INDIVIDUAL DEVELOPMENT ACCOUNT PROGRAM
PRE-MONITORING QUESTIONNAIRE

To be completed and submitted to ORR no later than Close of Business, DATE

_____

Recipient

_____

Program Director and/or Program Coordinator

_____

Authorized Representative

_____

Site Monitoring Address

_____

Telephone and Email for Monitoring Contact

_____

Site Visit Date

In immediate response to priorities of the current administration, this form has been updated with the following changes prior to approval by the Office of Management and Budget (OMB), as required by the Paperwork Reduction Act (PRA) of 1995 (44. USC. 3501 et seq.). The PRA requires that agencies obtain OMB approval before requesting information from the public, and OMB review and approval for most changes to an approved information. ACF is working to process these changes through OMB to come into compliance with the PRA but has implemented changes to the OMB-approved form to ensure compliance with the following Executive Orders: Executive Order(s) 14168 and/or 14151, 14173, 14224. Other than these changes, this form is approved under OMB #: 0970-0558.

Description of Local Service Provider Site

1. IDA Caseload Information Separate responses should be provided for each column.	Response for Budget Year of Monitoring Review	Response for Project Period
a. How many individual clients have you enrolled into the IDA Program? (Count each enrollment only once.) (Actual count)	#	#
b. How many individual clients did you project to serve? (Count the number of clients you projected to serve for both the budget year of the monitoring review and for the project period as a whole.)	#	#
c. How many households have you enrolled in the IDA Program? (Count the actual number of households you have enrolled to date for both this budget year of the monitoring review and for the project period as a whole.)	#	#
d. How many households did you project to serve? (Count the number of households you projected to serve for both the budget year of the monitoring review and for the project period as a whole.)	#	#
e. What are the three nationalities most represented in your current caseload?		
f. Compared with the nationalities you identified above in 1e above, what are the nationalities of clients resettled in your area currently?		

2. IDA Program Information	Response for Budget Year of Monitoring Year	Response for Project Period
a. What quantity of Match Funds have you obligated for IDA? (Count actual Match Fund dollars obligated for both the budget year of the monitoring review and for the project period as a whole.)	$	$
b. What quantity of Match Funds did you project for the IDA Program? (Count projected Match Fund dollars for both the budget year of the monitoring review and for the project period as a whole.)	$	$
c. What is the current balance of the Parallel Account?	$	

d. How many assets have clients purchased through the program to date? (Count the number of actual assets clients have purchased to date for both the budget year of the monitoring review and for the project period as a whole.)	#	#
e. What is the total value of asset purchases to date? (Count the total dollar value of assets client have purchased to date for both the budget year of the monitoring review and for the project period as a whole.)	$	$

3. Please list and briefly describe the services you provide under the IDA Program. Using the drop-down, select whether the service is provided in-house or through a partner. Expand as needed.

Service	Service Description	Select In-house or Partner
		Choose an item.
		Choose an item.
		Choose an item.
		Choose an item.
		Choose an item.

    b. Do you have contracts or MOUs with any of the above agencies/organizations? [＿＿＿＿＿＿] (If so, please provide with document submission.)

    c. How do you receive information and/or feedback on client progress from the above-mentioned agencies/organizations?

    d. Please describe any regular consultations with sub-recipients, how feedback is provided to sub-recipients, and how follow-up is conducted on identified concerns.

4. ORR seeks to disseminate promising practices that are identified in the course of monitoring. Please describe any potentially unique or innovative IDA programmatic or operational activities you currently implement that could serve as a model to other IDA programs. (Responding to this question is optional.):

Please also answer these questions:
a. How has implementing this activity improved operations or contributed to positive outcomes for refugees?

b. What types of data do you have that show it is making a difference?

c. Do you believe this activity could be adapted at other agencies and in other contexts?

5a. Describe any external and/or internal conditions or factors (both positive and negative) that have impacted or may impact IDA Program performance.

5b. What measures have you taken to overcome any negative conditions or factors that have impacted or may impact IDA Program performance?

5c. What evidence do you have that any of these measures may have improved performance?

Staffing

6a. Using the following table, list all paid staff members (including paid interns) supported with IDA Program funds. Include any vacant positions.

Name	Position Title	Hours/Week	FTE	Languages	# Years Worked on IDA Program	Primary Functions

6b. Please list the total IDA hours per week and FTEs in the table below.

Total Hours/Week:	#
Total FTE Paid with Program Funds:	#

7. Do you have an organizational chart or document establishing clear lines of responsibility and authority? [   ]

   If yes, please attach a copy.

8. Answer the following if you utilize volunteers/interns to assist in delivering IDA services:

Questions	Responses
a. How are volunteers -	
i. Recruited?	
ii. Screened?	
iii. Trained?	
iv. Supervised?	
b. How do you document volunteer services?	
c. What is the total number of hours volunteers contributed in support of the IDA Program in the last 12 months?	#
d. What tasks do volunteers typically perform?	
e. Approximately how many hours per week do volunteers contribute to each task?	

Budget and Financial

9. How does your current (actual) spending compare to your projected spending for the program this budget year (of the monitoring review)?

10. What systems are in place to ensure that expenditure reports represent accurate, allowable costs spent according to the budget?

11. Please describe how interest accrued on the clients' match accounts is tracked and utilized.

12. What system or software is in place to manage the clients' match accounts? Please also describe the program and financial oversight process as a part of your response.

13. Describe how your organization manages any unspent funds should clients fail to meet their savings goal or stop contributing to their IDA.

14. Has an independent auditor examined your IDA Program in the last two years? [   ] (Attach report of findings, if yes.)

    14a. If yes, were the findings in the audit addressed and resolved? [   ]

15. What other non-federal funding sources, if any, contribute to the IDA Program? Please note the source, purpose, and amount of these funds, expanding as needed.

Source of Funds	Purpose of Funds	Amount
		$
		$
		$
		$
		$

16. Describe the process to ensure correct reporting of administrative staff time for each activity/grant (per 45. CFR 400.206-207).

Training and Technical Assistance

17. IDA Program Participant Training	Response for Budget Year of Monitoring Review	Response for Project Period
a. How many clients participated in financial literacy training? (Count the actual number of clients who participated in financial literacy training to date for both the budget year of the monitoring review and for the project period as a whole.)	#	#
b. How many clients completed financial literacy training?	#	#
c. How many financial literacy training hours did you provide? (Count the actual number of financial literacy training hours you provided for each participant to date for both the budget year of the monitoring review and for the project period as a whole.)		

d. How many clients and hours of financial literacy training did you project would be provided to participants? (Goal count)				Hours: # Clients #	Hours: # Clients: #
Asset	**Agency/Organization Providing Training**	**Topic(s)**	**Hours Required**	**Hours Provided**	**Number of Clients**
Education					
Home Ownership					
Microenterprise					
Vehicle Purchase					
TOTAL Asset-specific Training Hours Provided					
TOTAL Number of clients who received asset-specific training					
e.					

18. Describe your financial literacy training. Where applicable, provide the name of the curriculum, number of modules, major training topics, number of required hours, and pre- and post-test procedures.

19. Describe your asset specific training for each asset you offer. Include any modifications and justification you have had to make from your original grant application. If you require a specific number of hours of training per asset, how do you ensure those requirements are met?

Asset	Required Hours	Description of Training
House		
Car		
Education		
Microenterprise		
Education		

20. Are you on target to reach your annual goals for asset workshops and individual asset training/counseling? [ ]

20a. If not, why?

20b. How do you track client completion of courses?

20c. Describe how you determine whether the training was successful.

Other

21a. Describe your outreach strategy for client recruitment.

21b. Have you encountered any obstacles to your original plan? If so, how are you working through those obstacles?

22. Describe how you determine client eligibility for the IDA Program (e.g., income, time in country, value of assets, etc.)?

22a. Describe how you assess economic self-sufficiency at enrollment and at the completion of IDA services.

23. Describe your enrollment and orientation process. (Please include a copy of the client Savings Plan Agreement.)

23a.Do you have a waiting list for services? [   ]

23b. If so, how many people are on it?

23c. What criteria, if any, are used to enroll someone from the waiting list? (e.g., first-come first serve, demonstrated needs, etc.)

24. How do you ensure clients are meeting their savings plan goals?

25. Describe the nature of your program's relationship with the following stakeholders, including descriptions of coordination, communication, and community outreach measures:
    a.   State Refugee Coordinator (SRC): (In addition to addressing the question above, please also include the date of your last interaction with the SRC and the nature of the interaction.)

    b.   Local refugee resettlement agencies:

    c.   Other local service providers:

26. List any partners (formal and/or informal), including any training partners, which contribute to your IDA Program. Expand as needed.

Name of Partner	Type of Service Provider	Nature of the Collaboration

27. How do you ensure IDA Program services are culturally and linguistically appropriate for the target refugee population you serve?

28. How are you incorporating anti-discrimination actions to review existing programming and develop any new programming?

29. What mechanisms do you use to receive feedback from clients and how often does this occur?

30. Please describe your organization's process for handling client grievances.

31. How do you ensure the protection of any personally identifiable information (PII) collected?

32. Please describe your organization's process for assessing program performance and effectiveness. Include the methods and tools used, types of data collected and analyzed, roles of key staff involved, and how often this process occurs.

33a. What have been the opportunities for your organization in implementing the project?

33b. Please describe any challenges or areas of technical assistance you would like to discuss with ORR during the monitoring review.