



**Office of the Governor  
Public Safety Office**

## **Programmatic Monitoring Questionnaire**

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**Agency Name:** [Enter Agency Name]

**Project Title:** [Enter Project Title]

**Grant Number:** [Enter eGrants Grant Number]

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### **Program Activities**

1. Describe your current program activities and whether each has been effective at addressing the problem identified in your eGrants application "Problem Statement".
2. Is the project on track to expend the total awarded amount and, if applicable, meet the matching requirement? Are there currently cost savings in the budget for the project? If so, describe the plan to adjust grant and/or match funds.
3. What obstacles exist that have been problematic in initiating or sustaining grant-funded activity? Indicate any steps you have taken to minimize negative impacts on the grant project.
4. Describe any additional resources, training, or assistance you need to address any problems, delays, or adverse conditions.

### **Program Performance**

1. Describe your process for collecting and reporting **performance** data for this grant. Include in your description: **a)** the method of data collection, **b)** how often data is collected, **c)** who collects the data, **d)** how data is verified prior to submitting it, and **e)** how you ensure deadlines are met.
2. Describe how performance measure results are used internally within your organization. This could include such purposes as assisting with planning, measuring success, and/or informing service adjustments.
3. Describe the progress your agency is making toward meeting the program goals, performance objectives or measures, and/or milestones outlined in your grant.
4. Describe any features or outcomes of this program that you have had particular success with or that you think might benefit other agencies to know about.

## Required Notifications

1. Have you received any grant-related public information requests (PIRs)? If yes, was [HSGD or CJD] notified?
2. Are you aware of any **potential criminal or civil violations** (including misappropriation of funds, fraud, theft, embezzlement, forgery, or any other serious irregularities indicating noncompliance with grant requirements) within the last three years?  
If yes:
  - a. Provide a brief summary.
  - b. Have you notified the local prosecutor's office of any potential criminal violations?
  - c. Have you provided copies of any demand notices, subpoenas, law suits, or indictments to the Office of the Governor? If no, upload copies to the Monitoring tab of your grant.
3. Is any officer, director, owner, partner, principal investigator, or other person with management or supervisory responsibilities related to this grant **presently indicted for or otherwise criminally or civilly charged** by a governmental entity (federal, state, or local) with commission of fraud, theft, embezzlement, forgery, or any other serious irregularities indicating noncompliance with grant requirements?  
If yes:
  - a. Provide a brief summary of the circumstances.
  - b. Have you provided copies of any demand notices, subpoenas, law suits, or indictments to the OOG? If no, upload copies to the Monitoring tab of your grant.

## Civil Rights

1. How does your agency notify **employees** that the program does not discriminate, and how to file a complaint alleging discrimination, on the basis of race, color, religion, disability, nationality, sex, English proficiency, or age and, if funded by the Violence Against Women Act (VAWA), sexual orientation or gender identity?
2. How does your agency notify **individuals that participate in (or benefit from)** grant activities that the program does not discriminate, and how to file a complaint alleging discrimination, on the basis of race, color, religion, disability, nationality, sex, English proficiency, or age and, if funded by the Violence Against Women Act (VAWA), sexual orientation or gender identity?
3. Describe any steps taken to provide meaningful access to your programs and activities to persons who have limited English proficiency (LEP). *Note: Individuals with LEP include those whose primary spoken or written language is something other than English (including, but not limited to, Cantonese, Spanish, Arabic, Hindi, Bengali, Portuguese, Russian, Japanese, German, or Sign Language).*
4. During the past 3 years, has the grantee been accused of discrimination or have there been any court or administrative agency findings of discrimination on the grounds of race, color, national origin, sex, age, disability, religion, and/or familial status? If yes, how, when, and to whom did you provide a list of all such proceedings, pending or completed, including outcome and copies of settlement agreements?
5. [CJD FEDERAL ONLY] Has your agency submitted an EEOP Certification Form to the Office for Civil Rights (OCR) certifying compliance with the EEOP requirements? If so, on what date did your agency submit the EEOP Certification Form? *Note: even agencies exempt from EEOP requirements must submit a certification claiming the exemption.*

6. **[CJD ONLY]** Describe any policies or efforts undertaken by your agency to ensure compliance with the Equal Treatment for Faith-Based Organizations guidelines. Specifically, describe efforts undertaken to ensure the program funded by your grant is **a)** not engaged in inherently religious activities and **b)** that the program does not discriminate against program participants and/or vendors on the basis of religion or religious belief.

## **Agency Operations**

1. List the sources from which you have earned or could potentially earn income as a direct result of grant-funded activities. (For example, fees collected from program participants, seized property or cash resulting from a law enforcement project in which grant-funded staff participated, and/or fees associated with other activities involving grant-funded staff).
2. Will the agency be able to meet the outstanding Conditions of Funding? Provide an anticipated timeline for meeting the outstanding conditions and/or any explanation related to delays or inability to meet the condition(s).
3. Explain the circumstances and any actions your agency has taken, or plans to take, to address the situation that resulted in the Vendor Hold (VH). Provide an anticipated timeline for clearing the VH and/or any explanation related to delays or inability to clear the VH.
4. **[County, municipal government, or institution of higher education that operates a law enforcement department only]** Since your project period began, has your department participated fully in all aspects of the programs and procedures utilized by the U.S. Department of Homeland Security (DHS) to **(1)** notify DHS of all information requested by DHS related to illegal aliens in the custody of the department, and **(2)** detain such aliens in accordance with requests by DHS?
5. **[County, municipal government, or institution of higher education that operates a law enforcement department only]** Since your project period began, has your department had any policy, procedure, or agreement that limits or restricts the department's full participation in all aspects of the programs and procedures utilized by DHS to **(1)** notify DHS of all information requested by DHS related to illegal aliens in the custody of the department, and **(2)** detain such aliens in accordance with requests by DHS?
6. **[County, municipal government, or institution of higher education that operates a law enforcement department only]** Since your project period began, is your agency in compliance with all provisions, policies, and penalties found in Chapter 752, Subchapter C of the Texas Government Code?
7. **[NON-PROFIT ONLY]** Upload a copy of your agency's fidelity bond (sometimes called an honesty bond or employee dishonesty insurance) covering grant funds, including any match.
8. **[HSGD FEDERAL ONLY]** Does the agency have a current Emergency Management Plan? If yes, is the agency the primary or is the agency a member of another agency's plan? If another agency's plan, provide that agency's name.

## **Personnel**

1. Describe how the agency ensures grant-funded compensation (both regular pay and overtime pay) to employees is consistent with agency compensation for employees conducting similar work. If there are no existing agency employees conducting similar work, demonstrate how the compensation is comparable to that paid for similar work in the labor market in which your agency competes for the kind of employees involved.

2. Are grant funds used to pay for overtime? If yes, describe your agency's policy for compensating staff for both grant-funded as well as non-grant-funded overtime.
3. Upload a copy of the agency's overtime policy.
4. Upload copies of timesheets and activity reports (or periodic certifications) [and job descriptions (CJD ONLY)] for the last three completed pay periods for the following grant-funded personnel position(s):

Personnel Position: [Enter Selected Personnel Position]

Personnel Position: [Enter Selected Personnel Position]

Personnel Position: [Enter Selected Personnel Position]

## Travel and Training

1. Describe your agency's approved travel policy, including the reimbursement rates for per diem, mileage, hotels, airfare, and rental cars. Also describe your agency's travel approval process. If your agency does not have a travel policy that was approved by your Governing body, explain why.
2. List the grant-funded trainings that have been attended and describe their benefit to the grant project. Would you recommend any of the trainings attended to other grantees with similar projects?
3. Describe how you verify the actual attendance of employees at grant-paid training events.
4. Upload copies of any written travel policies for your agency and rosters, certificates, or other documents that substantiate attendance at grant-paid training events.

## Contractual

1. Provide the name and title of the person responsible for monitoring contracts.
2. Describe how contractors are held accountable, how deliverables are tracked, and how you ensure that appropriate costs are charged to the grant.
3. Are contracts for grant-funded professional services in writing and are they signed by the vendor and agency management? If no, explain why.
4. Explain how your agency ensures that employees, officers, or agents with either a real or apparent conflict of interest DO NOT participate in the selection, award, and administration of contracts.
5. Explain how you review vendor/subcontractor entity information to determine and document whether a vendor/subcontractor is debarred, suspended, proposed for debarment, or declared ineligible or voluntarily excluded by a federal department or State agency and that the vendor/subcontractor does not have any active "Exclusions".
6. Upload copies of any written policies or standards of conduct relating to preventing conflicts of interest and governing the actions of employees engaged in the selection, award, and administration of contracts.
7. Upload copies of invoices for Contractual or Professional Services that support the purchase of the following service(s) through the period ending [Enter FSR Period]. On each invoice, next to the service rendered with grant funds, include the amount paid through the grant. *Note: The sum of the noted amounts from the invoices paid through the grant should reconcile to the cumulative amount reported as expended in your [Enter FSR Period] Financial Status Report to the OOG.*

Contractual line item: [Enter selected contractual line item]  
Expenditures reported: [Enter expenditures reported by grantee on FSR]

Contractual line item: [Enter selected contractual line item]  
Expenditures reported: [Enter expenditures reported by grantee on FSR]

Contractual line item: [Enter selected contractual line item]  
Expenditures reported: [Enter expenditures reported by grantee on FSR]

## Equipment

1. Explain how the project is using the grant funded equipment.
2. Has all equipment purchased with grant funds been opened, inspected, and readied for deployment within 90 days of receipt?
3. When was the last time your agency performed a physical inventory of equipment and reconciled it against property records? How often is this reconciliation occurring?
4. Explain any safeguards in place to prevent loss, damage, or theft of the equipment.
5. Explain any maintenance procedures in place to keep the equipment in good condition.
6. Upload a copy of your current inventory list that shows grant-funded equipment. A description of each required element may be found in the General FAQs.
7. Upload copies of Equipment invoice(s) that support the purchase of the following item(s) through the period ending [Enter FSR Period]. On each invoice, next to the item purchased with grant funds, include the amount paid through the grant. *Note: The sum of the noted amounts from the invoices paid through the grant should reconcile to the cumulative amount reported as expended in your [Enter FSR Period] Financial Status Report to the OOG.*

Equipment Line Item: [Enter Selected Equipment Line Item]  
Expenditures Reported (i.e. Total of Invoices): [Enter Amount Reported by the Grantee]

Equipment Line Item: [Enter Selected Equipment Line Item]  
Expenditures Reported (i.e. Total of Invoices): [Enter Amount Reported by the Grantee]

Equipment Line Item: [Enter Selected Equipment Line Item]  
Expenditures Reported (i.e. Total of Invoices): [Enter Amount Reported by the Grantee]

## Fund Specific/Special Teams

### Federal HSGP grants only

1. Describe how the jurisdiction ensures personnel utilize the [Choose one or more of the following: HAZMAT, SWAT, EOD/Bomb Squad team, OR search and rescue team (i.e. swift water, ropes, collapse, etc.)] equipment in accordance with mandatory and applicable standards and training requirements. [If EOD/Bomb Squad] Upload a copy of the FBI accreditation certification.
2. Provide the date the Citizen Corps (CCP) or Community Emergency Response Team (CERT) program was registered and the date of the most recent annual update.

3. Explain how the planning and implementation of the exercise is/will be consistent with the following Homeland Security Exercise and Evaluation Program (HSEEP) fundamental principles: Guided by elected and appointed officials, Capability-based and objective driven, Progressive planning approach, whole community integration, and Informed by risk. Briefly describe your After Action Report/Improvement Plan (AAR/IP) or plans to complete the AAR/IP, whether the plan was shared with the Texas Department of Emergency Management (TDEM), and how you track improvements. For more information on HSEEP principles see:  
[https://www.preptoolkit.org/documents/1269813/1269861/HSEEP\\_Revision\\_Apr13\\_Final.pdf/65bc7843-1d10-47b7-bc0d-45118a4d21da](https://www.preptoolkit.org/documents/1269813/1269861/HSEEP_Revision_Apr13_Final.pdf/65bc7843-1d10-47b7-bc0d-45118a4d21da).
4. [If this award is to a City, County, or COG] Describe how your organization has achieved or is actively working to achieve each of the NIMS implementation objectives. Provide the name, phone number, and email address of the NIMS POC. Upload a copy of the agency's official NIMS training guidance.

### **Victims of Crime Act (VOCA) grants only**

1. Does your agency use volunteers? If no, explain why. If yes, what types of services are volunteers providing?
2. How are volunteers recruited, screened, and trained? Attach copies of screening policies and training curriculum and policies.
3. List any resources your program utilizes to implement best practices/evidence-based practices. Which ones have you found particularly useful for the purposes of the grant project?

### **Violence Against Women Act (VAWA) grants only**

1. Does your agency serve male victims of domestic violence, dating violence, sexual assault, and stalking? If yes, under what circumstances.
2. Describe how your agency accommodates victims who cannot be provided with any sex-segregated or sex-specific services your agency offers.
3. Does your agency serve children under the age of 11? If yes, under what circumstances?
4. Describe any collaborations that exist through the grant project between your agency and other victim service providers, law enforcement, or prosecution agencies.

### **Specialty Court grants only**

The remainder of the questionnaire outlines the "essential characteristics" of a Drug Court, Family Drug Court, Veterans Court, Mental Health Court, Commercially Sexually Exploited Persons Court (CSEP) and Public Employees Treatment Court. Each element contains a statement generally describing criteria essential to specialty court programs and requests documentation to support your court program's administration of the applicable essential characteristics as defined in Chp. 122-126, and 129 of the Texas Government Code.

1. An essential characteristic of Specialty Courts require the integration of alcohol and other drug treatment services, mental illness treatment, and other services in the processing of cases in the judicial system or civil cases in the child welfare system with the goal of family reunification.
  - a. Provide a copy of the drug/alcohol testing policy.

- b. Family Drug Courts should also provide eligibility criteria and screening procedures for participants.
  - c. CSEP courts should also include participant's access to information, counseling, and services.
2. How does your court program practice the use of a nonadversarial approach involving prosecutors and defense attorneys to promote public safety and to protect the due process rights of program participants?
  - a. Provide a list of the Drug Court Team and their assigned role.
  - b. Family Drug Court Teams should include role and involvement of Department of Family and Protective Services caseworkers, court-appointed managers, and court appointed special advocates to rehabilitate a parent who has had a child removed from parent's care;
  - c. Veterans Courts should include whether or not their court involve members of the participant's family who agree to be involved in the treatment and services provided to the participant under the program.
3. Does your court have a procedure that allows for early identification and prompt placement of eligible participants in the program? Include in your response a description of the participant intake process to include average wait time, screening tools, and referral sources. Provide a copy of the participant handbook that includes the orientation process.
4. How does your court program provide access to a continuum of alcohol, drug, and other related treatment and rehabilitative services? Include in your response a list of all direct service providers and explain participant accessibility to these services.
5. How does your court program monitor abstinence of participants through weekly alcohol and other drug testing? Explain abstinence monitoring process to include types of substances tested, schedule of testing, and sanctions for non-compliance.
6. Does your court have a risk-based incentives and sanctions program to respond to specific behaviors of the participants? Provide a copy of the program rewards/sanctions policy.
7. How does your court ensure ongoing judicial interaction with program participants? Describe the process and frequency of status hearings during initial phases of program and subsequent phases.
8. How does your court program monitor and evaluate program goals and effectiveness? Does your program gather information through an automated system that can provide timely and useful reports? If an automated system is not available how does your agency collect manual data and generate reports?
9. Describe how your court program continually obtain interdisciplinary education to promote effective program planning, implementation, and operations?
  - a. Provide the list of training, continuing education, professional development, or certifications received by member of the court team in the last 12 months.
  - b. Describe your formal orientation training on your court model and best practices for new staff.
10. Describe your court program's partnerships with public agencies and community organizations. Provide any memorandum of understanding, cooperative working agreement, or any other form of partnership with key stakeholders in the community. If the agreements are informal, explain or describe the partnerships.

11. Explain how the grant officials communicate with the specialty court team about how to fully utilize OOG budgeted funds and/or if adjustments to budget are needed? How often does this occur? Is the court team consulted on unexpended funds and availability of funds?

### **RSAT grants only**

1. Describe the program's intake, screening and assessment processes. List what validated assessment tool(s) are used to conduct assessments.
2. Describe how your program includes treatment practices/services that are evidence-based and develop participants' cognitive, behavioral, social, vocational, and other skills to facilitate recovery for substance use/abuse and other related issues. Provide a list of all direct service providers and a copy of a program handbook or manual that describes treatment practices used.
3. Does your program include treatment modalities and services that are responsive to a diverse participant population, have therapeutic communities, and includes cognitive behavioral therapy? Provide a copy of your treatment programming which describes how treatment plans are assessed and continually modified to meet changing needs of participants and includes planning for transition back into the community. Provide list of treatment and social services available to participants. Explain how trauma informed or trauma specific services are provided to participants.
4. Does your program conduct periodic drug and/or alcohol testing? Provide a copy of the drug/alcohol testing policy.
5. Provide a copy of your written procedure for ensuring that participants obtain any health insurance plan for which they are eligible and plans for providing care coordination services to individuals upon release from jail or prison.
6. Does your program have a balance of rewards and sanctions to encourage pro-social behavior and treatment participation? Provide a copy of your program rewards/sanctions policy.
7. Do treatment and security staff receive training about substance and alcohol use disorders, trauma and mental illness as well as specific training about the RSAT program itself? Please provide the list of training, continuing education, professional development, or certifications received by staff.
8. Describe your program's continuity of care for drug abusers re-entering the community. What process does your agency have to ensure that participants successfully exiting the residential program are linked with community-based aftercare services?
9. Does your program conduct independent evaluations to determine how your outcome measures compare to other programs? Is it collected timely and include reliable data entry to make adjustments to improve participant outcomes? Describe program's process to monitor effectiveness of program. Does your program gather information through an automated system that can provide timely and useful reports? If an automated system is not available how does your agency collect manual data and generate reports?