**BOARD OF STATE AND COMMUNITY CORRECTIONS** **BSCC** **CALIFORNIA**

Corrections Planning and Grant Programs Division
**COMPREHENSIVE MONITORING VISIT TOOL**

The purpose of the Comprehensive Monitoring Visit (CMV) is for BSCC to 1) assess whether the Grantee is following grant requirements and making progress toward grant objectives, and 2) provide technical assistance as needed regarding fiscal, programmatic, and administrative requirements. The CMV Tool should be viewed as a guide to help the project assess whether it is on track with grant requirements and to prepare for the site visit with the Field Representative.

To maximize the time of the site visit, the BSCC asks that Grantees complete the CMV Tool in advance of the site visit. This will allow the project to gather the necessary documents and be better prepared for the discussion.

The completed CMV Tool and a meeting agenda should be returned to BSCC <u>no later than one week prior</u> to the scheduled visit. The response to the BSCC – either through a One Drive folder or an email (see Field Representative email request) – must contain the completed CMV Tool and meeting agenda but should also include additional project information to provide context to items in the completed CMV Tool, as necessary. Identify the corresponding CMV Section number and sub-number as reference.

**Complete the information within the tables below to the best of your knowledge based on the CMV meeting agenda developed by the project and reviewed by the Field Representative.  The ">" symbol denotes where narrative responses are required.**

| | |
|---|---|
| **Respondent-** <br><br> **Grantee:** Yes ☐   No ☐ <br> **Subcontractor\*:** Yes ☐   No ☐ | **Award Year:** 1 ☐   2 ☐   3 ☐   4 ☐   5 ☐ |
| **Grant Program:**  > | **Federal Funds:** ☐   **State Funds:** ☐ |
| **Contract Number:** > | **Grant Amount:** >$ |
| **Project Title:** > | |
| **Project Director:** <br> > | **Financial Officer:** <br> > |

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\* A subcontractor may be requested to also submit this document in tandem with the Grantee's submission.

| | |
|---|---|
| **Project Director Phone:**<br><br>> | **Financial Officer Phone:**<br><br>> |
| **Project Director E-Mail:**<br><br>> | **Financial Officer E-mail:**<br><br>> |
| **BSCC Representative(s):** > | |
| **Date of Visit:** > | **Agenda Included:** Yes ☐    No ☐ |
| **Name and Title of Individual Completing the Form:**<br><br>**Name:** >                                         **Title:** > | |

**Persons Interviewed During the Visit:**

| Name | Title | Agency |
|---|---|---|
| > | > | > |
| > | > | > |
| > | > | > |
| > | > | > |
| > | > | > |
| > | > | > |
| > | > | > |

**Project Sites Visited (include initial meeting site):**

| Name of Agency or Organization | Address |
|---|---|
| > | > |
| > | > |
| > | > |
| > | > |
| > | > |

**Brief Project Summary:**

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**Please complete this entire document prior to the Comprehensive Monitoring Visit. During the visit, the Field Representative will review your responses with you.**

**The ">" symbol denotes where narrative responses are required.**

**If you see "*Submit*" next to an item, please provide this document(s) to the BSCC as part of the pre-visit materials as requested by the Field Representative.**

## I.  ADMINISTRATIVE REVIEW

**1.  Executed Agreement**

Does the Grantee have a copy of the fully executed Standard Agreement/Contract, including any Amendments, in the official grant file (e-file is acceptable)?

Yes ☐   No ☐

*Instructions: Have a copy of the official grant file containing the above documents available for review. An electronic file is acceptable.*

**2.  BSCC Grant Administration Guide**

a.  Does the Grantee have a copy of the BSCC Grant Administration Guide (Guide) readily available to project staff (e-file is acceptable)?   Yes ☐   No ☐

b.  Do staff know how to use the Guide for the project?   Yes ☐   No ☐

*Instructions: Have a copy of the BSCC Grant Administration Guide available for review or show that you know how to access it from the BSCC website.*

**3.  Organizational Chart** *Submit*

a.  Does the Grantee have a current organizational chart for the department/unit/section responsible for oversight of the grant?   Yes ☐   No ☐

*Instructions: Have an organizational chart available for review that shows where the grant project falls within the contracted agency (i.e., the unit or department that has responsibility for fiscal and project management).*

b.  Does the Grantee have a project-specific diagram/chart that breaks down the hierarchy structure of grant-related staff only?   Yes ☐   No ☐

*A standard organizational chart showing executive staff of the agency is usually not sufficient.*

**4.  Duty Statements** *Submit*

a.  Does the Grantee maintain project-specific duty statements for all grant positions (grant-funded and/or match contributions)? *Note: A duty statement provides the responsibilities and specific tasks that make up the job/position within the grant project. General job classifications are not usually acceptable unless the position was created specifically for the grant.*   Yes ☐   No ☐

b.  If yes to 4a, does it list specific activities related to the grant?   Yes ☐   No ☐

*Instructions: Have duty statements for grant-funded staff available for review. Standard organizational duty statements are not usually sufficient as they typically do not include distinct grant project responsibilities.*

5. **Staff Positions**
    a.  Are all authorized positions filled and performing grant-related duties?

    Yes ☐     No ☐

    b.  If no to 5a, list all unfilled positions and explanations for vacancies.
        >

    *Instructions: If the answer is no to 5a, list all unfilled positions with explanations for why they are still vacant.*

6. **Anticipated Changes**
    a.  Are there any anticipated changes to staff or the project?      Yes ☐     No ☐

    b.  If yes to 6a, explain the changes.
        >

    *Instructions: If the answer is yes to 6a, provide explanations.*

7. **Subcontracts or Memorandum of Understandings (MOU)** *Submit*
    a.  Does this grant provide for contracted services?      Yes ☐     No ☐

    b.  If yes to 7a, list all subcontracts/MOUs awarded under this grant.
        >

    *Instructions: If yes to 7a, list all subcontracts/MOUs. Include the names of the subcontractors and dollar amount of each subcontract/MOU.*

    c.  If yes to 7a, are copies of the subcontract awards/MOUs contained within the official grant file?      Yes ☐     No ☐

    *Instructions: Have copies of all subcontracts/MOUs available for review.*

    d.  If yes to 7a, do subcontracts/MOUs 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 ☐

    *Instructions: Ensure all subcontracts/MOUs contain the General Terms and Conditions (and Special Conditions for federally funded projects) from the BSCC contract.*

    e.  If yes to 7a, do subcontracts/MOUs 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 ☐

    *Instructions: Check to ensure none of the individuals or organizations represented on the Executive Steering Committee are subcontractors on the grant.*

8. **Non-Governmental Organization (NGO) Assurances** *Submit if applicable*

a. Does the Grantee have assurance documentation for **<u>each</u>** NGO listed on Appendix B within the Grant Agreement?                                        Yes ☐     No ☐

*Instructions: Prior to the visit, pull the Appendix B that was signed by your Authorized Officer. Ensure that you have assurance documentation for all of your subcontractors. Have copies of proof available for review. If you have added new subcontractors/MOUs since submitting the signed Appendix B, discuss this during the visit.*

b. Is each NGO in "Active" status with the California Secretary of State?  Yes ☐     No ☐
*https://bizfileonline.sos.ca.gov/search/business*
*Instructions: Search each NGO within the above website. Verify the NGO is in active status per the website prior to awarding BSCC grant funds. Keep a screenshot of the information within the official grant file. If an NGO is not in active status, discuss with your Field Representative immediately.*

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**FOR BSCC USE ONLY: Field Representative Comments for Administrative Review Section**
*Do not provide a response here. BSCC use only.*
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## II. CIVIL RIGHTS REVIEW

**For State Grants Only:**

1. **Non-Discrimination for Participants** *Submit written policy, if applicable*
   a. Does the Grantee ensure the services provided are not denied to any person on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, or military and veteran status?

   Yes ☐    No ☐

   b. If no to 1a, explain.
      >
   *Instructions: If no to 1a, describe how your agency ensures that no individuals are denied services because of a protected class.*

2. **Non-Discrimination for Employees** *Submit written policy, if applicable*
   a. Does the Grantee ensure that employees and applicants for employment are never unlawfully discriminated against because of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, or military and veteran status?                                      Yes ☐    No ☐

   b. If no to 2a, explain.
      >
   *Instructions: Describe how your agency ensures that employees are not discriminated against as part of a protected class.*

**For Federal Grants Only:**

1. ~~**Equal Employment Opportunity Plan**~~
   a. ~~If the Grantee is required to prepare and submit an Equal Employment Opportunity (EEO) Plan online to the Office for Civil Rights (OCR), have they done so within the last 24 months?~~                                      ~~Yes ☐    No ☐~~

   b. ~~If yes to 1a, on what date did the Grantee submit their EEO Plan to the OCR?~~
      ~~>~~

   ~~*A Grantee is required to prepare and submit an EEO Plan online to the Office for Civil Rights at https://ojp.gov/about/ocr/eeop.htm, if: 1) it is a state or local government agency or a private business; 2) has 50 or more employees; **and** 3) has received a subaward of $25,000 or more.~~

   ~~*A Grantee is **exempt** from preparing and submitting an EEO Plan if: 1) it is a nonprofit organization, a medical or educational institution, and/or an Indian Tribe, or 2) has less than 50 employees or 3) its single largest award is less than $25,000.~~

*If the Grantee is unsure as to whether they are required to prepare an EEO Plan, please refer to https://ojp.gov/about/ocr/eeop.htm.

*Instructions: Have a copy of the agency's current EEO Plan approval letter from The Office for Civil Rights, Office of Justice Programs available for review. An agency's EEO Plan must be updated every two years. Staff should know where to find it and how to access it.*

*An EEO Plan is a comprehensive document that analyzes a recipient's relevant labor market data, as well as the recipient's employment practices, to identify possible barriers to the participation of women and minorities in all levels of a recipient's workforce. Its purpose is to ensure the opportunity for full and equal participation of men and women in the workplace, regardless of race, color, or national origin (from the Office of Justice Programs website: https://ojp.gov/about/ocr/eeop.htm).*

2. **EEO Plan Certification**
   a. Has the Grantee been able to produce a current (within the last 12 months) Certification Form?                                                              Yes ☐    No ☐

   b. If yes to 2a, on what date did the Grantee complete their Certification Form online to the OCR?
      ➢ _____

      *All Grantees are required to prepare and submit a Certification Form online to the Office for Civil Rights at https://ojp.gov/about/ocr/eeop.htm. By submitting the Certification Form, the Grantee either acknowledges its obligation to develop and submit an EEO Plan to the Office for Civil Rights, OR the Grantee declares their exemption from the EEO Plan submission requirement.

      *For questions about preparing and submitting the Certification Form, please refer to https://ojp.gov/about/ocr/eeop.htm.

*Instructions: Have a copy of the agency's current Certification Form for review. An agency's Certification Form must be submitted every year.*

3. **Non-Discrimination**
   a. Is the Grantee able to provide a current EEO Policy, job advertisement, or blank employment application that states it does not discriminate in employment practices based on all current protected classes* listed below?                        Yes ☐    No ☐
   *Instructions: Be able to provide a document that states the Grantee does not discriminate in employment practices based on all current protected classes.*

   b. Is the Grantee able to provide a current Anti-Discrimination Policy Statement, brochure, or posting showing it does not discriminate in the delivery of services or benefits based on all current protected classes* listed below?                        Yes ☐    No ☐
   *Instructions: Be able to provide a document that states the Grantee does not discriminate in the delivery of services or benefits based on all current protected classes.*

c. Is the Grantee able to provide a written policy or procedure that notifies employees, program participants, and beneficiaries on how to file complaints and grievances alleging discrimination based on all current protected classes* listed below?

Yes ☐  No ☐

d. If yes to 3c, has the Grantee adopted grievance procedures that provide for the prompt and equitable resolution of complaints alleging discrimination based on all current protected classes* listed below? Yes ☐  No ☐

*Instructions: Be able to provide a written policy or procedure on how complaints and grievances alleging discrimination are filed and what steps are taken following receipt of discrimination claim based on all current protected classes.*

e. Does the Grantee have a designated employee to coordinate compliance with prohibiting discrimination in employment practices and in the delivery of services based on all current protected classes* listed below? Yes ☐  No ☐

f. If yes to 3e, enter name, title, and contact information for the designated employee.
➤_____

*Instructions: Provide the name, title, and contact information for the designated person.*

g. Has the Grantee submitted to the OCR any adverse findings of discrimination against the Grantee, issued by a federal or state court, or a federal or state administrative agency (i.e., Equal Employment Opportunity Commission, California Department of Fair Employment and Housing)? Yes ☐  No ☐

*Instructions: If there have been findings of discrimination, have documentation available that shows those findings have been submitted to OCR.*

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*Current Protected Classes:
Ancestry, age, color, disability (physical and mental, includes HIV and AIDS), genetic information, gender identity, gender expression, marital status, medical condition (genetic characteristics, cancer or a record or history of cancer), military or veteran status, national origin, race, religion (includes religious dress and grooming), sex/gender (includes pregnancy, childbirth, breastfeeding and/or related medical conditions), sexual orientation, or request for FMLA.

4. **Limited English Proficiency (LEP)**
    a. Is the Grantee able to produce a policy or procedure on how it provides meaningful access to its programs, services and activities to persons who have limited English proficiency (e.g., written language/oral interpretation services, bilingual staff, telephone interpreter lines, community volunteers)? Yes ☐ No ☐

    b. If yes to 4a, explain the project's process.
        ➤
        *Instructions: Briefly explain the project's written policy on program access for individuals with LEP and have the policy available for review.*

5. **Training**
    a. Did the grantee review and comply with the following Code of Federal Regulations (CFR) 28 CFR §§ 42.105 and 42.204? Yes ☐ No ☐

    b. Did the Grantee review the online training videos administered by the U.S. Department of Justice, Office of Justice Programs, Office for Civil Rights? Yes ☐ No ☐

    If the Grantee has questions about compliance with civil rights obligations and nondiscrimination provisions, please refer to https://ojp.gov/about/ocr/eeop.htm.

**Note:** At a minimum, the Project Director and Financial Officer are strongly encouraged to complete the OCR online training within 120 days of the signed BSCC grant agreement. For employee turnover in these key positions, it is recommended to have the individuals complete the OCR online training within 120 days of hire. It is also recommended if a Grantee contracts with an organization to provide services, at least one person is encouraged to review the OCR online training videos.

*Instructions: Be prepared to discuss who takes the civil rights training, and how often civil rights training is done to ensure compliance with applicable federal civil rights laws.*

6. **Faith-Based or Religious Organization**

    a. Does the Grantee provide federally funded services to eligible beneficiaries regardless of religion, a religious belief, a refusal to hold a religious belief, or a refusal to attend or participate in a religious practice? Yes ☐ No ☐

    b. Does the Grantee maintain its religious activities separate from its federally funded services or benefits? Yes ☐ No ☐

    c. Does the Grantee ensure that participation in its religious activities is voluntary for program participants in its federally funded program? Yes ☐ No ☐
    *Instructions: If applicable, be prepared to discuss these items and/or provide documentation to show compliance.*

**FOR BSCC USE ONLY: Field Representative Comments for Civil Rights Review Section:**
*Do not provide a response here. BSCC use only.*
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## III. FISCAL REVIEW

1. **Financial File**
   Does the Grantee maintain an official financial file for the project?   Yes ☐   No ☐

   *Instructions: Have copy of the official financial file available for review. An electronic file is acceptable. Examples of documents that should be contained within the financial file include but are not limited to: copies of invoices; copies of all supporting documentation including timesheets/time-tracking; and budget and line-item modifications. Ask your assigned Field Representative for clarification or additional information, if needed.*

2. **Fiscal Policies and Procedures** *Submit*
   a. Does the Grantee maintain written procedures for the fiscal policies related to the grant?

      Yes ☐   No ☐

   b. If yes to 2a, are the fiscal policies accessible by the grant's fiscal staff?

      Yes ☐   No ☐

   c. Can the Grantee explain its agency's claims, payments, and reimbursement/disbursement processes as they relate to this grant (i.e., agency checks and balances)?   Yes ☐   No ☐

   *Instructions: Be prepared to provide your agency's written fiscal policies and procedures and explain how the grants management process fits into those procedures. Ensure both the fiscal and program staff can explain the policies and procedures and their roles in carrying them out.*

   *Be prepared to answer the following types of questions: Do all staff have access to fiscal policies and procedures? Describe how your agency maintains adequate checks and balances. Who prepares the invoices? Who approves them? Who receives payments from the BSCC? Who is responsible for reimbursement to subcontractors?*

3. **Timesheets**
   a. Does the Grantee maintain timesheets on all staff charged to the grant (including those claimed as match)?   Yes ☐   No ☐
      *Note: Estimates and/or percentages are __not__ acceptable.*
   *Instructions: Be prepared to share a sample of completed timesheets for grant-funded staff and those staff contributing toward match.*

   b. Does the Grantee maintain functional timesheets or conducts time studies for split-funded positions (including those claimed as match)?   Yes ☐   No ☐
      *Note: Estimates and/or percentages are not acceptable.*
   *Instructions: Be prepared to share functional timesheets or other time-tracking systems used to record individuals that work less than full-time on the grant project.  If an individual is salaried and does not complete a traditional timesheet, they must separately track time spent on grant activities. For example, if 17% of a Deputy's time is being reimbursed by the grant, the Deputy must maintain some type of time-tracking documentation to substantiate*

*their actual time on grant activities (time must be actuals and not a straight-line percentage). In all cases, the Grantee must be able to show the method used to track an individual's actual time. Additionally, time spent on the grant must be certified by the individual's supervisor. This same documentation is also required for any matching salaries and benefits contributed to the grant.*

4. **Invoices** <span style="color:red">*Submit- Invoices will be selected at random by the Field Representative (see Field Representative CMV email request)*</span>
   a. Are BSCC invoices (BSCC Form 201) current and spending is on track?
   
   Yes ☐   No ☐
   
   *Instructions: Be prepared to discuss expenditures to date, even those that have not yet been submitted to BSCC.*

   b. Are copies of the BSCC invoices for reimbursement/disbursement contained within the official financial file?   Yes ☐   No ☐
   
   *Instructions: Make sure to have copies of all invoices available for review.*

   c. Do the fiscal/accounting records (to be reviewed during the visit) contain adequate supporting documentation for all claims on BSCC invoices, including match?
   
   Yes ☐   No ☐
   
   *Instructions: Be prepared to provide supporting documentation for all BSCC grant expenditures and match claimed. Supporting documentation may include timesheets, payroll registers, receipts for equipment or supplies, invoices from subcontractors, etc.*

   d. Can salaries and benefits can be easily tied back to BSCC reimbursement/disbursement invoices?   Yes ☐   No ☐
   
   *Instructions: Ensure all costs claimed for Salaries and Benefits can be easily tied back to timesheets and payroll registers.*

   e. Does the Grantee maintain supporting documentation or a calculation methodology for indirect costs or overhead claimed on BSCC invoices (e.g., an approved Indirect Cost Rate)?   Yes ☐   No ☐
   
   *Instructions: Be able to show how indirect costs are calculated. If applicable, provide a copy of approved the Negotiated Indirect Cost Rate.*

   f. Do expenditures appear to meet contract eligibility, as defined in the BSCC Grant Administration Guide?   Yes ☐   No ☐
   
   *Instructions: Provide verification that purchases, or costs claimed were not on the list of items prohibited by the RFP and/or state/federal grant regulations.*

5. **Budget Modifications**
   a. Are copies of budget and/or line-item modifications maintained in the official financial file?   Yes ☐   No ☐
   
   *Instructions: If modifications have been submitted, check to ensure you are working from the most recent version of your budget.*

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

Yes ☐    No ☐

c. If yes to 5b, explain.

>

*Instructions: Grantees are not allowed to make substantial modifications without prior approval from the BSCC. A substantial modification is one that would change the original intent, purpose, or nature of the grant project. If yes to 5b, document the changes made and the reason(s) for the change(s). This item may require follow-up.*

**6. Tracking**

a. Are BSCC contract funds deposited into separate fund accounts or coded to distinguish grant funds from other fund sources?  Yes ☐    No ☐

*Instructions: Be able to show the fund account or code number for the grant. If receiving more than one grant from the BSCC, be able to provide a list of each separate account.*

b. Does the Grantee maintain a tracking system for purchases, including receipts and disbursements, related to the grant program?  Yes ☐    No ☐

*Instructions: Be able to describe how the project prepares a grant-related purchase and/or how it processes an invoice submitted by a subcontractor.*

c. Are tracking reports regularly reviewed by management and/or program staff?

Yes ☐    No ☐

*Instructions: Be prepared to discuss if managers periodically review tracking reports (e.g., to ensure spending is on track).*

d. Can the Grantee provide general ledgers documenting the entries for receipts and disbursements?  Yes ☐    No ☐

*Instructions: Be prepared to provide general ledgers documenting the entries for receipts and disbursements.*

**7. Equipment/Fixed Assets**

a. Has the Grantee purchased or leased equipment/fixed assets with grant funds?

Yes ☐    No ☐

b. If yes to 7a, are the equipment/fixed assets listed in the Budget or in a Budget Modification?  Yes ☐    No ☐

*Instructions: If applicable, be able to provide the Budget and/or Budget Modifications where the equipment is listed.*

c. If yes to 7a, did the Grantee receive prior approval from the BSCC for purchases of equipment/fixed assets that were more than $3,500 per item?

Yes ☐    No ☐

*Instructions: If purchases were made that were more than $3,500 per item, be able to provide documentation of prior approval for these purchases, even if items were listed in the Budget or Budget Modification.*

d. If yes to 7a, does the Grantee maintain an inventory list of equipment/fixed assets purchased with grant funds?  Yes ☐  No ☐

*Instructions: Be prepared to provide an inventory list for all equipment/fixed assets.*

e. If yes to 7a, does the Grantee maintain proof of receipt of equipment/fixed assets?
Yes ☐  No ☐

*Instructions: Have receipts available for review.*

8. **Supplanting**

*Supplanting is the deliberate reduction in the amount of federal, state, or local funds being appropriated to an existing program or activity because grant funds have been awarded for the same purposes. When the Grantee replaces funds in this manner, it reduces the total amount that would have been available for the stated grant purpose.*

a. Has the Grantee replaced previously budgeted/obligated expenditures (including salaries and benefits) with funds awarded through the BSCC grant?  Yes ☐  No ☐

b. If yes to 8a, describe why grant funds were used to pay for an existing or previously established item, activity, or salary/benefit?
>

c. Can the Grantee substantiate that a reduction in non-grant funded resources occurred for reasons other than the receipt (or expected receipt) of BSCC grant funds?
Yes ☐  No ☐

d. If yes to 8c, provide substantiation.
>

e. Can the Grantee verify that expenditures submitted for grant reimbursement are not also being claimed/reimbursed under another agreement or funding stream?
Yes ☐  No ☐

f. Would the project have occurred regardless of receiving BSCC grant funds?
Yes ☐  No ☐

*Instructions: Be prepared to discuss other grants or other funding sources that support the grant project. If expenditures and/or positions now funded by the grant existed before the BSCC grant was awarded, be prepared to discuss how supplanting was prevented.*

9. **Match**
a. Does the Grant have a match requirement?  Yes ☐  No ☐

b. If yes to 9a, is the Grantee in compliance with the match requirement? Yes ☐  No ☐

c. If no to 9b, is there a plan to meet the contractually obligated match percentage/amount?
Yes ☐  No ☐

d. If yes to 9c, briefly outline the plan to reach the match obligation.

>

*Instructions: Be prepared to describe a plan for meeting the match requirement.*
***Note:*** *Match may also be referenced as leveraged funds.*

## 10. Project Income

a. Does the Grantee generate income from grant funds (e.g., fundraisers, registration fees, interest earned on grant advances)?                              Yes ☐      No ☐

b. If yes to 10a, does the Grantee report that income on BSCC invoices, including an explanation for how the income will be used for grant activities?        Yes ☐      No ☐

*Instructions: If yes, confirm all project income has been recorded on each invoice (i.e., BSCC Form 201).*

## 11. Subcontracts

a. Does the Grantee require subcontracted organizations to submit source documentation with their billing invoice?                               Yes ☐      No ☐

b. If yes to 11a, what type of documentation detail does the Grantee require subcontractors to submit? See the table below and check all that apply.

| Subcontractor Supporting Documentation | (check all that apply) | |
|---|---|---|
| | **Grant** | **Match** |
| List of positions funded: | ☐ | ☐ |
| Documentation of staff hours (e.g., timesheets, time tracking report): | ☐ | ☐ |
| List of services delivered with dates, times, and locations: | ☐ | ☐ |
| Participant sign-in sheets: | ☐ | ☐ |
| Receipts for purchases (e.g., supplies, equipment, travel): | ☐ | ☐ |
| Lease agreements: | ☐ | ☐ |
| Participant support and incentive logs: | ☐ | ☐ |
| Mileage logs: | ☐ | ☐ |
| Other (describe): > | ☐ | ☐ |

*Instructions: Check each type of documentation detail used for grant and/or match funds. Be prepared to have available and review source documentation submitted by the subcontractors.*

c. Is the source documentation sufficient to justify charges?        Yes ☐      No ☐

d. Does the Grantee conduct desk reviews of subcontract agencies?        Yes ☐      No ☐

e. If yes to 11d, describe the process.
>

*Instructions: If yes, describe the process (e.g., How often? What type of documentation is requested?).*

f.  Does the Grantee conduct site visits of subcontract agencies?          Yes ☐   No ☐

g.  If yes to 11f, describe the process.
    >
*Instructions: If yes, describe the process (e.g., How often do the visits take place? Who conducts the visits? Is there a form that is used?).*

## 12. Audits *Submit 12b, if applicable*

a.  What type of audit report will the Grantee submit? Check only <u>one</u> report type.
    ☐ Program Specific Audit, completed by a Certified Public Accountant
    ☐ Single City/County Audit Report (per BSCC contract only)
    ☐ N/A

b.  Does the Grantee have audit reports covering the agency's internal control structure within the last two years?          Yes ☐   No ☐
*Instructions: If an audit is required, confirm audit reports have been submitted to BSCC for any prior years that have been funded by this grant.*

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**FOR BSCC USE ONLY: Field Representative Comments for Fiscal Review Section:**
*Do not provide a response here. BSCC use only.*
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## 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**
   a. Does the grant require formation of some type of governing body (e.g., steering committee, coordinating council) to guide grant activities?   Yes ☐   No ☐
   *Instructions: Check the grant's RFP to see if this is a requirement. If so, have documentation available for review.*

   b. If yes to 1a, has this body been formed and is it meeting as required? Yes ☐   No ☐
   *Instructions: Make available membership rosters, meeting schedules, and/or minutes of prior meetings for review.*

   c. If yes to 1a, are all the required members participating?   Yes ☐   No ☐

   d. If no to 1c, what are the challenges for non-participation and is there a plan to increase engagement?
      >
   *Instructions: Provide reason(s) why members are not participating and a plan on how the body will increase member participation.*

2. **Staff Training** *Submit sample training materials as applicable*
   a. Do all project staff receive an orientation and/or training pertinent to the grant project?
      Yes ☐   No ☐
   *Instructions: Be prepared to answer the following types of questions: Are staff oriented and trained to the specific mission, goals, objectives, purpose, culture, etc. of the grant project? Do all staff receive this same information and are unified in their understanding of the goals of the grant (i.e., "on the same page"), even if grant staff are from different agencies/organizations? For example: after the BSCC Grantee Orientation, was the information and materials shared with the entire grant project team?*

   b. Are there opportunities for ongoing training for staff affiliated with the grant project?
      Yes ☐   No ☐
   *Instructions: Be prepared to describe staff training opportunities during the site visit.*

3. **Policies & Procedures** *Submit as applicable*
   a. Did the Grantee develop a written program manual, or policies and procedures specific to the grant project?   Yes ☐   No ☐
   *Instructions: Be prepared to provide a written or electronic version of policies and procedures specific to the grant project.*

   b. If yes to 3a, are the above documents accessible to all staff?   Yes ☐   No ☐
   *Instructions: Be prepared to discuss whether staff have written policies and procedures or protocols to follow so that there is consistency in the way the grant project is implemented. Confirm that all staff, from top to bottom, have access to the policies and procedures.*

**4. Case Management/Activity Tracking**

   a. Is the Grantee providing direct services as part of the project?       Yes ☐    No ☐

   b. If yes to 4a, does the Grantee maintain case management and/or a data collection system to track clients served and/or grant activities performed under the grant?
                                                                    Yes ☐    No ☐

   c. If no to 4b, explain how clients, services, and/or activities are tracked.
      >
   *Instructions: Describe how clients, services, and/or activities are tracked, specifically if an automated or web-based case management and/or data collection systems are not in place.*

**5. Source Documentation**

   a. Does the Grantee maintain appropriate source documentation (e.g., intake forms, completed assessments, case plans, case notes, sign-in sheets) to verify clients are being served?                              Yes ☐    No ☐

   b. If the Grantee uses assessment tools (e.g., Mental Health, Substance Use, Housing, etc.) for eligibility or programming, list those assessments below.
      >
   *Instructions: Client files must be available for review during the site visit.*

**6. Progress Reports**

   a. Are Progress Reports current?                              Yes ☐    No ☐

   b. Do project records contain sufficient detail to support information reported within the project's Progress Reports?                            Yes ☐    No ☐

   c. If no to either 6a and/or 6b, provide an explanation why.
      >
   *Instructions: Be prepared to explain how data in the progress reports is collected and tabulated. If data is collected from subcontractors or partner organizations, have those reports available for review.*

**7. Project Modifications**

   a. Are copies of project line-item modifications maintained in the official grant file?
                                                            Yes ☐    No ☐

   b. Were there any substantial project modifications made that were not approved by the BSCC?                              Yes ☐    No ☐

   c. If yes to 7b, explain.
      >
   *Instructions: Grantees are not allowed to make substantial project modifications without prior approval from the BSCC. A substantial modification is one that would change the*

*original intent, purpose, or nature of the grant project. If yes to 7b, document the changes made and the reason(s) for the change(s). This item may require follow-up discussions.*

**8. Problems**

    a.  Has the Grantee experienced operational or service delivery challenges?

                                        Yes ☐    No ☐

    b.  If yes to 8a, provide a summary of those challenges and how the project is attempting to remedy the situation.

        >

*Instructions: Describe the plan to resolve challenges.*

**9. Sustainability**

    a.  Will the Grantee continue service delivery after grant funds end?      Yes ☐    No ☐

    b.  If yes to 9a, provide a brief description of the sustainability plan, including potential funding sources to be used toward the project.

        >

*Instructions: Describe the plan to sustain the project once funding has ended.*

**<u>Discussion Items:</u>** *The following items are for discussion purposes only and are not part of grant compliance. Complete to the best of staff's knowledge.*

**10. Evidence-Based Interventions, Strategies and/or Models**

    a.  Has the Grantee implemented an intervention(s) or strategy(ies) that they identify as evidence-based or as a promising practice?      Yes ☐    No ☐

    b.  If yes to 10a, list what source was used to determine the intervention(s) or strategy(ies) was evidence-based or a promising practice.

        >

*Instructions: List interventions, strategies, and/or models identified as evidence-based or promising practices. Provide what source(s) (i.e., websites, studies) influenced the project's decision to adopt.*

    c.  Does the Grantee have a quality assurance or fidelity monitoring process in place to ensure that evidence-based or promising practice interventions are implemented as intended?      Yes ☐    No ☐

    d.  If yes to 10c, summarize the process the Grantee uses to ensure program fidelity or project quality assurance.

        >

*Instructions: Describe the quality assurance or fidelity process used by the project. Be prepared to answer the following questions: Are staff trained as fidelity monitors? Is there an independent organization that was contracted to come back for periodic reviews? Are there "refresher" trainings for facilitators?*

**11. Criminogenic Assessment Tools**

    a. If the project is providing direct services (per 4a), are participants assessed for risk, need, and/or responsivity?        Yes ☐    No ☐

    b. If yes to 11a, which criminogenic assessment tool(s) is being used?  Check all that apply.

| Criminogenic Assessments Used | Yes | No | Identify Tool(s) |
|---|---|---|---|
| Risk | ☐ | ☐ | > |
| Need | ☐ | ☐ | > |
| Responsivity | ☐ | ☐ | > |

*Instructions: Select the assessment tool(s) used by the project and provide the name of the tool(s) being used.*

    c. How is the information from the assessment used? If the project is providing direct services and participants are NOT assessed for risk, need, or responsivity, explain how an appropriate intervention(s) is determined for project participants.
        >

*Instructions: Explain the process for determining interventions used by the project.*

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**FOR BSCC USE ONLY: Field Representative Comments for Program Review Section**
*Do not provide a response here. BSCC use only.*
>

**Other Grant Requirements Reviewed**

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

## V. DATA COLLECTION AND EVALUATION

1. **Evaluator**
   a. Does the Grantee subcontract for its data collection and/or evaluation services?

   Yes ☐   No ☐

   b. If yes to 1a, list the name of the subcontracted organization(s).
   >
   *Instructions: Be prepared to discuss how the evaluator will work with the Grantee and the relationship between the organizations.*

   c. If no to 1a, how will the data collection and evaluation be completed internally?
   >
   *If no, describe the process the Grantee will use to evaluate project success.*

2. **Evaluation Plan**

   Is the Grantee on track with the activities and milestones described in its Local Evaluation Plan? Yes ☐   No ☐

   *Instructions: Be prepared to discuss the Local Evaluation Plan and what progress has been made. Include the evaluator in this section of the site visit, if available.*

3. **Preliminary Evidence**
   a. Do data collection efforts show preliminary evidence that could impact the project (positively or negatively)? Yes ☐   No ☐

   b. If yes to 3a, provide a brief analysis.
   >
   *Instructions: If yes to 3a, briefly describe preliminary outcomes.*

   c. If yes to 3a, has the Grantee used this information to make improvements or changes to the project? Yes ☐   No ☐

   d. If yes to 3c, provide a brief description of how the project was adjusted given the preliminary data.
   >
   *Instructions: If yes, describe what component of the project changed.*

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**FOR BSCC USE ONLY: Field Representative Comments for Data Collection and Evaluation Section:**
*Do not provide a response here. BSCC use only.*
>

## VI.  FOR BSCC USE ONLY: MONITORING SUMMARY - Field Representative Comments

*Do not provide a response below. BSCC use only.*

1. **Outcome of Comprehensive Monitoring Visit**

   a. Does the project generally meet BSCC grant requirements?     Yes ☐     No ☐

   b. If no to 1a, will a Compliance Improvement Plan be submitted?     Yes ☐     No ☐

   c. If yes for 1b, describe the issues identified for the Compliance Improvement Plan.
   >

2. **Technical Assistance**

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

   b. If yes to 2a, provide a summary of technical assistance requested.
   >

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**Completed By:**

<E-signature>

, **Field Representative**
Corrections Planning & Grant Programs Division
Date Completed: