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**NORTHEAST INSTITUTE FOR QUALITY**

**COMMUNITY ACTION**

**COMMUNITY ACTION AGENCY**

**BEST PRACTICE SELF-ASSESSMENT**

**STANDARDS 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 to promote excellence in the governance and management of Community Action Agencies. The NIQCA provides the tools and resources for agencies to organize a program of continuous quality improvement, which will cost-effectively identify organizational 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 nation.

**2. Description of the Self-Assessment Process**

A STEP-BY-STEP APPROACH

*Purpose of Self-Assessment*

The self-assessment process is intended to help participating organizations develop a picture of organizational quality, recognize best practices, and identify risks and 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. ***This assessment tool seeks to provide CAAs an accessible, user friendly resource which incorporates federal CSBG Center for Organizational Excellence (COE) compliance standards with NIQCA Best Practice guidance.***

*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 evaluate itself with NIQCA support and assistance as requested. Each Section of the NIQCA Assessment Tool lists a set of practice standards which are sequenced on a 5 point rating 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 optional NIQCA Peer Reviewers assess the degree to which current, existing agency policies and practices align with the Best Practice standards assigned to each Section of the Assessment instrument. The process essentially takes a snapshot of the agency’s compliance with best practice standards at a particular point in time. Policies in draft form can be 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 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 each Reviewer’s scoring and then, using an agreed upon process for decision-making (e.g., consensus),If assign a Team Score for each area of the assigned Section. Each Team assigned to review a Standards Section 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 standard within each 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 Standards Section. Copies of all Assessment Team Agency Section Scores with their associated rationale statements should be forwarded to the Peer Review Team per instructions.

*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 Self-Assessment process, sponsor specialized trainings and workshops for CAA managers and board members. Resources to assist CAAs in policy development are regularly maintained on the NIQCA web site ([www.niqca.org](http://www.niqca.org)).

**3. The Twelve Step Self-Assessment Process**

The twelve step 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 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 process are as follows:

**Step 1**

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

**Purpose**: Confirm the organization’s commitment and readiness[[1]](#footnote-1)to undertake the 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 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 Self-Assessment.

**Purpose**: Develop and operational plan and structure to undertake and complete the agency’s 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 assessment 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 Standards Sections.

**Purpose**: Ensure that expectations for the completion of assessments for each Standards Sections are clear and manageable.[[2]](#footnote-2)

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

**Step 4**

**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 Standards 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 score ratings for all standards by the full agency Assessment Team.

**Process**: Allow ample time for this activity. 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:** If elected, 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 optional 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 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 agency management and/or governance 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:** Considering score ratings and the importance of the policy/practice within each Standards Section rate 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 item andthen plot the items on a quadrant graph like the one below. The items in the upper right quadrant are those with the lowest scores (highest risk) and the highest importance. These items offer the greatest opportunity for improvement. Those items in each Section which are determined to be most important and at greatest risk (e.g., under a score of 3) should be charted on an integrated graph to ID the most critical agency wide improvement priorities.

Least Important

Highest Score

Most Important

Lowest Score

1

2

3

5

1

3+

4

**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 updated self-assessments for at-risk areas every twelve months. Conduct
complete agency-wide 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**

#

# **Planning, Community Involvement and Investment.**

**Documentation Required: See Checklist p. # 76**

# ***1. Mission Statement[[3]](#footnote-3)***

|  |  |
| --- | --- |
| 1—at risk | The agency does not have a mission statement or: 1. There is evidence of the existence of multiple statements with varied content, use and stakeholder understanding, 2. The statement fails to address the issue of poverty, 3. The Statement has not been reviewed in the past 5 years, 4. There is evidence that some agency programs are not aligned to the Mission Statement. |
| 2—approaching achievement of standard | There is a mission statement that has been reviewed in the past 4 years but the statement has little visibility in agency signage, documents or marketing resources and there is little evidence that the statement is well understood by Board or staff members or that it is routinely considered in agency decision making. |
| 3—fully meets standard | There is a mission statement that has been reviewed in the past 3 years, addresses the issue of poverty, is aligned with agency programs and efforts are made to assure that the Statement is visible and routinely used to inform agency decision-making.  |
| 4—exceeds standard; approaching excellence | 3 plus, The agency routinely communicates it’s Mission to community audiences through a variety of optional written and electronic media platforms (e.g., Annual Report, Web Site). |
| 5—excellent | 4 plus, The agency’s Mission statement is crisp, clear, concise and easily communicated and understood.  |
| Score: | Scoring Rationale: |

Note: The language “addresses poverty” does not require using the specific word poverty in the Statement. Language such as but not limited to: low income, self-sufficiency, economic security, etc. is acceptable.

***1. Mission Statement***

# *Assessment Questions:*

# *1. Has the agency adopted a mission statement? When the statement was last reviewed and approved? How frequently is the statement reviewed by the Board? Is there evidence of the agency having more than one Mission Statement?*

# *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? How visible is the statement to other stakeholders (e.g., customers, funders, public audiences)? How is the Statement communicated to these audiences (e.g., facility signage, web site, annual reports, brochures, social media platforms, etc.)?*

# *4. What evidence exists that the agency’s mission statement is routinely considered in making decisions regarding agency policy plans or budgets? Examples?*

# *5. Is the statement clear, concise and expressive of the agency’s purpose and values? Is there evidence of the existence of multiple statements? How visible is the statement?*

# *6. Does the Statement address the issue of poverty and are agency programs aligned with the Mission?*

# *COMMENTS:*

***2. Strategic Plan***

|  |  |
| --- | --- |
| 1—at risk | The agency had not adopted a multi-year strategic plan or, the agency has a Plan but: 1. It has not been updated in 5 or more years, 2. Does not address reduction of poverty, revitalization of low income communities or, 3 Does not address the empowerment of people with low incomes, 4. Does not address family, agency and/or community goals, 5. The Plan excludes Customer satisfaction data/input and, 6. The board has not received a progress update in the past 12 months. The agency has a plan but cannot document the use of the services of a ROMA-certified trainer to assist in implementation. |
| 2—approaching achievement of standard | The agency had adopted a strategic plan which addresses matters identified in Cell #1 however the Plan has not been updated in 4 years |
| 3—fully meets standard | The agency has adopted an updated Strategic Plan which was developed or updated in the past 3 years with broad agency and community involvement, was informed by an updated assessment of agency and community needs and, identifies measurable goals related to the reduction of poverty, revitalization of low income communities and empowerment of people with low incomes to become self-sufficient. Plan progress is reported to the agency’s Board on at least an annual basis and the services of a ROMA-certified trainer was used to inform the planning process. |
| 4—exceeds standard; approaching excellence | 3 a plus, Operational plans have been developed and implemented which focus departmental and program resources on the achievement of strategic plan goals. |
| 5—excellent | 4, plus Plan objectives and progress are routinely 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 approved? Who was involved? Did the planning process include an assessment of community and agency needs?*

# *2. How frequently is the plan reviewed and updated? Does the plan include measurable goals? Are progress reports prepared? Who receives copies of these reports?*

# *3. Is there evidence that departments/programs to priorities/activities are aligned 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 4+years. |
| 2—approaching achievement of standard | The agency has conducted a Community Needs Assessment in the past 3 years but the Assessment: 1. Lacks current data specific to the prevalence of poverty, 2. Fails to include both quantitative and qualitative data, 3. Fails to identify key findings on the causes and conditions of poverty, 4. Has not been accepted by the Board of Directors or, 5. Lacked participation of key internal and community stakeholders in the conduct of the assessment. |
| 3—fully meets standard | The agency has completed an updated Community Needs Assessment which addresses the 5 criteria identified in Cell 2. |
| 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 well does the Assessment comply with the criteria listed in Cell #2 above? How, if at all, is the data updated within the triennial period?*

*3. Has the Board accepted the Assessment? How is the data used to inform agency investment decisions?*

*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 in isolation by one or two senior staff or planning is driven by revenue interests without consideration of the agency’s Mission, Strategic Plan priorities or Community Needs Assessment.  |
| 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 or committee members. |
| 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 customer feedback as well as funder specifications is routinely considered in the design of new or redesign of current programs.  |
| 4—exceeds standard; approaching excellence | 3 plus, the design of individual programs is influenced by a the existence of a customer friendly, integrated case management/service delivery system, which assesses needs and responds to needs in a seamless, timely, responsive 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 site, social media platforms, annual reports, press releases, brochures, etc.) exist but they are not products of a planning process which identified priority markets, communication goals and strategies, including branding, targeted messaging, etc. |
| 3—fully meets standard | The agency has adopted a written corporate marketing/communications plan with, goals, strategies and timetables. Accountability for plan execution is clear and the plan is aligned with agency Strategic Plan goals and progress is monitored and reported to senior management and the Board at least semi-annually.  |
| 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 effectively carry out their agency marketing responsibilities. |
| 5—excellent | 4 plus, the agency’s marketing plan is reviewed and, as needed, 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 nor board members demonstrate interest or initiative in seeking to increase and diversify agency revenue through efforts to generate unrestricted income from private/community sources. |
| 2—approaching achievement of standard | Agency board members and management acknowledge the need to raise unrestricted income however there is no expectation for board giving, there is no development plan, fundraising net revenue is limited and efforts are largely management driven. |
| 3—fully meets standard | Both agency management and Board members evidence a commitment to resource development that is reflected in an expectation of board giving, adoption of a Development Plan with assignment of staff and board responsibilities for the execution of the plan. |
| 4—exceeds standard; approaching excellence | The agency’s Development Plan is closely monitored by management and reported to the Board with Plan updates and revisions adopted as needed.  |
| 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? What success has the agency had in generating unrestricted revenue for the agency?*

*COMMENTS:*

***7. Disaster Recovery/Business Continuity Planning[[4]](#footnote-4)***

|  |  |
| --- | --- |
| 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 adopted an agency-wide Disaster Recovery/Business Continuity Plan which conforms to the definition listed under footnote #4 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:*

**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** |  |  |
| **7. Disaster Recovery Business Planning.** |  |  |
| **Total Score** |  |  |
| **Average Section Score** |  |  |

**B. Operational Management**

 **Documentation Required: See Checklist p. # 77**

***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 written policies and procedures for some programs but not others. Policies exist but are not routinely distributed to and reviewed with direct service staff to assure consistent understanding and implementation. |
| 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 | Individual Program policies are complemented by an agency wide 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 and updated on a periodic to address changing needs, regulatory/licensing/certification standards, customer feedback and performance reviews.  |
| 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 policies for some programs only documented in grant or contract documents? Are plans underway to draft standalone 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……..what input motivates policy reviews and updates (e.g., changes mandated by funders/regulations; existing or emerging best practice standards; agency strategic goals; customer feedback; evaluation findings, etc.)?*

*COMMENTS:*

***2. Strategic Relationships***

|  |  |
| --- | --- |
| 1—at risk | The agency does not take leadership in developing or strengthening strategic community relationships except when mandated by statute, contract or regulation. Evidence exists that more than one third of the agency’s existing formal Agreements are outdated and/or unsigned.  |
| 2—approaching achievement of standard | Selected programs within the agency have initiated, developed and maintain both active formal and informal strategic relationships designed to promote referrals, service delivery, communication, training, etc.  |
| 3—fully meets standard | The agency has developed and maintains active 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 consistently developed and evaluated with consideration of 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 at least every 3 years to assess their effectiveness, need and appropriateness. |
| Score: | Scoring Rationale: |

***2. Strategic Relationships***

 *Assessment Questions:*

*1. How are Strategic Relationships with local community groups/organizations initiated and maintained as commitment? Are these relationships primarily the product of specific mandates or a combination of mandates and agency initiatives aimed at promoting community policy development and service coordination?*

*2. Are relationships exclusively the products of individual program initiatives or, are these relationships reflections of agency wide interests and commitments? What factors influence the development of agency strategic relationships?*

*4. How often 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 both formal and informal linkages between some agency programs that are intended to promote customer improved awareness of services and intra program referrals. |
| 3—fully meets standard | The agency has designed and implemented a uniform, integrated, agency-wide customer service delivery system which operates on the principle that “every door is the right door” for timely and customer friendly access to information, services and support. |
| 4—exceeds standard; approaching excellence | The agency has developed a user friendly electronic data management system which supports centralized customer intake, assessment and service functions.  |
| 5—excellent | The agency has identified and has implemented or is developing policies and procedures which package complimentary services into a seamless service customer service experience (e.g., Weatherization and Public Health Promotion).  |
| 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. Has or is the agency planning to package complimentary services to offer a more seamless and responsive service experience for selected customers?*

*5. Has the agency developed relationships with community partners aimed at helping customer’s access services which the agency does not provide?*

*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 including 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 feedback is either not collected at all or: 1. the organization lacks a systematic approach for collecting, analyzing and reporting customer satisfaction data to the governing board, 2. A systematic approach to data collection exists but the information has not been collected/reported in +24 months, 3. Data is not included in the agency’s Community Assessment. |
| 2—approaching achievement of standard | A written, systematic approach to the collection, analysis and reporting of customer satisfaction data exists however data is collected only for a limited number of programs and/or the data has not been updated or reported to the board within the past 12 months.  |
| 3—fully meets standard | A written, systematic approach to the collection, analysis and reporting of customer satisfaction data exists covering all agency programs with data reported to the board on at least an annual basis. Data is routinely considered in updated Community Needs Assessments.  |
| 4—exceeds standard; approaching excellence | 3 plus, Examples exist where customer feedback data has influenced decisions to adjust program activity to improve the customer service experience.  |
| 5—excellent | 4 plus, At least every 2-3 years the agency conducts an agency-wide customer satisfaction survey with results reported to the board and agency stakeholders.  |
| Score: | Scoring Rationale: |

***5. Customer Satisfaction***

*Assessment Questions:*

*1. Is customer satisfaction feedback data collected by the agency? Is data collected only when mandated? Is data collected for some programs when not mandated?*

*2. Does the agency collect 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? Tow whom is the data reported?*

*3. Is customer satisfaction data used for agency marketing and/or to help assess program and agency 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 is 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 of 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 at least some applied consistently throughout the agency?*

*2. Have staff been informed of these policies and procedures? Is training provided? How are customers informed about these protections and procedures?*

*3. Have staff been trained on the implementation of agency customer privacy protection policies? How frequently is training offered?*

*4. How are policies reviewed and updated to assure compliance with mandates and best practices?*

*COMMENTS:*

***7. Electronic Communication Platforms.[[5]](#footnote-5)***

|  |  |
| --- | --- |
| 1—at risk | The agency either does not have a web site or, its existing Electronic Communication Platforms (e.g., web site, Social Media, etc.) fail to meet three of the four assessment criteria identified in Footnote #5. |
| 2—approaching achievement of standard | The agency’s Electronic Communication Platforms fail to meet two of the four assessment criteria identified in Footnote #5. |
| 3—fully meets standard | The agency’s Electronic Communication Platforms comply with three of the four assessment criteria listed in Footnote # 5.  |
| 4—exceeds standard; approaching excellence | 3, plus, the agency’s Electronic Communication Platforms meet all of the assessment criteria listed in Footnote # 5.  |
| 5—excellent | 4 plus, the agency assesses the use, functionality and effectiveness of its Electronic Communication Platforms on at least an annual basis.  |
| Score: | Scoring Rationale: |

 ***5***Assessment Criteria: 1. Authority: Responsibility and authority for platform management is documented and transparent; 2. Accessibility/Functionality: Platforms are designed to be user friendly with web site offering 2 click navigation and language accessibility; 3. Content: Information on the web site is timely, responsive to multiple and diverse users (e.g., service, employment, donations, agency info, language, etc.) and social media platform content is monitored and updated (as required) at least every 24 hours; 4. Marketing: Platform graphics, content (e.g., Mission) and messaging are aligned with: A consistent agency communications branding philosophy and plan.

***7. Electronic Communication Platforms.***

*Assessment Questions:*

*1. What media platforms does the agency support? How well do these platforms meet the assessment criteria listed in Footnote # 5?*

*2. How often is platform content monitored? By whom?*

*4. How often does the agency assess the utility, use and effectiveness of its media platforms? Examples of changes which were made in platforms to address issues or needs identified in periodic assessments?*

*COMMENTS:*

***8. Agency Risk Assessment and Planning[[6]](#footnote-6)***

|  |  |
| --- | --- |
| 1—at risk | The agency has not conducted an agency-wide risk assessment or assessment update in the past 2 years  |
| 2—approaching achievement of standard | A risk assessment has been completed in the past two years but the assessment was not agency-wide and/or the results of the assessment was never communicated to the Board of Directors. |
| 3—fully meets standard | The agency has conducted a timely agency-wide risk assessment and, based on the findings, a written Risk Management Plan has been adopted which meets the definition described in footnote # 6 below.  |
| 4—exceeds standard; approaching excellence | 3 plus, Reports of performance in achieving risk management goals are presented to the agency’s board and senior management and updated as needed. |
| 5—excellent | 4, plus. The agency has assigned responsibility for the conduct of risk assessment/QA monitoring and reporting to a senior manager who reports directly to the agency’s ED/CEO. |
| Score: | Scoring Rational: |

 ***8. Agency Risk Assessment and 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 agency’s management and e board made an effort to create a culture of ethical behavior and risk management within the agency? How?*

*COMMENTS:*

***9.*** ***Diversity. [[7]](#footnote-7)***

|  |  |
| --- | --- |
| 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. Considerations of diversity are 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 [[8]](#footnote-8) 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: |

***9.*** ***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:*

**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. Electronic Communication Platforms** |  |  |
| **8. Risk Assessment and Planning** |  |  |
| **9. Diversity.** |  |  |
| **Total Score** |  |  |
| **Average Section Score** |  |  |

# **Governance**

**Documentation Required: See Checklist p. # 74.**

***1. Board Size and Composition***

|  |  |
| --- | --- |
| 1—at risk | The size and/or composition of the agency’s Board of Directors does not comply with CSBG governance regulations. Vacancies have existed for 6+ months.  |
| 2—approaching achievement of standard | The composition and/or size of the agency’s Board fails to comply with Federal/State CSBG governance regulations and/or agency Bylaw size and composition requirements. Vacancies have existed for 5 months. |
| 3—fully meets standard | The agency’s Board is in full compliance with agency Bylaw requirements and Federal/State CSBG regulations or, if vacancies exist, the vacancy has only existed for up to 4 months and evidence exists of agency recruitment efforts during that time. |
| 4—exceeds standard; approaching excellence | 3, plus the agency has assessed it membership needs and developed a written Board Recruitment Plan which proactively identifies organizational membership/leadership needs. |
| 5—excellent | 4 plus, the agency routinely reviews and, as needed, updates its Bylaws and governance policies to assure clarity, simplicity and flexibility in maintaining a capacity to comply with CSBG regulations and address agency leadership needs.  |
| Score | Scoring Rationale: |

***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/Recruitment Plan which proactively identifies membership needs, priorities and recruitment strategies?*

*COMMENTS:*

 ***2. Agency Bylaws 8***

|  |  |
| --- | --- |
| 1—at risk | The agency’s Bylaws are not in compliance with CSBG regulatory language (Footnote Items q, r and s) and/or are not in compliance with 5 or more of the standards listed in Footnote # 9 and/or have not been reviewed with legal counsel in the past 5 years and/or have not been distributed to Board members in the past 2 years. |
| 2—approaching achievement of standard | The agency’s Bylaws have been reviewed by legal counsel in the past 5 years and are in compliance with CSBG regulations but fail to comply with 3-4 of the standards listed in Footnote # 9. |
| 3—fully meets standard | The agency’s Bylaws are in compliance with CSBG regulations and, comply with at least 18 of the 20 standards identified in Footnote # 9 and have been reviewed by legal counsel in the every 5 years and distributed to Board members in the past 2 years. |
| 4—exceeds standard; approaching excellence | 3 plus, the agency’s Bylaws fully meet all 20 Standards listed in Footnote #9, responsibility for conducting periodic reviews is clearly assigned and the agency’s Articles of Incorporation are reviewed along with the Bylaws every 5 years.  |
| 5—excellent | 4 plus the agency offers Board members training on effective governance practices and the Bylaws are routinely reviewed and updated every 2-4 years. |
|  |  |

 8 Legal and Best Practice Standards:

a. Prohibition against Board and Committee proxy voting is stated.

b. Essential duties and responsibilities of Board members are stated.

c. Standard 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 Board meetings is stated.

i. Titles, terms and responsibilities of Corporate Officers 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 Committee membership will, to the degree possible, reflect the tripartite composition of the Board.

l. Procedures are stated for the election of officers and 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, being counted in determining a quorum or being allowed to vote if the primary Board member is present.

o. Term limits for Board members and Officers are clearly stated.

p. Responsibility for the timely evaluation of the agency’s Executive/CEO is assigned and transparent.

q. Provision is made for respecting right of Petition for Board representation.

r. Board size and composition language comply with CSBG regulations and applicable.

s. Low income democratic selection policies and procedures and residency requirement language comply with CSBG

 regulations.

t. The Chief Executive Officer or Executive Director of the corporation is not recognized as a Board member.

***2. Agency Bylaws***

*Assessment Questions:*

*1. Are the agency’s Bylaws in compliance with CSBG regulatory compliance standards? If no, what are the areas of noncompliance referencing footnote # 9?*

*2. How many of the 20 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? Is there documentation that the Bylaws have been reviewed by legal counsel in the last 5 years? Who is responsible for conducting the review of the Bylaws? Is this responsibility documented/transparent?*

*4. Are all new Board members given a copy of the Bylaws? Does the agency provide the Board training on corporate governance and oversight? How often? Are Bylaws addressed in these presentations?*

*5. Are the agency’s Articles of Incorporation reviewed before adoption of Bylaw changes to assure alignment and consistency?*

*COMMENTS:*

 ***3. Board Roles and Responsibilities[[9]](#footnote-9)***

|  |  |
| --- | --- |
| 1—at risk | The Board fails to assume 5 or more of the 16 standards listed in Footnote # 10  |
| 2—approaching achievement of standard |  The Board fails to assume between 2-4 of the roles and responsibilities listed in Footnote # 10. |
| 3—fully meets standard | The Board consistently assumes all but 1 of the standards listed in Footnote # 10 and documentation exists that these responsibilities are reviewed with new Directors during Orientation and in ongoing formal and informal trainings.  |
| 4—exceeds standard; approaching excellence | The Board complies with all of standards listed below and active Committees are used to help advise the Board and allow it to use its time and resources productively. |
| 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: |

***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 listed in Footnote # 10 is being assumed by the Board? Which roles/responsibilities are not being addressed? Are there plans to address any of the items which are not currently being addressed?*

*3. Are Board member roles and responsibilities reviewed with new Board members? Please explain how/when this is done? Is training on governance roles and responsibilities provided to Board members on a formal or informal basis?*

*4. What role(s) do Committees play in helping the Board carry out its responsibilities? Are the 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 not provided reports at each scheduled meeting which summarize financial\* and programmatic information required to assist the Board exercise its oversight responsibilities. Strategic Plan progress updates are not provided to the Board on at least an annual basis. The Board has not received a report summarizing the agency’s annual audited financials and/or a copy of the agency’s most recent 990 Report filing.  |
| 2—approaching achievement of standard | The Board receives regular financial\* and programmatic updates but one or both are not provided in advance of each scheduled meeting and evidence exists that the information provided is incomplete, outdated or inaccurate.  |
| 3—fully meets standard | The Board receives timely, accurate financial and programmatic reports in advance of each scheduled meeting. Reports on Strategic Plan benchmarks, Audited Financials, 990 Reports and Customer Satisfaction feedback are provided to the Board on an annual basis. |
| 4—exceeds standard; approaching excellence | The agency has developed and is using dashboard metrics to summarize performance information in one or more of following management functions: Finance, Programs, Human Resources, Strategic Plan progress, Fundraising, etc.). |
| 5—excellent | The Board conducts an annual performance assessment which includes question(s) regarding the quality, frequency and utility of reports provided to the board.  |
| Score: | Scoring Rationale: |

***\*****Complete Financial Board reporting must at minimum include: 1. An organization-wide report on revenue and expenditures that compares budget to actual for the agency and program cost centers and, 2. Balance sheet statement of financial position.*

 ***4. Keeping the Board Informed***

*Assessment Questions:*

*1. Describe the types and frequency of financial, program performance and Strategic Plan progress information provided to the Board.*

*2. Are reports consistently provided to Board members 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 distributed to Board members for review?*

*5. If the agency conducts a Board Assessment, does the 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?*

*7. Has the agency adopted the use of dashboard indicators to assist in communicating performance information to Board members? If yes, what metrics are being used? If no, is the agency considering developing/using metric indicators in the future?*

*COMMENTS:*

***5. Board Training and Orientation***

|  |  |
| --- | --- |
| 1—at risk | The agency does not provide a structured Agency Orientation program for new members within 6 months of election and/or the agency does not offer training to Board members on either a formal or informal basis. Board members are not provided a copy of the agency’s Bylaws. |
| 2—approaching achievement of standard | The agency provides a structured Agency Orientation for new members within 6 months of election and provides training on board member responsibilities at least every 2 years but, new members are not provided a Board Manual/Handbook or Conflict-of-Interest policy/disclosure form.  |
| 3—fully meets standard | The agency provides a structured Agency Orientation program for new members within 60 days of election which includes distribution of a Board Manual/Handbook and a Conflict-of-Interest policy/disclosure form. Board training on 1-2 topics other than roles and responsibilities is provided every 2 years. |
| 4—exceeds standard; approaching excellence | 3 plus, the agency supplements the Orientation for new members with a Mentoring Support option and a formal 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 the timing and procedure used 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 a training on Board roles and responsibilities provided at least once every 2 years? 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 have a written policy requiring the conduct of annual appraisals of the agency’s Executive/CEO or, a policy exists but an appraisal has not been conducted in the past 2 years. Responsibility for initiating and conducting the Executive’s evaluation is unclear thereby creating confusion and delays.  |
| 2—approaching achievement of standard | Responsibility for conducting annual appraisals of the agency’s Executive/CEO performance is clear and documented but appraisals are historically often unreasonably delayed (e.g., 6 months) and the current assessment is at least 6 months overdue. |
| 3—fully meets standard | The Board consistently conducts timely annual appraisals of the agency’s Executive/CEO performance using a structured, interactive process which is primarily performance focused. Appraisal conclusions inform compensation adjustments and are reported to the Board in a timely fashion.  |
| 4—exceeds standard; approaching excellence | 3 plus, the Executive/CEOs Position Description is reviewed and, as needed updated during the course of each annual 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: |

***6. 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 conducted…who provides input?*

*2. During the past two - three 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? Are results used to inform ED/CEO compensation recommendations? Are appraisal results summarized and shared with the full Board in a timely fashion?*

*5. Is the appraisal process evaluated to identify opportunities for improvements in content and process? How often?*

*COMMENTS:*

***7. Executive Compensation***

|  |  |
| --- | --- |
| 1—at risk | The Board does not have a written policy or practice of reviewing and approving CEO/ED compensation within every calendar year.  |
| 2—approaching achievement of standard | The Board has a policy mandating the review and approval of CEO/ED compensation every calendar year but evidence exists that the policy is either not being implemented and/or the policy fails to meet critical IRS “rebuttable presumption” requirements including approval authorization, conflict-of-interest protections, comparable data review and adequate/timely documentation of actions.  |
| 3—fully meets standard | The Board has and is fully implementing a policy and practice mandating the review and approval of CEO/ED compensation every calendar year and, the policy fully addresses IRS requirements. |
| 4—exceeds standard; approaching excellence | The Board annually reviews compensation data that is timely and appropriate considering mission, size and scope of responsibilities. |
| 5—excellent | The agency’s policy and practice was reviewed by legal counsel in the past 3 years.  |
| Score: | Scoring Rationale: |

***7. Executive Director Compensation.***

*Assessment Questions:*

*1. What is the agency’s policy on reviewing and approving Executive compensation?*

*2. Has the agency’s Board reviewed and approved the Executive’s compensation in the past calendar year?*

*3. Is the policy and procedure being used reasonably compliant with the IRS guidelines?*

*4. What is the data source(s) used to assess the reasonableness of Executive compensation?*

*5. Has the agency’s policy and practice been reviewed by legal counsel? How recently?*

*COMMENTS:*

***8. Conflict of Interest.***

|  |  |
| --- | --- |
| 1—at risk | The agency does not have written corporate Conflict of Interest Policy(s) which cover core groups (i.e., Board and Staff) and meets regulatory standards including Board member policy sign off at least every 2 years. Evidence documents the existence of multiple agency policies which differ in content, coverage or practice.  |
| 2—approaching achievement of standard | The agency has developed policies and procedures some of which comply with regulatory standards however, multiple policies exist which conflict or confuse consistent understanding and application.  |
| 3—fully meets standard | The agency has developed consistent policies and procedures which comply with standards, apply to Board and staff, and are routinely circulated to covered groups with signed acknowledgements. Conflict disclosure forms are updated annually and policies are applied in a timely and consistent manner.  |
| 4—exceeds standard; approaching excellence | 3 plus the agency has adopted a Corporate Code of Ethical Conduct which applies to Board, Staff and agency Volunteers and is communicated to Contractors and Consultants  |
| 5—excellent | 4 plus, the agency’s policies are reviewed and updated as need, experience or legal mandates require. |
| Score: | Scoring Rationale: |

 ***8. Conflict of Interest.***

*Assessment Questions:*

*1. Please describe the agency’s Conflict-of-Interest policies. Do multiple policies exist which are inconsistent or in conflict with each other? 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? Has the agency developed a Code of Conduct? Who is covered by this Code…..has the Code been communicated to key audiences?*

*4. How are violations reported, investigated and addressed?*

*COMMENTS:*

***9. Executive Succession Planning***

|  |  |
| --- | --- |
| 1—at risk | The agency has not adopted an Executive/CEO Succession Plan or, has adopted a Plan which fails to detail procedures for covering and emergency/unplanned, short-term absence of 3 months or less as well as outlines the process for filling a permanent vacancy. |
| 2—approaching achievement of standard | The agency has a Succession Plan but it fails to cover ED/CEO service interruptions including: 1. Short term (up to 3 months), 2. Intermediate term (+ 3months with intent to return) or, 3. Permanent planned or unplanned employment separations.  |
| 3—fully meets standard | The Board has adopted a written Executive/CEO Succession Plan that addresses short and intermediate term absences as well as 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: |

***9. 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. Executive Compensation.** |  |  |
| **8. Conflict of Interest Policy** |  |  |
| **9. Executive Succession Planning** |  |  |
| **Total Score** |  |  |
| **Average Section Score** |  |  |

**D. Information Technology**

 **Required Documentation: See Checklist p. # 78.**

## ***1. IT Management and Administration***

|  |  |
| --- | --- |
| 1—at risk | Responsibility for the management of the agency’s IT function is assumed by various individuals with limited experience and training and with limited centralized management supervision or support. |
| 2—approaching achievement of standard | IT administrative responsibilities have been assigned to a central IT technician with little systems management training or experience and/or outsourced to a vendor narrowly focused on the management of IT infrastructure. |
| 3—fully meets standard | IT management responsibilities have been assigned to a manager with IT experience and expertise who has responsibility for agency-wide IT administration and/or outsourced to a vendor with a portfolio including IT infrastructure, security/customer support, policy consultation, training, etc. A written contingency IT management staffing plan has been adopted to address the continuity of operations during staff absences or vacancies.  |
| 4—exceeds standard; approaching excellence | 3, The IT manager has a CDMP (Certified Data Management Professional) Practitioner ( 2-10 years experience plus a 70%+ score on Data Fundamentals Exam (DFE) or equivalent e.g., 2- 10 years experience plus 2 year college or technical institute degree with an IT related course concentration).  |
| 5—excellent | 4, The IT manager has a CDMP-Master ( + 10 years’ experience plus 80%+ score on DFE exam certification or equivalent certification(e.g., (6 + years of experience plus 4+yr college graduation or 4 years technical institute certification with an IT related course concentration).  |
| 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. Who supervises this position? Describe the scope of IT support service(s) provided by a vendor under contract with the agency.*

*2. What IT training and experience does this IT manager have? Does the IT Manager have CDMP- Practitioner (e.g., 2-10 years’ experience,70% pass Data Management Fundamentals Exam plus 70% pass in 2 Specialist exams or equivalent certification (e.g., 2-6 years’ experience plus 2 year college/technical training institute degree with IT specialty course content)?*

*3. Does the IT Manager have CDMP-Master (Minimum 10 years’ experience and 80% pass Data Management Fundamentals Exam and 80% pass in 2 Specialist Exams.) or equivalent certification (e.g., Minimum 7 years’ experience plus 4 year+ college degree with IT related specialty course content.*

*4. Has the agency adopted am IT Contingency staffing plan?*

*COMMENTS:*

## ***2. IT Training 10***

|  |  |
| --- | --- |
| 1—at risk | The agency does not provide to either new or existing network users any formal orientation or training related to either IT supported software applications and/or user use/security policies and procedures. Informal IT orientation and training may be offered to selected users by supervisors or colleagues but timing, access and content vary throughout the organization. |
| 2—approaching achievement of standard | A formal IT orientation program is provided to all new network users which includes a review of software applications and appropriate agency-wide IT operations policies and procedures however the agency does not provide/sponsor supplemental IT trainings for network users.  |
| 3—fully meets standard | 2, plus all network users are provided an IT Security Risk Prevention/Mitigation education program at least every 24 months. Training is provided to all appropriate staff when new technology, software applications, equipment or use policies are adopted.  |
| 4—exceeds standard; approaching excellence | 3, plus all network users are provided an IT Security Risk Prevention/Mitigation education program every 12 months and supplemental trainings are designed based on both user feedback and demands associated with the achievement of organizational strategic goals.  |
| 5—excellent | 4, plus network use experience and potential vulnerabilities are routinely monitored, tested and audited to target user education efforts to areas of greatest risk to network integrity.  |
| Score: | Scoring Rationale: |

## ***2. IT Training***

*Assessment Questions:*

*1. Please describe what, if any efforts, are made to inform new network users 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 frequently is Network Security and other network use trainings provided? How are needs assessed?*

*3. How does the agency monitor network use to address both emerging and existing weaknesses and vulnerabilities.*

*COMMENTS:*

***3.IT Network Operations Policies and Procedures***

|  |  |
| --- | --- |
| 1—at risk | The agency has not adopted any organization-wide IT operations policies/procedures or, policies and procedures exist but only cover 4 or fewer of the Critical Policy Elements requirements and/or have not been reviewed in 5+ years.  |
| 2—approaching achievement of standard | The agency has adopted system-wide IT operations policies and procedures that cover at least 5 of the Critical Policy Elements but they are not bundled into an accessible, user friendly Manual/Handbook and/or have not been reviewed in the past 3-5 years.  |
| 3—fully meets standard | The agency has a integrated IT Policy Manual that addresses all 6 of the Critical Policy Elements and is routinely reviewed and updated as required at least every two years. |
| 4—exceeds standard; approaching excellence | 3 Plus the IT Policy Manual is reviewed and updated as required on an annual basis and periodic system security testing and audits are scheduled to identify existing/potential network vulnerabilities. |
| 5—excellent | 4, Plus the agency has obtained SSL (Secure Sockets Layer) or equivalent certification of network security. |
| Score: | Scoring Rationale:  |

***3.IT Network Operations Policies and Procedures.***

***Critical IT Systems Policy Elements:***

***1 Acceptable Network Use Policies/Procedures***

***2 Network Security – Risk Mitigation/Management Policies/Procedures Including Adequate Cyber-Security Insurance Coverage***

***3 User Support and Training Policies and Procedures.***

***4 Network Contingency Operations and Breech Management Plans.***

***5 Protection and Disposal of Confidential Information.***

***6 Network Documentation and Annual Inventory Policies/Procedures.***

Are policies bundled into an integrated, accessible Manual/Handbook?

How frequently are IT policies/procedures reviewed?

How many Critical Policy Elements are covered by current agency policies?

Are periodic tests/audit of network security scheduled during the year?

Network independent certification?

*COMMENTS:*

***4. IT Equipment Inventory.***

|  |  |
| --- | --- |
| 1—at risk | The agency has not conducted an inventory of IT equipment in the past 3 years+.  |
| 2—approaching achievement of standard | The agency has not conducted an inventory of IT equipment in the past 2 years or, the agency conducts annual inventory of equipment but documentation is incomplete. |
| 3—fully meets standard | The agency conducts an annual inventory of IT equipment and the documentation includes at least the following information: Description of Equipment, Date of Purchase, Location/User Assignment, ID #, Funding Source. |
| 4—exceeds standard; approaching excellence | 3, plus data from the IT Inventory is routinely considered in agency budgeting. |
| 5—excellent | 4, plus the IT Inventory is routinely updated during the year as new equipment is acquired or existing equipment is disposed.  |
| Score: | Scoring Rationale: |

***4. IT Equipment Inventory***

*Assessment Questions:*

*How does the agency conduct an inventory of IT equipment? When was the last inventory completed?*

*Does the Inventory documentation include information on the areas listed in Standard # 3?*

*How is the Inventory used in agency budgeting?*

*How often during the year in the Inventory updated?*

*COMMENTS:*

***5. IT Network Security***

|  |  |
| --- | --- |
| 1—at risk | There are no written IT Security policies in place or, policies exist but address only up to 5 of following risk areas: 1. Secure off-site backup data storage, 2. Contingency Operations Recovery, 3. Internet use and Intrusion/Filtering protections (Firewalls, Anti-Virus, Spam, Malware, etc.), 4. Password management and user security authorizations, 5. Virtual meeting, desktop and mobile device use/security, 6 Unauthorized software copying or installation 7.Breech/risk system monitoring/testing/reporting, 8. User network security training and 9. Cyber Security Insurance coverage.  |
| 2—approaching achievement of standard | There are written policies covering at least 7 of the 9 topics highlighted above.  |
| 3—fully meets standard | There are written IT Security policies and procedures that cover all 9 of the topics described in Cell #1. Network security information is reviewed with new staff and combinations of direct and virtual trainings addressing network security topics are provided to users at least every 2 years. |
| 4—exceeds standard; approaching excellence | 3, plus user training and IT Security policies and cyber insurance coverages are reviewed and updated as needed on an annual basis.  |
| 5—excellent | 4, plus the agency has created an incentive/reward program for users to report both system vulnerabilities and suggestions for strengthening network security.  |
| 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 often are IT Security policies reviewed and updated? How are security protocols communicated to staff and with what frequency?*

*3. Does the agency have cyber security insurance coverage? How often is the policy reviewed to assure reasonable levels of protection?*

*4. Does the agency have a program which offers incentives for users to help ID network vulnerabilities and/or suggestions for strengthening current policies and practices?*

*COMMENTS:*

***6. Electronic Media Platform Technical Support***

|  |  |
| --- | --- |
| 1—at risk | Responsibilities for providing technical support to develop and/or support agency electronic media platforms (e.g., web site, social media, etc.) are not documented creating confusion, risks and frustration for both users and managers.  |
| 2—approaching achievement of standard | Documentation of technical support responsibilities exist but are incomplete, outdated, inconsistently applied, are confusing or in conflict with other policies or staff/vendor assignments.  |
| 3—fully meets standard | Responsibilities for Electronic Media Platform technical support are clear, well documented and consistently understood and applied.  |
| 4—exceeds standard; approaching excellence | 3, plus a close and effective working relationship exists between the individual(s) assigned to oversee/manage/monitor the content of the platforms (e.g. web, social media) and the individual(s) assigned to provide technical support for the platforms.  |
| 5—excellent | 4, plus an annual assessment of site maintenance and support needs is undertaken to improve site accessibility, functionality and risk mitigation.  |
| Score: | Scoring Rationale: |

***6. Electronic Media Platform Technical Support***

*Assessment Questions:*

*1. What Platforms does the agency currently sponsor/support? Who is responsible for the design and technical maintenance/support of these agency Platforms?*

*2. Are responsibilities for Platform technical support clearly documented (e.g., Job Description, Policy Manual, Contract, etc) both in house and/or outsourced? Are these responsibilities clear and do they guide actual practice?*

*3. How are needs for technical IT web site support communicated? Who receives these requests and authorizes service?*

*4 What is the nature of the working relationship between the person(s) assigned to manage platform use and platform technical 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’s client data management system is unable to collect, store, track and report family, agency and/or community outcomes and/or an analysis of the agency’s service outcomes in compliance with both ROMA and CSBG-COE Standards 9.1 – 9.4. |
| 2—approaching achievement of standard | The agency’s client data management system is able to collect, store, track and report family, agency and/or community outcomes in compliance with both ROMA and CSBG-COE Standards 9.1; 9.2 and 9.4 but reports to the Board (Standard 9.3) have exceeded 12 months. |
| 3—fully meets standard | The agency’s client data management system is able to collect, store and report timely and accurate data which complies with requirements of both ROMA and CSBG-COE Standards 9.1 – 9.4.  |
| 4—exceeds standard; approaching excellence | 3, plus the agency’s data management system is designed to support an seamless, agency-wide client enrollment/intake, assessment and case management program which operates on the principle of “every door the right door.” |
| 5—excellent | 4, plus agency management consistently seeks user feedback from key audiences (e.g., staff, board/committee, funders) 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 software currently being used to collect and report customer demographic and service related data.*

*2. Using bridges and related tools is the agency able to generate reports which track and report both client demographic and case management data to comply with CSBG-COE 9.0 standards? Is the agency able to produce an unduplicated report of clients served during a 12 month reporting period?*

*3. Does the current software support a centralized agency intake, assessment and case management system?*

*4. What types of reports are routinely prepared……for whom………..how frequently? How are types, format, and frequency of reports influenced by user feedback/suggestions?*

*COMMENTS:*

## ***8. IT Network User Training Support.***

|  |  |
| --- | --- |
| 1—at risk | The agency fails to provide two or more of the following IT user supports: 1. Uniform IT Network Use Orientation overview for new staff, 2. A centralized, accessible user Help Desk resource or, 3. Staff training related to system use or new or existing software applications or equipment.  |
| 2—approaching achievement of standard | The agency fails to provide one of the three User Supports listed above. |
| 3—fully meets standard | The agency provides: 1. A uniform IT Network Use overview as part of the Orientation for new staff, 2. A centralized, accessible Help Desk resource for network users and, 3. Periodic training for agency staff related to IT topics including security, new software and equipment, etc.  |
| 4—exceeds standard; approaching excellence | 3 plus Help Desk contacts are triaged based on risk and need but all requests are followed-up within 8 hours of receipt and staff IT Use Security training is provided on an annual basis. . |
| 5—excellent | 4, Efforts are made to solicit user feedback on IT support needs (e.g., Survey Monkey, User Committee, Staff Meetings, etc).  |
| Score: | Scoring Rationale: |

***8. IT Support***

*Assessment Questions:*

*1. How are network users informed about how to access support to address IT issues, problems or concerns?*

*2. Who/how are requests for IT helpdesk assistance processed and addressed? Do these policies and procedure apply agency wide or are different site locations handled differently? Do standards exist for timely response to helpdesk requests for assistance?*

*3. Is helpdesk data analyzed to assess training/equipment/software upgrade needs?*

*4. Are efforts made to solicit user feedback on IT user support needs/suggestions?*

*COMMENTS:*

**Summary Team Scores**

**Information Technology**

|  |  |  |
| --- | --- | --- |
| **Standard** | **NIQCA Score** | **Agency Score** |
| **1. IT Management and Administration** |  |  |
| **2. IT Training** |  |  |
| **3. IT Network Operations Policies and Procedures** |  |  |
| **4. IT Equipment Inventory** |  |  |
| **5. IT Network Security** |  |  |
| **6. Electronic Media Platform Technical Support.** |  |  |
| **7. Electronic Customer Data Management and Integration** |  |  |
| **8. IT Network User Training and Support** |  |  |
| **Total Score** |  |  |
| **Average Section Score** |  |  |

**E. Human Resources**

 **Required Documentation: See Checklist p. # 75.**

***1. Human Resources Policies[[10]](#footnote-10)***

|  |  |
| --- | --- |
| 1—at risk | Written HR policies conflict with actual agency practice; have not been reviewed with legal counsel with revisions approved by the board in +5 years; are not routinely made available to employees or, employees are not notified of policy changes or, are missing critical policies or conflict with legal requirements/regulations.  |
| 2—approaching achievement of standard | Written HR polices exist that are reasonably complete and are circulated with updates to employees with appropriate documentation however, the policies have not been reviewed with legal counsel with revisions approved by the board in the past 4 years |
| 3—fully meets standard |  Written HR policies and procedures are complete, well documented and have been reviewed with legal counsel in the last 3 years with Board approval of revisions and are routinely disseminated to all employees with receipt acknowledged upon hire or, policy changes.  |
| 4—exceeds standard; approaching excellence | 3 plus, Periodic trainings are provided to managers and supervisors to assure understanding and uniform application of agency HR policies. |
| 5—excellent | 4 plus, the agency maintains a relationship with a Labor Counsel to assist in addressing issues/questions related to litigation and risk management concerns.  |
| 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 frequently policies are reviewed. Are policies reviewed by legal counsel?*

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

*3. Are there issues as illustrated in Cell #1 or #2 which exist related to HR policy documentation, review, administrations, etc.? What are these issues?*

*4. How are employees informed of HR policy changes?*

*COMMENTS:*

***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. Whistleblower Protection Policy***

|  |  |
| --- | --- |
| 1—at risk | The agency does not adopted a written Whistleblower Protection Policy or multiple policies exist that are inconsistent in scope, coverage, compliance reporting, protection of reporters, etc.  |
| 2—approaching achievement of standard | The agency has adopted a Whistleblower Protection Policy however, the Policy fails: 1. Cover the agency’s Staff, Board of Directors and Volunteers; 2. ID optional Reporting/Compliance Officers within and separate from management; 3. Provide protection from retribution for good faith reporting; 4. Specify how to contact designated Compliance Officers; 5. Explain sanctions for false reporting. The agency’s Policy is complete however; it has not been distributed to covered groups.  |
| 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 new and current staff, volunteers and Board members.  |
| 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, use 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: |

 ***3. 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, Board and volunteers? How?*

*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:*

***4.******Job Descriptions***

|  |  |
| --- | --- |
| 1—at risk | There are no job descriptions or job descriptions for are not available for all positions or descriptions have not been reviewed and updated as needed in +5 years. |
| 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, Physical Demands, etc.); 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 and have been reviewed in the past 5 years. |
| 4—exceeds standard; approaching excellence | 3. Plus, Descriptions are routinely reviewed during employee annual performance reviews.  |
| 5—excellent | 4, Plus Policies and procedures exist to centrally manage the creation and elimination of position descriptions. |
| Score: | Scoring Rationale: |

***4.******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:*

***5. Performance Appraisals***

|  |  |
| --- | --- |
| 1—at risk | The agency has no written policies regarding the conduct of annual employee performance appraisals or, written policies and procedures exist but they do not specify the conduct of regular reviews or, are that policies and practices are neither uniform in content and/or administration.  |
| 2—approaching achievement of standard | Written uniform annual performance appraisal policies exist but they do not specify that reviews are to be conducted on an annual basis and or procedures/forms fail to ID performance or staff training/development goals |
| 3—fully meets standard | Written, uniform policies, forms and procedures exist mandating the conduct of annual employee performance appraisals. Policies are uniformly applied throughout the agency, employees are encouraged to participate in the annual appraisal process and appraisal Forms and procedures are transparent, user friendly and performance focused. |
| 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: |

***5. Performance Appraisals***

*Assessment Questions:*

*1. Do written agency policies and procedures exist to direct/guide the conduct of annual 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:*

***6.*** ***Employee Wage and Salary Administration Plan.***

|  |  |
| --- | --- |
| 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: |

***6.*** ***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:*

***7.*** ***Staff Training and Development. 12***

|  |  |
| --- | --- |
| 1—at risk | No staff training is offered to employees. |
| 2—approaching achievement of standard | Staff training is offered but content is limited to mandatory content  |
| 3—fully meets standard | The organization provides staff training/development beyond mandatory requirements on an on-going basis based on feedback from employee appraisals, strategic goals and customer feedback. |
| 4—exceeds standard; approaching excellence | 3 plus, the agency has a written staff development and training plan[[11]](#footnote-11) 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 |  The agency provides subsidies and/or schedule flexibility for staff to enroll in courses aimed at improving knowledge and skills essential to improve productivity, secure certification and promote career advancement. |
| Score: | Scoring Rationale: |

***7.*** ***Staff Orientation and Development***

*Assessment Questions:*

*1. 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.?*

*5. Does the agency offer subsidies and/or schedule flexibility for staff to enroll in courses aimed at improving skills and knowledge?*

*COMMENTS:*

***8. Employee Orientation.***

|  |  |
| --- | --- |
| 1—at risk | The agency does not provide new employees an agency Orientation until after 60 days of hire. |
| 2—approaching achievement of standard | The agency provides new employees an agency Orientation with 45 days of hire. |
| 3—fully meets standard | The agency provides new employees an agency Orientation within 30 days of hire. |
| 4—exceeds standard; approaching excellence | The agency provides new employees an agency Orientation within 10 days of hire. |
| 5—excellent | The agency provides new employees an agency Orientation with 5 days of hire.  |
| Score: | Scoring Rationale: |

***9.. Volunteers***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1—at risk | The agency is unable to document the number of volunteers it supports or the hours of service volunteers have provided during the past 12 months. |  |  | The agency does not provide new employees an agency Orientation until after 60 days of hire. |
| 2—approaching achievement of standard | The agency can document either the number of volunteers serving the agency but is unable to track/document the hours of service provided by the volunteer in the past 12 months. |  |  | The agency provides new employees an agency Orientation with 45 days of hire. |
| 3—fully meets standard | The agency is able to document both the number of volunteers it supports as well as the hours of service provided in the past 12 months. |  |  | The agency provides new employees an agency Orientation within 30 days of hire. |
| 4—exceeds standard; approaching excellence | Agency volunteers are provided job descriptions and assigned to supervisors who help provide support and track service activity through submission of activity time sheets. |  |  | The agency provides new employees an agency Orientation within 10 days of hire. |
| 5—excellent | Training and recognition is offered to volunteers to promote productivity and morale. |  |  | The agency provides new employees an agency Orientation with 5 days of hire.  |
| Score: |  |  |  | Scoring Rationale: |

***9. Volunteers.***

*Assessment Questions: 1. Is the agency able to document volunteers and service hours on an annual basis?*

*2. Are agency volunteers provided supervision and written job descriptions?*

*3. Does the agency provide training and recognition opportunities for volunteers?*

**Summary Team Scores**

**Human Resources Section**

|  |  |  |
| --- | --- | --- |
| **Standard** | **NIQCA Score** | **Agency Score** |
| 1. Human Resources Policies |  |  |
| 2. Human Services Management |  |  |
| 3. Whistleblower Policy |  |  |
| 4. Job Descriptions. |  |  |
| 5. Performance Appraisals |  |  |
| 6. Employee Wage and Salary Plan |  |  |
| 7. Employee Training and Development |  |  |
| 8. Employee Orientation. |  |  |
| 9. Volunteers |  |  |
| **Total Score** |  |  |
| **Average Section Score** |  |  |

# **F. FINANCE AND BUDGET**

 **Required Documentation: See Checklist p. # 76**

## ***1. Financial Policies****[[12]](#footnote-12)*

|  |  |
| --- | --- |
| 1—at risk | No written financial control policies exist or, written policies exist but have not been reviewed by staff in the past 2 years with updates approved by the governing board. Current policies: 1. Exhibit serious gaps or confusion in coverage (e.g., segregation of duties; procurement, document retention/destruction) and/or, 2. Appear to be inconsistent with actual practice. Agency’s most recent annual audit has identified material weaknesses or significant deficiencies associated with the absence or application of agency financial policies and practices. |
| 2—approaching achievement of standard | Written fiscal policies and procedures exist with minor weaknesses or omissions and/or policies have been reviewed in the past two years but updates have not been approved by the agency’s governing board. |
| 3—fully meets standard | Written complete financial policies exist which have been reviewed within the last 2 years with updates approved by the governing board.  |
| 4—exceeds standard; approaching excellence | 3, plus polices are organized in an integrated Manual which is accessible to appropriate staff for purposes of reference and training. |
| 5—excellent | 4, plus polices are reviewed by staff and, as necessary, are updated every year with board approval. |
| Scor | Scoring Rationale: |

***1. Financial Policies.***

*Assessment Questions:*

*1. Are the agency’s financial 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? Is agency practice consistent with policy?*

*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? Were changes approved by the agency’s Board of Directors? Is there a written policy which requires every 1-2 years?*

*COMMENTS:*

***2. Accounting Practices.***

|  |  |
| --- | --- |
| 1—at risk | The agency fails to comply with 2 or more of the following standard accounting reconciliation policies on a timely basis (20th 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 Practices.***

*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 | The agency has not adopted an agency organization-wide budget. |
| 2—approaching achievement of standard | The agency has adopted an agency organization-wide budget but budget approval occurred following the start of the agency’s fiscal year and/or the budget was exclusively prepared by the agency’s CFO/Fiscal Director without input from senior program staff or an assigned/designated Board Committee (e.g., Finance).  |
| 3—fully meets standard | The agency’s Board of Directors adopted an agency organization-wide budget prior to the start of the fiscal year and the budget planning process provided opportunities for senior program staff and assigned committee volunteers to participate.  |
| 4—exceeds standard; approaching excellence | 3, plus the budget is presented in a functional format that summarizes revenue sources and direct/indirect expenses by cost center and function (e.g., Programs, Admin., Fund Raising).  |
| 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. Has the agency adopted an organization-wide budget? Was the budget approved by the agency’s Board prior to the start of the fiscal year?*

*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 a Board Committee afforded the option of reviewing the agency’s budget proposal prior to submission to the Board for approval?*

*5. What factors are considered in building the agency’s budget?*

*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. Agency Wide Internal Financial Reporting***

|  |  |
| --- | --- |
| 1—at risk | The agency’s board does not receive copies of the following reports at each regularly scheduled meeting: 1. Organization-wide report on revenue and expenses that covers budget to actual experience by agency and program an, 2 A Balance sheet/statement of financial position.  |
| 2—approaching achievement of standard | Financial reports described above are provided at each regularly scheduled board meeting however, the reports are not distributed to board members in advance of meetings.  |
| 3—fully meets standard | Financial reports referenced above are: 1. Distributed to board members in advance of each regularly scheduled board meeting and, 2. Summarized by either the agency’s Treasurer or CFO with encouragement to ask questions. At least once in the past 2 years, board members have received training on how to effectively exercise their fiduciary responsibilities. |
| 4—exceeds standard; approaching excellence | 3, plus the agency supplements the revenue and expense and balance sheet reports with selected dashboard metrics (e.g., ratios) which summarize information on key performance benchmarks (e.g., liquidity).  |
| 5—excellent | 4, plus the agency provides a Cash Flow Report to board members on at least a quarterly basis. |
| Score: | Scoring Rationale: |

***4. 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:*

***5. Cost Allocation***

|  |  |
| --- | --- |
| 1—at risk | The agency has not documented how it allocates shared costs through an indirect cost rate or written cost allocation plan. |
| 2—approaching achievement of standard | The agency has an approved indirect rate or cost allocation plan but the allocation methodology is not fully documented or, actual practice differs from the documented cost allocation policy and procedure.  |
| 3—fully meets standard | The agency fully documents how it allocates shared costs through an indirect cost rate or a written cost allocation plan and, actual practice is consistent with the documented policy and procedure. |
| 4—exceeds standard; approaching excellence | 3, plus the agency routinely uses cost information as a basis for budgeting, pricing of 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: |

## ***5. 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:*

***6. Audit***

|  |  |
| --- | --- |
| 1—at risk | The agency’s audit was not completed +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 management policies/practices. Copies of the audit were neither made available nor reported to the agency’s governing Board. One or more findings from the prior year’s audit remain unaddressed by agency management. |
| 2—approaching achievement of standard | The agency’s audit is unqualified but was not completed within 160-180 days following the end of the fiscal year for reasons unrelated to auditor availability and scheduling. Some deficiencies in accounting and/or fiscal management policies/practices were identified but were not considered to be material weaknesses. A copy of the Audit was made available to Board members and the Auditor presented the Report to the Board but there is no documentation of the Board’s formal acceptance of the Audit. |
| 3—fully meets standard | The agency’s audit was completed in a timely fashion with an unqualified opinion. Audit was reviewed by designated Committee, distributed to Board members with a report by the agency’s Auditor. The Board formally accepted the Report as presented.  |
| 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 5 years or as considered necessary.  |
| Score: | Scoring Rationale: |

***6. Audit***

*Assessment Questions:*

*1. When was the agency’s audit completed for the past fiscal year? If the 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 and accepted by 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:*

***7. 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, and 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, and 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: |

***7. 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:*

***9.*  *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 or, polices have not been reviewed by the agency’s board in the past 5 years. |
| 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, are consistently implemented by authorized/responsible agency personnel and have been reviewed by the agency’s board in the past 5 years.  |
| 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: |

***9..*  *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:*

***10. Adequacy of Unrestricted Net Assets[[13]](#footnote-13)***

|  |  |
| --- | --- |
| 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: |

***10. 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:*

***11. 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 a 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: |

***11. 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 Policies** |  |  |
| **2. Accounting Practices** |  |  |
| **3. Agency Budget Planning** |  |  |
| **4. Agency Wide Internal Financial Reporting** |  |  |
| **5. Program Cost Analysis** |  |  |
| **6. Audit** |  |  |
| **7. Training in Financial Matters** |  |  |
| **8. Unrestricted Agency Operating Revenue** |  |  |
| **9. Procurement Policies and Procedures** |  |  |
| **10. Adequacy of Unrestricted Net Assets** |  |  |
| **11. Agency Cash Flow** |  |  |
| **Total Score** |  |  |
| **Average Section Score** |  |  |

**II. SUMMARY – AGENCY-NIQCA ASSESSMENT SCORES**

|  |  |  |
| --- | --- | --- |
| **NIQCA ASSESSMENT SECTIONS** | **NIQCA****SCORES** | **AGENCY****SCORES** |
| 1. **PLANNING AND COMMUNITY INVESTMENT**
 |  |  |
| 1. **OPERATIONAL MANAGEMENT**
 |  |  |
| 1. **GOVERNANCE**
 |  |  |
| 1. **INFORMATION TECHNOLOGY**
 |  |  |
| 1. **HUMAN RESOURCES**
 |  |  |
| 1. **FINANCE AND BUDGET**
 |  |  |
| **OVERALL AGENCY SCORE:** |  |  |

**IV. ASSESSMENT INFORMATION AND SUPPORT.**

 **Agencies and other interested parties are encouraged to visit the NIQCA’s web site (**[**www.niqca.org**](http://www.niqca.org)**) to access copies of this Assessment Tool and supplementary information and Forms designed to assist in the conduct of CAA Assessments.**

 **Additional information may be accessed by contacting Bill Hunter, NIQCA Executive Director at** **whunter@masscap.org****.**

**NORTHEAST INSTITUTE FOR QUALITY COMMUNITY ACTION**

 **SELF-ASSESSMENT DOCUMENTATION CHECKLIST**

|  |  |  |
| --- | --- | --- |
| ***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. Copy of Agency Board Representation Petition Policy/Procedure if not in the Bylaws.
 |  |  |
| 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 and Approved by the Board 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 IT Equipment Inventory and Policy.
 |  |  |
| 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 COE Section 9 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.
 |  |  |
| 1. Evidence of IT Network Use and Security Orientation and Training for new and current users.
 |  |  |
| 1. Evidence of Cyber Security Insurance Coverage
 |  |  |
| 1. Evidence of Training, Experience and Certifications of Staff and Network
 |  |  |

**Northeast Institute for Quality Community Action**

 **Board Profile Chart**

**Agency Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Bylaw Mandated # of Board Members:\_\_\_\_\_\_ Current# of Board Members:\_\_\_\_\_\_**

**Current # Public: Current # Low Income: Current # Private:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Board Member Names****\*Officer Designation.** | **Years of Service** | **Tripartite Sector****P=Public****LI=Low Income****Priv.=Private** | **Committee Assignment** | **Diversity [[14]](#footnote-14)** | **# Board Meetings Last 24** **Months:\_\_\_\_\_\_****# Meetings Member Attended** |
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**Northeast Institute for Quality Community Action**

 **Agency Staffing Chart**

**Agency Name:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Classification** | **Total #****Actual** | **Total #** | **Total #****Budgeted** |  **Diversity\*** |
| **PT** | **FT** |
| **M** |  **F** | **W** |  **AA** | **H/L** | **A** | **O** |  **NK** |
| **Executive** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Senior** **Managers** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Directors** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Supervisors** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Direct Service****Professional** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Direct Service****Para Prof.** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Technical** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Admin/****Clerical** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Maint/Security** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Total #** |  |  |  |  |  |  |  |  |  |  |  |  |

\*Diversity: M (Male) F (Female) W (White); AA (African American); H/L (Hispanic/Latino); A (Asian); O (Other Race/Ethnicity, NK (Not Known).

**Comments:**

1. Readiness includes commitment of the agency’s Board, senior staff and managers. [↑](#footnote-ref-1)
2. Standard Sections include: Governance, Operational Management and Organizational Structure; Planning and Community Investment; Information Technology; Human Resources and Finance and Budget. [↑](#footnote-ref-2)
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. [↑](#footnote-ref-3)
4. 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. [↑](#footnote-ref-4)
5. [↑](#footnote-ref-5)
6. 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. [↑](#footnote-ref-6)
7. [↑](#footnote-ref-7)
8. 5. 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. [↑](#footnote-ref-8)
9. Roles and Responsibilities:

a. Adopt and periodically review every 3-5 years an agency 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 an agency budget prior to the start of the agency’s fiscal year.

e. Protect the financial well being of the agency through periodic monitoring/reporting, conduct of an annual audit, receipt and review of the agency’s IRS 990 Report and assure compliance with all applicable legal filing, payment and reporting requirements.

f. Acknowledge and comply with agency Ethical Behavior and Duty of Care standards and Conflict of Interest Policies submitting including annual policy review and disclosure statements.

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 an agency Whistleblower Policy that covers Board, staff and volunteers and complies with legal and best practice reporting, investigation and protection standards.

o. Maintain clarity in understanding and respecting the appropriate`` roles/responsibilities of the Board and agency management.

p. Conduct structured, periodic assessments of Board effectiveness and performance. [↑](#footnote-ref-9)
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. [↑](#footnote-ref-10)
11. 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 [↑](#footnote-ref-11)
12. Comprehensive financial policies which guide and direct proper accounting practices and agency financial management. [↑](#footnote-ref-12)
13. Liquid net assets = unrestricted net assets, less (book value of capital assets less debt secured by capital assets) divided by total expenses times 365. [↑](#footnote-ref-13)
14. Diversity. Insert one of the following letters to designate member’s race/ethnicity: W (White); AA African American; H/L (Hispanic/Latino); A (Asian); O (Other Race/Ethnic Background); NK (Not Known) [↑](#footnote-ref-14)