



Governance (GOV)

2026 Updates for Private and Canadian Organizations

Purpose

The organization's governing body is sufficiently active, capable, and diverse to guide, plan, and support the achievement of the organization's mission and goals.

Introduction

COA [Accreditation](#)'s Governance standards reflect how excellence develops over time in non-profit organizations. The standards address several key concepts found in the literature on effective, non-profit leadership including, but not limited to, evidence of an association between the leadership and culture of a human service organization and the achievement of positive outcomes for the people and communities it serves. The standards outline the responsibilities of agency leadership to foster a culture of [curiosity, strategic foresight, proactive and reflective decision-making](#), transparency, accountability, and [responsiveness to community needs, responsiveness](#).

EAP Interpretation: *In the context of Employee Assistance Program (EAP) services, the community, as used in these standards, is defined more specifically as the host or customer organization, subcontracting organizations, and the covered individuals eligible to receive services from the EAP. It can also be defined by the customer organizations' workplace demographics.*

Note: COA [Accreditation](#)'s Governance standards do not apply to for-profit organizations. For-profit organizations should refer to COA [Accreditation](#)'s Administration and Financial Management (AFM) standards.

Note: Throughout this document, the term Chief Executive Officer (CEO) is defined to include varying titles for the head of an organization, such as President/CEO and Executive Director. In smaller organizations, the individual fulfilling this role may have other designations, such as Operating Manager, Program Director, or Program Officer.

Note: Please see the [GOV Reference List](#) for the research that informed the development of these standards.

Note: ~~For information about changes made in the 2020 Edition, please see [GOV Crosswalk](#). See also [ETH Private Crosswalk](#) for Ethical Practice standards that are now found in GOV.~~

GOV 1: Mission

The organization's mission:

- a. is responsive to the needs and aspirations of the community;
- b. indicates the purpose of the organization;
- c. guides the organization's strategic direction, administrative operations, and service delivery~~delivery of services~~; and
- d. serves as a benchmark of organizational effectiveness.

Table of Evidence		
Standard Code	Evidence Type	Description
GOV 1	On-Site Activities	<ul style="list-style-type: none"> • Interviews may include: <ol style="list-style-type: none"> 1. Governing body members 2. Relevant personnel • Network interviews may include: <ol style="list-style-type: none"> 1. Network providers
<u>GOV 1</u>	<u>On-Site Evidence</u>	<ul style="list-style-type: none"> • <u>Documentation for 2-3 examples of mission-informed operational or service delivery decisions (e.g. board meeting minutes)</u>
GOV 1	Self-Study	<ul style="list-style-type: none"> • See mission statement provided during application

Rating Indicators	
Rating	
1	The organization's practices reflect full implementation of the standard.
2	<p>Practices are basically sound but there is room for improvement, e.g.,</p> <ul style="list-style-type: none"> • The mission statement is in effect and is being used to guide decision making across the organization, but <u>the purpose is not clear and could be strengthened. it needs updating and is currently under review by the organization's governing body.</u>

Rating Indicators	
Rating	
3	<p>Practice requires significant improvement, e.g.,</p> <ul style="list-style-type: none"> The mission statement is unclear, poorly written, or outdated and as a result, it has limited use in setting the organization's strategic goals or guiding organizational decisions; or Provision of human services are not identified as a major component or focus of the organization.
4	<p>Implementation of the standard is minimal or there is no evidence of implementation at all; e.g.,</p> <ul style="list-style-type: none"> There is no written mission statement or the organization's practices and services conflict <u>are at odds</u> with its <u>stated</u> mission.

GOV 2: Strategic and Annual Planning

The organization engages in an inclusive long-term strategic planning process, and annually conducts short-term planning ~~to, in~~ support ~~of~~ its mission.

~~NA The organization is a network management entity.~~

Note: Please see the [Governance Standards Tool Kit - Strategic Plan Template](#) for additional guidance on this standard.

Table of Evidence		
Standard Code	Evidence Type	Description
GOV 2	On-Site Activities	<ul style="list-style-type: none"> Interviews may include: <ol style="list-style-type: none"> CEO CFO Governing body Senior management Relevant personnel

Table of Evidence		
Standard Code	Evidence Type	Description
GOV 2	On-Site Evidence	<ul style="list-style-type: none"> • <u>Governing Body and/or committee meeting minutes where mission fulfillment and strategic planning were discussed</u> • <u>Documentation of staff involvement and/or communication regarding the strategic plan</u>
GOV 2	Self-Study	<ul style="list-style-type: none"> • Strategic and annual planning procedures
GOV 2	Self-Study	<ul style="list-style-type: none"> • Long-term sStrategic plan
GOV 2	Self-Study	<ul style="list-style-type: none"> • Review of <u>external environment, including community service population</u> demographics
GOV 2	Self-Study	<ul style="list-style-type: none"> • Assessment of strengths and weaknesses<u>opportunities</u>
GOV 2	Self-Study	<ul style="list-style-type: none"> • Annual plans
GOV 2	Self-Study	<ul style="list-style-type: none"> • Values-based<u>Equity</u> statement

Rating Indicators	
Rating	
1	The organization's practices fully meet the standard, as indicated by full implementation of the practices outlined in the GOV 2 Practice standards.
2	Practices are basically sound but there is room for improvement, as noted in the ratings for the GOV 2 Practice standards.

Rating Indicators	
Rating	
3	Practice requires significant improvement, as noted in the ratings for the GOV 2 Practice standards.
4	Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the GOV 2 Practice standards.

FP GOV 2.01

Long-term strategic planning responsibilities of the governing body include:

- a. monitoring progress toward fulfilling the mission;
- b. envisioning and setting the organization's strategic direction; and
- c. supporting inclusive, management-directed, ~~organization-wide~~, long-term planning at least every ~~five~~four years.

Interpretation: *Organizations may use a policy governance model to demonstrate that the governing body has developed the organization's broad vision and provided oversight to the ~~long-term~~operational planning activities conducted by management. The governing body need not conduct these planning activities itself.*

Interpretation: *COA Accreditation acknowledges that long-term strategic planning timelines may vary based on several factors including organization size, populations served, and the organization's specific goals; however, the recommended timeframe for strategic planning is between three to five years.*

FEC Interpretation: *For credit counseling organizations long-term planning must occur every ~~2-3~~ years.*

Rating Indicators	
Rating	
1	The organization's practices reflect full implementation of the standard.
2	Practices are basically sound but there is room for improvement; e.g., <ul style="list-style-type: none"> • One of the elements is not fully addressed.
3	Practice requires significant improvement; e.g.,

Rating Indicators	
Rating	
	<ul style="list-style-type: none"> • Governing body involvement in the planning process is minimal; however, it does review and approve the long-term plan; or • Long-term planning has not been done in more than four<u>five</u> years; or • One element is not addressed at all.
4	<p>Implementation of the standard is minimal or there is no evidence of implementation at all; e.g.,</p> <ul style="list-style-type: none"> • The governing body is not involved in the long-term planning process nor does it review or approve the plan; or • Long-term planning has not been done for more than five<u>six</u> years. • The strategic plan is wholly inadequate or nonexistent.

FP GOV 2.02

The ~~governing body reviews organization has a long-term strategic planning process that includes and approves the long-term strategic plan to ensure that it encompasses:~~

- a. ~~a review of the reviewing its organization's purpose or~~ mission, values, and mandates, ~~and strategic direction;~~
- b. ~~a review of reviewing the demographics of its defined service population;~~
- b. ~~an assessment of assessing internal~~ strengths and ~~areas for opportunity~~ weaknesses;
- c. ~~reviewing its external environment, including community demographics, and its effect on the organization;~~
- d. ~~setting realistic,~~ measurable goals and objectives that ~~flow from its purpose support fulfillment of its mission~~ and mandated responsibilities; ~~and~~
- e. ~~identifying~~ appropriate strategies ~~and activities~~ for meeting identified goals, including the need to redirect, eliminate, or expand services to respond to changing community demographics and the needs of persons served; ~~and~~
- e.f. ~~identifying making decisions regarding the proper allocation of resources necessary to support the identified goals.~~

EAP Interpretation: ~~In an EAP the demographic profile is representative of its customer base.~~

Interpretation: In regard to element (c), for organizations that do not provide services to the public, such as EAPs, demographic information should be representative of its customer base.

Examples: To enhance its assessment, organizations can draw upon the findings of other external needs assessments, such as those conducted by the United Way, municipal planning boards, universities, or other organizations with a community-wide focus.

Examples: Organizations may utilize a SWOT analysis as a tool to determine the organization's strengths, weaknesses, opportunities, and threats, considering both internal and external factors.

Rating Indicators	
Rating	
1	The organization's practices reflect full implementation of the standard.
2	<p>Practices are basically sound but there is room for improvement; e.g.,</p> <ul style="list-style-type: none"> • One of the elements is not fully addressed <u>implemented</u>; or • The review of service population demographics did not include all populations served or geographic locations; or • The strategy (element (ef)) for meeting one or two of the identified long-term goals needs greater specificity.
3	<p>Practice requires significant improvement; e.g.,</p> <ul style="list-style-type: none"> • One of the elements is not addressed at all; or • The mission has not been reviewed for more than four years; or • The organization did not review the demographics of its service population; or • Identified goals and objectives are vague; or • Most identified goals and objectives are not measurable; or • Strategies for meeting identified goals are cursory and do not provide a sufficient framework for success or implementation; or • Governing body involvement in the planning process is minimal, however it does review and approve the long term plan; or • Long term planning has not been done in more than four years.

Rating Indicators	
Rating	
4	<p>Implementation of the standard is minimal or there is no evidence of implementation at all; e.g.,</p> <ul style="list-style-type: none"> • Two of the elements are not addressed at all; or • The governing body is not involved in the long-term planning nor does it review or approve the plan; or • Long-term planning has not been done for more than five years; or • The strategic plan is wholly inadequate or nonexistent.

FP GOV 2.03

The organization involves staff at all levels of the organization in an inclusive and organization-wide strategic planning process by:

- a. providing a variety of opportunities for staff to participate in the development or review of a strategic plan, as appropriate to their role and availability;
- b. ensuring the strategic plan is clearly communicated to all staff;
- c. ensuring staff understand the organization's priorities and how their role contributes to the organization's purpose and strategic plan; and
- d. providing additional training and support as needed.

Examples: In regard to element (a), the organization can provide opportunities for staff involvement by: (a) conducting staff interviews or focus groups, (b) soliciting feedback through surveys, and (c) forming diverse strategic planning groups including both members of management and direct service staff.

<u>Rating Indicators</u>	
<u>Rating</u>	
<u>1</u>	<u>The organization's practices reflect full implementation of the standard.</u>
<u>2</u>	<p><u>Practices are basically sound but there is room for improvement; e.g.,</u></p> <ul style="list-style-type: none"> • <u>One element is not fully implemented.</u>

<u>3</u>	<p><u>Practice requires significant improvement; e.g.,</u></p> <ul style="list-style-type: none"> • <u>One element is not addressed at all.</u>
<u>4</u>	<p><u>Implementation of the standard is minimal or there is no evidence of implementation at all; e.g.,</u></p> <ul style="list-style-type: none"> • <u>Two elements are not addressed at all.</u>

FP GOV 2.034

The organization ~~develops and implements~~ the strategic plan by: an annual plan that supports its mission and integrates the priorities and objectives of each of its departments and programs, and:

- a. regularly monitoring and evaluating progress towards strategic goals;
- b. adapting the strategic plan as necessary to remain aligned with evolving needs and priorities;
- c. developing an annual plan that operationalizes the goals and objectives of the strategic plan for each of its departments and programs; and
- d. maintaining clear and ongoing communication with staff regarding progress.; and
- e. adapting the plan as necessary to remain aligned with evolving needs and priorities.
 - ~~a. operationalizes the goals and objectives of the long-term strategic plan;~~
 - ~~b. reflects changing conditions and needs such as, resource allocation, funding, and regulatory changes; and~~
 - ~~c. responds to information from PQI activities.~~

Examples: *Annual plans can also incorporate other regular planning processes, including: (a) human resource planning, (b) evaluation of training needs, (c) budget planning, (d) technology and information management planning, and (e) PQI activities.*

Rating Indicators	
Rating	
1	The organization's practices reflect full implementation of the standard.
2	<p>Practices are basically sound but there is room for improvement; e.g.,</p> <ul style="list-style-type: none"> • Departmental priorities and objectives could be better defined; or

Rating Indicators	
Rating	
	<ul style="list-style-type: none"> • <u>While department and program plans are not integrated into an organization-wide annual plan, all but one or two departments or programs have developed a comprehensive annual plan; or</u> • <u>The organization has identified the need to update the strategic plan based on significant changes in priorities and/or needs, but it has not yet been adapted; or</u> • <u>Communication with staff about progress of the strategic plan occurs, but it is not consistent or could be clearer.</u>
3	<p>Practice requires significant improvement, e.g.,</p> <ul style="list-style-type: none"> • Management objectives are not included; or • <u>Several departments or programs are not included in the most recent annual plan or have not done an annual plan; or</u> • <u>The strategic plan is outdated based on significant changes in priorities and/or needs; or</u> • <u>Staff receive no information regarding progress on the strategic plan; or</u> • One of the elements is not addressed at all.
4	<p>Implementation of the standard is minimal or there is no evidence of implementation at all; e.g.,</p> <ul style="list-style-type: none"> • Two of the elements are not addressed at all.

GOV 2.045

The organization develops a ~~values-based~~ equity statement that reflects its history and; mission, ~~and values~~ and ~~affirms~~ demonstrates its commitment to fairness, respect, dignity, and equal opportunity for all people who interact with the organization.

Rating Indicators	
Rating	
1	The organization's practices reflect full implementation of the standard.
2	Practices are basically sound but there is room for improvement; e.g., <ul style="list-style-type: none"> The organization has an equity statement <u>that includes all requirements of the standard</u>, but staff or other interested parties are not aware of it.
3	Practice requires significant improvement; e.g., <ul style="list-style-type: none"> The organization has begun the process of developing an equity statement <u>addressing the requirements of the standard</u>, but the process is not yet complete.
4	Implementation of the standard is minimal or there is no evidence of implementation at all; e.g., <ul style="list-style-type: none"> The organization does not have an equity statement <u>addressing the requirements of the standard</u> and little to no work has begun to create one.

GOV 3: Community Involvement and Advocacy

The organization:

- a. informs the public of its mission;
- b. remains knowledgeable about community needs and strengths;
- c. advocates for comprehensive and coordinated service delivery within the community; and
- d. encourages the elimination of social and economic injustice.

NA *The organization is a network management entity assigned the Network Administration (NET) standards that does not provide any direct services to individuals served by the network and is not being reviewed under any Service Standards.*

Interpretation: *The standards in GOV 3 describe a variety of activities related to the organization's role within the community, including outreach and education, participation in community-wide advocacy efforts, and advocacy on behalf of service recipients who need help navigating the system. Given the broad range of activities outlined in GOV 3, activities conducted by "the organization" are-may be the responsibility of the governing body, CEO, stakeholder advisory group, management, direct service personnel, and/or other personnel, as appropriate to the activity and their role.*

Table of Evidence

Standard Code	Evidence Type	Description
GOV 3	On-Site Activities	<ul style="list-style-type: none"> Interviews may include: <ol style="list-style-type: none"> Governing body <u>CEO</u> Relevant personnel Community stakeholders Persons served <u>Advisory group, if applicable</u>
GOV 3	On-Site Evidence	<ul style="list-style-type: none"> Copies of <u>public service announcements</u>PSAs, newspaper articles, other print media, <u>annual report</u>, or communication methods used within the past 12 months <u>Documentation of participation in community advocacy efforts</u> <u>Documentation of efforts to obtain service recipient input on design, delivery, and evaluation of its programs and services</u>
GOV 3	On-Site Evidence	Documentation of efforts to obtain service recipient input on design, delivery, and evaluation of its programs and services
GOV 3	Self-Study	<ul style="list-style-type: none"> Community Demographic Profile
GOV 3	Self-Study	<ul style="list-style-type: none"> See website URL and links to social media sites provided during application
GOV 3.04	Self-Study	<ul style="list-style-type: none"> A list of Governing Body members, with brief bios

Rating Indicators	
Rating	
1	The organization's practices fully meet the standard, as indicated by full implementation of the practices outlined in the GOV 3 Practice standards.
2	Practices are basically sound but there is room for improvement, as noted in the ratings for the GOV 3 Practice standards.
3	Practice requires significant improvement, as noted in the ratings for the GOV 3 Practice standards.
4	Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the GOV 3 Practice standards.

GOV 3.01

The organization provides the public with clear, timely, and accurate information about the organization's mission, programs, activities, ~~service-populations served~~recipients, and finances.

Rating Indicators	
Rating	
1	The organization's practices reflect full implementation of the standard.
2	Practices are basically sound but there is room for improvement; e.g., <ul style="list-style-type: none"> • While social media or the website provides accurate information, some written materials that continue to be distributed are outdated; or • Some segments of the general-public do not have access to accurate and timely information.
3	Practice requires significant improvement; e.g., <ul style="list-style-type: none"> • Generally, public-information <u>provided to the public</u> is not current; or • Some important information is not available to the public.

Rating Indicators	
Rating	
4	Implementation of the standard is minimal or there is no evidence of implementation at all.

GOV 3.02

The organization conducts ongoing community outreach and education to:

- ~~a. communicate its mission, role, functions, capacities, and scope of services;~~
- ~~b.a.~~ provide information about the strengths, needs, and challenges of the individuals, families, and groups it serves;
- ~~b.~~ build community support and presence and maintain effective partnerships; and
- ~~c.~~ elicit feedback about ~~to~~ unmet needs in the community.

Examples: ~~Examples of p~~Public outreach and education activities may include: (a) regular communication with the media and the general public. (b) informing the public of the positive impact the organization's programs are having on the community and its residents. (c) fostering positive relationships with the local media. and (d) maintaining an accurate and well-organized public website.

- ~~1. regular communication with the media and the general public;~~
- ~~2. informing the public of the positive impact the organization's programs are having on the community and its residents; and~~
- ~~3. fostering positive relationships with the local media.~~

Rating Indicators	
Rating	
1	The organization's practices reflect full implementation of the standard.
2	Practices are basically sound but there is room for improvement; e.g., <ul style="list-style-type: none"> • One of the elements is not fully <u>implemented</u> addressed; or • The organization has an ongoing program of community education, but it does not cover some of its programs or services.

Rating Indicators	
Rating	
3	<p>Community outreach and education efforts need significant improvement; e.g.</p> <ul style="list-style-type: none"> • Efforts are informal and infrequent; or • Efforts only address some of the organization's programs or services, or populations served; or • <u>One Element (a) or (b)</u> is not addressed at all.
4	<p>Implementation of the standard is minimal or there is no evidence of implementation at all.</p>

GOV 3.03

The organization collaborates with community members and persons served to address unmet needs in the community and advocate for issues of mutual concern consistent with the organization's mission, such as:

- improvements to existing services;
- filling gaps in service to offer a full array of community supports;
- the full and appropriate implementation of applicable laws and regulations regarding issues concerning the service population;
- improved support and accommodations for people with special needs;
- improved access to needed services for underserved populations and marginalized communities;
- solutions to community-specific needs ~~including racial equity and cultural and linguistic diversity;~~
- service coordination; and
- a coordinated community response to public health emergencies.

Examples: *The organization can work at several levels to advocate with, and on behalf of, persons, groups, and families served. For example, direct service personnel can be given the time to carry out advocacy activities so they can support persons and families served to solve problems related to their individual cases. Advisory board members, management, and other personnel, along with persons served, can engage in legislative and other system-wide advocacy activities. They may also work collaboratively with other community organizations to monitor federal, state, and/or local activity that impacts the service population.*

Rating Indicators	
Rating	
1	The organization's practices reflect full implementation of the standard.
2	Practices are basically sound but there is room for improvement; e.g., <ul style="list-style-type: none"> • One of the elements is not addressed at all.
3	Practice requires significant improvement; e.g., <ul style="list-style-type: none"> • Two of the elements are not addressed at all.
4	Implementation of the standard is minimal or there is no evidence of implementation at all; e.g., <ul style="list-style-type: none"> • Little or no effort is made to collaborate with community members or persons served as described in the standard.

GOV 3.04

The governing body:

- reflects the demographics of the community it serves;
- represents the interests of the community it serves;
- serves as a link between the organization and the public or community; and
- is sufficiently diverse in perspectives, strengths, and capabilities to explore challenges and opportunities ~~plan and deliver appropriate services to~~ affecting its defined community.

Interpretation: COA Accreditation recognizes that Board recruitment is a significant challenge for many organizations and that meeting the standard may be a long-term process. In the interim, an organization can establish a stakeholder advisory group that is representative of the community and include strategies ~~for plan~~ for strengthening its Board in its long-term or strategic plan.

Note: ~~Please see the Governance Standards Tool Kit – Board Skills Worksheet for additional guidance on this standard.~~

Examples: ~~The governing body should reflect a wide range of skills, abilities, community knowledge, and professions. Examples of board member strengths and capabilities may include:~~

~~governance expertise, including leadership ability and policy development skills;
relevant business experience;~~

~~financial expertise;~~
~~knowledge of consumer issues and trends;~~
~~familiarity with and access to community leaders, political representatives, and other relevant local organizations;~~
~~public recognition and respect; and~~
~~commitment and ability to fundraise or to connect the organization with potential resources, as applicable.~~

Rating Indicators	
Rating	
1	<p>The organization's practices reflect full implementation of the standard.</p> <p>The organization's governing body reflects its community and possesses the skills and expertise necessary to effectively govern.</p>
2	<p>Practices are basically sound but there is room for improvement; e.g.,</p> <ul style="list-style-type: none"> • One of the standard's elements is not fully addressed; or • The governing body does not reflect its community, but a representative stakeholder advisory group is in place and there is a plan for diversifying the board.
3	<p>Practice requires significant improvement; e.g.,</p> <ul style="list-style-type: none"> • Two of the elements are not fully addressed; or • One element is not addressed at all; or • A stakeholder advisory group is in place to address lack of representativeness, but it is not very active, or there is no plan for long-term remediation.
4	<p>Implementation of the standard is minimal or there is no evidence of implementation at all.</p>

GOV 3.05

The organization provides persons served with meaningful opportunities to influence the design, delivery, and evaluation of its programs and services.

Examples: Organizations can ~~promote meaningful engagement of~~ involve persons served by: ~~for example~~ (1a) training agency staff on meaningful engagement practices, including how to collaborate in ways that are non-tokenizing and conscious of power dynamics; (b) developing clear and accessible outreach materials that explain the purpose, responsibilities, and benefits of advisory roles to support informed participation; (c) fostering inclusive, trauma-informed environments that elevate participant voices and create space for authentic contributions; (d) seeking input during house or community meetings, when applicable; (2) ~~seeking input soliciting feedback through satisfaction surveys as required by PQI 3.02 or residential or community meetings;~~ (3) ~~establishing advisory councils;~~ (4) ~~reserving seats on the board for individuals with lived experience and their families;~~ (5e) providing mentorship, capacity-building opportunities, and optional trauma-informed support for individuals participating in advisory activities; and inviting persons served to play a role in orienting newcomers to the program; and (6f) hiring former service recipients to serve as peer support workers.

Rating Indicators	
Rating	
1	The organization's practices reflect full implementation of the standard.
2	Practices are basically sound but there is room for improvement; e.g., e.g., <ul style="list-style-type: none"> One of the elements is not addressed at all. Persons served are engaged in meaningful ways with limited exceptions.
3	Practice requires significant improvement; e.g., <ul style="list-style-type: none"> Two of the elements are not addressed at all. Persons served are rarely engaged in meaningful ways.
4	Implementation of the standard is minimal or there is no evidence of implementation at all; e.g., <ul style="list-style-type: none"> Little or no effort is made to provide meaningful opportunities to influence the design, delivery, and evaluation of programs and services as described in the standard.

GOV 4: Organization of the Governing Body

The governing body exercises leadership through a functional, effective structure.

Table of Evidence		
Standard Code	Evidence Type	Description
GOV 4	On-Site Activities	<ul style="list-style-type: none"> Interviews may include: <ol style="list-style-type: none"> Governing body chair Governing body members
GOV 4	On-Site Evidence	<ul style="list-style-type: none"> Board Mannual ___ <u>Governing Body Minutes for the previous 12 months</u> — <u>Board recruitment and selection materials (e.g. selection criteria, board matrix, etc.)</u> Governing body orientation and training curricula <u>Documentation tracking board member completion of required orientations and trainings</u> <u>Most recent governing body self-evaluation</u> <u>Documentation of self-evaluation discussion and actions taken</u> <u>Governing body minutes from the previous 12 months addressing applicable GOV 4 practice standards</u>
GOV 4	Self-Study	<ul style="list-style-type: none"> By-laws
GOV 4	Self-Study	<ul style="list-style-type: none"> Table of contents of governing body orientation and training curricula

Rating Indicators	
Rating	
1	The organization's practices fully meet the standard, as indicated by full implementation of the practices outlined in the GOV 4 Practice standards.

Rating Indicators	
Rating	
2	Practices are basically sound but there is room for improvement, as noted in the ratings for the GOV 4 Practice standards.
3	Practice requires significant improvement, as noted in the ratings for the GOV 4 Practice standards.
4	Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the GOV 4 Practice standards.

GOV 4.01

The governing body establishes in the organization's charter, by-laws, or similar document:

- a. the organization's structure and scope;
- b. its roles and responsibilities, including number of meetings held per year and their quorum;
- c. the body, typically its executive committee, to which it will delegate interim authority; and
- d. a process for assessing and implementing responsibilities, such as establishing task forces/committees.

Rating Indicators	
Rating	
1	The organization's practices reflect full implementation of the standard.
2	Practices are basically sound but there is room for improvement; e.g., <ul style="list-style-type: none"> • Documentation related to one of the elements is outdated or does not reflect current practice.
3	Practice requires significant improvement; e.g., <ul style="list-style-type: none"> • Documentation related to two or more elements are outdated and do not reflect current practice; or

Rating Indicators	
Rating	
	<ul style="list-style-type: none"> One of the elements is not addressed at all, e.g., no written delegation of authority.
4	Implementation of the standard is minimal or there is no evidence of implementation at all.

GOV 4.02

The governing body establishes in writing:

- eligibility requirements for membership, including the prohibition of having staff and/or relatives of staff on the board;
- mechanisms for ~~recruitment, selection,~~ rotation, and duration of membership; and
- mechanisms for election of officers and duration of terms.

Interpretation: *If the ~~chief executive~~CEO retains board privileges as a voting member, the organization's by-laws and/or conflict-of-interest policy must clearly define limits for the use of those privileges. The ~~chief executive~~CEO should be excused from deliberations on matters related to executive compensation, evaluation, and other areas that present apparent conflicts of interest.*

Note: See GOV 7 for more information on establishing a Conflict of Interest policy.

Rating Indicators	
Rating	
1	The organization's practices reflect full implementation of the standard.
2	Practices are basically sound but there is room for improvement; e.g., <ul style="list-style-type: none"> Documentation related to one of the standard's elements is outdated and does not reflect current practice.
3	Practice requires significant improvement; e.g., <ul style="list-style-type: none"> Written by-laws related to two or more elements are outdated and do not reflect current practice; or

Rating Indicators	
Rating	
	<ul style="list-style-type: none"> • One of the elements is not addressed at all; or • The executive director <u>CEO</u> is a full voting member with no limits; or • Another staff member, or a relative of a staff member is a voting member of the board; or • The by-laws have not established terms of service on the board.
4	Implementation of the standard is minimal or there is no evidence of implementation at all.

GOV 4.03

The governing body establishes and implements a recruitment and selection process that considers prospective members' ability to engage in long-term visioning, raise strategic questions that inform direction, and support innovation aligned with the organization's mission.

Note: Please see the Governance Standards Tool Kit - Board Skills Worksheet for additional guidance on this standard.

Interpretation: The governing body should reflect a wide range of skills, abilities, community knowledge, perspectives, and professions.

Examples: Examples of board member strengths and capabilities may include: (a) governance expertise, including leadership ability and policy development skills; (b) relevant professional experience; (c) relevant lived experience; (d) financial expertise; (e) knowledge of service population issues and trends; (f) familiarity with and access to community leaders, political representatives, and other relevant local organizations; (g) public recognition and respect; and (h) commitment and ability to fundraise or to connect the organization with potential resources, as applicable.

Rating Indicators	
Rating	
<u>1</u>	<u>The organization's practices reflect full implementation of the standard.</u>
<u>2</u>	<u>Practices are basically sound but there is room for improvement; e.g.,</u>

	<ul style="list-style-type: none"> <u>The governing body has a recruitment and selection process, but some aspects are unclear and could may-be strengthened.</u>
<u>3</u>	<p><u>Practice requires significant improvement; e.g.,</u></p> <ul style="list-style-type: none"> <u>The governing body has a recruitment and selection process, but it is not regularly utilized.</u>
<u>4</u>	<p><u>Implementation of the standard is minimal or there is no evidence of implementation at all; e.g.,</u></p> <ul style="list-style-type: none"> <u>The governing body does not have a recruitment or selection process.</u>

GOV 4.034

Governing body members receive an orientation and periodic refresher trainings when needed~~indicated~~ that address membership responsibilities and an overview of the organization, its mission, and values.

Examples: *The board orientation may include: the organization's history, goals and objectives; governing body structure and procedures; ethics; fair and inclusive leadership practices; programs and activities; introductions to staff; and facility and program tours.*

Rating Indicators	
Rating	
1	The organization's practices reflect full implementation of the standard.
2	Practices are basically sound but there is room for improvement.
3	Practice requires significant improvement.
4	Implementation of the standard is minimal or there is no evidence of implementation at all.

FP GOV 4.054

The organization maintains a board manual that includes governing body-related~~approved~~ policies and up-to-date minutes and records of all meetings.

Interpretation: Board manual documentation may be held in an electronic board management system/portal.

Note: Please see the [Governance Standards Tool Kit - Board Manual Table of Contents and Board Meeting Minutes Template](#) for additional guidance on this standard.

Rating Indicators	
Rating	
1	The organization's practices reflect full implementation of the standard.
2	Practices are basically sound but there is room for improvement; e.g., <ul style="list-style-type: none"> Although up-to-date policies, minutes, etc. have been distributed to governing body members, they have not been incorporated into the manual.
3	Practice requires significant improvement; e.g., <ul style="list-style-type: none"> Governing body minutes and/or minutes of committee meetings are incomplete, or are too cursory to accurately reflect decisions or action taken, or are outdated; or The manual is missing key policies, or Policies have not been approved.
4	Implementation of the standard is minimal or there is no evidence of implementation at all; e.g., <ul style="list-style-type: none"> The governing body does not maintain a manual that meets the requirements of the standard, or the manual is wholly inadequate.

GOV 4.06

The organization's governing body conducts a self-evaluation at least every three years and utilizes the results to enhance its effectiveness.

Examples: A board self-evaluation may include, but is not limited to, assessing performance in the following areas: fulfilling roles and responsibilities, board structure and composition, meeting structure and content, committee performance, communication, recruitment and retention, orientation, accountability, and its partnership with the CEO.

<u>Rating Indicators</u>	
<u>Rating</u>	

<u>1</u>	<u>The organization's practices reflect full implementation of the standard.</u>
<u>2</u>	<u>Practices are basically sound but there is room for improvement; e.g.,</u> <ul style="list-style-type: none"> <u>The governing body has conducted a self-evaluation within the last three years, but did not fully utilize the results.</u>
<u>3</u>	<u>Practice requires significant improvement; e.g.,</u> <ul style="list-style-type: none"> <u>The last governing body self-evaluation took place over three years ago.</u>
<u>4</u>	<u>Implementation of the standard is minimal or there is no evidence of implementation at all; e.g.,</u> <ul style="list-style-type: none"> <u>The governing body has never conducted a self-evaluation.</u>

GOV 5: Governing Body Responsibilities

The governing body actively fulfills its legal responsibilities, sets a tone of responsible stewardship, and ensures the organization's policies and performance uphold the public trust, reflect the organization's values, and support both mission-fulfillment and long-term strategic direction. ~~thinking achievement of the organization's mission.~~

Table of Evidence		
Standard Code	Evidence Type	Description
GOV 5	On-Site Activities	<ul style="list-style-type: none"> Interviews may include: <ol style="list-style-type: none"> Governing body chair Governing body treasurer Governing body members CEO CFO
GOV 5	On-Site Evidence	<ul style="list-style-type: none"> <u>Governing Bbody and/or committee meeting minutes from the previous 12 months addressing applicable each of the GOV 5 practice standards</u> <u>Risk report or information reviewed by the governing body as part of the annual risk assessment</u>

Table of Evidence		
Standard Code	Evidence Type	Description
GOV 5.04	Self-Study	<ul style="list-style-type: none"> • Succession planning procedures
GOV 5.04	Self-Study	<ul style="list-style-type: none"> • Succession plan

Rating Indicators	
Rating	
1	The organization's practices fully meet the standard, as indicated by full implementation of the practices outlined in the GOV 5 Practice standards.
2	Practices are basically sound but there is room for improvement, as noted in the ratings for the GOV 5 Practice standards.
3	Practice requires significant improvement, as noted in the ratings for the GOV 5 Practice standards.
4	<p>Implementation of the standard is minimal or there is no evidence of implementation at all; e.g.,</p> <ul style="list-style-type: none"> • The governing body is ineffective, inactive, poorly organized, or does not otherwise fulfill its fiduciary responsibilities; or • The executive director<u>CEO</u> dominates the governing body to the extent that it does little more than ratify decisions already made by the executive director<u>CEO</u>.

FP GOV 5.01

Policy development responsibilities of the governing body include:

- a. adopting policies;
- b. reviewing policies at least every four years and when legal requirements or regulations change;
- c. adopting any changes to policies resulting from recommendations; and
- d. evaluating management's implementation of policies.

Interpretation: The standard applies to policies, which establish are generally statements of guiding principles to direct decision-making. Governing bodies are not required to review procedures, which are more detailed, step-by-step descriptions of actions required to instructions for carry out and implementing those principles.

Interpretation: An organization that follows a policy governance model may not typically develop, ratify, and maintain statements known as “policies.” However, distillations of the organization’s principles, philosophies, practice, executive limitations, or “ends” may be considered policies for the purposes of this standard.

For organizations with Boards that delegate the responsibilities for adopting, reviewing, changing, and/or evaluating implementation of policy to the ~~Executive Director~~CEO, evidence of presenting and discussing policies with the Board, at least every four years, or more frequently when there are any changes, additions, etc., related to policies should be reflected in the Board minutes to demonstrate Board involvement.

Rating Indicators	
Rating	
1	The governing body actively exercises its policy-setting prerogatives as per the requirements of the standard, and policy decisions are reflected in comprehensive and up-to-date minutes of the governing body meetings. Policy setting is viewed as the board's major means of providing a framework and guidance for the organization's overall direction.
2	Practices are basically sound but there is room for improvement; e.g., <ul style="list-style-type: none"> Governing body practice related to one or two of the elements could be strengthened in some minor way. One element is not fully addressed.
3	Practice requires significant improvement, e.g., <ul style="list-style-type: none"> A systematic review of policies has not been conducted for more than four years; or In some instances, organizational policies have been implemented prior to, or without, governing body review or approval; or The governing body review of <u>management policy</u> implementation of policies is sporadic.
4	Implementation of the standard is minimal or there is no evidence of implementation at all; e.g.,

Rating Indicators	
Rating	
	<ul style="list-style-type: none"> The organization's executive directorCEO approves policies without involvement of the governing body; or One of the elements is not addressed at all.

FP GOV 5.02-FIN-1

The organization's governing body, or designated committee of the governing body when appropriate:

- a. approves the annual budget and any revisions to the budget;
- b. reviews quarterly and annual financial statements/summaries provided by management;
- c. reviews accounting policies and procedures;
- d. reviews recommendations of the organization's auditors, and management's response to the recommendations; and
- e. annually evaluates the executive director's management of the organization's financial affairs; and reviews and approves the IRS Form 990.

Interpretation: *While it may be appropriate for a committee of the governing body to provide recommendations on budget approval, the entire governing body should approve the annual budget and any revisions to the budget.*

Interpretation: *Minutes of the governing body and its committee meetings should reflect active oversight of the organization's finances.*

Rating Indicators	
Rating	
<u>1</u>	<u>The organization's practices reflect full implementation of the standard.</u>
<u>2</u>	<u>Practices are basically sound but there is room for improvement; e.g.,</u> <ul style="list-style-type: none"> <u>One of the elements is not fully addressed.</u>
<u>3</u>	<u>Practice requires significant improvement; e.g.,</u> <ul style="list-style-type: none"> <u>Two elements are not fully addressed; or</u> <u>One element is not addressed at all.</u>

<u>4</u>	<p><u>Implementation of the standard is minimal or there is no evidence of implementation at all; e.g.,</u></p> <ul style="list-style-type: none"> • <u>Three or more elements are not fully addressed; or</u> • <u>Or aAt least two elements are not addressed at all.</u>
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FP GOV 5.032

The governing body:

- a. works with management to evaluate the organization's financial capacities and the resources needed to provide services;
- b. works with the CEO to secure adequate resources to implement the organization's strategic planning and budgeting decisions; and
- c. oversees fundraising activities including establishing fundraising targets and goals that flow from the strategic plan.

Examples: *Actively supporting work to secure funding that is aligned with the organization's planning and budgeting decisions is one way the governing body can support the achievement of mission and improved outcomes for persons served.*

Examples: ~~*While not all organizations fundraise, it is a vital means to achieving a flexible revenue base and is a traditional role assumed by nonprofit governing bodies.*~~ *Strategies for resource development can include, for example, fundraising, grants, contracts for service, and new business development opportunities.*

Rating Indicators	
Rating	
1	The organization's governing body actively fulfills its resource development responsibilities as per the requirements of the standard.
2	<p>Practices are basically sound but there is room for improvement; e.g.,</p> <ul style="list-style-type: none"> • The link between resource development and strategic goals and objectives needs clarification.
3	<p>Practice requires significant improvement; e.g.,</p> <ul style="list-style-type: none"> • Management is largely responsible for resource development with the governing body taking a secondary role while providing limited oversight of management's activities.

Rating Indicators	
Rating	
4	<p>Implementation of the standard is minimal or there is no evidence of implementation at all; e.g.,</p> <ul style="list-style-type: none"> The governing body is not involved in resource development.

GOV 5.034

The governing body's responsibilities regarding the ~~CEO~~ executive director include:

- appointment of the ~~CEO~~ executive director;
- collaboration with the ~~CEO~~ executive director;
- delegation of the authority and responsibility for organization management and policy implementation to the ~~CEO~~ executive director;
- oversight and annual evaluation of the ~~executive director~~ CEO's compensation, the effectiveness of the CEO's partnership with the board, and performance against the organization's strategic goals and additional responsibilities outlined in the CEO's job description; and
- approval of the ~~executive director~~ CEO's employment activities outside of the organization to ensure they do not interfere with their ~~her/his~~ administrative responsibilities; and

~~evaluation of the effectiveness of its partnership with the executive director, at least every two years.~~

Examples: Organizations may use a performance review tool to help examine the many facets of the CEO's performance including, for example: leadership, management of the organization, working relationship with the board and staff, and management of the organization's finances.

In addition, criteria for evaluating compensation may include, for example: compensation paid to other CEOs in similar positions, compliance with regulations and guidelines regarding reasonable compensation, cost of living considerations, and the total professional experience of the CEO including advanced degrees and other experiences and skills that uniquely contribute to the success of the organization.

Rating Indicators	
Rating	
1	The organization's practices reflect full implementation of the standard.

Rating Indicators	
Rating	
2	<p>Practices are basically sound but there is room for improvement; e.g.,</p> <ul style="list-style-type: none"> • There is minor confusion or overlap as to the relative roles of the governing body and the CEOexecutive director (e.g., resource development); or • The governing body annually reviews the executive directorCEO's compensation but could improve the quality of its analysis with industry practice and/or federal requirements.
3	<p>Practice requires significant improvement, e.g.,</p> <ul style="list-style-type: none"> • The governing body evaluates the executive directorCEO's performance less than annually; or • The evaluation of the CEOexecutive director is informal (not written, dated, or signed); or • The evaluation of the CEOexecutive director is not comprehensive or does not use specific performance criteria; or • The CEOexecutive director is not involved in the evaluation process; or • The CEOexecutive director has not received governing body approval for unrelated external business activities; or • The governing body does not evaluate its partnership with the CEOexecutive director.
4	<p>Implementation of the standard is minimal or there is no evidence of implementation at all. e.g.,</p> <ul style="list-style-type: none"> • At least two of the elements are not addressed at all.

GOV 5.045

To ensure continuity during transitions in leadership, the organization maintains a current succession planning procedures and a succession plan that includes:-

Examples: *Information included in a succession plan may include, for example:*

- governing body and staff responsibilities as they relate to transition planning;
- relevantcritical positions identified within the organization and their key leadership and management functions;

- c. under what conditions interim authority can be delegated for those positions, ~~including unexpected leadership disruptions and planned departures, and the limitations of that authority; and how functions will be delegated; to whom various leadership and management functions will be delegated;~~
governing body and staff responsibilities as they relate to transition planning how succession planning and leadership transitions will be communicated to the governing body, staff, and other relevant stakeholders; and
- d. mechanisms for assessing readiness to assume leadership identified positions and for providing training, mentorship, and ~~other leadership skill~~ development opportunities to support readiness; and
- e. how succession planning and leadership transitions will be communicated to the governing body, staff, and other relevant parties.

Interpretation: Succession planning includes both short-term replacement strategies to maintain continuity as well as long-term planning to meet the organization's future needs.

Rating Indicators	
Rating	
1	The organization's practices reflect full implementation of the standard.
2	Practices are basically sound but there is room for improvement; <u>e.g.,</u> <ul style="list-style-type: none"> • <u>The organization has a comprehensive succession plan, but the plan needs updating and is in the process of being reviewed; or</u> • <u>One element is not implemented.</u>
3	Practice requires significant improvement; <u>e.g.,</u> <ul style="list-style-type: none"> • <u>The organization has identified interim responsibility, but is not providing development opportunities for staff; or-</u> • <u>Two or more elements are not implemented.</u>
4	Implementation of the standard is minimal or there is no evidence of implementation at all.

FP GOV 5.056

The governing body comprehensively annually-assesses overall risk to the organization on an annual basis, including; ~~including the organization's continuing ability to pursue strategic goals and meet the needs of persons served.~~

- a. compliance with legal requirements;
- b. disruption of operations due to a public health emergency;
- c. technology and information management, including artificial intelligence (AI);
- d. insurance and liability;
- e. health and safety of administrative and service environments;
- f. human resources practices, including use of independent contractors and volunteers;
- g. contracting practices and compliance, when applicable;
- h. client rights and confidentiality issues;
- i. financial risks;
- j. public relations, branding, and reputation; and
- k. conflicts of interest.

Interpretation: ~~Organization staff may be responsible for assessing different areas of risk throughout the year and sending the results of the assessments to the governing body to inform its annual review of overall risks.~~

~~Or~~

~~The governing body may use assessments of different areas of risk conducted by staff throughout the year to inform their annual review of overall risks.~~

Examples: ~~Regarding element c, potential risks associated with the use of AI can include, but are not limited to, confidentiality breaches; over-reliance; legal or regulatory compliance, including privacy laws; cybersecurity threats; ethical concerns, including bias, fairness, and equity of outputs; quality and reliability considerations, including misinformation; intellectual property concerns; and environmental impacts.~~

Examples: ~~Areas of potential risk can include, for example:~~

- ~~1. compliance with legal requirements;~~
- ~~2. disruption of operations due to a public health emergency;~~
- ~~3. technology and information management;~~
- ~~4. insurance and liability;~~
- ~~5. health and safety of administrative and service environments;~~
- ~~6. human resources practices, including use of independent contractors and volunteers;~~
- ~~7. contracting practices and compliance;~~
- ~~8. client rights and confidentiality issues;~~
- ~~9. financial risks;~~
- ~~10. public relations, branding, and reputation; and~~
- ~~11. conflicts of interest.~~

Financial risk assessment involves the identification of factors or conditions related to funding and financial health that may pose a threat to the achievement of an organization's objectives and mission including, for example, the effectiveness and efficiency of financial operations and the reliability of financial reporting. Areas of known financial risk include: (a) fraud and misuse of funds, (b) investments, (c) tax liabilities, (d) physical assets and financial information, (e) fundraising practices, (f) funding of benefits, including health retirement benefits, pensions, etc., and (g) deferred revenue.

Rating Indicators	
Rating	
1	The organization's practices reflect full implementation of the standard.
2	Practices are basically sound but there is room for improvement; e.g., <ul style="list-style-type: none"> While the governing body assesses risk annually, risk related to different aspects of the organization are reviewed by the board at different times of the year, inhibiting its ability to comprehensively assess overall risk.
3	Practice requires significant improvement; e.g., <ul style="list-style-type: none"> The governing body has not conducted a risk assessment within the last two years; or Documentation of the annual risk assessment in minutes is weak<u>unclear</u> or missing.
4	Implementation of the standard is minimal or there is no evidence of implementation at all; e.g., <ul style="list-style-type: none"> A comprehensive risk assessment has not been conducted for more than two years or did not involve the governing body.

GOV 6: Organization Leadership

The ~~CEO~~executive director effectively collaborates with the governing body to ~~articulate~~enunciate and achieve the organization's mission and vision, promote a healthy organizational culture, and oversee and manage the organization's operations.

Interpretation: ~~There are varying titles for the head of an organization, such as President/CEO and Executive Director. Depending upon the type of organization or service, the individual fulfilling this role may have other designations, such as Operating Manager, Program Director, or Program Officer.~~ The standard requires that there is a clearly identified person to whom the governing body delegates the day-to-day management of the organization and whom it holds accountable for the organization's performance.

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Interpretation: ~~If the organization's Executive Director/CEO is an independent contractor the organization's governing body is responsible for meeting the standards in GOV 6, by:~~

~~including each of the responsibilities listed in the GOV 6 standards in the Executive Director/CEO's contract;~~

~~directly assuming those responsibilities as individual governing body members or as a governing body; or~~

~~a combination of the above.~~

Table of Evidence		
Standard Code	Evidence Type	Description
GOV 6	On-Site Activities	<ul style="list-style-type: none"> Interviews may include: <ol style="list-style-type: none"> CEO Governing body chair Governing body members
GOV 6	Self-Study	<ul style="list-style-type: none"> CEO resume
GOV 6.01	Self-Study	<ul style="list-style-type: none"> CEO job description

Rating Indicators	
Rating	
1	The organization's practices fully meet the standard, as indicated by full implementation of the practices outlined in the GOV 6 Practice standards.
2	Practices are basically sound but there is room for improvement, as noted in the ratings for the GOV 6 Practice standards.
3	Practice requires significant improvement, as noted in the ratings for the GOV 6 Practice standards.

Rating Indicators	
Rating	
4	Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the GOV 6 Practice standards.

GOV 6.01

The ~~executive director~~CEO's primary responsibilities are:

- a. management of the organization;
- b. implementation of organization-wide, long-term strategic planning and periodic reviews; ~~development of policies governing the organization's program of services with the governing body;~~
- c. attendance at all meetings of the governing body; ~~and~~
- d. provision of regular reports to the governing body on the organization's operations, finances, and implementation of the long-term plan; and
- ~~d.e. collaboration with the governing body, inviting open and transparent communication.~~

Rating Indicators	
Rating	
1	The organization's practices reflect full implementation of the standard.
2	Practices are basically sound but there is room for improvement; e.g., <ul style="list-style-type: none"> • The executive director does not attend, or have a representative at every board meeting; or • Minor communication problems exist; or • The CEO<u>executive director</u> and governing body are actively working to improve their effectiveness as a team in response to a few identified issues; or • One of the elements is not fully addressed, e.g., CEO<u>executive director</u> reports to the governing body sometimes lack depth.
3	Practice needs significant improvement; e.g.,

Rating Indicators	
Rating	
	<ul style="list-style-type: none"> • The CEOexecutive director tightly controls information the board receives, so that the board frequently lacks the information needed to make informed decisions and effectively govern; or • The executive director does not attend or provide staff support for two or more governing body and/or committee meetings per year; or • The CEOexecutive director often provides only verbal reports, or provides written reports that are cursory or otherwise do not provide timely or useful information; or • Two of the elements are not fully addressed; or • One element is not addressed at all.
4	<p>Implementation of the standard is minimal or there is no evidence of implementation at all; e.g.,</p> <ul style="list-style-type: none"> • The partnership between the CEOexecutive director and <u>the</u> governing body is completely ineffective or nonexistent; or e.g. • The governing body is asked only to ratify decisions or is told of decisions after the fact; or • The CEOexecutive is excluded by the governing body action from most committee activity; or • More than three of the elements of the standard are not <u>fully-addressed at all</u>; or <p>Two or more elements are not addressed at all.</p>

GOV 6.02

The ~~CEO~~executive director is qualified by:

- an advanced degree from an accredited college or university in a field related to the organization's mission and services;
- at least five years of related leadership experience;
- experience working with organizations that administering services to families, adults, youth and/or children;
- the skills to oversee human resources, public relations, compliance, and financial management matters; and

- e. the ability to work effectively and proactively with other providers, and local, state and federal entities.

FEC Interpretation: *In credit counseling organizations, the ~~CEO executive director~~ is qualified by a bachelor's degree and does not require experience working with competence in organizations that administer-administering services to families, adults, youth and/or children (element c).*

EAP Interpretation: *Regarding element c, ~~in an EAP the CEO executive director~~ is qualified by experience in workplace programs and, an understanding of the dual client relationship, ~~and does not necessarily require competence in administering services to families, adults, youth and/or children (element c).~~*

Rating Indicators	
Rating	
1	The organization's CEO executive director is qualified as per the requirements of the standard.
2	Practices are basically sound but there is room for improvement; e.g., <ul style="list-style-type: none"> • The CEO executive director does not meet element (a), however <u>they/he/she is/are</u> qualified as per elements (b) – (e); or • The CEO executive director meets the advanced degree requirement but has less than five years of related leadership experience; or • The CEO executive director has limited skills to oversee human resource, <u>public relations, compliance,</u> and/or financial management matters but is receiving training to develop/enhance these skills or has consultants that provide support and advice.
3	Practice requires significant improvement; e.g., <ul style="list-style-type: none"> • The CEO executive director does not meet two of the standard's elements.
4	Implementation of the standard is minimal or there is no evidence of implementation at all.

GOV 7: Conflict of Interest

The organization prevents the enrichment of insiders and other abuses by identifying potential conflicts of interest within the organization and properly managing these risks through the adoption and enforcement of a conflict of interest policy.

Note: Please see the [Conflict of Interest Policy and Procedures Template](#) for additional guidance on this standard.

Table of Evidence		
Standard Code	Evidence Type	Description
GOV 7	On-Site Activities	<ul style="list-style-type: none"> Interviews may include: <ol style="list-style-type: none"> CEO Governing body Advisory group, if applicable CFO Relevant personnel Persons served Community members Network interviews may include: <ol style="list-style-type: none"> Network advisory group Directors of organizations that contract with the managing entity Network personnel involved in assessments and referral
GOV 7	On-Site Evidence	<ul style="list-style-type: none"> Governing body and/or committee meeting minutes documenting discussions of potential and apparent conflicts of interest from the previous 12 months Documentation of review and discussion of potential and apparent conflicts of interest from the previous 12 months Sample of network information illustrating ownership disclosure language
GOV 7	Self-Study	<ul style="list-style-type: none"> Conflict of interest policy
GOV 7	Self-Study	<ul style="list-style-type: none"> Ethical referral policy
GOV 7	Self-Study	<ul style="list-style-type: none"> Nepotism policy
GOV 7	Self-Study	<ul style="list-style-type: none"> Policy prohibiting preferential treatment
GOV 7.05	Self-Study	<ul style="list-style-type: none"> Network policy prohibiting steering and directing referrals of persons served clients unfairly

Rating Indicators	
Rating	
1	The organization's practices fully meet the standard, as indicated by full implementation of the practices outlined in the GOV 7 Practice standards.
2	Practices are basically sound but there is room for improvement, as noted in the ratings for the GOV 7 Practice standards.
3	Practice requires significant improvement, as noted in the ratings for the GOV 7 Practice standards; e.g., <ul style="list-style-type: none"> • Conflict of interest policy provides minimal guidance to stakeholders due to lack of specificity, significant missing elements, or <u>because significant categories of relevant</u> significant stakeholders <u>are</u> not covered; or • Minor conflict of interest concerns are noted.
4	Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the GOV 7 Practice standards; e.g., <ul style="list-style-type: none"> • Significant conflict of interest concerns have been reported.

FP GOV 7.01

The organization prevents and manages potential and apparent conflicts of interest by:

- establishing a conflict of interest policy;
- training individuals covered by the policy on proper disclosure of potential conflicts;
- thoroughly reviewing disclosures in a fair, timely manner and communicating recommendations for next steps as applicable; and
- documenting all disclosures in a systematic, confidential manner.

Interpretation: In regard to element (b), training may differ depending on the individual's role and supervisory responsibility within the organization.

<u>Rating Indicators</u>	
<u>Rating</u>	

<u>1</u>	<u>The organization's practices reflect full implementation of the standard.</u>
<u>2</u>	<u>Practices are basically sound, but there is room for improvement; e.g.,</u> <ul style="list-style-type: none"> • <u>One element is not fully implemented.</u>
<u>3</u>	<u>Practice requires significant improvement; e.g.,</u> <ul style="list-style-type: none"> • <u>Important groups covered by the policy are not aware of the policy;</u> • <u>Two elements are not fully addressed; or</u> • <u>One element is not addressed at all.</u>
<u>4</u>	<u>Implementation of the standard is minimal or there is no evidence of implementation at all; e.g.,</u> <ul style="list-style-type: none"> • <u>No policy exists; or</u> • <u>The policy is not enforced or is ignored in practice.</u>

FP GOV 7.042

A~~The~~ conflict of interest policy is _tailored to the organization's specific needs, _and characteristics, and risks, -and includes:

- a. ~~The organization's defines~~definition of a conflict of interest;
- b. ~~identifies~~which groups of individuals associated ~~with~~in the organization are covered by the policy;
- c. disclosure requirements;
- ~~b.d.~~ guidelines for recusal from discussions or votes concerning identified conflicts;
- ~~c.e.~~ addresseshow the policy is enforcedment; and
- ~~d.f.~~ provides a framework for evaluating situations that may constitute a conflict; ~~and invests management with developing procedures that facilitate disclosure of information to prevent and manage potential and apparent conflicts of interest.~~

Interpretation: *Governing body members who receive compensation for professional services they provide as consultants cannot be part of the organization's audit review process.*

Examples: *Individuals associated with the organization who may have a conflict of interest can may include: (a) organizational leadership, (b) personnel, (c) consultants, (d) board members, and (e) advisory group members.*

Rating Indicators	
Rating	
1	The organization has implemented a conflict of interest policy as per the requirements of the standard.
2	Practices are basically sound, but there is room for improvement; e.g., <ul style="list-style-type: none"> • <u>The policy related to one of the standard's elements needs clarifying. One of standard's elements is not fully addressed.</u>
3	Practice requires significant improvement; e.g., <ul style="list-style-type: none"> • The policy provides minimal guidance to stakeholders due to <u>a</u> lack of specificity; or • <u>Groups of individuals covered by the policy are not identified; or</u> • <u>Governing body members or other relevant stakeholders are not aware of the policy.</u> • Stakeholders are unaware of the policy; or • Two of the elements are not fully addressed; or • One of the elements is not addressed at all.
4	Implementation of the standard is minimal or there is no evidence of implementation at all; e.g., <ul style="list-style-type: none"> • No policy exists; or • <u>The policy is not enforced or is ignored in practice; or</u> • <u>Conflict of interest violations have occurred.</u>

~~FP~~ **GOV 7.02**

~~The conflict of interest policy requires governing body members, advisory group members, personnel, and consultants who have a financial interest in the organization's assets, business transactions, leases, or professional services to:~~

~~disclose this information; and~~

~~not participate in any discussion or vote taken with respect to such interests.~~

Interpretation: ~~Governing body members who receive compensation for professional services they provide as consultants cannot be part of the organization's audit review process.~~

Rating Indicators	
Rating	
1	The organization's conflict of interest policy fully addresses the requirement for disclosure of conflicts of interest and for recusal from decisions related to such interests.
2	Practices are basically sound but there is room for improvement; e.g., <ul style="list-style-type: none"> • The policy related to one of the standard's elements needs clarifying.
3	Practice requires significant improvements; e.g., <ul style="list-style-type: none"> • Applicable stakeholders are not clearly identified; or • The types of transactions that must be disclosed are not delineated; or • Safeguards regarding disclosure or recusal are insufficient; or • Governing body members or other important stakeholders are not aware of the policy.
4	Implementation of the standard is minimal or there is no evidence of implementation at all; e.g., <ul style="list-style-type: none"> • Conflict of interest violations have occurred.

GOV 7.03

The organization has a written conflict of interest policy addresses on nepotism, with regard to hiring, supervision, and promotion and ensures that relatives working within the organization:

- a. are appropriately qualified for the position;
- b. do not work within the same hierarchy of supervision as one another; and
- c. are not unfairly considered for positions, promotions, or contracts.

Interpretation: ~~This standard permits the hiring of relatives, provided that relatives are qualified and do not work within the same hierarchy of supervision. In regard to element (b), organizations in which members of the executive leadership team are related can show implementation of this standard by demonstrating that the board or another neutral party assumes supervisory responsibilities to avoid the direct supervision of a relative.~~

Rating Indicators	
Rating	
1	The organization's practices reflect full implementation of the standard.
2	Practices are basically sound but there is room for improvement; e.g., <ul style="list-style-type: none"> • Some aspect of the policy requires clarification.
3	Practice requires significant improvement, e.g., <ul style="list-style-type: none"> • The organization has had Staff report that there have been instances of nepotism or preferential treatment; or • The organization chart indicates that at least one person is directly supervised by a relative.
4	Implementation of the standard is minimal or there is no evidence of implementation at all.

GOV 7.04

The ~~e~~Organization policy prohibits:

- making or accepting payment or other consideration in exchange for referrals;
- preferential treatment of organization members, community partners, members of the organization's governing body, advisory groups members, personnel, or consultants applying for and receiving the organization's services; and
- steering or directing referrals to private practices in which personnel, consultants, or the immediate families of personnel and consultants are financially invested~~engaged~~.

Interpretation: *It is permissible to include on referral lists personnel and consultants with private practices, or family members of personnel and consultants, but the organization may not actively direct service recipients to the practices of these individuals and must clarify in writing the relationship between the private practitioners and the organization.*

Interpretation: *When private practice is permitted on the organization's premises persons served should receive information clarifying the relationship between the private practitioner and the organization.*

Rating Indicators	
Rating	
1	The organization's practices reflect full implementation of the standard.
2	Practices are basically sound but there is room for improvement; e.g., <ul style="list-style-type: none"> Some aspects of the policy are vaguely written, but there have been no ethical violations of the principles outlined in the standard.
3	Practice requires significant improvement, e.g., <ul style="list-style-type: none"> Significant aspects of the policy are vaguely written or confusing; or The policy does not address at least one of the standards elements; or The policy exists but enforcement is lax and there have been a few instances where it has been violated; or The policy is generally understood but it is an unwritten expectation.
4	Implementation of the standard is minimal or there is no evidence of implementation at all: e.g., <ul style="list-style-type: none"> No policy exists; or The policy is not enforced or is ignored in practice.

GOV 7.05

The network prohibits unfairly steering or directing referrals to ~~or "creaming" clients for~~ specific network service provider organizations, such as network owners, or individual practitioners within the network.

NA *The organization is not a network management entity and is not assigned the Network Administration (NET) standards.*

Interpretation: *This includes practices that selectively target or give preference to serving persons who are more likely to be successful or have higher reimbursement rates.*

Rating Indicators	
Rating	
1	The organization's practices reflect full implementation of the standard.
2	Practices are basically sound but there is room for improvement; e.g., <ul style="list-style-type: none"> Some aspects of the policy are vaguely written, but there have been no violations of the principles outlined in the standard.
3	Practice requires significant improvement, e.g., <ul style="list-style-type: none"> The policy exists but enforcement is lax and there have been a few instances where it has been violated; or The policy is generally understood but it is an unwritten expectation.
4	Implementation of the standard is minimal or there is no evidence of implementation at all: e.g., <ul style="list-style-type: none"> No policy exists; or The policy is not enforced or is ignored in practice.

GOV 7.06

When the network management entity, organizations with an ownership interest in the network, or members of the network's board of directors provide direct services to network clientsservice recipients, the network management entity discloses all ownership, partnership, or governance arrangements in all written and online information describing the network.

NA *The organization is not a network management entity and is not assigned the Network Administration (NET) standards.*

NA *The network, board members, or any organizations with an ownership interest in the network do not provide direct services to network service recipientsclients.*

Network Interpretation: *In partner networks, which typically consist of a group of organizations that have joined together to form a new, separately incorporated network entity, the partner organizations often have a direct financial stake in the network, as well as a direct role in the network's governance, decision-making, and outcomes. In such cases partner organizations can be considered the network's "owners." A network can use a simple statement such as "The XYZ Network is a partnership of provider organizations in Clark County" on letterhead or other written material, as long as the network makes more detailed written information, such as a list of all "owners" available upon request.*

Rating Indicators	
Rating	
1	Networks disclose ownership, partnership and governance arrangements as per the requirements of the standard.
2	Practices are basically sound but there is room for improvement; e.g., <ul style="list-style-type: none"> • The statement is either vaguely written or somewhat confusing.
3	Practice requires significant improvement; e.g., <ul style="list-style-type: none"> • Ownership interest, etc., is not clearly disclosed in at least one example of written material describing the network; or • There is a potential for actual or perceived conflict of interest, such as inappropriate competitive advantage in favor of network owners; or • The network makes it difficult to obtain a list of owners.
4	Implementation of the standard is minimal or there is no evidence of implementation at all.

GOV 8: Protection of Reporters of Suspected Misconduct

The ~~Organization~~ policy prohibits ~~employment-related~~ retaliation against employees, and others affiliated with the organization, who come forward with information about suspected misconduct or questionable practices, and procedures for reporting suspected misconduct include:

- a. a description of reportable activities;
- b. ~~provides~~ an appropriate, confidential channel for reporting such information; and
- c. how reported violations are handled.

Note: Please see the Whistleblower Policy Template for additional guidance on this standard.

Table of Evidence		
Standard Code	Evidence Type	Description
GOV 8	On-Site Activities	<ul style="list-style-type: none"> Interviews may include: <ol style="list-style-type: none"> CEO HR director Relevant personnel
GOV 8	On-Site Evidence	<ul style="list-style-type: none"> Documentation of any grievances/incidents related to retaliation, <u>if applicable</u>
GOV 8	Self-Study	<ul style="list-style-type: none"> Policy protecting reporters of suspected misconduct
GOV 8	Self-Study	<ul style="list-style-type: none"> Procedures for reporting <u>and responding to</u> suspected misconduct

Rating Indicators	
Rating	
1	The organization's practices reflect full implementation of the standard.
2	<p>Practices are basically sound but there is room for improvement; e.g.,</p> <ul style="list-style-type: none"> The definition of what constitutes a reportable violation lacks specificity.
3	<p>Practice requires significant improvement; e.g.,</p> <ul style="list-style-type: none"> There is a perception among staff that procedures do not adequately protect anonymity; or Procedures are not readily available, or staff and board members are not aware they exist; or Procedures do not adequately protect against retaliation.

Rating Indicators

Rating	
4	<p>Implementation of the standard is minimal or there is no evidence of implementation at all; e.g.,</p> <ul style="list-style-type: none"><li data-bbox="402 485 699 516">• <u>No policy exists; or</u><li data-bbox="402 541 964 573">• Staff report feeling afraid or intimidated.