Submit by Email

Basic Standards for Non-Profit Organizations

FULTON COUNTY

Fulton County
Human Services Department

Basic Standards

Basic Standards is a quality measurement tool developed by the Fulton County Human Services Department that identifies the minimum requirements all agencies must meet in order to be considered for Human Services and **FRESH** Grant funding.

The Basic Standards tool covers the areas of:

√*administration;*
√*fiscal management;*
√*food service;*
√*medical;*
√*personnel;*
√*safety and environment;*
√*program operations/procedures.*

Following completion of the Basic Standards Study for Human Services Programming, return this study along with all attachments to:

Basic Standards-Administrator
Fulton County Human Services Department
115 MLK Jr. Drive, Suite 400
Atlanta, GA 30303

An assigned staff person will contact your agency following the submission of your completed Basic Standards Study and will schedule an organization site visit.

Basic Standards

Name of Organization: _____

☐ Check here if this Basic Standards application is for multiple sites.

Program Name: _____

Contact Person: _____

Phone Number: _____

E-mail: _____

Basic Standards

These indicators represent the basic standards required for non profit organizations applying for FRESH or Fulton County Human Services Grant funding. Organizations must have an acceptable rating to be considered for funding. An acceptable rating is defined as 100% compliance of the indicators that are applicable to your organization/ program. Meeting these standards does not guarantee funding.

Yes = Acceptable -indicates your organization has this practice in place;
No = Unacceptable -indicates your organization does not presently have this practice in place but is working towards it;
N/A=Non-Applicable-indicates that the standard does not apply to your organization's scope of services.
◙ - *Denotes standard will be reviewed/discussed during agency site visit*
√ - *Agency must provide attachment*
The Basic Standards Book was adapted from the Georgia Coalition to End Homelessness, Inc./Quality Enhancement Standards Assessment Tool.

A	ADMINISTRATION	Y= Yes N= No N/A = (Non-Applicable)	Agency Comments Answers of (No) or (NA) Should include brief explanation.	For office use only
√1.	**Non Profit Status** -Organization is recognized by the Internal Revenue Service as non-profit and tax exempt under Section 501 (c) 3 of the Internal Revenue Code. Organization has a copy of the organization's Certificate and Articles of Incorporation from the Secretary of State on file			
√2.	**Non-Discrimination Policy-**Organization must not discriminate on basis of race, religion, age gender, disability, family status, national origin, or sexual orientation: nor require religious participation			
√3.	Board of Directors - meet quarterly **(minimum)**; minutes maintained for at least 1 year			
√4.	**Policy/Mission Statement** - lists of purpose (s) &/or mission statement; program description are kept on site			
√5.	**Organization meets** all applicable state and local regulatory, licensure and permit requirements.			
√6.	Rights and Responsibilities **-** procedure in place to make known to clients their rights and responsibilities			
◙7.	**Storage Space** - HIPPA compliant			
√8.	**Code of Ethics**- policy written and workers have access to it			

B	FISCAL MANAGEMENT	Y= Yes N= No N/A = (Non-Applicable)	Agency Comments Answers of (No) or (NA) Should include brief explanation.	For office use only
√1.	**Financial Reporting Practices** - has policy to subm quarterly reports, including income & expenses, to Board of Directors			
√2.	**Independent Bi-Annual Audit** - Organization main tains a recent audit (every 2 years) conducted by a Certifie Public Accountant. This must be a full certified audit that includes an independent Auditor's Report, expressing an opinion regarding all pertinent aspects of the organization's finances			
√3.	**Financial Practices & Budget Approval** - has process to monitor activities consistent with sound financial practices; budget has Board approval and monitor-ing			
√4.	**Conflict of Interest** -policy in effect as recommended by Georgia Center for Nonprofits			
C	**FOOD SERVICE (if applicable)**			
√1.	**USDA Recommendations** - has policies consistent with USDA recommendations(http://www.fsis.usda.gov/Home/index.asp)			
D	**MEDICAL**			
√1.	**Medical emergency** - has written procedure for all staff to handle a medical emergency or death			
√2.	**Emergency Telephone Access** - all staff on duty should have access to a phone and emergency numbers			
√3.	**First Aid & CPR** - has at least one person on each shif who is currently certified in both areas; certifications must be kept up to date; certification paperwork must be kept on file medical supplies are adequate & available to staff at all time			

D	MEDICAL (CONT'D)	Y= Yes N=No N/A= (Non-Applicable)	Agency Comments Answers of (No) or (NA) Should include brief explanation.	For office use only
√4.	**Referrals**-policy to refer clients to medical providers			
√5.	**Drug Free** workplace policy / written policy and procedures (must be posted)			
√6.	**Illness & infectious disease policy/Universal precautions** - written policy & procedures to include universal precautions			
◙7.	**Locked Storage**- location for all medications			
√8.	**Medicine Policy** - has policies & procedures for staff & clients that covers alcohol, controlled substances, prescriptions and over the counter drugs			
◙9.	**Clearly Marked Building** - street number should be easily visible and accessible to emergency services			
√10.	**Mental Health Issues** - policy for treatment & /or referrals			
E	**PERSONNEL**			
√1.	**Organizational Chart & Job Description** - has description of responsibilities & qualifications for staff job positions			
√2.	**Personnel Policies** - Policies are in effect and comply with EEOC			
√3.	**Adequate, Trained Staff** - meeting all local and state requirements			
√4.	**Staff Development** - All staff is properly trained with access to continued education and training; maintains updated professional certifications and/or licenses as appropriate or required			
√5.	**Trained Staff** - Staff should be trained in emergency evacuation; operating procedures; mandatory reporting requirements; confidentiality & ethics. (See recommended training tiers)			

	PERSONNEL (cont'd)	Y= Yes N=No N/A= (Non-Applicable)	Agency Comments Answers of (No) or (NA) Should include brief explanation.	For office use only
6.	**Volunteer** - (if applicable) has established procedures for selection & training of all volunteers, including providing job descriptions, assignment-specific training, confidentiality and ethics training (where applicable) and pre-training recommended for food handling and health related areas			

RECOMMENDED TRAINING TIERS:

TIER I: *CPR, Fire Safety, First Aid, Confidentiality, Ethics, Basic Food Handling (kitchen staff/workers), & Universal Precautions (core training for all organizations)*

TIER II*: Database Information Systems/ Handling; Diversity Training, Domestic Violence, HIV/AIDS & STD's; Mental Illness; Substance Abuse; Anger Management; Best Practices Case Management; Non-Violent Restraint; Resource Sharing.*

F	SAFETY AND ENVIRONMENT	Y= Yes N=No N/A= (Non Applicable)	Agency Comments Answers of (No) or (NA) Should include brief explanation.	For office use only
√1.	**General Safety** - has general safety policy(ies); has staff on each shift with knowledge of policy			
√2.	**Transportation** - (if applicable) - has maintenance plan & log for use of all vehicles; organizations have appropriate insurance for vehicles, drivers & passengers; drivers have appropriate licensing; meets state requirements			
◙3.	**Fire Safety** - has fire safety plan(s) posted that are easily read & understood, & located in multiple strategic sites (as designated by Fire Department); has regularly scheduled maintenance on smoke/fire detectors; performs periodic checks of all exits for accessibility and clarity of marking; conducts fire drills at least quarterly (if applicable) for transitional & extended stay housing, & monthly for emergency housing; provides staff training and requires participation in all drills (provide list of staff who are trained to handle portable fire extinguishers along with fire safety plan). Facility must possess a current Fire Department Inspection Form			
◙4.	**Emergency evacuation plan**-clearly marked & posted plan that includes chain of authority			
◙5.	**Emergency Phones**- has phones available to all staff that are clearly marked with appropriate emergency numbers			

F	SAFETY AND ENVIRONMENT (cont'd)	Y= Yes N=No N/A = (Non-Applicable)	Agency Comments Answers of (No) or (NA) Should include brief explanation.	For office use only
√6.	**Weapons** - has written policy regarding weapons, which includes what is considered a weapon and handling procedures.			
√7.	**Nonviolence policy** - has written non-violence policy to include procedures for staff training			
√8.	**Maintenance** - has a plan for periodic check of equipment, fixtures, & furniture; keeps maintenance supplies available for staff; has process to order additional as needed; has plan for maintenance requests & procedures			
√9.	**Facility must possess** a current Elevator Inspection form			
√10.	**Facility must possess** current Health Department Inspection form (if applicable)			
√11.	**Facility must possess** current Child Care Facility Inspection form (if applicable)			
√12.	**Facility must possess** current Fire Department Inspection Form.			
√13.	**Ventilation** - has timely inspection of ventilation/ heating system of building (s); maintenance persons have access & plan for maintenance			
◙14	**Lighting** - bathrooms & halls are adequately lit (with emphasis on safety); has adequate lighting inside & outside of building (s); all light fixtures are in good working condition			
◙15	**ADA Accessible** - organization is accessible or plans to meet Americans with Disabilities Act (ADA); exempt agencies have available documents of ex-emptions, and are encouraged to provide and/or work toward more accessibility			
◙16	**Program ensures and monitors** safe and secure access to the facility.			

G	PROGRAM OPERATIONS AND PROCEDURES	Y= Yes N= No N/A = (Non Applicable)	Agency Comments Answers of (No) or (NA) Should include brief explanation.	For office use only
√1.	**Basic Needs & Referrals to Community Services** - has staff on each shift with knowledge of community resources to make referrals if organization cannot provide the services			
√2.	**Intake Policies & Procedures** - has written policy available (posted) for procedures of admission & intake; each shift has person available with working knowledge of policies and procedures			
√3.	**Attendance List** - has daily procedure & staff person to collect: name, age, sex; assure confidentiality based on written code of ethics referrals, where applicable			
√4.	**Program has written rules & regulations available-**customer manual posted or given to each participant; changes are given to participants; has participant-signed copy of participants Rights & Responsibilities in participant file			
√5.	**Program has an established policy** pertaining to Incident Reports (included in customer manual)			
√6.	**Program Accountability** - each organization program has listed goals & objectives; each program has means for monitoring for progress measurement; & for evaluating program success.			
√7.	**Disciplinary & Grievance Policy** - has written participant disciplinary & grievance procedures available (posted or given to each participant).			
◙8.	**Participant Suggestions** - has anonymous process for participants to make suggestions (posted or given to each participant) for all participants and staff.			
√9.	**Any other licenses or certifications?** (Please list in comment section)			

Basic Standards

SIGNATURE PAGE

Please have the appropriate personnel sign this document.

To the best of my knowledge, the information provided is accurate:

_____ _____

Signature of Chair, Board of Directors **Date**

_____

Name of Chair, Board of Directors

_____ _____

Signature of other Authorized Agency Representative **Date**

_____

Name and Title of Authorized Agency Representative

_____

Name of Program or Organization referenced in Assessment Tool

_____ _____

Signature of Human Services Staff member conducting assessment **Date**

_____

Name of Human Services Staff member conducting assessment

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