Grant Monitoring Form

New Hampshire Coalition Against Domestic & Sexual Violence

Grant Monitor Visit Conducted By:

PO Box 353
Concord, NH 03302-0353
603-224-8893

Monitoring Date

Subrecipient Name

Subrecipient Director

Subrecipient Address

Primary Contact

Form Completed By

Phone Number

E-mail Address

NHCADSV Grant Monitoring Checklist

Please have the following materials available for review during the visit. They may be referenced later in the form. If there are any materials that you do not have, please contact us **before the site visit**. We have examples and resources to assist you in the development of these materials.

1. Agency Policies and Procedures manual, including:
    a. Non-discrimination statement and policies
    b. Limited English Proficiency (LEP) policy
    c. Grievance procedures for clients, staff, and volunteers
    d. Confidentiality policies for clients, staff, and volunteers
    e. Conflict of Interest Policy
    f. Sexual Harassment Policy
    g. Religious Non-Affiliation/No Proselytizing Policy
    h. Code of Ethics
    i. Notice that no fees are charged for services
    j. Personnel Policies that include:
        1. Recruitment, selection, promotion, and termination of staff;
        2. Employee benefits;
        3. Hours of work;
        4. Vacation, sick leave, holidays, other leave;
        5. Overtime and/or compensation;
        6. Rules of conduct;
        7. Disciplinary actions;
        8. Supervision of staff;
        9. Work performance evaluations;
        10. Employee accidents and safety;
        11. Attendance records;
        12. Staff training and evaluation of training; and
        13. How convictions will be addressed if found on criminal background checks or DMV reports;
        14. How a post hire conviction is to be reported by the employee and how it will be addressed by the Member Program.

2. Financial Policies

3. Financial documentation, including:
    a. Process for tracking grant expenditures by fund source
    b. Supporting documentation for in-kind match and federal expenses
    c. Employee time sheet/attendance records documenting fund source
    d. Gift card/emergency fund policies and log/tracking system (if applicable)

4. Employee manual and training materials

5. Employee files, including:
    a. Confidentiality forms
    b. Background check documentation (including DMV check if employee is transporting clients)
    c. Employee training documentation of 30 initial hours and 6 hours yearly
    d. Signed job descriptions
    e. Signed Confidentiality Policy
    f. Signed Sexual Harassment Policy
    g. I-9
    h. Signed Employment Letter with designated hours and pay

      i. Record of annual evaluations and disciplinary actions

6. Volunteer training manual

7. Volunteer files, including:
   a. Signed Confidentiality forms
   b. Background check documentation (including DMV check if employee is transporting clients)
   c. Record of annual evaluation and supervision
   d. Expenditures
   e. Volunteer sign-in sheet & time tracking forms
   f. Volunteer training documentation of 30 initial hours and 6 hours yearly
   g. Signed job descriptions

8. Shelter Facilities policy and procedures relating to the resident's stay in the shelter, including but not limited to:
   a. A document showing that the guest has been given and understands the contents of the intake packet;
   b. A clear exit policy that delineates reasons for possible exit and the process for exiting someone from services;
   c. Written statement of shelter guests' rights;
   d. A written policy for informing residents who express dissatisfaction with services about their rights and the grievance procedure
   e. Critical incident reports, if any, for instance if an emergency vehicle has been called or physical altercation between residents, from the last 12 months.
   f. List of any formal complaint(s) filed against a shelter employee or a shelter program by a guest.

9. Grant-funded brochures and informational literature (i.e. Victims' Compensation brochures)

10. Memorandum of Understanding (MOUs) with collaborative agencies, if applicable (including contract with answering service)

11. Drug-free workplace policy/poster

12. Organizational chart

13. Total agency budget

14. Chart of Accounts from accounting system

15. Annual Audit or Financial Review documents

16. List of current Board Members and meeting minutes for the most recent 12 months.

Grant Information

Funding Source

[   ]

Grant #	**Award Amount**	**Prior Year's Award Amount**	**Prior Year Unspent**
[ ]	[ ]	[ ]	[ ]

Funding Source

[   ]

Grant #	**Award Amount**	**Prior Year's Award Amount**	**Prior Year Unspent**
[ ]	[ ]	[ ]	[ ]

Funding Source

[   ]

Grant #	**Award Amount**	**Prior Year's Award Amount**	**Prior Year Unspent**
[ ]	[ ]	[ ]	[ ]

Funding Source

[   ]

Grant #	**Award Amount**	**Prior Year's Award Amount**	**Prior Year Unspent**
[ ]	[ ]	[ ]	[ ]

Is your program currently under special conditions?

☐ Yes

☐ No

If yes, please explain

[   ]

I. Overview Summary

1. Type of Program

2. How long has the program been funded with federal/state/other funds?

3. In the section below, provide a description of your program's service area. Note the city, county, and population type in which your program has services. Make sure to select the appropriate grant type.

City	County	Grant Name	Office Location	Office Hours
City	County	Grant Name	Office Location	Office Hours
City	County	Grant Name	Office Location	Office Hours
City	County	Grant Name	Office Location	Office Hours

II. Staff - Grant Funded

In the section below, please provide the name and position for all grant funded employees, paid and volunteer.

Name - Position

[blank text box]

1. Number of full-time staff at the agency   **Number of part-time staff at the agency**

[blank field]   [blank field]

2. Are any staff members bilingual?

○ Yes

○ No

3. Does the program's staff represent the populations it serves? If not, why?

[blank text box]

4. Does the program have staff (self-identified) from underserved populations? If no, what types of outreach is your program doing to better represent the underserved community?

[blank text box]

5. What is the training/on boarding program for new staff?

6. What is the protocol for when a staff member leaves the organization? (*Describe the process including exit interviews, follow-up, etc.*)

II: Staff - Grant Funded

1. Is the program current on updating the NHCADSV of key personnel changes?

◯ Yes

◯ No

Additional Comments

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III. Volunteers

1. Does the program utilize volunteers? (*If other, please explain.*)

○ **Yes**

○ **No**

○ **N/A**

○ **Other** [   ]

2. Are volunteer hours used as in-kind match in this grant project? (*If other, please explain.*)

○ **Yes**

○ **No**

○ **N/A**

○ **Other** [   ]

3. What is the role of volunteers in the program's overall operation?

[   ]

4. Are there volunteer job descriptions?

○ **Yes**

○ **No**

○ **N/A**

5. How are volunteers recruited? (*please describe how positions are advertised, the interview process, screening, etc. including to underserved populations*)

[   ]

6. How often is volunteer training conducted?

[   ]

7. What is the process for tracking volunteer time?

[   ]

III: Volunteers

1. Were the volunteer files reviewed?

○ Yes

○ No

○ N/A

a. Files Reviewed

☐ Completed volunteer application

☐ Signed confidentiality form

☐ Completed caregiver background check for volunteers [performing direct services]

☐ Documentation showing interview completed

☐ Documentation showing reference checks completed
Documentation showing 30 hours of initial training completed along with 6 hours each year afterward

2. Do they have a volunteering tracking form?

○ Yes

○ No

3. Is there a spot on the volunteer hour tracking form for totaling the volunteer hours?

○ Yes

○ No

○ N/A

4. Was the volunteer training manual reviewed and found acceptable?

○ Yes

○ No

○ N/A

Additional Comments

IV. Facility (office space, emergency shelter, and crisis line)

1. Does your facility meet the American Disability Act (ADA) standards in terms of handicap accessibility?

○ Yes

○ No

If no, how are you planning to serve clients with mobility needs?

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2. What is the security system at your facility? (*for example: cameras, secure doors, secure windows, access to building, fenced yard, etc.*)

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3. Does your program provide shelter to crime victims?

○ Yes

○ No

4. If yes, indicate which type of shelter your program provides

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5. Does your program provide accommodations for service and comfort animals?

○ Yes

○ No

6. How does staff conduct referrals when the shelter is full?

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7. Does your program have a 24-hour crisis line number for victims and survivors to access services?

○ **Yes**

○ **No**

If no, please explain

[   ]

8. Please explain the logistical operation of your crisis line. (*For example, forwards to a cell phone; a pager; rings to a landline, etc.*)

[   ]

9. Who answers the crisis line during non-standard business hours?

[   ]

10.   What training is provided to those answering the crisis line?

[   ]

11.   How does your staff accommodate non- English speaking persons on the crisis line?

12. How is the program's crisis line advertised?

IV: Facility (office space, emergency shelter, and crisis line)

1. Does your facility have emergency procedures posted? (i.e. fire evacuation, flood procedure, power outage, etc.)

○ Yes

○ No

○ N/A

2. Does the facility have crime victim compensation applications and brochures (in multiple languages) posted?

○ Yes

○ No

○ N/A

3. Was the facility clean and well kept?

○ Yes

○ No

○ N/A

4. Shelter Policies:

☐ Shelter policies posted for all guests to view?   Yes _____ No _____
☐ Shelter grievance procedures are posted for all guests to view?   Yes _____ No _____
☐ Mandated Reporting Statute and Procedure is posted for all guests to view   Yes _____ No_____
☐ He-M 314 Rights of Persons Using Emergency Shelters is posted for all guests to view? Yes _____ No_____
☐ Shelter community services available are posted for all guests to view?   Yes _____ No _____
☐ When beds are available, our agency immediately contacts the following:

- All shelters via email contact list?   Yes _____ No _____
- NH 2-1-1 of openings   Yes _____ No _____ N/A
- NH Hospital of openings   Yes _____ No _____ N/A
- Our agency is in contact with other shelters frequently to discuss / brainstorm and share clients if necessary for the client(s) Yes _____ No _____

5. How does program provide for transportation of survivors from one catchment area to another?

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6. The program has the following written policies in relation to the shelter :

☐ No pre-determined length of stay

☐ Rules violations and consequences, including violations that result in termination of shelter;

☐ Alcohol and drug use, including illegal and prescription drugs

☐ Discipline and supervision of children;

☐ Outside visitors and/or phone calls

☐ Smoking

- ☐ Curfew
- ☐ House responsibilities
- ☐ Grievance procedure
- ☐ Medication
- ☐ Emergency fire and first aid procedures and a disaster plan;
- ☐ Universal precautions (bio-hazardous waste disposal, etc.);
- ☐ Confidentiality of shelter location and other guests
- ☐ Policies regarding personal property
- ☐ Restricting proselytizing to shelter residents; and
- ☐ ADA compliance, which includes mental illness

Additional Comments

V. Programming

1. Which services are provided by your program? (select all that apply)

☐ Civil legal advocacy   ☐ Community educational programming

☐ Coordinated community response   ☐ Victim compensation advocacy

☐ Criminal justice advocacy   ☐ Financial assistance

☐ Group counseling   ☐ Information/referral services

☐ Individual counseling services   ☐ Peer counseling

☐ Medical advocacy   ☐ Policy/Protocol development

☐ Personal economic planning   ☐ Safe at home for men & women

☐ Prevention services   ☐ Support groups

☐ Shelter for victims   ☐ Training of professionals

☐ Therapy services   ☐ Transportation services

☐ Training of SANE's   ☐ Victim registration & notification services

☐ VAWA self-petition services   ☐ Other [   ]

☐ Personal Advocacy

2. Does the program staff conduct safety planning with victims?

○ Yes

○ No

○ N/A

3. Does the program respond to victims at local hospitals, clinics, or other medical facilities in the service area?

○ Yes

○ No

If no, please explain

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4. How does staff assist persons who are deaf and hard of hearing or for whom English is not their first language?

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5. How does the program advertise its services?

6. How does the program conduct outreach?

7. If the program has an outreach office, please describe. How is outreach staff supervised?

VI. Collaboration

1. Does the program coordinate and collaborate with local agencies to serve crime victims?

○ Yes

○ No

2. In which local meetings does program staff participate?

3. Does your program have any memorandum of understanding or agreement (or similar documents) with local law enforcement agencies?

○ Yes

○ No

○ N/A

4. Please describe your relationship and involvement with the following agencies: child advocacy center; civil attorneys; coordinated community response team (SART, ACERT); hospitals, medical facilities, SANE's; law enforcement; probation/parole; prosecuting agencies (county attorney, victim witness, local pd, etc.; social service agencies; and therapists.

VII. Financial

A. Financial System

a. What bookkeeping system does your program use?

b. Who is your bookkeeper?

c. Does the system account for each fund source separately? If not, how are expenditures tracked?

d. What is the total agency budget for the current fiscal year?

B. Expenditure Reports

a. Who prepares the expenditure reports?

b. Who signs the expenditure reports?

c. Is the documentation supporting every expense reported on the expenditure reports? How is the documentation stored?

d. If there are shared expenses, such as rent or phone lines, how are costs allocated to each fund source such as VOCA, VAWA SASP, and Other?

e. If your grant projects include travel, what is the rate for mileage reimbursement?

f. Do the grant projects include contractors? If so, is there a signed contract for each?

g. Do the projects require match? What are the match sources?

h. If in-kind match is used, how is it documented and kept on file?

C. Time Sheets

a. What time reporting system does the program use?

b. Does the system allow staff to report actual time to the project such a VOCA, VAWA SASP, Other?

c. Is time certified or signed by staff, and approved by a supervisor? If so, how often?

D. Cash Disbursements

a. Do all disbursements require supporting documentation? If so, what is the procedure?

b. Who approves payments?

c. Who is authorized to sign checks?

d. Who reconciles bank statements? How often?

e. Do any staff members have a company credit/debit card? If so, who?

f. Who reconciles credit card statements? How often?

E. Independent Audit

a. Is the agency required to have an independent audit? If so, when was the last audit?

b. Were there any reportable conditions? If yes, explain.

c. Were any of the reportable conditions considered material weaknesses? If yes, explain.

VII: Financial

1. Report form financial system of grant expenditures for expenditure period to confirm ability to track expenses by fund source?

○ Yes   ○ No   ○ N/A

2. Expenditure reports supporting documentation such as receipts, invoices, reimbursement requests, bank statements, and a system to organize documentation?

○ Yes   ○ No   ○ N/A

3. Method for allocation of shared expenses reported to expenditure report?

○ Yes   ○ No   ○ N/A

4. Signed contracts if project includes contractors on file?

○ Yes   ○ No   ○ N/A

5. Match documentation is reviewed and copies are collected?

○ Yes   ○ No   ○ N/A

6. Timesheets documenting employee effort to fund source?

○ Yes   ○ No   ○ N/A

7. If gift cards or emergency funds are used, confirm secured access as well as log/tracking system?

○ Yes   ○ No   ○ N/A

8. If award included equipment, viewed item and inventory system?

○ Yes   ○ No   ○ N/A

9. Does the program submit performance reports timely within the requested deadlines?

○ Yes   ○ No

10. Does the program have an effective and accurate system for collecting statistical data?

○ Yes   ○ No

11. Are files kept in a secure location?

○ Yes   ○ No

Additional Comments

VIII. Data Collection

1. Who is responsible for submitting performance measures to the NHCADSV or federal/state reporting system?
(include quarterly, six month, and annual reports.)

2. What is the process for collecting, compiling, and reporting data?

3. Does the program have a database for entering the information to compile the data? Please explain.

4. How does the program ensure non-duplication of crime victims?

IX. Board Members

1. How many board members are required by the program's by-laws?

[ ]

a. Are there any vacant board positions?

○ Yes

○ No

b. If yes, what is the plan for filling the position(s)

[ ]

c. How does the program recruit members?

[ ]

2. What kind of training does the board receive? *(is there a packet of information, interview with the Director and/ or board members, etc.)*

[ ]

3. What oversight does the board provide to the program? *(fiscal, programmatic, etc.)*

[ ]

4. Describe the board's role in ongoing activities, such as strategic planning, awareness activities, fundraising activities, etc.

5. Does the board have regular standing committees?

○ Yes

○ No

If yes, what are the committees?

6. Does the board have a procedure for investigating mismanagement, theft, or other complaints about the program?

○ Yes

○ No

IX. Board Members

1. Were the agenda and minutes of recent board meetings reviewed?

○ Yes

○ No

2. What financial reports and program updates are provided to the board members routinely?

○ Yes

○ No

Additional Comments

X. Policies

1. Which of the following written procedures or policies does your program have? *(select all that apply)*

☐ Drug-free workplace

☐ Employee evaluation process

☐ Non-violence in the workplace

☐ Whistle-blower policy

☐ Non-discrimination/Equal Employment Opportunity (EEO) Policy that includes: age, disability, race/ethnic origin, religion/spirituality, sexual orientation

☐ Banning employees from text messaging while driving

2. Which of the following grievance procedures or policies does your program have?

☐ Clients/Victims

☐ Staff

☐ Volunteers

3. How does staff protect clients' confidentiality?

4. How does the program protect clients' confidentiality from other clients?

5. Does the program have a written interpreter or Limited English Proficiency (LEP) policy?

○ Yes

○ No

XI. Federal Civil Rights Compliance Checklist/Policies

Equal Employment Opportunity Plan (EEOP)

Per the U.S. Department's Office of Justice Programs, and Equal Opportunity Plan (EEOP) is a comprehensive document that analyze a recipient's relevant labor market 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. The following outlines the responsibilities a recipient has in complying with the Federal EEOP requirement.

What is the Recipient Type?	What is the award amount?	What is the number of employees?	Does the recipient need to develop an EEOP?	Does the recipient need to submit a certification to the Office of Civil Rights?	Must the recipient submit an EEOP to the OCR?
Nonprofit, Indian Tribe, Medical or Education Institution	Does not matter	Does not matter	No	Yes	No
State or local government and private entity	Less than $25,000	Does not matter	No	Yes	No
State or local government and private entity	Does not matter	Less than 50 employees	No	Yes	No
State or local government and private entity	$425,000 or more, but less than $500,000 for an individual grant	50 or more employees	Yes	Yes - certifying that recipient has created an EEOP & is maintaining it on file in designated office for review by employees, applicants, OCR, or other state administrative agency	No
State or local government and private entity	$500,000 or more for an individual grant	50 or more employees	Yes	No	Yes

1. Is the program required to prepare an Equal Employment Opportunity Plan (EEOP) in accordance with 28 CFR Sec. 42.301-.308?

◯ **Yes**

◯ **No**

If yes, does the program have an EEOP on file for review?

◯ **Yes**

◯ **No**

2. Is the program required to submit a Certification Form to the Office for Civil Rights (OCR) certifying compliance with the EEOP?

◯ **Yes**

◯ **No**

a. If yes, on which date was it submitted?

[   ]

b. On which date was the EEOP prepared?

[   ]

Equal Employment Opportunity Plan (EEOP) Utilization Report

Recipients must develop an EEOP if they meet **all** of the following criteria:

    1) The recipient is a state or local government agency or business; **and**
    2) The recipient has 50 or more employees; **and**
    3) The recipient has received a single award of $25,000 or more: http://ojp.gov/about/ocr/faq_eeop.htm#31

1. Is the program required to submit an EEOP Utilization Report to the Office for Civil Rights (OCR), Office of Justice Programs (OJP), and U.S. Department of Justice (US DOJ) in accordance with 28 CFR Sec. 42.301-.308?

○ **Yes**

○ **No**

If yes, on which date was it submitted?

Civil Rights Compliances Policies & Procedures

1. How does the program notify program participants and beneficiaries that it does not discriminate on the basis of race, color, national origin, religion, sex, disability, age, sexual orientation, and gender identity, in the delivery of services (e.g. posters, inclusion in brochures or other program materials)**?**

2. How does the program notify employees that it does not discriminate on the basis of race, color, national origin, religion, sex, disability, sexual orientation and gender identity, in employment practices (e.g. posters, dissemination of relevant orders or policies, inclusion in recruitment materials)**?**

3. Does the program have written policies or procedures in place for notifying program beneficiaries on how to file complaints alleging discrimination by the program with the OCVS or OCR?

○ **Yes**

○ **No**

If yes, please provide an explanation of these policies and procedures

4. Has the program submitted to the OCR any findings of discrimination against the program issued by a federal or state court or federal or state administrative agency on the grounds of race, color, religion, national origin, sex, gender identity, or sexual orientation? (*please note, any findings must also be submitted to the NH Coalition Against Domestic & Sexual Violence*)

○ Yes

○ No

5. If the program has 50 or more employees and receives DOJ funding of $25,000 or more, has the program taken the following actions:

a. Adopted grievance procedures that incorporates due process standards, and provides for the prompt and equitable resolution of complaints alleging a violation of the DOJ regulations, implementing Section 504 of the Rehabilitation Act of 1973, 28 CFR Part 42, Subpart G, which prohibits discrimination on the basis of a disability in employment practices and the delivery of services.

○ Yes

○ No

○ N/A

b. Designated a person to coordinate compliance with the prohibitions against disability discrimination contained in 28 CFR, Part 42, Subpart G.

○ Yes

○ No

○ N/A

c. Notified participants, beneficiaries, employees, applicants, and others, that the sub-recipient does not discriminate on the basis of disability.

○ Yes

○ No

○ N/A

6. If the program operates an education program or activity, has the program taken the following actions:

a. Adopted grievance procedures that provide for the prompt and equitable resolution of complaints alleging a violation of the DOJ regulations, implementing Title IX of the Education Amendments of 1972, 28 CFR, Part 54, which prohibits discrimination on the basis of sex.

○ Yes

○ No

○ N/A

b. Designated a person to coordinate compliance with the prohibitions against sex discrimination contained in 28 CFR, Part 54.

○ Yes

○ No

○ N/A

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

○ Yes

○ No

○ N/A

7. What are the program goals per grants being monitored?

[ ]

8. Describe how the program is meeting their goals from question number 7 above.

[ ]

9. Does the program conduct any training for its employees on the requirements under federal civil rights laws?

○ Yes

○ No

Please explain:

[ ]

10. If the program conducts religious activities as part of its programs or services, does the program do the following:

a. Provides services to everyone regardless of religion or religious belief.

○ Yes

○ No

○ N/A

b. Ensures that it does not use federal funds to conduct inherently religious activities, such as prayer, religious instruction, or proselytization, and that activities are kept separate in time or place from federally-funded activities.

○ Yes

○ No

○ N/A

c. Ensures that participation in religious activities is voluntary for beneficiaries of federally-funded programs.

○ Yes

○ No

○ N/A

Violence Against Women Act (VAWA)

Please complete this section <u>only</u> if your program receives VAWA funding

1. Does your program serve male victims of domestic violence, dating violence, sexual assault, and stalking?

◯ Yes

◯ No

2. Does your program provide gender-specific services?

◯ Yes

◯ No

If yes, please describe how services are gender-specific.

[   ]

3. Has the program determined that providing services that are gender-specific is necessary to the essential operation of the program?

◯ Yes

◯ No

4. Please describe how the program determined that providing gender specific services was necessary to the essential operation of the program.

[   ]

XII. Interview Questions

Name

Position Title

Date of Hire / Position Start Date

Total hours worked per week

Projected hours worked per week

1. What project activities do you conduct during a typical work week?

2. What obstacles do you encounter during your work week?

3. Do you believe the project is adequately staffed?

4. What changes or improvements would you make to the project?

5. What are some positive experiences you would like to share about your work with the project?

6. What are your training and/or technical assistance needs related to your work with crime victims?

7. What supervision do you receive?

Additional Comments

XIII. Recommendations & Requirements

Requirements

Recommendations

Additional Comments

The NH Coalition Against Domestic & Sexual Violence

100 North Main Street, Suite 300
Concord, NH 03301

Lyn Schollett	Executive Director	(603) 224-8893 ext 304	lyn@nhcadsv.org
Pamela English	Administrative Director	(603) 224-8893 ext 308	pam@nhcadsv.org
Marie Linebaugh	Program Director	(603) 224-8893 ext 307	marie@nhcadsv.org