



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.

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

Brief Project Summary:

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I. ADMINISTRATIVE REVIEW

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, 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, 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, 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, explain.

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

II. CIVIL RIGHTS REVIEW

For State Grants Only:

1. Non-Discrimination for Participants

- a. Does the Grantee ensure the services they provide 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, 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, explain.

For Federal Grants Only:

1. Equal Employment Opportunity Plan

- a. Does the Grantee have an Equal Employment Opportunity Plan (EEOP) on file for review? Yes No
- b. If yes, on what date did the Grantee prepare the EEOP?

2. EEOP Short Form

- a. Does the Grantee have 50 or more employees and receives \$750,000 or more in federal funds? Yes No
- b. If yes to 2a, has the Grantee submitted an EEOP Short Form to the Office for Civil Rights (OCR), U.S. Department of Justice (DOJ)? Yes No
- c. If yes for 2b, on what date did the Grantee submit the EEOP Short Form?

3. Notification to Program Participants

How does the Grantee notify program participants and beneficiaries that it does not discriminate on the basis of race, color, national origin, religion, sex, disability, and age in the delivery of services (e.g., posters, inclusion in program brochures, program materials, etc.)?

Explain the process.

4. Notification to Employees

How does the Grantee notify employees that it does not discriminate on the basis of race, color, national origin, religion, sex, disability, and age in the delivery of services (e.g., posters, dissemination of relevant orders or policies, recruitment materials, etc.)?

Explain the process.

5. Complaints

Are there written policies or procedures in place for notifying program beneficiaries how to file complaints alleging discrimination by the grantee with the BSCC or the OCR? Yes No

6. Discrimination on the Basis of Disability

a. Does the Grantee have 50 or more employees and receive DOJ funding of \$25,000 or more? Yes No

b. If yes to 6a, has the grantee adopted grievance procedures (for both employees and program participants) that incorporate due process standards and provide for prompt and equitable resolution of complaints alleging a violation of the DOJ regulations which prohibit discrimination on the basis of a disability in employment practices and the delivery of services? Yes No

c. If yes to 6a, has the grantee designated a person to coordinate compliance with prohibitions against disability discrimination? Yes No

If applicable, enter name, title, and contact information of designated person.

d. If yes to 6a, has the grantee notified participants, beneficiaries, employees, applicants, and others that the grantee does not discriminate on the basis of disability? Yes No

7. Discrimination on the Basis of Sex

- a. Does the Grantee operate an education program or activity? Yes No
- b. If yes, has the Grantee taken the following actions?
- b1. Adopted grievance procedures that provide for the prompt and equitable resolution of complaints alleging a violation of the DOJ regulations which prohibit discrimination on the basis of sex? Yes No
- b2. Designated a person to coordinate compliance with the prohibitions against sex discrimination? Yes No
If applicable, enter name, title, and contact information of designated person.
- b3. Notified applicants for admission and employment, employees, students, parents, and others that the grantee does not discriminate on the basis of sex in its educational programs or activities? Yes No

8. Findings

Has the Grantee complied with the requirement to submit to the OCR any findings of discrimination against the grantee issued by a federal or state court, or federal or state administering agency, on the grounds of race, color, religion, national origin, or sex? Yes No

9. Limited English Proficiency

What steps have been taken to provide meaningful access to its programs and activities to person who have limited English proficiency (LEP)? Include whether the grantee has developed a written policy on providing language access services to LEP persons.
Explain the project's process.

10. Training

Is training conducted for the Grantee's employees on the requirements under federal civil rights laws? Yes No

11. Religious Activities

- a. Does the grantee conduct religious activities as part of its program or services? Yes No
- b. If yes to 11a, does the Grantee provide services to everyone regardless of religion or religious belief? Yes No

- c. If yes to 11a, does the Grantee ensure it does not use federal funds to conduct inherently religious activities (such as prayer, religious instruction, or attempt to convert participants to another religion) and that such activities are kept separate in time or place from federally-funded activities? Yes No
- d. If yes to 11a, does the Grantee ensure participation in religious activities is voluntary for beneficiaries of federally-funded programs? Yes No

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

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III. FISCAL REVIEW

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, are the fiscal policies accessible by grants fiscal staff? Yes No

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

3. Invoices

a. Are financial invoices current and is spending on track? Yes No

b. Are copies of the BSCC invoices for reimbursement 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 invoices, including match?
Yes No

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

e. Does the Grantee maintain supporting documentation or a calculation methodology for indirect costs or overhead claimed on invoices (e.g., an approved Indirect Cost Rate Proposal)? 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 BSCC for purchases of equipment and/or 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, 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, does the Grantee report that income with an explanation for how the income will be used on BSCC Form 201? Yes No

9. Subcontracts

- a. Does the Grantee require subcontract agencies to submit source documentation with their billing invoice? Yes No
- b. If yes, 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, describe the process.
- e. Does the Grantee conduct site visits to subcontract agencies? Yes No
If yes, 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

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, 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, 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?

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 that are specific to the grant project? Yes No
- b. If yes, 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, 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

9. Problems

- a. Has the Grantee experienced operational or service delivery challenges? Yes No
- b. If yes, 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, provide a brief description of the sustainability plan, including potential funding sources to be used toward the project.

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

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V. DATA COLLECTION AND EVALUATION

1. Evaluator

Does the Grantee subcontract for its data collection and 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 any preliminary evidence that could impact the project (positively or negatively)?

Yes No

b. If yes, provide a brief analysis.

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

Yes No

d. If yes, provide a brief description of how the project was changed.

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

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

1. Outcome of Comprehensive Monitoring Visit

- a. Does the project generally meet BSCC grant requirements? Yes No
- b. If no, 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, provide a summary of technical assistance requested.
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Completed By:

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: