



**LOUISIANA BAR
FOUNDATION**
FUNDING CIVIL LEGAL AID

LOUISIANA BAR FOUNDATION
On-Site Visit of

Organization
Date

The LBF requests that you return the following documents by **[insert due date]**. Please submit materials in the following order, with an index that can be *easily transferred into a binder for the evaluator(s)*. Please e-mail documents to renee@raisingthebar.org and send **six** paper copies to:

Renee LeBoeuf, Grants Manager
Louisiana Bar Foundation
1615 Poydras Street, Suite 1000
New Orleans, LA 70112

If you have any questions please call Renee LeBoeuf at (504)561-1046.

Date Rec'd
By LBF

1. Staff

- _____ a. List for each member by: name, position; years of professional experience, years with program; name and title of supervisor.
Indicate Part-time vs. Full-time as well hours/days worked.
- _____ b. Employee Manual/Handbook
- _____ c. Organization Chart
- _____ d. Staff Evaluation and Compensation Policies

2. Board Related Materials

- _____ a. Current list of Board Members and their occupations
- _____ b. Board Orientation Materials
- _____ c. Board Meeting Minutes for the last 12 months WITHOUT attachments
- _____ d. Strategic Planning Materials
- _____ e. Any policies/requirements affecting board service
- _____ f. Any policies adopted and implemented within the last 12 months

3. Program Priority Statement

- _____ **4. Most significant program accomplishments/activities in the last year (3-5 accomplishments)**

_____ **5. Brief statement of significant challenges or changes the program has faced in the last 12 months**

_____ **6. Any recent program review conducted on your organization**

_____ **7. Statement of Intake Procedure/Form**

_____ **8. Referral Policy and List of Referral Agencies/Attorneys**

_____ **9. Client Eligibility Policy.** Please provide (1) the number of applicants determined ineligible during the last 12 months and (2) the number of applicants determined eligible but denied services due to lack of resources.

_____ **10. Case Acceptance Policy.** Please include other policies or forms related to acceptance of cases outside of your program's priorities, if any. Also, please provide any written policies addressing how the program handles cases that are eligible but which the program lacks the resources to handle.

_____ **11. Case Review Policy** including standards by which case work is guided and procedures for reviewing intake, open and closed cases.

_____ **12. List of open cases by case handler; case name is not necessary.** If your case management system allows, please also provide the date the case was opened and the type of case (housing, family, etc.). LBF will use this list to assess caseloads and to select cases at random for the evaluator to review during the visit. Evaluators will not ask to see materials in the files protected by attorney-client privilege.

_____ **13. LSC CSR reports**

- _____ a. CSR for each of the most recent two-year periods for the whole program
_____ b. CSR for 2017 for each casehandler

_____ **14. List and brief description of current impact cases, matters, and projects:** An impact case or project is an effort that (1) affects significant segments of the eligible client population, and (2) achieves or is expected to achieve relatively permanent improvement in legal rights or basic living conditions of those affected.

_____ **15. Client Grievance Policy,** grievances (and related follow-up) filed in the last two years.

_____ **16. Client Satisfaction Survey** and recent completed surveys. And/or other outcome measurement projects and any relevant reports concerning their results.

_____ **17. Recent News Articles about program activities (from the last 12 months).**

_____ **18. Names, addresses and phone numbers of five (5) members of the community – non-board members – to include members of the judiciary and/or local bar associations that are familiar with the work of the organization.**

_____ **19. Explanation of how the program has responded to any LBF requirements and/or recommendations noted in the most recent grant award.**

20. Fiscal Review

_____ a. Copy of all grant agreements, grant award budget forms, and budget narratives (on all current funding).

_____ If there have been any amendments or revisions, provide those as well.

_____ b. Copy of any reports submitted to funders during the past 12 months.

_____ c. Copy of general ledger for LBF grants for each grant quarter

_____ d. Copies of audited financial statements for the past two fiscal years

_____ e. Copies of IRS 990 statements for the past two fiscal years

_____ f. Organizational chart

_____ g. Employee names, salaries, and hours dedicated to LBF funded work

_____ h. Written allocation method policy used for salaries and expenses

During the visit, those conducting the fiscal review will need access to:

1. Employee timesheets
2. Employee tax details
3. Employee deduction details
4. Invoices and supporting documents
5. Bank account statements