# 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

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: Through this information collection, ACF is gathering information to monitor compliance with federal practice, guidelines and requirements, provide oversite of federal funds, and provide support as needed. Information collected will be used directly to guide site visits, identify areas for technical assistance, and support recommendations and corrective actions. Public reporting burden for this collection of information is estimated to average 3 hours per grantee, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information under INA § 412(c)(1)(A), 8 U.S.C. 1522(c)(1)(A). This collection of information is required to retain a benefit. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0558 and the expiration date is 11/30/2026. If you have any comments on this collection of information, please contact Yimeem Vu at Yimeem.Vu@acf.hhs.gov.

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	Response for	Response for
Separate responses should be provided for each column.	Budget Year of Monitoring Review	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
Service	Service Description	Partner
		Choose an item.

b.	Do you have contracts or MOUs with any of the above agencies/organizations?	(If so, please provide with
	document submission.)	1

- 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	<b>Primary Functions</b>

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?
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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

		Response for Budget Year of	Response for Project Period
		Monitoring Review	
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.)		

Asset	Agency/Organi Providing Tra		Topic(s)	Hou		Hours Provided	Number of Clients
Education	Frovium 11a	iiiiiig		Keqi	ineu	Provided	Cheffs
Home Ownersh	in						
Microenterprise	1						
Vehicle Purchas							
TOTAL Asset	pecific Training Hours	Provided					
	<u> </u>						
TOTAL Numbe	er of clients who receive	d asset-specific	training				
e.						'	
19. Describe vour	asset specific training for	or each asset voi					_
from your orig requirements a	ginal grant application. In met?		a offer. Include any modi pecific number of hours o	of training per	asset, how		
from your orig requirements a Asset	ginal grant application. It		pecific number of hours of		asset, how		
from your orig requirements a Asset House	ginal grant application. In met?		pecific number of hours of	of training per	asset, how		
from your orig requirements a Asset House Car	ginal grant application. In met?		pecific number of hours of	of training per	asset, how		
from your orig requirements a Asset House Car Education	ginal grant application. In met?		pecific number of hours of	of training per	asset, how		
from your origon requirements and Asset  House Car Education Microenterprise	ginal grant application. In met?		pecific number of hours of	of training per	asset, how		
from your orig requirements a Asset House Car Education	ginal grant application. In met?		pecific number of hours of	of training per	asset, how		
from your origon requirements at Asset  House Car Education Microenterprise Education	ginal grant application. It are met? Required Hours	f you require a s	pecific number of hours of	of training per	asset, how	do you ensure t	
from your origon requirements at Asset  House Car Education Microenterprise Education	ginal grant application. It are met? Required Hours	f you require a s	pecific number of hours o	of training per	asset, how	do you ensure t	

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.