Standard A1	Guideline A1	Monitoring Method	Conclusion	Certifying Official*	Tier	Program Type	
Agency must be a registered 501(c)3 and maintain a Columbus Foundation Power Philanthropy Portrait.	 Up-to-date 501(c)3 documents are kept on file at the agency Agency has a Power Philanthropy Portrait updated annually 	Self-certification	 □ Compliant □ Compliant with conditions □ Non- compliant □ N/A 		3	All programs except Access Ohio	
Discussion and Basis for Conclusion							
Agency signed in separate	e packet.						

Standard A2	Guideline A2	Monitoring Method	Conclusion	Certifying Official*	Tier	Program Type
The governing board is responsible for the	☐ When a new Chief Administrative Officer has been	Voluntary self- certification	☐ Compliant		Vol	All programs
selection and annual performance review of the Chief Administrative Officer (e.g. Executive	hired, Board minutes reflect the Board's role in the selection process.		☐ Compliant with conditions			
Director, CEO).	 Otherwise, Board minutes verify that the chief administrative officer had a performance review by the 		□ Non- compliant			

Agency:

Date of Review:

	Board sometime within the		□ N/A				
	past 12 months.						
Discussion and Basis for Conclusion							
Agency signed in separat	e packet.						

Standard A3	Guideline A3	Monitoring Method	Conclusion	Certifying Official*	Tier	Program Type
The governing board will be informed about the needs of homeless persons on (at least) an annual basis. The governing board will include at least one homeless or formerly homeless individual, unless otherwise approved by HUD.	 □ Board minutes or other documentation reflect recent opportunities for board members to gather information about the homeless population. Examples include presentation of results from focus groups, arranging a resident panel discussion, or participating in the annual Board2Board dialogue. □ The Board includes at least one homeless or formerly homeless individual. 	 □ CSB staff reviewed agency's Board minutes or other documentation and confirmed board member's recent opportunities to gather information about the homeless population. □ CSB staff reviewed Board roster and recent minutes to ensure a homeless or formerly homeless person attends board meetings. □ CSB has an up-to- 	 □ Compliant with conditions □ Non-compliant □ N/A 		1	All programs except Prevention only programs

Agency: Date of Review:

	date form documenting the homeless person on the board.		
Discussion and Basis for C	Conclusion		

Standard A4	Guideline A4	Monitoring Method	Conclusion	Certifying Official*	Tier	Program Type
The governing board is responsible for the acquisition and management of resources and the review of budgets and expenditures on (at least) a quarterly basis.	□ Board minutes reflect when the Board reviewed financial statements on at least a quarterly basis.	Voluntary self-certification	 □ Compliant □ Compliant with conditions □ Non- compliant □ N/A 		Vol	All programs

Agency signed in separate packet.

Agency:

Date of Review:

Standard A5	Guideline A5	Monitoring Method	Conclusion	Certifying Official*	Tier	Program Type
The governing board will cause its books and records to be audited annually by an independent certified public accountant consistent with the following guidelines:	 □ The agency submits a copy of the most recent audit and management letter within thirty (30) days after the Board has accepted the audit. □ Board minutes reflect that 	Self-certification	 □ Compliant □ Compliant with conditions □ Non-compliant 		3	All programs
 □ the audit is performed in accordance with generally accepted accounting principles; □ the audit is performed within six (6) months after the close of the agency's fiscal year; and 	the Board has reviewed the audit and management letter, if applicable. If the agency expects a delay in receiving these documents, the agency notifies CSB and provides a date upon which CSB will receive the documents.		□ N/A			
the audit and management letter is submitted to CSB within thirty (30) days after it has been accepted by the agency's Board.						

Agency: Date of Review:

Discussion and Basis for Conclusion		
Agency signed in separate packet.		
* CSB staff initials for Tier 1 and Tier 2 *Agency staff signature for Tier 3 and Voluntary		
CSB certifying official signature	Date	
CSB certifying official legibly printed name		

Agency:

Date of Review: