



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

**Instructions to Grantees**

- Please complete this entire document prior to the Comprehensive Monitoring Visit.
- Refer to the CMV Tool User Guide for Grantees for instructions.
- During the visit, the Field Representative will review your responses with you.
- The completed CMV Tool along with the day(s) agenda should be returned to BSCC at least one week prior to the scheduled visit.

<b>Grantee:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Award Year:</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
<b>Grant Program:</b>	<b>Federal Funds:</b> <input type="checkbox"/> <b>State Funds:</b> <input type="checkbox"/>
<b>Contract Number:</b>	<b>Grant Amount:</b>
<b>Project Title:</b>	
<b>Project Director:</b>	<b>Financial Officer:</b>
<b>Project Director Phone:</b>	<b>Financial Officer Phone:</b>
<b>Project Director E-Mail:</b>	<b>Financial Officer E-mail:</b>
<b>Field Representative:</b>	
<b>Date of Visit:</b>	<b>Agenda Included:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Name and Title of Individual Completing the Form:</b>	
<b>Name:</b>	<b>Title:</b>

**Persons Interviewed During the Visit:**

Name	Title	Agency

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

Name of Agency or Organization	Address

**Brief Project Summary:**

SAMPLE

## I. ADMINISTRATIVE REVIEW

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### 1. Executed Agreement

Does the Grantee have a copy of the fully executed Standard Agreement in the official file (e-file is acceptable)? Yes  No

### 2. BSCC Grant Administration Guide

a. Does the Grantee have a copy of the BSCC Grant Administration 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

### 3. Organizational Chart

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

### 4. Duty Statements

a. Does the Grantee maintain duty statements for grant-funded staff? *Note: Standard job classifications usually are not 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

### 5. 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.*

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.*

### 6. Staff Positions

a. Are all authorized grant positions filled and performing grant-related duties? Yes  No

b. If no to 6a, list all unfilled positions and explanations for vacancies.

### 7. Anticipated Changes

a. Are there any anticipated changes to staff or the project? Yes  No

b. If yes to 7a, explain the changes

**8. Subcontracts**

- a. Does this grant provide for subcontracted services? Yes  No
  
- b. If yes to 8a, list subcontracts awarded.
  
- c. If yes to 8a, are copies of the subcontract awards contained within the official project file? Yes  No
  
- d. If yes to 8a, do 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
  
- e. If yes to 8a, do 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

**9. Non-Governmental Organization (NGO) Assurances**

Does the Grantee have assurance documentation for each NGO listed on Appendix B within the Grant Agreement? Yes  No

**10. Budget Modifications**

- a. Are copies of project budget modifications maintained in the official file? Yes  No
  
- b. Were there any substantial modifications made that were not approved by the BSCC? Yes  No
  
- c. If yes to 10b, explain.

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**FOR BSCC USE ONLY: Field Representative Comments for Administrative Review Section**

## II. CIVIL RIGHTS REVIEW

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### For State Grants Only:

#### 1. Non-Discrimination for Participants

- 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.

#### 2. Non-Discrimination for Employees

- 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.

### 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/community-based organization, an Indian tribe, medical/educational institution, a state or local government agency, or a private business **and** 2) has less than 50 employees or has received a subaward of \$25,000 or less.

\*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>.

## 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>.

## 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
- 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
- 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

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

- d. 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

If yes to 3d, enter name, title, and contact information for the designated employee.

e. 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, etc.)? Yes  No

\*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)**

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 (i.e., written language/oral interpretation services, bilingual staff, telephone interpreter lines, community volunteers, etc.)?

Explain the project's process.

**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

Grantee are strongly encouraged to review the online training videos administered by the U.S. Department of Justice, Office of Justice Programs, Office for Civil Rights located at <https://www.ojp.gov/program/civil-rights/video-training-grantees/overview>, before the BSCC comprehensive monitoring site visit.

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.

## 6. Faith-Based or Religious Organization

Only Answer if Grantee is a faith-based 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
- d. Does the Grantee provide appropriate notice to program beneficiaries or prospective beneficiaries that the Grantee does not discriminate on the basis of religion in the delivery of services or benefits? Yes  No
- e. Does the Grantee notify those program beneficiaries who object to the “religious character” of the Grantee that they will make a reasonable effort to locate, and notate its records of, an alternate organization that offers comparable services and benefits? Yes  No

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**FOR BSCC USE ONLY: Field Representative Comments for Civil Rights Review Section**



### III. FISCAL REVIEW

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#### 1. Budget File

Does the Grantee maintain an official budget file for the project? Yes  No

#### 2. Fiscal Policies and Procedures

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

#### 3. Invoices

a. Are BSCC invoices (BSCC Form 201) current and is spending on track? Yes  No

b. Are copies of the BSCC invoices for reimbursement/disbursement contained within the official file? Yes  No

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

d. Can salaries and benefits be easily tied back to BSCC reimbursement/disbursement invoices? Yes  No

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

f. Do expenditures appear to meet contract eligibility, as defined in the BSCC Grant Administration Guide? Yes  No

#### 4. Tracking

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

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

- c. Are tracking reports regularly reviewed by management and/or program staff?  
Yes  No
- d. Can the Grantee provide general ledgers documenting the entries for receipts and disbursements?  
Yes  No

## 5. Equipment/Fixed Assets

- a. Has the Grantee purchased or leased equipment/fixed assets with grant funds?  
Yes  No
- b. If yes to 5a, are the equipment/fixed assets listed in the Budget or in a Budget Modification?  
Yes  No
- c. If yes to 5a, 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
- d. If yes to 5a, does the Grantee maintain an inventory list of equipment/fixed assets purchased with grant funds?  
Yes  No
- e. If yes to 5a, does the Grantee maintain proof of receipt of equipment/fixed assets?  
Yes  No

## 6. Supplanting

- Can the Grantee 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

- a. Is the Grantee in compliance with the match requirement?  
Yes  No
- b. If no to 7a, is there a plan to meet the contractually obligated match percentage/amount?  
Yes  No

## 8. Project Income

- a. Does the Grantee generate income from grant funds (e.g., fundraisers, registration fees, interest earned on grant advances, etc.)?  
Yes  No
- b. If yes to 8a, does the Grantee report that income with an explanation for how the income will be used on BSCC invoice?  
Yes  No

## 9. Subcontracts

- a. Does the Grantee require subcontract agencies to submit source documentation with their billing invoice?  
Yes  No

- b. If yes to 9a, what type of documentation detail does the Grantee require subcontractors to submit? See the table below and check all that apply to the grant project.

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

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

- d. Does the Grantee conduct desk audits of subcontract agencies? Yes  No

If yes to 9d, describe the process.

- e. Does the Grantee conduct site visits to subcontract agencies? Yes  No

If yes to 9e, describe the process.

## 10. Audits

- a. What type of audit report will the Grantee submit? Check only one report type.

- Single City/County Audit Report  
 Program Specific Audit  
 Other:  
 N/A

- b. Does the Grantee have audit reports covering the agency's internal control structure within the last two years? Yes  No

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**FOR BSCC USE ONLY: Field Representative Comments for Fiscal Review Section**

## 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 project compliance.*

### 1. Governing Body

- a. Does the grant require formation of some type of governing body (steering committee, coordinating council, etc.) to guide grant activities? Yes  No
- b. If yes to 1a, has this body been formed and is it meeting as required? Yes  No
- c. If yes to 1a, are all the required members participating? Yes  No

### 2. Evidence-Based Interventions

- 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 2a, list what source was used to determine the intervention(s) or strategy(ies) was evidence-based or a promising practice.
- 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

### 3. Assessment Tools

- a. Is the Grantee providing direct services as part of their project? Yes  No
- b. If yes to 3a, are participants assessed for risk, need, and/or responsivity? Yes  No
- c. If yes to 3b, which assessment tool(s) is being used (e.g., housing, mental health, substance use disorder [SUD], etc.)? Check all that apply.

Type of Assessment	Yes	No	Identify Tool(s)
Risk	<input type="checkbox"/>	<input type="checkbox"/>	
Need	<input type="checkbox"/>	<input type="checkbox"/>	
Responsivity	<input type="checkbox"/>	<input type="checkbox"/>	
Other: <i>Mental Health, SUD, Housing, etc.</i>	<input type="checkbox"/>	<input type="checkbox"/>	

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

**4. Staff Training**

- a. Do all project staff receive an orientation and/or training pertinent to the grant project? Yes  No
- b. Are there opportunities for ongoing training for staff affiliated with the grant project? Yes  No

**5. Policies & Procedures**

- a. Did the Grantee develop a written Program Manual or policies and procedures specific to the grant project? Yes  No
- b. If yes to 5a, are the above documents accessible to all staff? Yes  No

**6. Case Management/Tracking**

- a. Does the Grantee maintain an automated or web-based case management and/or data collection system to track clients served by the grant? Yes  No
- b. If no to 6a, explain how are services and/or clients are tracked?

**7. Source Documentation**

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

**8. 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 8a and/or 8b, explain why.

**9. Problems**

- a. Has the Grantee experienced operational or service delivery challenges? Yes  No
- b. If yes to 9a, provide a brief detail of those challenges and how the project is attempting to remedy the situation.

## 10. Sustainability

a. Will the Grantee continue service delivery after grant funds expire?

Yes  No

b. If yes to 10a, provide a brief description of the sustainability plan, including potential funding sources to be used toward the project.

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### FOR BSCC USE ONLY: Field Representative Comments for Program Review Section

#### Other Requirements Reviewed

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

Yes  No

## V. DATA COLLECTION AND EVALUATION

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### 1. Evaluator

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

Yes  No

### 2. Evaluation Plan

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

Yes  No

### 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.

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.

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**FOR BSCC USE ONLY: Field Representative Comments for Data Collection and Evaluation Review Section**

## **VI. FOR BSCC USE ONLY: Monitoring Summary - Field Representative Comments**

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### **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: NAME, FIELD REPRESENTATIVE**

\_\_\_\_\_  
*X Signature*  
**, Field Representative**  
Corrections Planning & Grant Programs Division  
Date Completed:

**Reviewed By:**

\_\_\_\_\_  
*X Signature*  
**Ricardo Goodridge, Deputy Director**  
Corrections Planning & Grant Programs Division  
Date Reviewed: