Corrections Planning and Grant Programs Division
COMPREHENSIVE MONITORING VISIT (CMV) TOOL

Grantee: **Award Year:**   1 ☐   2 ☐   3 ☐   4 ☐

Grant Program: **Federal Funds:** ☐   **State Funds:** ☐

Contract Number: **Grant Amount:**

Project Title:

Project Director: **Financial Officer:**

Project Director Phone: **Financial Officer Phone:**

Project Director E-Mail: **Financial Officer E-mail:**

Field Representative: **Date of Visit:**

Persons Interviewed During the Visit:

Name	Title	Agency

Project Sites Visited (include name and address):

Project Summary:

I. ADMINISTRATIVE REVIEW

1. **Executed Agreement**
   The Grantee has a copy of the fully executed Standard Agreement in the official file (e-file is acceptable). **Yes** ☐   **No** ☐

2. **BSCC Grant Administration Guide**
   The Grantee has a copy of the BSCC Grant Administration Guide readily available and staff know how to use it (e-file is acceptable). **Yes** ☐   **No** ☐

3. **Organizational Chart**
   The Grantee has a current organizational chart for the department/unit/section responsible for programmatic oversight of the grant. **Yes** ☐   **No** ☐

4. **Duty Statements**
   The Grantee maintains duty statements for grant-funded staff that list specific activities related to the grant. *Note: Standard job classifications usually are not acceptable, unless the position was created specifically for the grant.*
   Yes ☐   **No** ☐

5. **Timesheets**
   5a. The Grantee maintains timesheets on all staff charged to the grant (including those claimed as match). Note: Estimates and/or percentages are not acceptable.
   Yes ☐   **No** ☐

   5b. The Grantee maintains functional timesheets or conducts time studies for split-funded positions (including those claimed as match). *Note: Estimates and/or percentages are not acceptable.*
   Yes ☐   **No** ☐   **N/A** ☐

6. **Staff Positions**
   All authorized positions are filled and performing grant-related duties.
   Yes ☐   **No** ☐
   If no, list all unfilled positions and explanations for vacancies in the Administrative Review Comments section.

7. **Anticipated Changes**
   Are there any anticipated changes to staff or the project? **Yes** ☐   **No** ☐
   If yes, explain in the Administrative Review Comments section.

8. **Subcontracts**
   8a. Does this grant provide for subcontracted services? **Yes** ☐   **No** ☐

If yes, list subcontracts awarded in the Administrative Review Comments section.

8b. Copies of the subcontract awards are contained within the official project file.

Yes ☐   **No** ☐   **N/A** ☐

8c. Subcontracts contain the required language from the BSCC contract (e.g., access to program and fiscal records, access to facility, access to program participants, Non-Discrimination clause, Civil Rights compliance).

Yes ☐   **No** ☐   **N/A** ☐

8d. Subcontracts appear to be in compliance with conflict of interest laws that prohibit individuals or organizations that participated on the Executive Steering Committee for this grant.

Yes ☐   **No** ☐   **N/A** ☐

9. Budget Modifications

9a. Copies of project budget modifications are maintained in the official file.

Yes ☐   **No** ☐   **N/A** ☐

9b. Were there any substantial modifications made that were not approved by the BSCC?

Yes ☐   **No** ☐   **N/A** ☐

If yes, explain in the Administrative Review Comments section.

10. Fidelity Bond

The Grantee maintains a Fidelity Bond (applicable for non-governmental entities only).

Yes ☐   **No** ☐   **N/A** ☐

Field Representative Comments for Administrative Review Section:
Number comments to correspond to the Administrative Review items.

II. CIVIL RIGHTS REVIEW

(for all federal grant and as applicable to state-funded programs)

1. Equal Employment Opportunity Plan
1a. The Grantee has an Equal Employment Opportunity Plan (EEOP) on file for review. **Yes ☐   No ☐**

1b. If yes, on what date did the Grantee prepare the EEOP?

2. EEOP Short Form
2a. If applicable: has the Grantee submitted an EEOP Short Form to the Office for Civil Rights (OCR), U.S. Department of Justice (DOJ) (i.e., 50 or more employees and $750,000 or more in federal funds)? **Yes ☐   No ☐   N/A ☐**

2b. If yes, on what date did the Grantee submit the EEOP Short Form?

3. Notification to Program Participants
How does the Grantee notify program participants and beneficiaries that it does not discriminate on the basis of race, color, national origin, religion, sex, disability, and age in the delivery of services (e.g., posters, inclusion in program brochures, program materials, etc.)? *Explain in Civil Rights Review Comments section.*

4. Notification to Employees
How does the Grantee notify employees that it does not discriminate on the basis of race, color, national origin, religion, sex, disability, and age in the delivery of services (e.g., posters, dissemination of relevant orders or policies, recruitment materials, etc.)? *Explain in Civil Rights Review Comments section.*

5. Complaints
There are written policies or procedures in place for notifying program beneficiaries how to file complaints alleging discrimination by the grantee with the BSCC or the OCR. **Yes ☐   No ☐   N/A ☐**

6. Discrimination on the Basis of Disability
If the Grantee has 50 or more employees and receives DOJ funding of $25,000 or more, has the grantee:

6a. Adopted grievance procedures (for both employees and program participants) that incorporate due process standards and provide for prompt and equitable resolution of complaints alleging a violation of the DOJ regulations which prohibit discrimination on the basis of a disability in employment practices and the delivery of services?

6b. Designated a person to coordinate compliance with prohibitions against disability discrimination?   **Yes** ☐   **No** ☐   **N/A** ☐

6c. Notified participants, beneficiaries, employees, applicants, and others that the grantee does not discriminate on the basis of disability?

     Yes ☐   **No** ☐   **N/A** ☐

7. **Discrimination on the Basis of Sex**
   If the Grantee operates an education program or activity, have they taken the following actions?

   7a. Adopted grievance procedures that provide for the prompt and equitable resolution of complaints alleging a violation of the DOJ regulations which prohibit discrimination on the basis of sex?

        Yes ☐   **No** ☐   **N/A** ☐

   7b. Designated a person to coordinate compliance with the prohibitions against sex discrimination?   **Yes** ☐   **No** ☐   **N/A** ☐

   7c. Notified applicants for admission and employment, employees, students, parents, and others that the grantee does not discriminate on the basis of sex in its educational programs or activities?

        Yes ☐   **No** ☐   **N/A** ☐

8. **Findings**
   The Grantee has complied with the requirement to submit to the OCR any findings of discrimination against the grantee issued by a federal or state court, or federal or state administering agency, on the grounds of race, color, religion, national origin, or sex.

        Yes ☐   **No** ☐   **N/A** ☐

9. **Limited English Proficiency**
   What steps have been taken to provide meaningful access to its programs and activities to person who have limited English proficiency (LEP)? Include whether the grantee has developed a written policy on providing language access services to LEP persons. *Explain in Civil Rights Review Comments section.*

10. **Training**

Training is conducted for the Grantee's employees on the requirements under federal civil rights laws.

Yes ☐   **No ☐**   **N/A ☐**

11. Religious Activities

If the grantee conducts religious activities as part of its program or services, do they:

11a. Provide services to everyone regardless of religion or religious belief?

Yes ☐   **No ☐**   **N/A ☐**

11b. Ensure it does not use federal funds to conduct inherently religious activities (such as prayer, religious instruction, or attempt to convert participants to another religion) and that such activities are kept separate in time or place from federally-funded activities?

Yes ☐   **No ☐**   **N/A ☐**

11c. Ensure participation in religious activities is voluntary for beneficiaries of federally-funded programs?

Yes ☐   **No ☐**   **N/A ☐**

Field Representative Comments for Civil Rights Review Section:
Number comments to correspond to the Civil Rights Review items.

III. FISCAL REVIEW

1. **Budget File**
   The Grantee maintains an official budget file for the project.

   Yes ☐   **No ☐**

2. **Fiscal Policies and Procedures**
   2a. The Grantee maintains written procedures for the fiscal policies related to the grant and they are accessible by grants management staff.

   Yes ☐   **No ☐**

   2b. The Grantee can explain its agency's claims, payments and reimbursement processes as they relate to this grant (i.e., agency checks and balances).

   Yes ☐   **No ☐**

3. **Invoices**
   3a. Financial invoices are current, and spending is on track.

   Yes ☐   **No ☐**

   3b. Copies of the BSCC invoices for reimbursement are within the official file.

   Yes ☐   **No ☐**

   3c. The fiscal/accounting records reviewed during the visit contained adequate supporting documentation for all claims on invoices, including match.

   Yes ☐   **No ☐**

   3d. Salaries and benefits can be easily tied back to reimbursement invoices.

   Yes ☐   **No ☐**

   3e. The Grantee maintains supporting documentation or a calculation methodology for indirect costs or overhead claimed (e.g., an approved Indirect Cost Rate Proposal).

   Yes ☐   **No ☐**   **N/A ☐**

   3f. Expenditures appear to meet contract eligibility, as defined in the BSCC Grant Administration Guide.

   Yes ☐   **No ☐**

4. Tracking

4a. BSCC contract funds are deposited into separate fund accounts or coded to distinguish grant funds from other fund sources.

Yes ☐   No ☐

4b. The Grantee maintains a tracking system for purchases, including receipts and disbursements, related to the grant program.

Yes ☐   No ☐

4c. Tracking reports are reviewed by management and/or program staff.

Yes ☐   No ☐

4d. The Grantee can provide general ledgers documenting the entries for receipts and disbursements.

Yes ☐   No ☐

5. Equipment/Fixed Assets

5a. Did the Grantee purchase or lease equipment/fixed assets with grant funds?

Yes ☐   No ☐

5b. The equipment/fixed assets were listed in the budget or in a Budget Modification.

Yes ☐   No ☐   N/A ☐

5c. The Grantee received prior approval from BSCC for purchases of equipment and/or fixed assets that were more than $3,500 per item.

Yes ☐   No ☐   N/A ☐

5d. The Grantee maintains an inventory list of equipment/fixed assets purchased with grant funds.

Yes ☐   No ☐   N/A ☐

5e. The Grantee maintains proof of receipt of equipment/fixed assets.

Yes ☐   No ☐   N/A ☐

6. Supplanting

The Grantee can verify that expenditures submitted for grant reimbursement (including salaries and benefits) are not also claimed/reimbursed under another separate agreement or funding stream (supplanting).

Yes ☐   **No** ☐

7. Match

7a. The Grantee is in compliance with the match requirement.

Yes ☐   **No** ☐   **N/A** ☐

7b. If the Grantee is currently under-matched, is there a plan to meet the contractually obligated match amount?

Yes ☐   **No** ☐   **N/A** ☐

8. Project Income

Does the Grantee generate income from grant funds (e.g., fundraisers, registration fees, etc.)?

Yes ☐   **No** ☐

9. Subcontracts

9a. Does the Grantee require subcontract agencies to submit source documentation with their billing invoice?

Yes ☐   **No** ☐   **N/A** ☐

9b. What type of documentation detail does the agency keep for subcontractor service delivery billing (to include list of positions funded, documented staff hours, list of services delivered, client sign-in logs, time/duration of services, other invoice detail, etc.)? *Describe in the Fiscal Review Comments section.*

9c. Is the source documentation sufficient to justify charges?

Yes ☐   **No** ☐   **N/A** ☐

9d. Does the Grantee conduct desk audits of subcontract agencies?

Yes ☐   **No** ☐   **N/A** ☐

9e. Does the Grantee conduct site visits to subcontract agencies?

Yes ☐   **No** ☐   **N/A** ☐

10. Audits

10a. What type of audit report will the project submit?

☐ **Single City/County Audit Report**
☐ **Program Specific Audit** ☐
☐ **Other:** _____
☐ **N/A**

10b. The Grantee has audit reports covering the agency's internal control structure within the last two years.

Yes ☐   **No** ☐   **N/A** ☐

Field Representative Comments for Fiscal Review Section:
Number comments to correspond to Fiscal Review items.

IV. PROGRAM REVIEW

Note: Some of the information collected in this section will be used to foster discussion and assist with technical assistance, not necessarily to determine compliance.

1. Governing Body

1a. Does the grant require formation of some type of governing body (steering committee, coordinating council, etc.) to guide grant activities?

Yes ☐   **No** ☐

1b. If so, has this body been formed and is it meeting as required?

Yes ☐   **No** ☐   **N/A** ☐

1c. Are all of the required members participating?

Yes ☐   **No** ☐   **N/A** ☐

2. Evidence-Based Interventions

2a. List all interventions being used by the grantee. *List in the Program Review Comments section.*

2b. Which interventions do the grantee identify as evidence-based or evidence-informed? Why? Based on what information? *Explain in the Program Review Comments section.*

2c. Does the Grantee have a quality assurance or fidelity monitoring process in place to ensure that interventions are implemented as intended?

Yes ☐   **No** ☐

3. Assessments

3a. If providing direct services, how are participants assessed for risk, need and responsivity? *Explain in the Program Review Comments section.*

3b. How is that information used? *Explain in the Program Review Comments section.*

4. Staff Training

4a. Do all project staff receive an orientation and/or training pertinent to the grant project?

Yes ☐   **No** ☐

4b. Are there opportunities for ongoing training for staff affiliated with the grant?

Yes ☐   **No** ☐

5. Policies & Procedures

5a. Did the Grantee develop a written Program Manual or policies and procedures that are specific to the grant project?

<div align="right">

Yes ☐   **No** ☐
</div>

5b. Are they accessible to all staff?   **Yes** ☐   **No** ☐   **N/A** ☐

6. Case Management/Tracking

6a. Does the Grantee maintain an automated or web-based case management and/or data collection system to track clients served by the grant?

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Yes ☐   **No** ☐   **N/A** ☐
</div>

6b. If not, how are services and/or clients tracked? *Explain in the Program Review Comments section.*

7. Source Documentation

The Grantee maintains appropriate source documentation (e.g., case records, case files, sign-in sheets, etc.) for the clients served.

<div align="right">

Yes ☐   **No** ☐   **N/A** ☐
</div>

8. Progress Reports

8a. Progress Reports are current.   **Yes** ☐   **No** ☐

8b. Program records reviewed at the site visit provided sufficient detail to support information reported in Progress Reports.

<div align="right">

Yes ☐   **No** ☐
</div>

If no, explain in the Program Review Comments section.

9. Problems

The Grantee has experienced operational or service delivery problems.

If yes, explain in the Program Review Comments section.   **Yes** ☐   **No** ☐

10. Sustainability

Does the grantee have a sustainability plan to continue service delivery after grant funds expire?

<div align="right">

Yes ☐   **No** ☐
</div>

Describe in the Program Review Comments section.

11. Other Requirements Reviewed

Per this site visit review, programmatic requirements specific to this grant program are being met.

Yes ☐ **No** ☐

Field Representative Comments for the Program Review Section:
Number comments to correspond to Program Review items.

V. DATA COLLECTION AND EVALUATION

1. Evaluator

Does the Grantee subcontract for its data collection and evaluation services?

Yes ☐ **No** ☐ **N/A** ☐

If yes, list name of organization and describe the relationship in the Data Collection and Evaluation Comments section.

2. Evaluation Plan

Is the Grantee on track with the activities and milestones described in its Evaluation Plan?

Yes ☐ **No** ☐ **N/A** ☐

3. Preliminary Evidence

3a. Do the data collection efforts show any preliminary evidence that could impact the project?

Yes ☐ **No** ☐ **N/A** ☐

3b. Has the Grantee used this information to make improvements or changes to the project?

Yes ☐ **No** ☐ **N/A** ☐

Field Representative Comments for Data Collection and Evaluation Section:
Number comments to correspond to Data Collection and Evaluation Review items.

VI. MONITORING SUMMARY

1. Outcome of Visit

1a. Does the project generally meet BSCC grant requirements?

Yes ☐   **No ☐**

1b. If no, will a Compliance Improvement Plan be submitted?

Yes ☐   **No ☐**

1c. Describe here:

2. Technical Assistance

2a. Does the Grantee have any technical assistance needs?   **Yes ☐**   **No ☐**

2b. Describe here:

Completed By: NAME, Field Representative

X *Signature*
Corrections Planning & Grant Programs Division
Date Completed:

Reviewed By: Mary Jolls, Deputy Director

X *Signature*
Corrections Planning & Grant Programs Division
Date Reviewed: