:

12. Adequacy of Unrestricted Net Assets¹⁷

1—at risk	Days of liquid net assets are negative.
2—approaching achievement of standard	Zero to 10 days of liquid net assets
3—fully meets standard	10 to 20 days of liquid net assets
4—exceeds standard; approaching excellence	20 to 30 days of liquid net assets
5—excellent	30 or more days of liquid net assets
Score:	Scoring Rationale:

12. Adequacy of Unrestricted Net Assets

Assessment Questions:

1. *Trend line in agency days of unrestricted net assets during the past 2 years?*
2. *Agency goal for days of unrestricted net assets? Strategies for increasing liquid net assets?*
3. *Agency cash flow experience during the past 12 months? Agency line of credit? Amount? Current balance?*

COMMENTS:

¹⁷ Liquid net assets = unrestricted net assets, less (book value of capital assets less debt secured by capital assets) divided by total expenses times 365.

13. Agency Cash Flow

1—at risk	The agency’s audit shows a negative cash flow for the past two years and/or changes in positive cash flow are primarily generated from financing vs. operating activities. The agency’s line of credit has been converted to a short or long-term note.
2—approaching achievement of standard	The agency’s audit shows a negative cash flow for the past year and/or an significant (e.g., 40%+) outstanding balance remains in the agency’s line of credit at the end of the year. The agency is forced to make regular use of its line of credit to cover payroll and other core operating expenses during the year.
3—fully meets standard	The agency’s audit shows a balanced or positive cash flow for the past year with a zero or modest balance remaining in its line of credit. Agency cash flow is closely monitored by agency management with quarterly reports distributed to appropriate managers and board members.
4—exceeds standard; approaching excellence	3 plus, the agency maintains has maintained a balanced or positive cash flow status for the past 2 years.
5—excellent	4 plus the agency has maintained a balanced or positive cash flow for the past 3+ years.
Score:	Scoring Rationale:

13. Agency Cash Flow

Assessment Questions:

1. *Does the agency’s audit document a negative, balanced or positive cash flow picture for the past year? Cash flow status for the past 2-3 years? Has the agency’s Line of Credit been converted to a short or long term note? Why?*
2. *Describe the agency’s Line of Credit (e.g., Amount, Policy for Use/Repayment, Amount drawn for the year, What expenses are covered, current balance)?*
3. *If Cash Flow problems are present, what action has or will the agency take to address these problems?*
4. *Are Cash Flow reports prepared on a quarterly basis? Who receives these reports?*

COMMENTS:

**Summary Team Scores
Finance and Budget**

Standard	NIQCA Score	Agency Score
1. Financial Controls		
2. Accounting Policies		
3. Agency Budget Planning		
4. Building and Capital Asset Management		
5. Agency Wide Internal Financial Reporting		
6. Program Cost Analysis		
7. Audit		
8. Financial Planning		
9. Training in Financial Matters		
10. Unrestricted Agency Operating Revenue		
11. Procurement Policies and Procedures		
12. Adequacy of Unrestricted Net Assets		
13. Agency Cash Flow		
Total Score		
Average Section Score		



II. SUMMARY - AGENCY SECTION ASSESSMENT SCORES*

QCAS Assessment Areas	Agency Scores	NIQCA Scores
A. Planning and Community Investment		
B. Operational Management and Organizational Structure		
C. Governance		
D. Information Technology		
E. Human Resources		
F. Finance and Budget		
Overall Agency Score		

* Responsibility for determining final Agency Assessment scoring is the sole responsibility of the agency. NIQCA Peer Reviewer scores are provided to help share perspectives and observations that are hopefully helpful to agency team members responsible for determining final scores and improvement priorities.

III. “STRETCH STANDARDS”

The NIQCA has developed the following “stretch standards” (best practices) to highlight emerging needs and issues, which at some time in the future, may be incorporated into the core QCAS standards. Assessing and scoring these standards is entirely discretionary. The NIQCA Peer Review Team will not review/score these standards during a scheduled site visit. The NIQCA urges agency leaders to, at the very least, review these standards to become better informed about expectations for strengthening agency management and governance policies and practices.

1. *Energy Management and Conservation*

1—at risk	The agency has not developed any policies or programs designed to promote more efficient energy use within the agency.
2—approaching achievement of standard	While no agency wide policies or programs have been developed to promote efficient energy management, evidence exists of efforts within individual programs facilities/sites, departments or staff to design/implement policies and programs which promote efficient energy use/conservation albeit on a limited and voluntary scale.
3—fully meets standard	The agency has conducted an assessment of its current energy usage and identified short/long term opportunities for improving energy efficiency . Based on its assessment, an agency wide Energy Management and Conservation Plan has been adopted or, is currently being developed.
4—exceeds standard; approaching excellence	3 plus, responsibilities for implementing the agency’s Plan are clearly assigned with clear benchmarks to assess progress. A Team has been formed to help support Plan implementation efforts, monitor progress and prepare recommendations for updates or plan revisions.
5—excellent	4, plus, the agency has established a policy of including consideration of matters of energy conservation and efficiency into the decision making process regarding leasing or procurement of vehicles, buildings, equipment, etc.
Score:	Scoring Rationale:

2. Agency Leadership Development

1—at risk	The agency has not developed any plans or programs designed to encourage and support the professional development of staff identified as having leadership potential.
2—approaching achievement of standard	Some individual program managers have identified staff with leadership potential and offered some specialized encouragement and support to assist these staff acquire, strengthen and apply critical competencies, knowledge and skills.
3—fully meets standard	The agency has developed some organization-wide, fair and transparent policies for identifying emerging leaders and offering specialized encouragement and support for these staff to develop, strengthen and apply their leadership skills and competencies.
4—exceeds standard; approaching excellence	3, plus the agency has developed a comprehensive emerging leaders program which includes training for managers to help consistently identify and support leadership potential and the develop plans to help staff acquire the experience, training and educational coursework needed to advance their careers.
5—excellent	4, plus the agency has developed relationships with other local agencies, educational institutions and corporations designed to share resources to develop or maintain a Leadership Development Program designed to help highly motivated staff develop the skills and experience necessary to assume leadership roles within their agencies and community.
Score:	Scoring Rationale:

3. *Executive Compensation*¹⁸

1—at risk	The agency has not adopted and implemented policies and practices related to the determination and approval of Executive compensation which comply with any of the conditions identified below (2) which are required to meet the “rebuttable presumption” standard.
2—approaching achievement of standard	The agency has adopted policies and practices which comply with one or two of the conditions for “rebuttable presumption” but fails to comply with all three requirements/conditions.
3—fully meets standard	The agency has adopted policies and practices which fully comply with the conditions for “rebuttable presumption” and evidence exists (Meeting Minutes) of agency implementation of these policies. Board responsibility for overseeing and managing the process of setting Executive compensation in a timely manner is clearly defined.
4—exceeds standard; approaching excellence	3 plus, the agency’s policies and practices have been developed with legal counsel and the policies/practices related to the reasonableness of comparability have been vetted with counsel.
5—excellent	Agency policies and practices are reviewed at least every 2-3 years to assure compliance with legal and best practice standards.
Score:	Scoring Rationale:

¹⁸ A “Rebuttable Presumption” refers to a legal term that generally means that if certain steps are taken, then it will be presumed that the person/organization taking those steps acted in a manner which could be considered fair, reasonable or undertaken without negligence. In the context of possible IRS Intermediate Sanctions related to employee compensation in excess of “reasonable compensation” when, for example, a CAA Board approves a level of compensation, the law will presume that it is reasonable so long as appropriate steps have been taken. Condition #1. Approval by an Authorized and Disinterested Board; Condition #2. Use by the Authorized Body (Board) of Appropriate Compensation Comparability Data Prior to Making a Decision; Condition #3. Concurrent Documentation...the Authorized Body Must Document the Basis for its Determination Concurrently with Making the Determination (within 60 days of decision or the date of the next meeting of the Authorized Body).

IV. Peer Site Visit Process Overview

Purpose of the Peer Review

The Peer Review component of the QCAS Self-Assessment process replicates the agency's internal assessment by using the same tool, documentation and scoring methodology. The purpose of this second assessment is to offer the agency a seasoned, independent perspective on the compliance of current agency policies with NIQCA standards. This independent review offers an opportunity to compare agency and NIQCA Team assessment scoring to identify and explain differences, which may influence final determination of agency strengths and deficiencies. The purpose of the Peer Review is compliment not supplant agency assessment and determination of improvement needs and priorities. The agency not the NIQCA is responsible for assigning final assessment scores and the identification of improvement priorities based on this scoring.

Fees and Agreements

A modest fee is charged for conducting a Peer Review site visit to help offset visit expenses including housing, meals and transportation. The sliding fee scale is based on the size of the agency's total operating budget \$1,000 (-\$10 million), \$1,500 (\$10-\$25 million) and, \$2,000 (+\$25 million). Prior to the conduct of a Peer Review site visit, the agency will be asked to review and sign a NIQCA –CAA Participating Agency Agreement which details the roles and responsibilities of the parties involved in Peer Review visit. Included in this Agreement is a Confidentiality Statement which underscores the NIQCA's commitment to respect and protect the confidentiality of the information provided to the NIQCA Peer Reviewers. Prior to Certification, Peer Reviewers are required to sign NIQCA Confidentiality and Code of Conduct Agreements.

Peer Reviewers

NIQCA Peer Reviewers are seasoned, experienced CAA professionals who currently or recently held senior management positions in one or more local CAA's. Reviewers are trained and certified by the NIQCA and commit between 30-40 hours of service over the course of a 12 month period. Reviewers from both Massachusetts and Connecticut have been trained and certified. Peer Reviewer assignments always match out-of-state reviewers with a local CAA to preserve confidentiality. The NIQCA assigns a Team Leader to help facilitate and coordinate the site review. Questions related to a scheduled Peer site visit should be exclusively communicated to the assigned Team Leader. Peer Reviewers are compensated for out-of-pocket expenses (e.g., Hotel, Travel and Meals) associated with their 3-day agency visit.

The role of a Peer Reviewer is to simply assess and verify information documented in the agency's internal self-assessment. The Peer Reviewer's role is not to act as a consultant or investigator. Peer Reviewers may from time to time share thoughts, ideas and experiences in response to questions or simply during the flow of conversation at scheduled feedback meetings. These exchanges are one of the real strengths of the Peer Review experience. Agency participants should understand however that the Reviewer's role is not to make decisions about

agency improvement priorities and any suggestions not vetted by the NIQCA Team should not be assumed to reflect NIQCA best practices.

If an agency needs assistance in developing their Action Plan for Improvement, contact should be made with the NIQCA's Executive Director to assess options for offering help and support.

Overview of Pre-Site Preparation for a Peer Review Site Visit

- Agency makes decision to include a Peer Review Site Visit in its original Self-Assessment Plan. Decision is communicated to NIQCA Executive Director.
- NIQCA-CAA Peer Review Agreement completed and signed.
- NIQCA Director and Agency Assessment Team Coordinator confirm dates of the scheduled Peer site visit.
- NIQCA Director recruits Peer Site Review Team members and provides brief agency orientation and schedule confirmation
- Agency Team Coordinator collects required QCAS documentation including a copy of the agency's completed Self-Assessment and mails information to Peer Reviewers not less than two weeks prior to the scheduled visit.
- Peer Reviewers review documentation prior to scheduled visit. Interview schedules and visit logistics details are confirmed with Reviewers and the Agency Team Coordinator.

Peer Review Site Visit Overview and Schedule

The Peer Review agency visit will last three days. While Reviewer's have individual assignments and responsibilities during the visit, they act as a Team in making decisions related to QCAS scoring. Many sections of the QCAS standards address similar topics so that the consistency of responses to similar questions posed by different Reviewer's is a consideration in the Team's overall scoring process. The Team's activities during the three day visit are summarized as follows:

- **Day 1. Team Preparation Meeting (Afternoon and Evening)**
Peer Review Team arrives, settles in and then meets to review: Team Assignments and Schedules; Roles and Responsibilities; Documentation Questions/Issues; Scoring and Team Decision-making Procedures; Other Questions.
- **Day 2. Agency Assessment (Morning, Afternoon and Evening)**
 - ✓ Morning Interview with Executive Director
 - ✓ Morning Kickoff Meeting with agency Assessment Team
 - ✓ Morning Assessment Interviews
 - ✓ Lunch
 - ✓ Early Afternoon Assessment Interviews
 - ✓ Late Afternoon Assessment Interviews
 - ✓ Dinner – Evening Team meeting to review Reviewer scores/findings and assign Team Scores to each QCAS area. Confirm Team assignments for reporting to the Agency Assessment Team on Day #3.

- **Day 3. Presentation of Results (Morning)**

Peer Review Team meets with the agency's Assessment Team and presents the Team's findings with particular emphasis on scoring differences between the Peer Team and Agency's Self-Assessment. This Feedback Meeting provides opportunities for discussion and questions as well as a chance to discuss the next steps in developing an Action Plan for Improvement.

Post Site Visit Activities

Ten to fifteen days following the peer review site visit, the Team Leader will prepare and submit a written **Site Visit Summary Report** to the agency Executive. This report will summarize the Team's Scoring and comments on each section of the assessment. With this report a Site Visit Evaluation Form will be sent, which agency representatives can complete and return to the NIQCA Executive Director. A similar evaluation form will be completed by the Peer Reviewers assigned to the visit.

APPENDIX A – FEDERAL REQUIREMENTS

Federal CSBG Community Action Agency Board and Bylaw Requirements Compliance Checklist

State: NA

Legal Requirements	Compliance*			Comment
	F	P	DNC	
Tripartite board composed of: A. 1/3 of the board are elected public officials, holding office on the date of selection or their representatives or, if elected officials are not available, appointive officials or their representatives, B. not fewer than 1/3 of the members are chosen in accordance with democratic selection procedures and, C. the remainder of the members are officials or members of business, industry, labor, religious, law enforcement, education or other major groups or interests in the community served.				
Each representative of low-income individuals and families selected to represent a specific geographic area within the community served resides in the area represented by the member				
Role of the board is to “fully participate in the development, planning, implementation and evaluation of the program to serve low-income communities.”				
Members of tripartite boards are selected by the agency.				

- * F Agency fully complies with this Federal CSBG requirement.
- P Agency partially complies with this Federal CSBG requirement.
- DNC Agency does not comply with this Federal CSBG requirement.

APPENDIX B – CONNECTICUT

State CSBG Community Action Agency Board and Bylaw Requirements Compliance Checklist

State: Connecticut

Regulatory Requirements	Compliance*			Comment
	F	P	DNC	
Size of CAA Board not less than 15 members or more than 51 members.				
Tripartite Board with one-third Public officials, one third representatives of the poor chosen in a democratic fashion and one third officials of business, industry, labor, religious, welfare, education or other major groups and interests in the community.				
Board members selected to represent a specific geographic area shall reside in that area.				
Board shall appoint the agency Executive Director.				
Board shall determine major personnel, fiscal and program policies.				
Board shall determine overall program plans and priorities including the provisions for evaluating progress against performance.				
Board shall have final approval of all program proposals and budgets.				
Board shall enforce compliance with all conditions of all grants.				
Board shall determine rules of procedures for the Board.				
Board shall select the Officers and Executive Committee of the Board.				
Board shall have a Standing Nominating Committee				

* F Agency fully complies with this State CSBG requirement.

P Agency partially complies with this State CSBG requirement.

DNC Agency does not comply with State CSBG requirement.

APPENDIX C – MASSACHUSETTS

State CSBG Community Action Agency Board and Bylaw Requirements Compliance Checklist

State: Massachusetts

Regulatory Requirements	Compliance*			Comment
	F	P	O	
Tripartite board composed of one-third public officials, one-third representatives of low- income persons and one third community representatives consistent with federal CSBG statute.				
Board shall consist of at least 15 persons				
Each member of the board selected to represent a specific neighborhood within the CAA service area shall reside in the neighborhood he/she represents.				
Bylaws describe the total number of seats on the board and the allotment of seats by type of representation (public officials, low-income persons, etc)				
Procedures for selecting board members are stated				
Performance standards for board members are described including standards of conduct and attendance the violation of which may be grounds for removal.				
Description of specific procedures to be followed in the case of the removal of board members.				
Procedures for selecting new board members in the case of a vacancy on the board. With respect to low income persons, the bylaws will include one of the following methods for filling the vacancy: 1. the selection procedure used originally to elect the individual or, 2 the remaining low income representatives may select a replacement to serve for the remainder of the term with the provision that, to the maximum extent possible, the individual represent the same constituency as the original representative.				
A description of the selection and service of an alternate member of the board (if permitted) shall include: 1. An alternate shall be selected/elected in the same manner and at the same time as a representative, 2. Public officials may not select an alternate to substitute for them, 3. The selection of an alternate shall be reflected in the records of the CAA showing the membership of the board, 4 No alternate shall be counted toward a quorum or cast a vote when the person he/she is an alternate is present at the meeting, 5 No alternate may hold office on the board of directors				
A quorum shall consist of a number of members equal to 50% of the non-vacant seats on the board				
The board shall meet at least 6 times annually				
The CAA shall provide written notice of any meeting and an agenda at least seven day in advance of the meeting.				
The CAA will provide public notice of its board meetings at least five days in advance.				

All meetings of the board shall be open to the public. Executive sessions should be held in accordance with the MA. Open Meeting Law.				
The board and its committees shall keep written minutes for each meeting. Minutes shall be made available to the public upon request. Upon request copies of the minutes in the appropriate language will be made available where a significant portion of the low-income population does not speak English and speaks such language.				
Copies of the minutes of each board meeting shall be submitted to the Department within ten days after the date of the meeting at which they were approved by the board.				

- * F Agency Bylaws fully comply with this State CSBG requirement.
- P Agency Bylaws partially comply with this State CSBG requirement.
- O Agency Bylaws omit reference to this State CSBG requirement.