

Campbell County CARE Board AGENDA

Regular Monthly Meeting -
Monday, March 09, 2020 @ 12:00 p.m.
COM Conference Room, Courthouse

OUR MISSION:

“Reduce poverty by allocating resources to support human service agencies.”

Mission Moment:

- United Way *IS* coming back!
- **IMPORTANT:** 2020 Census Bureau

Meeting Minutes

- Quickly review meeting minutes prior to motion (especially for new members joining) - Cara
- Motion to approve February meeting minutes as presented.

Treasurer's Report

- CSBG Invoices - Tami
- County 1% Invoices – Tami
- Motion to approve invoices as presented.
- Review of Special Account - Beth

Unfinished Business

- Update on CSBG State Visit – Beth/Ivy
- CARE Board “To-Do’s”
 - “A Little About Me” FB Segment 2 - Cara
- Quarterly Performance Report, Quarter 1 – Beth
- New Member Board Orientation with Kristin and Alex with Beth, Sandy (Update: Board Orientation should be complete by meeting time?)

New Business

- Schedule a CARE Board meeting to go over 1% Applications before Human Service/External Agency Budget Meetings the following week (**March 16th at 12:00?**) – can Binders be complete by then? Ask Board their thoughts.....
- President, Vice-President, Treasurer, and Secretary Elections
- Regional ROMA Intensive Training – **April 2-3, 2020** in Rock Springs (Begin at 1:00 p.m. on April 2nd, ends at 12:00 p.m. on April 3rd) **Any takers?**
- CSBG Organizational Standards- Beth

Agency/Committee Update

- **Sandy:** All of my agencies have been working furiously to complete 1% applications for both the County and the City! ● We will see them soon!
- **Felicia:**
- **Sarah:**
- **Tami:**
- **Cara:**
- **Michelle:**
- **Alex:**
- **Kristin:**

Upcoming Calendar Dates

- Human Service/External Agency Hearings:
 - **Monday, March 23rd beginning at 5:00 - ?**
 - **Tuesday, March 24th beginning at 5:00 - ?**
- Next Board Meeting is **April 13, 2020 at 12:00 p.m. (Consider rescheduling?** Sandy will be out of town for Easter Break – also No School/Professional Day). **April 14th at 12:00 p.m. or April 20th at 12:00 p.m.?** *Depends on elections*
- Regional ROMA Intensive Training – **April 2, 2020** in Rock Springs, WY @ 1:00 p.m.
- CSNOW 3rd Annual Conference “Better Together” – **September 16th, 2020 / TBD**

ADJOURN

CARE Board “To-Do’s

1. As of January 13th, CARE Board members will start making monthly contacts with our agencies (rotate between agencies?). Call/Email to check-in/touch base, then report to CARE Board at next monthly meeting. **Obtain board meeting times/dates and send to Sandy**, she will then create a master list of board meetings for any board member to attend randomly. *In Progress.*
2. “A Little About Me” Facebook Segment by Cara. She will contact a member monthly (or so?) to introduce members of the Board. *In Progress.*

3. Re-evaluate our board's purpose with our Commissioners. Also ask to meet one month prior to Agency Hearings to touch base on agency requests (February-ish?). – *Updated Jan 13th, not able to meet prior due to February commissioner meetings, etc.*
4. Discuss "CARE Board Connection" idea w/all agencies after Agency Funding meetings are complete.
5. AFTER agency meetings, discuss bringing Northwest Wyoming Poverty Alleviation Coalition Simulator (307-578-2729) And/Or Bridges out of Poverty – 7 sessions (EventBrite) to our "celebration" with all agency meetings in our "slow" time.

Campbell County CARE Board
 (Community, Advocacy, Resources, Education)
Reduce poverty by allocating resources to support human service agencies.

February 10, 2020

Present

- | | |
|--|--|
| <input type="checkbox"/> Commissioner Shelstad | <input checked="" type="checkbox"/> Sarah Starks |
| <input type="checkbox"/> Sandy Lenz, Chair | <input type="checkbox"/> Michelle Geffre |
| <input checked="" type="checkbox"/> Alex Berger | <input checked="" type="checkbox"/> Felicia Messimer |
| <input checked="" type="checkbox"/> Tami Maher, Treasurer | <input checked="" type="checkbox"/> Beth Raab |
| <input checked="" type="checkbox"/> Cara Mittleider, Secretary | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Kristin Young | <input type="checkbox"/> |

The meeting was called to order by Beth Raab at 12:03 p.m. in the Commissioner's Board Room.

Mission Moment:	None this month
Meeting Minutes:	January's minutes were emailed as a DRAFT following the January meeting. All board members reviewed the minutes prior to this month's meeting. Sarah moved to approve the minutes as presented. Alex seconded. Motion was voted on and passed unanimously.
Treasurer's Report:	<p>Lots of late invoices this month – due the 5th of EACH MONTH. Invoices look pretty good. One thing to note is VAC submitted a 1% invoice for reimbursement including a late fee of \$31.85 on one invoice they paid and are seeking reimbursement for. There was discussion about reimbursing a late fee VAC received from the County 1% funds.</p> <p>Alex moved to pay the late fee for VAC. Felicia seconded the motion. In favor were Alex, Felicia and Tami. Opposed were Sarah, Kristin and Cara. Motion failed, majority vote was not achieved. VAC will not receive reimbursement for the late fee, but can claim the \$31.85 towards a different invoice in the coming months aligned with their approved expenditures.</p> <p>CSBG election posting in GNR paid from CARE discretionary funding in the amount of \$278.26.</p>

	<p>Wyoming Non-Profit Network annual membership invoice \$100 – many benefits from the membership for the CARE Board and also shared with our agencies.</p> <p>Cara moved to approve payment of the invoice for an annual membership. Alex seconded the motion. Motion was voted on and passed unanimously.</p>
<p>Unfinished Business:</p>	<p>Update on CSBG State Visit – none.</p> <p>CARE Board “To-Do’s” – Cara will send out the “about me” questions and ask for answers back to schedule one member per month post on FB private group.</p> <p>Cara presented election results and requested the Commissioner’s ratify the results at the monthly Commissioner’s meeting, 2/4/2020.</p> <p>Membership Fees: Community Action National Partnership, annual fee is ~\$950. Discussion was had for pros/cons of the membership and if renewal is worth the expense. Alex moved to not renew the annual CAP membership. Sarah seconded the motion. Motion was voted on and passed unanimously.</p>
<p>New Business:</p>	<p>Reorganization of Agency Liaisons – board members volunteered.</p> <p>CSBG Agencies: Alex – YES House Kristin – Gillette Reproductive Health</p> <p>County 1%: Alex – Second Chance Ministries Kristin – CLIMB Wyoming</p> <p>New Member Orientation: new board members meet up with current board members. Beth will send out handbook and schedule orientations with Alex & Kristin.</p> <p>Annual CSBG Report (Due February 15th) / Quarterly Performance Report, Quarter 1: CARE Board must submit a quarterly report (new this fiscal year), there are certain narratives that each CSBG agency must address. Beth should create a form to send agencies monthly and then Beth will compile information for the quarterly report.</p>
<p>Agency/Committee Update:</p>	<p>Sandy: CLIMB Wyoming update – see Agenda. Gillette Reproductive Health has been doing well communicating with</p>

	<p>Beth and GRH submitted a letter requesting advice (included in agenda documents) to seek any additional CSBG funds to help cover birth control and case management services or any other means of funding for the program. The CARE Board discussed and couldn't think of any extra funding available for the program, unfortunately.</p> <p>Boys & Girls Club received \$40k 21st Century Grant! YES House is the financial agent for the grant.</p> <p>Donna with Personal Frontiers would like to move the \$2,900 accreditation line item in their approved budget to purchase computers instead. Alex made the motion. Cara seconded. Motion was voted on and passed unanimously.</p> <p>Wayne with Wright Community Assistance – Sarah updates not much need, not too busy – doing well. Need seems to be down in Wright.</p>
<p>Upcoming Calendar Items:</p>	<p>Next Board Meeting: March 9, 2020 at 12:00pm</p> <p>1% Hearings: March 23rd and March 24th – GAMB @ 5pm</p>

The meeting was adjourned at 1:12 p.m.

Community Service Block Grant Funds FFY19/20

Agency	Budgeted Amount	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total Expended	Contract Balance	% Expended
CSBG FFY18/19 CFDA# 93.569																
Agency																
Council of Community Services:																
Invoice Rec'd Date																
Nothing submitted																
Nothing Submitted																
Invoice Rec'd Date																
Personnel Services	\$62,800.00	\$0.00	\$0.00	\$5,376.66	\$5,543.67	\$4,583.12								\$17,503.45	\$ 45,296.55	37.87%
Supportive Services	\$3,700.00	\$0.00	\$0.00	\$519.27	\$579.97	\$558.23								\$1,657.47	\$ 2,042.53	44.80%
Supplies	\$7,500.00	\$0.00	\$0.00	\$104.78	\$43.81	\$0.00								\$170.09	\$ 2,329.91	6.80%
Grants-in-Aid: Medical, Dental, Food	\$21,000.00	\$0.00	\$0.00	\$3,412.00	\$1,668.50	\$5,652.00								\$10,732.50	\$ 10,267.50	51.11%
Council of Community Services	\$90,000.00	\$0.00	\$0.00	\$9,414.21	\$7,855.95	\$12,793.35								\$30,063.51	\$ 59,936.49	33%
Invoice Paid Date																
Gillette Abuse Refuge Foundation																
Invoice Rec'd Date																
Nothing Submitted																
Nothing Submitted																
Invoice Rec'd Date																
Grants-in-Aid: Housing and Utility Assistance	\$22,000.00	\$0.00	\$0.00	\$3,995.00	\$200.00	\$3,000.00								\$7,195.00	\$ 14,805.00	33%
Monthly Total	\$22,000.00	\$0.00	\$0.00	\$3,995.00	\$200.00	\$3,000.00								\$7,195.00	\$ 14,805.00	33%
Invoice Paid Date																
Gillette Reproductive Health																
Invoice Rec'd Date																
Nothing Submitted																
Nothing Submitted																
Invoice Rec'd Date																
Grants-in-Aid: Wellness Exams	\$28,000.00	\$5,900.00	\$1,465.00	\$2,100.00	\$7,565.00	\$4,148.00								\$21,178.00	\$ 6,822.00	76%
Monthly Total	\$28,000.00	\$5,900.00	\$1,465.00	\$2,100.00	\$7,565.00	\$4,148.00								\$21,178.00	\$ 6,822.00	76%
Invoice Paid Date																
Personal Frontiers																
Invoice Rec'd Date																
Nothing Submitted																
Nothing Submitted																
Invoice Rec'd Date																
Grants-in-Aid: Substance Abuse Treatment	\$31,000.00	\$6,432.50	\$9,055.00	\$6,080.00	\$8,635.00	\$797.50								\$31,000.00	\$ -	100%
Monthly Total	\$31,000.00	\$6,432.50	\$9,055.00	\$6,080.00	\$8,635.00	\$797.50								\$31,000.00	\$ -	100%
Invoice Paid Date																
Youth Emergency Services, Inc.																
Invoice Rec'd Date																
Nothing Submitted																
Nothing Submitted																
Invoice Rec'd Date																
Personnel Services	\$14,050.00	\$2,027.47	\$3,289.48	\$1,632.92	\$0.00	\$2,023.93								\$7,974.00	\$16,076.00	33%
Supplies	\$950.00	\$84.54	\$73.80	\$76.57	\$0.00	\$75.30								\$310.11	\$639.89	33%
Youth Emergency Services	\$25,000.00	\$2,112.01	\$3,363.48	\$1,709.49	\$0.00	\$2,099.23								\$8,284.11	\$16,715.89	33%
Monthly Total	\$25,000.00	\$2,112.01	\$3,363.48	\$1,709.49	\$0.00	\$2,099.23								\$8,284.11	\$16,715.89	33%
Invoice Paid Date																
Campbell County CARE Board																
Invoice Rec'd Date																
Nothing Submitted																
Nothing Submitted																
Invoice Rec'd Date																
Administration	\$14,719.00	\$0.00	\$1,319.99	\$0.00	\$500.00	\$378.16								\$2,198.15	\$12,520.75	15%
Monthly Total	\$14,719.00	\$0.00	\$1,319.99	\$0.00	\$500.00	\$378.16								\$2,198.25	\$12,520.75	15%
Invoice Paid Date																
CSBG MONTHLY TOTAL:	\$ 14,444.51	\$ 14,203.47	\$ 23,298.70	\$ 24,755.95	\$ 23,216.24	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 99,918.87	\$110,800.13	90%
CSBG Payments Received from Wyoming Department of Health:	\$ -	\$ 17,559.92	\$ 11,088.06	\$ 23,298.70	\$ 24,755.95	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 76,702.63	

Campbell County CARE Board 1% Funding 2019-2020

Organization	Award	BUDGET												Balance	% Expended		
		Inv Rec'd Date	July	August	September	October	November	December	January	February	March	April	May			June	Years-to-Date Expenditures
Adult Drug Court	Counseling Services	10/31/2019	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15,000.00	0.00%
	Inv Paid Date																
AVA	Inv Rec'd Date	9/27/2019	\$1,577.00	\$456.00	\$330.00	\$330.00	\$438.75	\$180.00	\$112.00							\$607.50	84.81%
	Inv Paid Date	10/25/2019															
Boys & Girls Club of C.C.	Inv Rec'd Date	9/27/2019	\$3,662.56	\$5,459.83	\$2,093.25	\$5,439.65	\$1,433.75	\$5,640.01	\$5,522.06							\$33,903.33	68.49%
	Inv Paid Date	9/27/2019															
Campbell County Senior Citizen Center	Inv Rec'd Date	10/22/2019	\$28,366.00	\$29,575.00	\$36,635.00	\$32,740.00	\$44,169.00	\$37,933.00	\$34,833.00							\$244,451.00	56.20%
	Operational Funding	11/15/2019															
CLIMB Wyoming	Inv Rec'd Date	10/4/2019	\$0.00	\$0.00	\$813.55	\$10,829.65	\$0.00	\$0.00	\$0.00							\$13,356.80	46.57%
	Operational Funding	11/19/2019															
Council of Community Services	Inv Rec'd Date	10/7/2019	\$0.00	\$0.00	\$6,500.00	\$0.00	\$0.00	\$0.00	\$0.00							\$0.00	100.00%
	Security Cameras	10/25/2019	\$4,252.19	\$751.56	\$2,173.51	\$2,812.40	\$2,009.16	\$0.00	\$0.00							\$10,101.85	64.55%
Council of Community Services	Inv Rec'd Date	10/25/2019	\$4,252.19	\$751.56	\$2,173.51	\$2,812.40	\$2,009.16	\$0.00	\$0.00							\$10,101.85	71.14%
	Operational Funding	11/19/2020															
Juvenile & Family Drug Court	Inv Rec'd Date	10/2/2019	\$1,969.00	\$3,156.50	\$3,263.50	\$352.50	\$258.50	\$0.00	\$0.00							\$0.00	100.00%
	Counseling YFT Program	11/15/2019														\$5,000.00	0.00%
Juvenile & Family Drug Court	Inv Rec'd Date	9/27/2019	\$0.00	\$1,969.00	\$3,156.50	\$352.50	\$258.50	\$0.00	\$0.00							\$5,000.00	64.28%
	Travel and Training	11/15/2019															
GARE:	Inv Rec'd Date	10/3/2019	\$7,699.98	\$7,699.98	\$7,699.98	\$7,699.98	\$7,699.98	\$7,699.98	\$7,699.98							\$61,599.84	66.67%
	Operational Funding	3/5/2020														\$30,800.16	
Gillette Reproductive Health	Inv Rec'd Date	9/27/2019	\$2,475.00	\$965.00	\$3,925.00	\$1,875.00	\$3,475.00	\$4,225.00	\$3,675.00							\$22,965.00	91.82%
	Exams, Screening, Education	9/27/2019															
Personal Frontiers	Inv Rec'd Date	10/2/2019	\$4,200.00	\$8,509.00	\$2,205.75	\$812.00	\$368.00	\$1,446.00	\$3,205.00							\$2,929.25	89.19%
	Laptop Computers	11/19/2020														\$2,929.25	90.24%
Personal Frontiers	Inv Rec'd Date	9/27/2019	\$3,421.00	\$4,200.00	\$8,509.00	\$2,205.75	\$812.00	\$368.00	\$1,446.00							\$27,070.75	90.24%
	Client Advising Fee Scale	9/27/2019														\$0.00	

Campbell County CARE Board 1% Funding 2019-2020

Organization	Award	BUDGET	July	August	September	October	November	December	January	February	March	April	May	June	Year-to-Date Expenditures	Balance	% Expended
Second Chance Ministries	Inv Rec'd Date		10/2/2019	10/2/2019	10/2/2019	11/4/2019	12/5/2019	1/2/2020	2/3/2020	3/5/2020							
	Employment Support for Clients/Administrative Support	\$20,000.00	\$1,440.49	\$1,388.87	\$543.12	\$5,519.16	\$4,699.55	\$1,161.49	\$1,194.00	\$1,126.23					\$17,072.91	\$2,927.09	85.36%
	Inv Paid Date		10/25/2019	10/25/2019	10/25/2019	11/15/2019	12/27/2019	1/19/2020	2/24/2020								
Wright Community Assistance:	Inv Rec'd Date		10/2/2019	10/2/2019	10/2/2019	11/5/2019	12/5/2019	1/6/2020	02/04/20	3/3/2020							
	Assistance/Resources for Clients	\$8,000.00	\$0.00	\$2,340.00	\$500.00	\$0.00	\$170.00	\$500.00	\$0.00	\$859.94					\$4,369.94	\$3,630.06	54.62%
	Inv Paid Date			10/25/2019	10/25/2019	12/5/2019	12/27/2019	1/19/2020									
Visitation & Advocacy Center:	Inv Rec'd Date		12/2/2019	12/25/2019	12/25/2019	1/12/2020	12/25/2019	1/25/2020	2/9/2020	3/4/2020							
	Operational Funding	\$65,000.00	\$4,807.94	\$4,149.79	\$4,350.43	\$4,846.64	\$7,952.20	\$5,785.66	\$9,014.26	\$7,411.18					\$45,118.10	\$16,881.90	74.03%
	Inv Paid Date		1/19/2020	1/19/2020	1/19/2020	1/19/2020	1/19/2020		2/24/2020								
YES House	Inv Rec'd Date				10/3/2019	11/4/2019	12/4/2019	1/6/2020	2/5/2020	3/5/2020							
	Operational Funding	\$315,000.00	\$26,250.00	\$26,250.00	\$26,250.00	\$26,250.00	\$26,250.00	\$26,250.00	\$26,250.00	\$26,250.00					\$210,000.00	\$105,000.00	66.67%
	Inv Paid Date		9/27/2019	9/27/2019	10/25/2019	11/15/2019	12/27/2019	1/19/2020	2/24/2020								
TOTAL		\$1,132,900.00	\$83,136.48	\$88,694.66	\$93,036.84	\$95,009.94	\$105,315.57	\$103,032.44	\$91,485.40	\$58,761.39	\$0.00	\$0.00	\$0.00	\$0.00	\$718,474.72	\$414,425.28	\$9.21

RED EQUALS LATE REPORT

Wyoming Department of Health
Public Health Division
Community Services Program

CSBG Quarterly Performance Report, FFY 2020

Q1 (Oct-Dec) Q2 (Jan-Mar) Q3 (Apr-Jun) Q4 (Jul-Sept)

Grantee: Campbell County CARE Board

Based on Logic Models, CAP60 reports, and other programmatic information collected, please provide a narrative for each program or Sub-grantee listed on the FY 2020 contract Statement of Work (SOW) that details their performance to date. Add additional lines for programs if there is not sufficient space. The narrative MUST address:

- *Is the program meeting the contract deliverables as stated in the contract SOW (i.e. what services are being provided)?*
- *Are the program's numbers served to date on track with the total projected target number as listed in the contract SOW and CAP60? If not, please explain why. If numbers served are under projected target rate, is there a plan in place to increase services provided?*
- *Is the program on track to spend their allocated funds as listed in the contract SOW in a timely manner? If no, why not, and is there a plan in place to either spend the funds or reallocate such to a new line item or another program or sub-grantee?*
- *Does the board have plans to issue any Corrective Action Plans (CAPL) or Quality Improvement Plans (QIP)?*
- *Do the programs or Sub-grantees need any training and technical assistance, and if so, in what areas? How will programs receive this T/TA?*
- **If completing for Quarter 2, will you need to complete a contract amendment (e.g. expenditure reallocation total has exceeded that of 20% of the total allocation amount, scope of work has changed, etc.)?*

Program Name 1: Gillette Abuse Refuge Foundation (GARF)- GARF is utilizing funds for utility payments/deposits and rent payments/deposits for domestic violence victims and their families. They estimate that they will serve 20 clients with their funding. As of the date of this report, they have utilized 19% of their funding amount. To date, they have served 8 clients, 5 in housing assistance and 3 in utility assistance. They are providing services per their Statement of Work and in alignment with their application/contracts. This is verified upon submission of their monthly invoices. CAP60 is up to date. This is checked also on a monthly basis. No plans by the board to issue any CAPL or QIP's. Subgrantee could use additional CAP60 training as staff turned over last fiscal year.

Program Name 2: Gillette Reproductive Health (GRH)- GRH is utilizing their funds to provide well women screenings, birth control, case management, referrals and treatment to women. They estimated they would serve 40 clients with their funding. As of the date of this report, they have utilized 61% of their funding amount. To date, they have served 40 clients. They are providing services per their Statement of Work and in alignment with their application/contract. This is verified upon submission of their monthly invoices. CAP60 is up to date. This is checked on a monthly basis. No plans by the board to issue any CAPL or QIP's. Subgrantee has not been ROMA trained and needs to attend one this fiscal year, per her contract. Subgrantee

Wyoming Department of Health
Public Health Division
Community Services Program

CSBG Quarterly Performance Report, FFY 2020

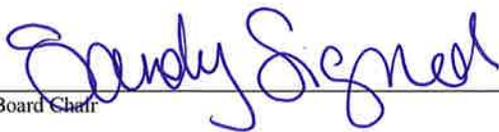
has also expressed interest that she will run out of funds for her program this fiscal year due to the number of individuals that have received CSBG services in their programs.

Program Name 3: Personal Frontiers (PFI)- PFI is utilizing their funds to provide substance abuse treatment services to adults. They estimated they would serve 30 clients with their funding. As of the date of this report, they have utilized 97% of their funding. To date, they have served 16 clients. They are providing services in alignment with their application/contract. This is verified upon submission of their monthly invoices. CAP60 is up to date. This is checked on a monthly basis. No plans by the board to issue any CAPL or QIP's. At the CARE Boards next monthly meeting, it will be discussed the amount of funding left, the use of the funding and number of clients served/predicted to be served with this funding. Subgrantee could possibly use additional training in CAP60 as well as ROMA as she is new to PFI.

Program Name 4: Youth Emergency Services (YES House)- Yes House is utilizing these funds to provide mental health/substance abuse treatment services to youth. They utilize these funds for personnel services and also supplies for the programs. They estimated that they would serve 30 clients. As of the date of this report, they have utilized 25% of their funding. To date, they have served 5 clients. They are providing services in alignment with their application/contract. This is verified upon submission of their monthly invoices. CAP60 is up to date. This is checked on a monthly basis. No plans by the board to issue any CAPL or QIP's. At the CARE Boards next monthly meeting, it will be discussed the number of clients served. Subgrantee could use additional CAP60 training.

Program Name 5: Council of Community Services= Council is utilizing these funds to support their food pantry program and provide medical/dental vouchers. They utilize these funds for personnel services and also supplies for the program. They estimated that they would serve 2070 clients. As of the date of this report, they have utilized 19% of their funding. This could be due to timely submittals of monthly invoices and only having two months reimbursed to date. Cap60 is up to date and this is checked on a monthly basis. Subgrantee does an excellent job with their CAP60 data and verifying daily that data is entered correctly. To date they have served 485 clients in the food pantry program and 30 clients in the medical/dental program. They are providing services in alignment with their application/contract. This is verified upon submission of their monthly invoices. No plans by the board to issue any CAPL or QIP's.

Program Name 6: Click here to enter text.


Board Chair

Date

Bethany L. Raab

From: Bethany L. Raab
Sent: Tuesday, March 3, 2020 3:41 PM
To: 'Donna Morgan'; 'Elisha Molder'; 'Julie Price-Carroll'; 'Lohrie'; 'Margie McWilliams'; 'Mikel Smith'; 'Tatyana Walker'
Cc: 'Bethany Raab (blr01@ccgov.net)'; 'Cara Mittleider'; Del L. Shelstad; 'Felicia Messimer Personal'; 'Felicia Messimer Work'; 'Ivy McGowan-Castleberry'; 'Kristin Young'; 'Michelle Geffre'; 'Sandy Lenz'; 'Sarah Starks'; 'Tami Maher'
Subject: RE: Event Announcement: Regional ROMA Intensive Training, April 02, 2020

Subgrantees-

I have been able to figure out that they are in fact planning another one later in the summer months probably in Casper.

Bethany

From: Bethany L. Raab
Sent: Friday, February 28, 2020 8:44 AM
To: Donna Morgan <director.pfi@vcn.com>; Elisha Molder <clisham@garfwy.com>; Julie Price-Carroll <julie@4grh.com>; Lohrie <lohriel@garfwy.com>; Margie McWilliams <garfdirector@garfwy.com>; Mikel Smith <mikel@ccswy.org>; Tatyana Walker <twalker@yeshouse.org>
Cc: Bethany Raab (blr01@ccgov.net) <blr01@ccgov.net>; Cara Mittleider <cmittleider@sheridan.edu>; Del L. Shelstad <dls01@ccgov.net>; Felicia Messimer Personal <messimerLicia@gmail.com>; Felicia Messimer Work <Felicia.Messimer@CCHWYO.ORG>; Ivy McGowan-Castleberry <ijm01@ccgov.net>; Kristin Young <kyoung@sheridan.edu>; Michelle Geffre <michelleg@tmgeffre.com>; Sandy Lenz <sandyl@gillettewy.gov>; Sarah Starks <sarahkstarks@gmail.com>; Tami Maher <TMaher@abovethelinecpas.com>
Subject: FW: Event Announcement: Regional ROMA Intensive Training, April 02, 2020
Importance: High

CARE Board and Subgrantees-

Attached please find a registration for a ROMA Training. Please consider attending this training. It will assist with CSBG application prep and also provide a refresher regarding the ROMA process. It would be helpful for anyone who works with the CSBG grant. If you plan on attending, please let me know and we can discuss with the CARE Board assistance for travel if possible.

Bethany

From: Community Services Network of Wyoming <info@csnowyo.org>
Sent: Thursday, February 13, 2020 11:19 AM
To: Bethany L. Raab <blr01@ccgov.net>
Subject: Event Announcement: Regional ROMA Intensive Training, April 02, 2020

Please be cautious.

This email originated from outside the County organization.

Dear Bethany Raab,
You are invited to the following [event](#):

Regional ROMA Intensive Training

When: April 02, 2020 1:00 PM, MDT

Where: Rock Springs, WY

Will you be attending?

Yes

Maybe

No

EVENT DETAILS:

CSNOW, in collaboration with the State CSP office, is hosting a Regional ROMA Intensive Training at 625 Ahsay, Rock Springs, WY 82901 this spring.

This intensive workshop on results-oriented management and accountability (ROMA) will focus on connecting your needs assessment, services and program outcomes (NPI's). This training will also walk you through evaluating your program data.

Best regards,
[Community Services Network of Wyoming](#)

Phone: (307) 772-9004 | Email: info@csnowyo.org | Address: 1401 Airport Pkwy. Suite 300 Cheyenne, WY 82001 | [Facebook](#)

[Unsubscribe](#)

This email contains links that will automatically log you into the Community Services Network of Wyoming site. These links will work for the next 7 days only. Please, don't forward this email to anyone!

County:	Campbell			
Standard Number	Standard	Met (1) Not Met (0)	Documentation	Notes
Category One: Consumer Input and Involvement				
1.1	<i>CNA</i> The department demonstrates low-income individuals' participation in its activities.	0	2017 A Day of Hope Poster	The documentation uploaded is outdated, no points will be given. Participation in the Community Needs Assessment or serving on the tripartite board would demonstrate participation, however, if you wish to go beyond the standard documentation could include recruitment tools for low-income individuals, discussion at board meetings, etc.
1.2	<i>CNA</i> The department analyzes information collected directly from low-income individuals as part of the community assessment.	0	FFY16 CNA	The documentation uploaded is outdated, no points will be given. A thorough CNA that includes information collected from individuals with low-income and is analyzed is acceptable documentation.
<i>Requested Surveys</i>				
1.3	The department has a systematic approach for collecting, analyzing, and reporting customer satisfaction data to the tripartite board/advisory body, which may be met through broader local government processes.	0	No documentation uploaded	This is a three part standard. To fully meet this standard, documentation will need to demonstrate: The department has a system in place; data is collected and analyzed; the data is reported to the tripartite board. Since Albany county contracts out services, the tripartite board should attempt to collect customer satisfaction from its sub-grantees. This could be done on a regular basis, or could include conducting a "point in time" survey of the sub-grantees customers, as long as it follows the current policy in place.
Category One Subtotal:		0		
Category Two: Community Engagement				
2.1	The department has documented or demonstrated partnerships across the community, for specifically identified purposes; partnerships include other antipoverty organizations in the area.	0	FFY18 Subgrantee Agreements	Documentation for this standard should address what partnerships exist, the purpose of the partnership, and proof of partnership, specifically with anti-poverty organizations. Documentation could include a Community Resource list, or executed MOUs/agreements between the county and the other organization.
2.2	<i>CNA</i> The department utilizes information gathered from key sectors of the community in assessing needs and resources, during the community assessment process or other times. These sectors would include at minimum: community-based organizations, faith-based organizations, private sector, public sector, and educational institutions.	0	FFY16 CNA	Documentation uploaded is out of date (2016). To meet this standard, documentation will need to demonstrate that the department gathered information during the community assessment from all five sectors, and then used the information to assess needs and resources. Documentation could include: list of stakeholders organized by sector including information gathered and the data collection process or examples of how the information gathered was used to assess needs and resources.
2.3	The department communicates its activities and its results to the community.	0	Screenshot from 2017 Facebook	The documentation uploaded contains out of date information. In order to comply with this standard, the department can upload different ways it communicates its activities to the service area. This could be through screenshots of social media posts, needs assessment data that was communicated, meeting or event announcements, news releases.
<i>Attendance Log</i>				
2.4	The department documents the number of volunteers and hours mobilized in support of its activities.	0	Board Minutes from 2017	Documentation for this standard is out of date. Documentation uploaded to comply with this standard could be a volunteer log/sign in sheet, or board minutes discussing volunteers. Also, the tripartite board is a volunteer board. A running log of the amount of hours each board member dedicates to CSBG can be uploaded as documentation.
Category Two Subtotal:		0		
Category Three: Community Assessment				
3.1	<i>CNA</i> The department conducted or was engaged in a community assessment and issued a report within the past 3 years, if no other report exists.	0	2016 CNA	Documentation for this standard must be relevant to the past three years. To meet this standard, upload the most up to date Community Needs Assessment.
3.2	<i>CNA</i> As part of the community assessment, the department collects and includes current data specific to poverty and its prevalence related to gender, age, and race/ethnicity for their service area(s).	0	2016 CNA	The documentation for this standard is out of date. To meet this standard, ensure that the most up to date CNA includes data specific to poverty and its prevalence among different demographics in the community.
3.3	<i>CNA</i> The department collects and analyzes both qualitative and quantitative data on its geographic service area(s) in the community assessment.	0	2016 CNA	To meet this standard, verify that the CNA includes qualitative data, such as interviews with individuals in the community, and quantitative data. Quantitative data could include census data, survey results, etc.
3.4	<i>CNA</i> The community assessment includes key findings on the causes and conditions of poverty and the needs of the communities assessed.	0	2016 CNA	This standard could be met through a key findings section included in the CNA. Be sure it not only addresses the identified needs of the community, but the possible causes and conditions of poverty in the community.

County: Campbell

Standard Number	Standard	Met (1) Not Met (0)	Documentation	Notes
3.5	<p><i>6.11.19 minutes</i></p> <p>The tripartite board/advisory body formally accepts the completed community assessment.</p>	0	2016 Board Minutes	Documentation uploaded is out of date (2016). Documentation should demonstrate the tripartite board formally accepts the CNA. This can be documented through board minutes where the board formally accepts the needs assessment, or through a narrative included in the executive summary of the needs assessment stating that the tripartite board has formally accepted the needs assessment.
Category Three Subtotal:		0		
Category Four: Organizational Leadership				
4.1	The tripartite board/advisory body has reviewed the department's mission statement within the past 5 years and assured that: 1. The mission addresses poverty; and 2. The CSBG programs and services are in alignment with the mission.	0	Strategic Planning Meeting Agenda, 2017	The strategic planning document that the board has approved the agency mission statement. To fully meet this standard, documentation should demonstrate that the mission statement addresses poverty as well as align with the programs provided with CSBG funds. A logic model that includes the mission statement and all of the programs would be acceptable documentation.
4.2	The department's Community Action plan is outcome-based, anti-poverty focused, and ties directly to the community assessment.	0	No documentation uploaded	No documentation uploaded. For future completion of this Organizational Standard, the Community Action Plan template should be used. Completion should occur triennially with the completion of the Community Needs Assessment and any updates should be made annually when the CSP CSBG Applications are due. Updates should only be made if the Tripartite Board decide to fund a new agency, add a new program, adds goals/NPIs, or ceases funding to an agency or program.
4.3	<p><i>Community Action Plan Report 4A Quarterly Perf Rep</i></p> <p>The department's Community Action plan and strategic plan document the continuous use of the full Result Oriented Management and Accountability (ROMA) cycle or comparable system (assessment, planning, implementation, achievement of results, and evaluation). In addition, the department documents having used the services of a ROMA-certified trainer (or equivalent) to assist in implementation.</p>	0	No documentation uploaded	No documentation was uploaded. In order to comply with this Organizational Standard, documentation uploaded should demonstrate a thorough understanding of the ROMA framework. In order to document that the full cycle was completed (assessment, planning, implementation, achievement of results, and evaluation), various documents can be uploaded. Assessment, planning, and implementation can be documented by uploading the Community Action Plan template and/or the agency's Strategic Plan. To document achievement of results, CAP60 report 4A can be uploaded. In order to document evaluation, Quarterly Performance Reports can be uploaded, or board meeting minutes that document a discussion of services provided and the results achieved from such. A helpful tool agencies and Tripartite Boards can use to ensure the ROMA framework guides the work of community action throughout a program year, the National Community Action Partnership (NCAP) developed ROMA Implementation Checklist can be used. This is available on the CSP website.
4.4	<p><i>Quarterly Performance Report</i></p> <p>The tripartite board/advisory body receives an annual update on the success of specific strategies included in the Community Action plan.</p>	0	No documentation uploaded	To meet this standard, documentation should demonstrate that the board has received a thorough report regarding programs and their outcomes from the past year. The Quarterly Performance Report that includes information on the services provided or board meeting minutes discussing documenting discussion on the progress of the Community Action plan and SOW are also acceptable.
4.5	The department adheres to its local government's policies and procedures around interim appointments and processes for filling a permanent vacancy.	0	Board bylaws	To meet this standard, two documents are required. The board bylaws indicate that the board has a policy. The second piece of documentation should demonstrate how the board follows the policy. This can be documented through a brief narrative on how the department adheres to the policies and procedures along with any necessary documentation (e.g. required planning documents).
4.6	The department complies with its local government's risk assessment policies and procedures.	0	Completed Risk Assessment (7/26/2018)	Documentation that is uploaded is outdated (July 2018). In order to meet this standard, upload documentation relevant to this fiscal year. If the board/agency does not have their own risk assessment, they can utilize the CSBG STAR assessment located on the CSP website.
Category Four Subtotal:		0		
Category Five: Board Governance				
5.1	<p>The department's tripartite board/advisory body is structured in compliance with the CSBG Act, by either: 1. Selecting the board members as follows: <input type="checkbox"/> At least one third are democratically-selected representatives of the low-income community; <input type="checkbox"/> One-third are local elected officials (or their representatives); and <input type="checkbox"/> The remaining members are from major groups and interests in the community; or 2. Selecting the board through another mechanism specified by the State to assure decision-making and participation by low-income individuals in the development, planning, implementation, and evaluation of programs.</p>	0	Board Roster- Feb 2019	The documentation is out of date, no points given. To meet this standard, board rosters must be relevant to the current grant year (FFY2020).

Vision and Direction – Category 5: Board Governance

Standard 5.7 **The department has a process to provide a structured orientation for tripartite board/advisory body members within 6 months of being seated.**

Guidance:

- There is no specific curricula requirement, or training methodology required; Board Orientation should have many organization-specific elements. These may include bylaws, overview of programs, and review of fiscal reports.
- Training may be delivered at board meetings, special sessions, in person, through electronic media, or through other modalities as determined by the board.
- The department must have documentation of its process (including content), as well as documentation that each board member has been provided with the opportunity for orientation.

Department Self-Assessment:

- Met
- Not Met

Documentation used: (Check all that apply)

- Board/advisory body policy/procedures
- Board orientation materials
- Board/advisory body member acknowledgement/signature

Other Documentation:

If not met, progress to date on meeting the standard:

Action steps to be taken to meet the standard:

Notes:

County:	Campbell			
Standard Number	Standard	Met (1) Not Met (0)	Documentation	Notes
5.2.	The department's tripartite board/advisory body either has: 1. Written procedures that document a democratic selection process for low-income board members adequate to assure that they are representative of the low-income community, or 2. Another mechanism specified by the State to assure decision-making and participation by low-income individuals in the development, planning, implementation, and evaluation of programs. Please note under IM 82 for Public Entities the law also requires that a minimum of 1/3 of tripartite board membership be comprised of representatives of low-income individuals and families who reside in areas served.	1	Board Bylaws	Documentation uploaded indicates the board has a democratic selection process for the selection of low-income board members.
5.3	Not Applicable			
5.4	The department documents that each tripartite board/advisory body member has received a copy of the governing documents, within the past 2 years.	1	Signed Statements- reviewed bylaws, policies and procedures	Documentation demonstrates that board members have received a copy of the governing documents within the past 2 years (January 2019). To meet this standard, documentation should demonstrate that the requirements described in the governing documents and that the tripartite board fulfills the requirements. To meet the first part of this standard, the most recent bylaws/procedures manual should be uploaded. Documentation for the second part of the standard could include: board meeting minutes to document the attendance of members, the date of meetings, a board roster, and board meeting minutes outlining the process and/or activities of filling any existing vacancies on the board.
5.5	The department's tripartite board/advisory body meets in accordance with the frequency and quorum requirements and fills board vacancies as set out in its governing documents.	0	Board Minutes- October 2017	Documentation demonstrates that board members have received and signed a COI statement within the past 2 years (January 2019).
5.6	Each tripartite board/advisory body member has signed a conflict of interest policy, or comparable local government document, within the past 2 years.	1	Signed COI Statements	Documentation uploaded was a board orientation checklist outlining all topics covered for new board members. This documents that the Tripartite Board has a process in place for orienting new members.
5.7	The department has a process to provide a structured orientation for tripartite board/advisory body members within 6 months of being seated.	1	Board Orientation Checklist	Documentation indicates the board has been provided with training on their duties and responsibilities within the last 2 years.
5.8	Tripartite board/advisory body members have been provided with training on their duties and responsibilities within the past 2 years.	1	Signed statements- reviewed bylaws, policies and procedures	To demonstrate that the board reviewed the programmatic reports documentation can include meeting minutes that demonstrates the board received reports, a quarterly report signed by the board indicating they have reviewed/completed the report, or a recent logic model signed by the board.
5.9	The department's tripartite board/advisory body receives programmatic reports at each regular board/advisory meeting.	0	Logic Model	
Category Five Subtotal:		5		
Category Six: Strategic Planning				
6.1	The department has a strategic plan, or comparable planning document, in place that has been reviewed and accepted by the tripartite board/advisory body within the past 5 years. If the department does not have a plan, the tripartite board/advisory body will develop the plan.	0	Strategic Plan meeting agenda	Documentation is a board agenda from a Strategic Planning meeting. A Community Action Plan is also acceptable documentation for the tripartite board, as CSP does not expect counties to have Strategic Plans for all funding sources. However, there is no documentation uploaded that demonstrates the board formally accepted the Community Action Plan or Strategic Plan. This can be demonstrated with board minutes, the board chair's signature acknowledging the board accepts the Community Action Plan or Strategic Plan, or a narrative included in the plan that states the board has formally accepted the plan.
6.2	The approved strategic plan, or comparable planning document, addresses reduction of poverty, revitalization of low-income communities, and/or empowerment of people with low incomes to become more self-sufficient.	0	Strategic Plan	The uploaded strategic plan does not address address the reduction of poverty, revitalization of low-income communities, and/or empowerment of people with low-incomes. The Strategic Plan should also be dated to demonstrate that it is relevant to the last 5 years.
6.3	The approved strategic plan, or comparable planning document, contains family, agency, and/or community goals.	0	Strategic Plan	The uploaded strategic plan does not contain family, agency, and/or community level goals.

County:	Campbell			
Standard Number	Standard	Met (1) Not Met (0)	Documentation	Notes
6.4	Customer satisfaction data and customer input, collected as part of the community assessment, is included in the strategic planning process, or comparable planning process.	0	Strategic Plan	This is a two-part standard. Documentation needs to demonstrate that customer satisfaction input was gathered as part of the community needs assessment; and that it was used in the strategic planning process. Examples of documentation could include: the section of the needs assessment that includes customer feedback data; and a section of the strategic plan or a brief summary that describes how the customer feedback was used. The uploaded documentation only demonstrates that customer satisfaction data was collected, however it does not demonstrate how it was used as part of the strategic planning process.
6.5	The tripartite board/advisory body has received an update(s) on progress meeting the goals of the strategic plan/comparable planning document within the past 12 months.	0	No documentation uploaded	The tripartite board should be appraised annually of the progress made in the strategic or community action plan. This documentation could be board meeting minutes that reflect updates were given, or an email confirmation/receipt that board members received the report and any supplemental documentation. In order to move beyond compliance, a copy of the board report could be uploaded in addition to the other documents.
Category Six Subtotal:		0		
Category Seven: Human Resource Management				
7.1	Not Applicable			
7.2	The department follows local governmental policies in making available the employee handbook (or personnel policies in cases without a handbook) to all staff and in notifying staff of any changes.	0	No documentation uploaded	Documentation should include the local governmental policies relating to the standard as well as documentation demonstrating that it is followed. Documentation could include: a process or procedure document for staff communication, documentation of location and availability of the Personnel policies, or samples of policy change notification to staff.
7.3	The department has written job descriptions for all positions. Updates may be outside of the purview of the department.	0	No documentation uploaded	Documentation could include: an organizational chart, staff lists with role titles, or standard job description templates.
7.4	The department follows local government procedures for performance appraisal of the department head.	0	No documentation uploaded	For Campbell County, the department head would be the Grand Coordinator. To meet this standard, documentation will need to document the procedure for performance appraisal and that the procedure was followed. Documentation would include: the policy/procedure and the performance appraisal sign-off.
7.5	The compensation of the department head is made available according to local government procedure.	0	No documentation uploaded	For Campbell County, the department head is the Grant Coordinator. To meet this standard, documentation will need to document the procedure for making compensation available and that the procedure was followed. Documentation would include: the policy/procedure and where salary information is posted.
7.6	The department follows local governmental policies for regular written evaluation of employees by their supervisors.	0	No documentation uploaded	Documentation should demonstrate that there is a policy in place and that it is being followed by supervisors. If there is no procedure in place the department must demonstrate that upon review of local policies and procedures, no policy exists for evaluation of employees by supervisors
7.7	The department provides a copy of any existing local government whistleblower policy to members of the tripartite board/advisory body at the time of orientation.	0	No documentation uploaded	Documentation should show that the tripartite board was provided a copy of an existing whistleblower policy and that this occurred as part of the orientation process. Documentation might include: board minutes, orientation packet/agenda, or an acknowledgement page from the orientation.
7.8	The department follows local governmental policies for new employee orientation.	0	No documentation uploaded	Documentation should include a copy of the procedure and evidence that the department follows the procedure. Documentation might include: Personnel Policies, Orientation checklist or materials, or documentation of attendance.
7.9	The department conducts or makes available staff development/training (including ROMA) on an ongoing basis.	0	No documentation uploaded	Staff training opportunities can be demonstrated through: training plans, attendee lists, certificates, or registration information.
Category Seven Subtotal:		0		
Category Eight: Financial Operations and Oversight				
8.1	The department's annual audit is completed through the local governmental process in accordance with Title 2 of the Code of Federal Regulations, Uniform Administrative Requirements, Cost Principles, and Audit Requirement (if applicable) and/or State audit threshold requirements. This may be included in the municipal entity's full audit.	0	2016 County Audit	Documentation uploaded is out of date. To meet this standard, upload the most recent County Audit.

County:	Campbell			
Standard Number	Standard	Met (1) Not Met (0)	Documentation	Notes
8.2	The department follows local government procedures in addressing any audit findings related to CSBG funding.	0	No documentation uploaded	Documentation should demonstrate that any findings related to CSBG fundings are being addressed or were addressed according to local policies and procedures. Documentation could include: a confirmation that the process to address audit findings is complete, evidence that the the department followed local government procedures.
8.3	The department's tripartite board/advisory body is notified of the availability of the local government audit.	0	No documentation uploaded	To meet this standard, documentation needs to demonstrate that the tripartite board was made aware of the audit availability. This can be demonstrated through board minutes, or an email to all board members of the audit availability.
8.4	The department's tripartite board/advisory body is notified of any findings related to CSBG funding.	0	2016 County Audit	To meet this standard, documentation needs to demonstrate that the tripartite board was made aware of the any sudit findings related to CSBG funds. This can be demonstrated through board minutes indcating notice of CSBG findings or a formal communication (letter or email) to the board notifying them of all CSBG related findings.
8.5	Not Applicable			
8.6	Not Applicable			
8.7	The tripartite board/advisory body receives financial reports at each regular meeting, for those program(s) the body advises, as allowed by local government procedure.	0	No documentation uploaded	Documentation for this standard needs to be relevant to the current grant year (FFY2020). To meet this standard, documentation should indicate that the board regularly receives fiscal reports at regular meetings. This can be demonstrated through board meeting minutes, meeting agenda, or email to board members with financial reports attached. Uploading fiscal reports can be supplemental documentation, however it will no points will be given if just the report is uploaded.
8.8	Not Applicable			
8.9	The tripartite board/advisory body has input as allowed by local governmental procedure into the CSBG budget process.	0	Board minutes June 2016	Documentation should be relevant to the current grant year (FFY2020) and should demonstrate that the board has approved of the CBSG budget. Documentation could include board minutes, the CSBG budget with the board chair/president's signature, etc.
8.10	Not Applicable			
8.11	Not Applicable			
8.12	Not Applicable			
8.13	The department follows local governmental policies for document retention and destruction.	0	No documentation uploaded	Documentation should indicate the department follows the local government's policies regarding the retention and destruction of documents. Documentation should include the policy, and evidence that the policy is followed. Documentation could include: record of compliance such as a certification by compliance staff, or records demonstrating compliance (e.g. records demonstrating consistent destruction of documents).
Category Eight Subtotal:		0		
Category 9: Data and Analysis				
9.1	The department has a system or systems in place to track and report client demographics and services customers receive.	1	N/A	No documentation is required to be uploaded for this standard, as there are capabilities to run reports within CAP60, specifically for services and demographic reports.
9.2	The department has a system or systems in place to track family, agency, and/or community outcomes.	1	N/A	No documentation is required to be uploaded for this standard, as there are capabilities to run reports within CAP60, specifically for tracking outcomes
9.3	The department has presented to the tripartite board/advisory body for review or action, at least within the past 12 months, an analysis of the agency's outcomes and any operational or strategic program adjustments and improvements identified as necessary.	0	No documentation uploaded	To meet this standard, documentation will need to demonstrate that the tripartite board is analyzing outcomes and has been presented with the report and has reviewed the presented outcomes. Documentation could include: a copy of the analysis with the board minutes documenting the presentation and discussion of the analysis, or Quarterly Performance Reports with the Board Chair signature.
9.4	The department submits its annual CSBG Information Survey data report and it reflects client demographics and CSBG-funded outcomes.	0	No documentation uploaded	As the Smartform files are too large to be uploaded, documentation for this standard could include: email confirmation from CSP that the Annual Report was turned in, board meeting minutes documenting that the Smartforms were complete.
Category Nine Subtotal:		2		
Total Met:		7		
Total Standards:		50		
Percentage Met:		14.00%		