**FORM D: SNRP PROGRAM READINESS CHECKLIST**

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| **Legal Business Name:** |  |

Complete the form regarding the readiness of your organization, unless otherwise specified. Please complete the form by marking *Yes* or *No* for each of the items listed below.

*Note:* This checklist is not an exhaustive list of all rules that govern HHSC-funded Family Violence Centers. To ensure your organization can comply with all rules, please review [Chapter 356 of the Texas Administrative Code, Subchapter C, Special Nonresidential Projects](https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=356&sch=C)

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| **Fiscal Readiness** | | |
|  | **YES** | **NO** |
| §356.1001 Does your organization's accounting system that follows Generally Accepted Accounting Principles (GAAP), including: |  |  |
| Records revenue and expenditures |  |  |
| Establishes a chart of accounts |  |  |
| Contains a general ledger and subsidiary ledgers |  |  |
| Supporting documentation that include the following: Receipts or vouchers for revenues, bank statements, journal entry justifications, canceled checks, deposit slips, approved invoices, cost allocation worksheets, leases, contracts, time sheets, inventory, receipts |  |  |
| Identifies all funding sources and expenditures by separate fund type |  |  |
| **Administrative Readiness** | | |
|  | **YES** | **NO** |
| Does your organization have a board of directors that provides oversight and accountability per TAC §356.801? |  |  |
| §356.901 Does your organization have a written internal monitoring system to evaluate:   * The quality of the center's required program participant services; * The accuracy of the fiscal and programmatic documentation; and * Compliance with the policies and procedures |  |  |
| Does your organization have personnel policies that address, at minimum, the information included in §356.1101 as applicable? |  |  |
| §356.1104 Does your organization provide a verbal orientation and training to new employees? |  |  |
| §356.1105 Does your organization provide ongoing training for employees? |  |  |
| §356.1202 Does your organization have written policies and procedures to promote the safety and security of program participants, employees, and volunteers? |  |  |
| §356.1307 Does your organization have written procedures that ensure people with limited English proficiency have meaningful access to the program? |  |  |
| §356.1310 Does your organization have a written general confidentiality policy that meets all the requirements of §356.1310. |  |  |
| §356.1318 Does your organization have policies that prohibit the release of client information, orally or in writing, unless the client completes a properly executed release of information form created by the center? |  |  |
| Does your organization have a release of information form that meets the requirements of §356.1319? |  |  |
| **Program Readiness** | | |
|  | **YES** | **NO** |
| Are you able to provide all required services listed under TAC §356.1401? |  |  |
| §356.1302 Your organization does not charge or solicit contributions or donations in return for services. |  |  |
| §356.1305 Does your organization have eligibility and screening procedures that are based solely on the individual's status as a victim of family violence, without regard to:   * income; * whether the individual contributes, donates, or pays for these services; * gender; or * sexual orientation. |  |  |
| §356.1311 Does your organization provide confidentiality information to clients? |  |  |
| §356.1315 Does your organization maintain client records that only include information necessary for:   * statistical and funding purposes; * establishing goals for intervention and advocacy; * documenting the need for and delivery of services; and * protecting the liability of the center and its employees, contract staff, volunteers, interns, and board members. |  |  |
| §356.1403 Does your program provide a 24-hour-a-day crisis call hotline? *(note: it is not required for SNRP projects to provide a hotline.)* |  |  |
| §356.1403 If yes, does your organization have an employee or volunteer trained in crisis intervention, or who has immediate access to someone who has had this training, answers the crisis call hotline 24-hours-a-day, every day of the year? |  |  |
| §356.1405 Does your organization have an orientation for clients? |  |  |

If you marked “No” for any of the above please explain why, and how you will ensure to comply by the start of the grant.

**FACILITY READINESS**

**Center Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Center Location (City and County): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Complete for each nonresidential center or outreach center facility that SNRP services will be provided within. Please complete the form by marking *Yes* or *No* for each of the items listed below:

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|  | **YES** | **NO** |
| Does your Center have the following: (§356.1901) | | |
| * Private meeting space for individual and group services |  |  |
| * Basic furnishings that are clean and in good repair |  |  |
| * Clearly marked exits |  |  |
| Does your center offer access to bathroom facilities? |  |  |
| Does your center have a security system that is operations 24-hours-a-day that includes an alarm system, outside lighting, and secure locks? (§356.1202) |  |  |
| **Please provide the hours of operation for this facility:** | | |

If you marked “No” for any of the above please explain why, and how you will ensure to comply by the start of the grant.