New requirements are in red text and do not apply for the 2023 PR&C review. These requirements will be applicable in 2024. Minor adjustments and clarifications and changes to Tiers are in green text. These changes are applicable for the 2023 PR&C review. Bold are requirements that now apply for the 2023 PR&C review.

| Standard A1   |      | Guideline A1   | Monitoring Method  | Conclusion   | Certifying<br>Official* | Tier | Program<br>Type  |
|---|------|--|--|--|-------------------------|------|--|
| The governing board<br>includes at least one<br>homeless or formerly<br>homeless individual.<br>The individual on the<br>board with relevant,<br>lived homeless<br>experience must<br>review the agency's<br>program plan annually. |      | The individual is identified by<br>submitting to CSB the signed<br>Participation of Homeless<br>Individuals form.<br>The individual actively<br>participates in board<br>meetings, as documented by<br>recent board minutes.<br>The individual's review of the<br>program must be<br>documented either via email,<br>a letter, or meeting minutes. | File Review: CSB<br>reviewed the board<br>roster and recent<br>minutes to ensure<br>the individual<br>attended board<br>meetings within the<br>review timeframe.<br>File Review: CSB<br>reviewed the<br>document that<br>recorded the<br>individual's<br>thoughts and<br>comments on the<br>agency's programs. | Compliant<br>Compliant<br>with<br>conditions<br>Non-<br>compliant<br>N/A |                         | 1    | All programs<br>except<br>Prevention<br>only<br>programs |
| Discussion and Basis for  | r Co | nclusion   |  |  |                         |      |  |

| Standard A2   | Guideline A2  | 1 | Monitoring Method  | Conclusion | Certifying              | Tier         | Program         |
|---|---|---|--|------------|-------------------------|--------------|-----------------|
| Standard A2<br>The agency has a<br>conflict of interest<br>policy that includes<br>prohibiting conflict of<br>interest and nepotism<br>for staff and<br>volunteers. | A. Organizational StGuideline A2The agency has a policy thatindicates proper conduct andthe prohibition of conflicts ofinterest and nepotism.The policy states that aconflict would arise when theemployee, officer, or agent,any member of his or herimmediate family, his or herpartner, or an organization | 1 |  |            | Certifying<br>Official* | Tier       1 | Program<br>Type |
|   | which employs or is about to<br>employ any of the parties<br>indicated herein, has a<br>financial or other interest in<br>the subrecipient or<br>contractor selected for an<br>award. In such cases the<br>policy states that the conflict<br>must be disclosed and the<br>person must recuse                 |   | the frequency by<br>which the policy<br>needs to be<br>resigned.<br><u>File Review</u> : CSB<br>reviewed conflict of<br>interest forms<br>signed by staff and<br>trustees. |            |                         |              |                 |
|   | themselves from any<br>decision making in<br>relationship with the specific<br>subrecipient or contractor.<br>The policy prohibits officers,<br>employees, and agents of the<br>recipient soliciting, accepting<br>gratuities, favors, or anything  |   |  |            |                         |              |                 |

|                            | <u> </u>                        | detaie, management, |  | · |
|----------------------------|---------------------------------|---------------------|--|---|
|                            | of monetary value from          |                     |  |   |
|                            | contractors, or parties to sub- |                     |  |   |
|                            | agreements.                     |                     |  |   |
|                            |                                 |                     |  |   |
|                            | The policy includes             |                     |  |   |
|                            | disciplinary actions to be      |                     |  |   |
|                            | applied for violations of such  |                     |  |   |
|                            | standards by officers,          |                     |  |   |
|                            | employees, or agents of the     |                     |  |   |
|                            | recipient.                      |                     |  |   |
| Discussion and Basis for C |                                 | L                   |  |   |
|                            |                                 |                     |  |   |
|                            |                                 |                     |  |   |
|                            |                                 |                     |  |   |
|                            |                                 |                     |  |   |
|                            |                                 |                     |  |   |
|                            |                                 |                     |  |   |

| Standard A3  | Guideline A3   | Monitoring Method   | Conclusion   | Certifying<br>Official* | Tier | Program<br>Type |
|--|--|---|--|-------------------------|------|-----------------|
| The agency has a<br>written policy that<br>prohibits requiring,<br>mandating, or<br>improperly influencing<br>religious participation<br>as a prerequisite to<br>receiving agency<br>services. | <ul> <li>The agency has a policy in place and a process for communicating the policy and educating staff and clients about the policy.</li> <li>If a client objects to the religious character of an agency that provides services, the agency must take reasonable efforts to refer the client to an alternative agency.</li> </ul> | <ul> <li><u>Policy Review</u>: CSB<br/>reviewed the policy<br/>and confirmed that<br/>there is a process<br/>for communicating<br/>to and educating<br/>staff and clients<br/>about the religious<br/>activities policy.</li> <li><u>Discussion</u>: The<br/>agency described<br/>efforts to refer<br/>clients to alternate<br/>agencies when<br/>clients object to the<br/>religious character<br/>of the agency.</li> </ul> | <ul> <li>Compliant</li> <li>Compliant with conditions</li> <li>Non-compliant</li> <li>N/A</li> </ul> |                         | 2    | All programs    |

| Standard A4  | Guideline A4   | Monitoring Method   | Conclusion   | Certifying<br>Official* | Tier | Program<br>Type |
|--|--|---|--|-------------------------|------|-----------------|
| The agency does not<br>discriminate on the<br>basis of race, religion,<br>color, national origin,<br>ancestry, sex, sexual<br>orientation, gender<br>identity, age, disability | <ul> <li>Policies are communicated<br/>and staff, trustees,<br/>volunteers, and clients are<br/>educated about<br/>nondiscrimination policies<br/>and procedures.</li> </ul> | Policy Review: CSB<br>reviewed the policy<br>and confirmed that a<br>process is in place<br>for communicating<br>to and educating<br>staff, trustees, | <ul> <li>Compliant</li> <li>Compliant with conditions</li> </ul> |                         | 2    | All programs    |

|                           |   | A. Organizational S          | , u u | clure, management     | ., ai |           |  |  |
|---------------------------|---|------------------------------|-------|-----------------------|-------|-----------|--|--|
| or other handicap,        |   | Policies are posted in areas |       | volunteers, and       |       | Non-      |  |  |
| marital or familial       | l | where all staff, trustees,   |       | clients about         |       | compliant |  |  |
| status, military status,  | l | volunteers, and clients      |       | nondiscrimination     |       |           |  |  |
| status with regards to    | l | have access to them.         |       | requirements,         |       | N/A       |  |  |
| public assistance, or     | l |                              |       | including Equal       |       |           |  |  |
| any other class of        |   | If the agency has multiple   |       | Employment            |       |           |  |  |
| persons protected by      | l | work sites, then the policy  |       | Opportunities and     |       |           |  |  |
| applicable law.           | l | should be posted at each     |       | Affirmative Action    |       |           |  |  |
| Agencies are prohibited   | l | site where staff, trustees,  |       | requirements.         |       |           |  |  |
| from denying admission    | l | volunteers, and clients      |       |                       |       |           |  |  |
| or terminating            | l | congregate.                  |       | <u>Other:</u>         |       |           |  |  |
| assistance based on a     | l |                              |       | CSB confirmed that    |       |           |  |  |
| client being a victim or  |   | All individuals, including   |       | policies were posted  |       |           |  |  |
| survivor of domestic      | l | transgender individuals      |       | in areas where all    |       |           |  |  |
| violence, dating          | l | and other individuals who    |       | staff, trustees,      |       |           |  |  |
| violence, sexual          | l | do not identify with the sex |       | volunteers, and       |       |           |  |  |
| assault, or stalking. The | l | they were assigned at birth, |       | clients have access   |       |           |  |  |
| agency has a written      | l | must be given access to      |       | to them at each site. |       |           |  |  |
| nondiscrimination         | l | programs, benefits,          |       |                       |       |           |  |  |
| policy applicable to      | l | services, and                |       | <u>Other</u> : CSB    |       |           |  |  |
| staff, trustees,          | l | accommodations in            |       | confirmed posting of  |       |           |  |  |
| volunteers, and clients   | l | accordance with their        |       | HUD's Notice on       |       |           |  |  |
| and there is evidence     | l | gender identity without      |       | Equal Access          |       |           |  |  |
| that it is being          | l | being subjected to intrusive |       | Regardless of Sexual  |       |           |  |  |
| implemented. The          | l | questioning or being asked   |       | Orientation, Gender   |       |           |  |  |
| agency operates in        | l | to provide documentation.    |       | Identity, or Marital  |       |           |  |  |
| compliance with all       | l | Agencies must post HUD's     |       | Status for HUD's      |       |           |  |  |
| applicable Equal          | i | Notice on Equal Access       |       | Community Planning    |       |           |  |  |
| Employment                | i | Regardless of Sexual         |       | and Development       |       |           |  |  |
| Opportunities and         | i | Orientation, Gender          |       | Programs.             |       |           |  |  |
| Affirmative Action        | i | Identity, or Marital Status  |       |                       |       |           |  |  |
| requirements.             |   | for HUD's Community          |       |                       |       |           |  |  |

|                                     | 0                        | , 3 | , |  |  |  |  |  |  |
|-------------------------------------|--------------------------|-----|---|--|--|--|--|--|--|
|                                     | Planning and Development |     |   |  |  |  |  |  |  |
|                                     | Programs.                |     |   |  |  |  |  |  |  |
| Discussion and Basis for Conclusion |                          |     |   |  |  |  |  |  |  |
|                                     |                          |     |   |  |  |  |  |  |  |

| Standard A5  | Guideline A5  | Monitoring Method  | Conclusion   | Certifying<br>Official* | Tier | Program<br>Type |
|--|---|--|--|-------------------------|------|-----------------|
| The agency has a Drug-<br>Free Workplace Policy<br>applicable to all staff<br>and volunteers and<br>posted in an area<br>where everyone has<br>access to it. | <ul> <li>The agency has a process for communicating the policy and ensuring that all employees and volunteers are educated on the policy.</li> <li>The policy is posted in an area widely accessible to everyone.</li> <li>If the agency has multiple work sites, the policy is posted at each site.</li> </ul> | <ul> <li><u>Policy Review</u>: CSB reviewed the policy and ensured there is a process for communicating to and educating staff about the Drug-Free Workplace Policy.</li> <li><u>Other:</u><br/>CSB confirmed that policies were posted in areas where all staff and volunteers have access to them at each site.</li> </ul> | <ul> <li>Compliant<br/>with<br/>conditions</li> <li>Non-<br/>compliant</li> <li>N/A</li> </ul> |                         | 2    | All programs    |

| Standard A6                                    | Guideline A6  | Monitoring Method                      | Conclusion | Certifying<br>Official* | Tier | Program<br>Type |
|--|---|--|------------|-------------------------|------|-----------------|
| The agency has a policy regarding firearms and | <ul> <li>If the agency prohibits<br/>concealed weapons and</li> </ul> | Policy Review: CSB reviewed the policy | Compliant  |                         | 2    | All programs    |

Agency:

Date of Review:

| other weapons, as it     | other weapons from the        | and confirmed that  | Compliant  |
|--------------------------|-------------------------------|---------------------|------------|
| relates to employees,    | premises, appropriate signs   | there is a process  | with       |
| clients, and volunteers. | are displayed and clients are | in place for        | conditions |
| The policy addresses     | informed of the policy upon   | communicating the   |            |
| the agency's stance on   | admission.                    | policy.             | 🗆 Non-     |
| the concealed carry law  |                               |                     | compliant  |
| and whether weapons,     |                               | Other: CSB staff    |            |
| including firearms, are  |                               | verified that a     |            |
| permissible on the       |                               | weapons policy is   |            |
| premises.                |                               | posted and in full  |            |
|                          |                               | view of entrants to |            |
|                          |                               | the building(s).    |            |
| Discussion and Basis for | Conclusion                    |                     |            |
|                          |                               |                     |            |

| Standard A7  | Guideline A7   | Monitoring Method                     | Conclusion   | Certifying<br>Official* | Tier | Program<br>Type |
|--|--|---------------------------------------|--|-------------------------|------|-----------------|
| The agency has a<br>written disaster<br>recovery and crisis<br>communication plan<br>that is <b>reviewed</b> , and<br><b>updated</b> if necessary,<br>annually and distributed<br>to appropriate<br>employees. | The plan should include, at a minimum, a definition of a disaster and/or crisis event; descriptions of actions taken following a disaster/crisis event; detailed contact lists of key personnel and external stakeholders; individual staff responsibilities; data back-up procedures; and methodologies used to update and distribute the plan. | Policy Review: CSB reviewed the plan. | <ul> <li>Compliant</li> <li>Compliant with conditions</li> <li>Non-compliant</li> <li>N/A</li> </ul> |                         | 2    | All programs    |

| Standard A8   | Guideline A8   | Monitoring Method  | Conclusion   | Certifying<br>Official* | Tier | Program<br>Type |
|---|--|--------------------|--|-------------------------|------|-----------------|
| The agency must be a<br>registered 501(c)3 or<br>501(c)4. | <ul> <li>Up-to-date 501(c)3 or 501(c)4<br/>documents are kept on file</li> </ul> | Self-certification | <ul> <li>Compliant</li> <li>Compliant with conditions</li> <li>Non-compliant</li> <li>N/A</li> </ul> |                         | 3    | All programs    |

| Standard A9  | Guideline A9  | Monitoring Method  | Conclusion   | Certifying<br>Official* | Tier | Program<br>Type |
|--|---|--------------------|--|-------------------------|------|-----------------|
| The governing board is<br>informed about the<br>needs of homeless<br>persons at least<br>annually. | <ul> <li>Board minutes or other<br/>documentation reflect recent<br/>opportunities for board<br/>members to gather<br/>information about the<br/>homeless population.</li> <li>Examples include<br/>presentation of results from<br/>focus groups, arranging a<br/>resident panel discussion,<br/>inviting the Community Shelter<br/>Board CEO or a member of the<br/>Citizen's Advisory Council or<br/>Youth Action Board to speak<br/>at a meeting, or governing</li> </ul> | Self-certification | <ul> <li>Compliant</li> <li>Compliant with conditions</li> <li>Non-compliant</li> <li>N/A</li> </ul> |                         | 3    | All programs    |

| board members participating |  |  |
|-----------------------------|--|--|
| in the annual Board2Board   |  |  |
| dialogue.                   |  |  |

| Standard A10  | Guideline A10   | Monitoring Method  | Conclusion   | Certifying<br>Official* | Tier | Program<br>Type |
|---|---|--------------------|--|-------------------------|------|-----------------|
| The agency has a policy<br>that prohibits sexual<br>harassment which is<br>applicable to staff,<br>trustees, volunteers,<br>vendors, and clients. | The agency has a process for<br>communicating and educating<br>staff, trustees, volunteers,<br>vendors, and clients on the<br>policy. | Self-certification | <ul> <li>Compliant</li> <li>Compliant with conditions</li> <li>Non-compliant</li> <li>N/A</li> </ul> |                         | 3    | All programs    |

| Standard A11  | Guideline A11  | Monitoring Method  | Conclusion   | Certifying<br>Official* | Tier | Program<br>Type |
|---|--|--------------------|--|-------------------------|------|-----------------|
| Staff receive training in<br>the following areas:<br>(1) Emergency<br>evacuation procedures;<br>(2) Universal<br>Precautions;<br>(3) CPR and First Aid;<br>(4) Non-violent crisis<br>intervention;<br>(5) Ethical client<br>practices;<br>(6) Cultural competency<br>and diversity, including | <ul> <li>The agency has a policy for<br/>ensuring that each new<br/>employee receives initial<br/>training within the first 6<br/>months of employment or<br/>probationary/orientation<br/>period (whichever comes first)<br/>and that employees maintain<br/>certification where applicable.</li> <li>If the training is not certified<br/>by an external body (e.g., first<br/>aid), employees should</li> </ul> | Self-certification | <ul> <li>Compliant</li> <li>Compliant with conditions</li> <li>Non-compliant</li> <li>N/A</li> </ul> |                         | 3    | All<br>programs |

Agency:

Date of Review:

|                                    | <br>A. Organizational Stru      | cture, management, a |  |  |
|------------------------------------|---------------------------------|----------------------|--|--|
| training specific to any           | receive training at least once  |                      |  |  |
| target population(s)               | every two years.                |                      |  |  |
| served;                            |                                 |                      |  |  |
| (7) Recognition and                | The agency has a tracking       |                      |  |  |
| reporting of child and             | system that identifies when     |                      |  |  |
| elder abuse;                       | each employee needs to          |                      |  |  |
| (8) Agency operating               | receive training again and      |                      |  |  |
| procedures;                        | documentation of licensure for  |                      |  |  |
| (9) Relevant community             | positions that require licensed |                      |  |  |
| resources and social               | or credentialed staff.          |                      |  |  |
| service programs;(CSB              |                                 |                      |  |  |
| provides)                          | If serving youth, staff must be |                      |  |  |
| (10) Customer service              | trained in Positive Youth       |                      |  |  |
| techniques;<br>(11) Evidence-based | Development.                    |                      |  |  |
| practices relevant to              |                                 |                      |  |  |
| project type (optional             |                                 |                      |  |  |
| and as needed)                     |                                 |                      |  |  |
| (12) Evidence-based                |                                 |                      |  |  |
| practices relevant to              |                                 |                      |  |  |
| population(s) served by            |                                 |                      |  |  |
| the project. (optional             |                                 |                      |  |  |
| and as needed)                     |                                 |                      |  |  |
| (13) Homeless Crisis               |                                 |                      |  |  |
| Response System                    |                                 |                      |  |  |
| Overview (CSB will                 |                                 |                      |  |  |
| provide)                           |                                 |                      |  |  |
| (14) DV Trauma-                    |                                 |                      |  |  |
| Informed Care training             |                                 |                      |  |  |
| (Mandatory within first            |                                 |                      |  |  |
| six months for Homeless            |                                 |                      |  |  |

| Hatting staff and DV/ |  |  |  |
|-----------------------|--|--|--|
| Hotline staff and DV  |  |  |  |
| RRH staff)            |  |  |  |
|                       |  |  |  |
| (15) Trauma-Informed  |  |  |  |
| Care (CSB provides)   |  |  |  |

| Standard A12  | Guideline A12  | Monitoring Method  | Conclusion   | Certifying<br>Official* | Tier | Program<br>Type |
|---|--|--------------------|--|-------------------------|------|-----------------|
| The agency has an<br>organizational chart<br>and written personnel<br>policies detailing<br>employee<br>responsibilities, rights,<br>roles, benefits, job<br>description, attendance<br>requirements,<br>grievance procedures,<br>hiring and termination<br>procedures, annual<br>employee review<br>protocol, hours of<br>operation,<br>confidentiality and the<br>agency's compensation<br>and benefits plan. | manual and a process for<br>disseminating it to employees<br>upon employment and when there<br>are policy revisions. | Self-certification | <ul> <li>Compliant</li> <li>Compliant with conditions</li> <li>Non-compliant</li> <li>N/A</li> </ul> |                         | 3    | All programs    |

| Standard A13  | Guideline A13  | Monitoring Method  | Conclusion | Certifying<br>Official* | Tier | Program<br>Type |
|---|--|--------------------|------------|-------------------------|------|-----------------|
| Staff attends<br>applicable system and<br>partner meetings, | <ul> <li>Staff can describe attendance at<br/>meetings convened by CSB.</li> </ul> | Self-certification | Compliant  |                         | 3    | All programs    |

| trainings, and capacity | Examples of meetings include     | Compliant  |  |
|-------------------------|----------------------------------|------------|--|
| building activities.    | Adult System Operations          | with       |  |
|                         | Workgroup, Family System         | conditions |  |
|                         | Operations Workgroup,            |            |  |
|                         | Permanent Supportive Housing     | □ Non-     |  |
|                         | Roundtable, Veteran System       | compliant  |  |
|                         | Operation Workgroup, YHDP        |            |  |
|                         | partner meetings, Prevention     | □ N/A      |  |
|                         | Operations Workgroup, HMIS       |            |  |
|                         | Administrators Group,            |            |  |
|                         | coordinated planning activities, |            |  |
|                         | and focus groups.                |            |  |

| Standard A14   | Guideline A14   | Monitoring Method  | Conclusion   | Certifying<br>Official* | Tier | Program<br>Type |
|--|---|--------------------|--|-------------------------|------|-----------------|
| All staff and volunteers<br>are identifiable to<br>clients and visitors. | <ul> <li>Easy identification can be<br/>achieved by staff nametags,<br/>shirts, or uniforms.</li> </ul> | Self-certification | <ul> <li>Compliant</li> <li>Compliant with conditions</li> <li>Non-compliant</li> <li>N/A</li> </ul> |                         | 3    | All programs    |

CSB reviews Tier 1 standards annually and 2 standards every 4 years. For years when CSB does not review Tier 2 standards, agency staff certifies compliance with both Tier 2 and Tier 3 standards in the 'Certifying Official' column.