**NORTHEAST INSTITUTE FOR QUALITY COMMUNITY ACTION**

**SELF-ASSESSMENT DOCUMENTATION CHECKLIST**

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| ***Area – Document Description*** | ***Check √*** | ***Comment*** |
| ***Governance*** | | |
| 1. Agency Bylaws + Documentation of Bylaw Review by an Attorney in the Past 5 Years + Documentation that Members have Received a Copy of the Bylaws in the Past 2 Years. |  |  |
| 1. Board of Directors Member Profile Chart (Attached). |  |  |
| 1. Board – Committee Attendance Meeting Chart (Attached). |  |  |
| 1. Documentation of Low Income Selection Policy and Procedure if not in Bylaws. |  |  |
| 1. ED/CEO Evaluation Tool and Date/ Documentation of Last Evaluation and Evidence that the ED/CEO Compensation Package has been Reviewed and Approved in the past 12 Months (e.g., Minutes). |  |  |
| 1. Documentation of Timetable and Procedure for New Member Board Orientation along with Evidence of the Existence of a Board member Job Description and a Board Member Handbook/Manual (e.g., table of contents/date). |  |  |
| 1. Documentation of Board Training(s) during the Past 24 Months including Documentation of a Training Focused on the Topic of Board Roles and Responsibilities. |  |  |
| 1. Copy of an Approved Executive Director/CEO Succession Plan with Documentation of Board Approval (e.g., Minutes). |  |  |
| 1. Documentation (e.g., Board Minutes) of Board Approval of Agency-Wide Budget for the Current FY. |  |  |
| 1. Documentation of Board Approval of Agency Strategic/CAP Plan (e.g., Board Minutes). |  |  |
| 1. Copy of Agency Conflict-of –Interest Policy covering the agency’s Board and documentation that the Board has received and acknowledged receipt of the Policy within the past 2 Years. |  |  |
| 1. Documentation that the IRS 990 Report has been Provided to the Board. (e.g., Minutes) |  |  |
| 1. Documentation that the agency’s Whistleblower Policy has been approved by the Board (e.g., Minutes). |  |  |
| 1. Documentation of Auditor Presentation of the Agency’s Annual Audit to the Board and Board Receipt and Acceptance of the Audit (e.g., Minutes). |  |  |
| 1. Evidence that at each Regular Meeting the Board Receives Copies of: 1 Programmatic Reports and, 2. Financial Reports Including a Budget to Actual Income and Expense Statement and a Balance Sheet/Statement of Financial Position. |  |  |
| ***Human Resources*** | ***Check √*** | ***Comment*** |
| 1. Copy of Agency HR Policy and Procedures Manual/Handbook. Documentation that the agency’s Policies have been Reviewed by an Attorney in the past 5 Years (e.g., Invoice/Letter). Documentation of Policy and Procedure to Confirm Employee Receipt of the Policy Manual/Handbook. |  |  |
| 1. Copy 6 Current Job Descriptions (Including ED/CEO) and Evidence that JDs Exist for all Positions within the Agency. |  |  |
| 1. Copy of Agency Employee Performance Appraisal Form/Policy and Procedure (If not in Manual). |  |  |
| 1. Dated Copy of an Approved Agency Wage/Salary Administration Plan. |  |  |
| 1. Agency Staff Profile Monitoring Form (Attached). |  |  |
| 1. Documentation of # and Hours of Agency Volunteers/Service during the past 12 Months. |  |  |
| 1. Copy of Agency Whistleblower Policy (if not in Manual). |  |  |
| 1. New Employee Orientation Timetable, Policy and Procedure Documentation (if NOT in Manual). |  |  |
| 1. Documentation of Staff Training-Development (Plan or Evidence of Trainings including ROMA) in the Past 12 Months. |  |  |
| ***Planning and Community Investment.*** | ***Check √*** | ***Comment*** |
| 1. Copy of Agency Mission Statement-Date of Last Review and Approval (Minutes). Statement Addresses Poverty. |  |  |
| 1. Copy of an Agency Strategic Plan which has been approved by the Board in the past 5 Years. |  |  |
| 1. Evidence that the Board has Received Updates on Progress of Meeting the Goals of the agency’s Strategic and Community Action Plan within the past 12 Months. (e.g., Minutes) |  |  |
| 1. Evidence that Low Income Resident Feedback and Customer Satisfaction Data and Input was collected as part of the Community Needs Assessment which informed the Strategic and Community Action Planning Deliberations and Decision-Making. |  |  |
| 1. Copy of the agency’s Approved Community Action Plan. |  |  |
| 1. Documentation of the use of a ROMA-Certified Resource to assist in the development and implementation of the agency’s Strategic and Community Action Plans. |  |  |
| 1. Copy of and Approved Agency Disaster Contingency Business Operations Plan. |  |  |
| 1. Evidence that the agency has conducted a Community Needs Assessment within the past 3 Years. |  |  |
| 1. Evidence that the agency’s Board received and accepted the completed Community Needs Assessment. |  |  |
| 1. Documentation of an Agency Marketing/Communications Plan. |  |  |
| 1. Documentation of an Agency Fundraising/Resource Development Plan. |  |  |
| 1. Summary of Gross and Net Fundraising Revenue for the past 2 Years. |  |  |
| ***Finance and Budget*** | ***Check √*** | ***Comment*** |
| 1. Copy of Agency Audit for the Last FY. |  |  |
| 1. Copy of Agency Auditor Bidding Policy and Documentation that the Agency has Solicited Bidding for Auditor services in the past 5 Years. |  |  |
| 1. Copy of Agency Approved Budget for the Current FY and Summary Budgets for 2 Prior Years with dates of Board approval. |  |  |
| 1. Copy of Agency Financial Policies and Procedures Manual/Handbook with Evidence that Policies have been Reviewed within the past 2 Years with Changes Approved by the Board (e.g., Minutes). |  |  |
| 1. Copy of a Written Procurement/Purchasing Policy which has been reviewed by the Board in the past 5 Years. (e.g., Minutes). |  |  |
| 1. Copy of the agency’s Cost Allocation Policy and Plan. |  |  |
| 1. Documentation of Financial Training for Staff and/or Board in the Past 12 Months. |  |  |
| 1. Examples of Financial Reports prepared for Managers and Board Members and Distribution Policies. |  |  |
| 1. Copies of Corrective Action Plans developed in response to Audit Findings. |  |  |
| 1. Copy of an agency Record Retention – Destruction Policy. |  |  |
| ***Operational Management – Organizational Structure*** | ***Check √*** | ***Comment*** |
| 1. Updated Agency Organization Chart. |  |  |
| 1. Documentation of existing agency Formal and Informal Community Partnerships including other Anti-Poverty organizations and groups. (Listing). |  |  |
| 1. Examples of ROMA Compliant Program Performance Reports Provided to Committee and/or Board Members. |  |  |
| 1. Documentation of agency Customer Confidentiality Protection Policies and Consent Forms. |  |  |
| 1. Documentation of a Customer Compliant Filing Policy and Procedure. |  |  |
| 1. Documentation of a Systematic Approach to the Collection, Analysis and Reporting of Customer Satisfaction Data to the agency’s Board and Staff. |  |  |
| 1. Confirmation that the agency has written Policies and Procedures which guide the Delivery, Supervision and Assessment of every Program administered by the agency. |  |  |
| 1. Documentation of agency Policies and Procedures which promote the provision of Integrated Customer Intake, Assessment, Referral and Case Management services. |  |  |
| 1. Documentation an Organization-Wide, Comprehensive Risk Assessment which has been updated in the past 2 Years and approved by the Board. If available, provide a copy of the Risk Management Plan developed in response to the Risk Assessment. |  |  |
| 1. Evidence of Agency Diversity Plan/Policy, etc. |  |  |
| ***Information Technology*** | ***Check √*** | ***Comment*** |
| 1. IT Operations Policy Manual/Handbook Policies/Procedures. |  |  |
| 1. Copy of Current Hardware and Software Inventory (s). |  |  |
| 1. IT Security Policies/Procedures (if not in Manual). |  |  |
| 1. IT User/Helpdesk Policies and Procedures (if not in Manual). |  |  |
| 1. Evidence of IT Client and Program Reporting in compliance with regulatory and ROMA requirements. Evidence of Integration of Client and Program data for reporting to users/funders, etc. |  |  |
| 1. IT Training Needs Assessment, Training Agendas, etc. |  |  |