

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

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

Project Director Phone:	Financial Officer Phone:
>	>
Project Director E-Mail:	Financial Officer E-mail:
>	>
Field Representative: >	
Date of Visit: >	Agenda Included: Yes ☐ No ☐
Name and Title of Individual Completing	the Form:
Name: >	Title: >

Persons Interviewed During the Visit:

Name	Title	Agency
>	>	>
>	>	>
>	>	>
>	>	>
>	>	>
>	>	>
>	>	>

Project Sites Visited (include initial meeting site):

Name of Agency or Organization	Address
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>	>
>	>
>	>
>	>

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.

<u>l.</u>	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? 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
4.	Sufficient. 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

·	Yes 🗌	No 🗌
>	ations for w	hy they
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.		
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 subcontractors and dollar amount of each subcontract/MOU.	e names	of the
c. If yes to 7a, are copies of the subcontract awards/MOUs contained grant file?Instructions: Have copies of all subcontracts/MOUs available for review.	within the Yes	official No 🗌
contract (e.g., access to program and fiscal records, access to f	acility, aconce)?	
	nd Conditio	_
laws that prohibit individuals or organizations that participated on the E Committee for this grant? Instructions: Check to ensure none of the individuals or organizations re	xecutive S Yes	teering No 🗌
	organizational duty statements are not usually sufficient as they typical distinct grant project responsibilities. Staff Positions a. Are all authorized positions filled and performing grant-related duties? 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 explanate still vacant. Anticipated Changes a. Are there any anticipated changes to staff or the project? b. If yes to 6a, explain the changes. Instructions: If the answer is yes to 6a, provide explanations. Subcontracts or Memorandum of Understandings (MOU) Submit a. Does this grant provide for contracted services? b. If yes to 7a, list all subcontracts/MOUs awarded under this grant. Instructions: If yes to 7a, list all subcontracts/MOUs. Include the subcontractors and dollar amount of each subcontract/MOU. c. If yes to 7a, are copies of the subcontract awards/MOUs contained grant file? Instructions: Have copies of all subcontracts/MOUs available for review. d. If yes to 7a, do subcontracts/MOUs contain the required language contract (e.g., access to program and fiscal records, access to forgoram participants, Non-Discrimination clause, Civil Rights compliants Instructions: Ensure all subcontracts/MOUs contain the General Terms and Special Conditions for federally funded projects) from the BSCC contract. If yes to 7a, do subcontracts/MOUs appear to be in compliance with or laws that prohibit individuals or organizations that participated on the Committee for this grant? Instructions: Check to ensure none of the individuals or organizations re-	Staff Positions a. Are all authorized positions filled and performing grant-related duties? Yes Yes It 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 ware still vacant. Anticipated Changes a. Are there any anticipated changes to staff or the project? Yes b. If yes to 6a, explain the changes. Instructions: If the answer is yes to 6a, provide explanations. Subcontracts or Memorandum of Understandings (MOU) Submit a. Does this grant provide for contracted services? Yes Instructions: If yes to 7a, list all subcontracts/MOUs awarded under this grant. Instructions: If yes to 7a, list all subcontracts/MOUs. Include the names subcontractors and dollar amount of each subcontract/MOU. C. If yes to 7a, are copies of the subcontract awards/MOUs contained within the grant file? Instructions: Have copies of all subcontracts/MOUs available for review. d. If yes to 7a, do subcontracts/MOUs contain the required language from the contract (e.g., access to program and fiscal records, access to facility, acceptoring participants, Non-Discrimination clause, Civil Rights compliance)? Yes Instructions: Ensure all subcontracts/MOUs contain the General Terms and Condition 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-laws that prohibit individuals or organizations that participated on the Executive S

8. Non-Governmental Organiz	tion (NGO) Assurances	Submit if app	plicable
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 a. Does the Grantee have assurance documentation f 	or <u>each</u> NGO listed on Appendix B
within the Grant Agreement?	Yes 🗌 No 🗌
Instructions: Prior to the visit, pull the Appendix B the Officer. Ensure that you have assurance documentation copies of proof available for review. If you have added	n for all of your subcontractors. Have
submitting the signed Appendix B, discuss this during t	he visit.
b. Is each NGO in "Active" status with the California Se	ecretary of State? Yes 🗌 🛮 No 🔲
https://bizfileonline.sos.ca.gov/search/business	
Instructions: Search each NGO within the above websit per the website prior to awarding BSCC grant funds. Know within the official grant file. If an NGO is not in action.	eep a screenshot of the information
Representative immediately.	

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 Par	ticipants	Submit	written	policy,	if	applicable
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1.		on-Discrimination for Participants Submit written policy, if applicable 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?
	b.	Yes No If no to 1a, explain.
		structions: If no to 1a, describe how your agency ensures that no individuals are denied rvices because of a protected class.
2.		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
	Ins	If no to 2a, explain. > structions: Describe how your agency ensures that employees are not discriminated ainst as part of a protected class.
<u>Fo</u>	r F	ederal Grants Only:
1.		In 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;

*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.		O Plan Certification 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 .
		structions: Have a copy of the agency's current Certification Form for review. An agency's ertification Form must be submitted every year.
3.	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? Structions: Be able to provide a document that states the Grantee does not discriminate employment practices based on all current protected classes.
	Ins	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 structions: Be able to provide a document that states the Grantee does not discriminate 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
In:	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 structions: Be able to provide a written policy or procedure on how complaints and ievances alleging discrimination are filed and what steps are taken following receipt of scrimination 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.
In	structions: Provide the name, title, and contact information for the designated person.
In	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 \(\subseteq \text{No} \subseteq \) Structions: If there have been findings of discrimination, have documentation available at shows those findings have been submitted to OCR.
	*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.
	mited English Proficiency (LEP) 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

4.

	b.	If yes to 4a, explain the project's process.		
		structions: Briefly explain the project's written policy on program acce th LEP and have the policy available for review.	ss for ind	lividuals
5.	Tra	aining		
	a.	Did the grantee review and comply with the following Code of Federal R 28 CFR §§ 42.105 and 42.204?	egulations Yes □	s (CFR) No □
	b.	Did the Grantee review the online training videos administered by the of Justice, Office of Justice Programs, Office for Civil Rights?	U.S. Depa Yes □	artment No □
		If the Grantee has questions about compliance with civil rights nondiscrimination provisions, please refer to https://ojp.gov/about/ocr/	•	
	con emp con Gra	EE: At a minimum, the Project Director and Financial Officer are strong applete the OCR online training within 120 days of the signed BSCC granulous turnover in these key positions, it is recommended to have applete the OCR online training within 120 days of hire. It is also related contracts with an organization to provide services, at least couraged to review the OCR online training videos.	t agreeme e the ind ecommend	ent. For ividuals ded if a
		structions: Be prepared to discuss who takes the civil rights training, and hts training is done to ensure compliance with applicable federal civil rights		
6.	Fa	ith-Based or Religious Organization		
	a.	Does the Grantee provide federally funded services to eligible benefic of religion, a religious belief, a refusal to hold a religious belief, or a re- participate in a religious practice?	_	
	b.	Does the Grantee maintain its religious activities separate from its services or benefits?	federally Yes	funded No 🗌
	Ins	Does the Grantee ensure that participation in its religious activities program participants in its federally funded program? structions: If applicable, be prepared to discuss these items and/or provides show compliance.	Yes 🗌	No 🗌

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

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
۷.	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 \(\subseteq \text{No } \subseteq \)
	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)?
	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
0.	 a. Does the Grantee maintain timesheets on all staff charged to the grant (including those claimed as match)? 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)? 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 <u>actual time</u> on grant activities (time must be <u>actuals</u> and not a straight-line percentage). In all cases, the Grantee must be able to show the method used to track an individual's <u>actual time</u>. 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.

Invoices Submit-Invoices will be selected at random by the Field Representative (see Field Representative CMV email request) 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.
Budget Modifications a. Are copies of budget and/or line-item modifications maintained in the official financial file? Instructions: If modifications have been submitted, check to ensure you are working from the most recent version of your budget.

4.

5.

	b. Were there any modifications made that were not approved by the BSCC?	
	Yes □ N	o 🗌
	c. If yes to 5b, explain.	
	Instructions: Grantees are not allowed to make substantial modifications without approval from the BSCC. A substantial modification is one that would change the or intent, purpose, or nature of the grant project. If yes to 5b, document the changes in and the reason(s) for the change(s). This item may require follow-up.	iginal
6.	Instructions: Be able to show the fund account or code number for the grant. If receipted more than one grant from the BSCC, be able to provide a list of each separate accounts. Does the Grantee maintain a tracking system for purchases, including receipts.	o eiving nt. and
	c. Are tracking reports regularly reviewed by management and/or program staff? Yes \(\subseteq \) N Instructions: Be prepared to discuss if managers periodically review tracking reports to ensure spending is on track).	o 🗌 (e.g.,
	 d. Can the Grantee provide general ledgers documenting the entries for receipts disbursements?	o 🗌
7.	Equipment/Fixed Assets a. Has the Grantee purchased or leased equipment/fixed assets with grant funds? Yes □ N	о 🗌
	b. If yes to 7a, are the equipment/fixed assets listed in the Budget or in a Budget or in a Budget or in a Budget or in a Budget in the Budget or in a Budget o	o 🗌
	c. If yes to 7a, did the Grantee receive prior approval from the BSCC for purchas 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 also provide documentation of prior approval for these purchases, even if items were list the Budget or Budget Modification.	o 🗌

		purchased with grant funds? structions: Be prepared to provide an inventory list of equipment/fix	Yes 🗌	No 🗌
	e.	If yes to 7a, does the Grantee maintain proof of receipt of equipment/	fixed asset	ts? No □
	Ins	structions: Have receipts available for review.	_	
8.	Su ap the	applanting applanting is the deliberate reduction in the amount of federal, state, or appropriated to an existing program or activity because grant funds have a same purposes. When the Grantee replaces funds in this manner, it mount that would have been available for the stated grant purpose. Has the Grantee replaced previously budgeted/obligated expendicular salaries and benefits) with funds awarded through the BSCC grant?	been awar reduces t	rded for he total
	b.	If yes to 8a, describe why grant funds were used to pay for an exis established item, activity, or salary/benefit? >	ting or pre	eviously
	C.	Can the Grantee substantiate that a reduction in non-grant funded re for reasons other than the receipt (or expected receipt) of BSCC grant		ccurred
	d.	If yes to 8c, provide substantiation.		
	e.	Can the Grantee verify that expenditures submitted for grant reimburse being claimed/reimbursed under another agreement or funding stream		not also
			165	INO [
	f.	Would the project have occurred regardless of receiving BSCC grant	_	\Box
	gra	structions: Be prepared to discuss other grants or other funding source ant project. If expenditures and/or positions now funded by the grant e SCC grant was awarded, be prepared to discuss how supplanting was	existed bei	fore the
9.	Ма	atch		
	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 per		
			Yes	No

d	If yes to 9c, briefly outline the plan to reach the match obligatio	n.		
	nstructions: Be prepared to describe a plan for meeting the match lote: Match may also be referenced as leveraged funds.	n requiren	nent.	
a b	 Project Income Does the Grantee generate income from grant funds (e.g., fundinterest earned on grant advances)? If yes to 10a, does the Grantee report that income on BSCO explanation for how the income will be used for grant activities instructions: If yes, confirm all project income has been recorded as CCC Form 201). 	Ye C invoices ? Ye	es 🗌 🏻 l s, includi es 🔲 l	No 🗌 ng an No 🔲
a	 Subcontracts Does the Grantee require subcontracted organizations to submouth with their billing invoice? If yes to 11a, what type of documentation detail does the Grante to submit? See the table below and check all that apply. 	Ye	es 🗌 🏻 l	No 🗌
		(check all t	hat annly)	1
	Subcontractor Supporting Documentation		1	
		Grant	Match	
	Subcontractor Supporting Documentation List of positions funded: Documentation of staff hours (e.g., timesheets, time tracking report):		1	
	List of positions funded:		1	-
	List of positions funded: Documentation of staff hours (e.g., timesheets, time tracking report):		1	_
	List of positions funded: Documentation of staff hours (e.g., timesheets, time tracking report): List of services delivered with dates, times, and locations:		1	-
	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:	Grant	1	
	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):	Grant	1	
	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:	Grant	1	
	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:	Grant	1	
Е	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:	Grant Gr	Match	
E S	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 green prepared to have available and review source documentation.	Grant Gr	Match	

	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 \(\scale \) No \(\scale \)
	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 one 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.
	R BSCC USE ONLY: Field Representative Comments for Fiscal Review Section: not provide a response here. BSCC use only.

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? 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 \(\subseteq \) No \(\subseteq \) 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?
	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? 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.	Ca	se 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 system to track clients served and/or grant activities performed under		
	C.	If no to 4b, explain how clients, services, and/or activities are tracked.	ı	
		structions: Describe how clients, services, and/or activities are tracked tomated or web-based case management and/or data collection system		
5.	So	ource Documentation		
	a.	Does the Grantee maintain appropriate source documentation (e. completed assessments, case plans, case notes, sign-in sheets) to being served?	_	
		If the Grantee uses assessment tools (e.g., Mental Health, Substan etc.) for eligibility or programming, list those assessments below.	ce Use, H	lousing,
	Ins	structions: Client files must be available for review during the site visit.		
6.	Pr	ogress Reports		
	a.	Are Progress Reports current?	Yes 🗌	No 🗌
	b.	Do project records contain sufficient detail to support information reproject's Progress Reports?	eported wi	thin the No 🗌
	C.	If no to either 6a and/or 6b, provide an explanation why.		
	tal	structions: Be prepared to explain how data in the progress reports bulated. If data is collected from subcontractors or partner organizations available for review.		
7.	P	roject Modifications		
		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 BSCC?	t approved Yes □	by the
	c.	If yes to 7b, explain.		
		structions: Grantees are not allowed to make substantial project modior approval from the BSCC. A substantial modification is one that w		

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.	Pr	oblems
	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.
	Ins	structions: Describe the plan to resolve challenges.
9.		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.
	Ins	structions: Describe the plan to sustain the project once funding has ended.
		ussion Items: The following items are for discussion purposes only and are not part of compliance. Complete to the best of staff's knowledge.
10		ridence-Based Interventions, Strategies and/or Models 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 \square No \square
	d.	If yes to 10c, summarize the process the Grantee uses to ensure program fidelity or project quality assurance.
	pre an	structions: Describe the quality assurance or fidelity process used by the project. Be epared to answer the following questions: Are staff trained as fidelity monitors? Is there independent organization that was contracted to come back for periodic reviews? Are ere "refresher" trainings for facilitators?

a.	If the project is	providing	direct	services	(per	4a),	are	participants	assessed	for	risk
	need, and/or re-	sponsivity?	•						Yes 🗌	No	o 🗌

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	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.

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

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Other Grant Requirements Reviewed

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

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V. DATA COLLECTION AND EVALUATION

1.	Evaluator a. Does the Grantee subcontract for its data collection and/or evaluation services? Yes \(\subseteq \text{No} \subseteq \)
	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 \(\subseteq \text{No } \subseteq \)
	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 \(\subseteq \text{No } \subseteq \)
	 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.
Εv	R BSCC USE ONLY: Field Representative Comments for Data Collection and aluation Section: 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? No 🗌 Yes b. If yes to 2a, provide a summary of technical assistance requested. **Completed By:** <E-signature>

, Field Representative

Date Completed:

Corrections Planning & Grant Programs Division