



ADMINISTRATION FOR  
**CHILDREN & FAMILIES**

Office of Refugee Resettlement | 330 C Street, S.W., Washington, DC 20201  
[www.acf.hhs.gov/programs/orr](http://www.acf.hhs.gov/programs/orr)

OMB Control Number: 0970-0558

Expiration Date: 11/30/2026

## REFUGEE CAREER PATHWAYS PROGRAM PRE-MONITORING QUESTIONNAIRE

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*To be completed and submitted to ORR no later than Close of Business, (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 oversight 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 5 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). 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 Ryan Foster at [Ryan.Foster@acf.hhs.gov](mailto:Ryan.Foster@acf.hhs.gov) or Marieme Ndiaye at [Marieme.Ndiaye@acf.hhs.gov](mailto:Marieme.Ndiaye@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 #: 0970-0490.



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**RCP Program Name**

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**Program Director**

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**Program Address**

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**Telephone**

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**Site Visit Date**



# Description of Local Service Provider Site

1. Basic Caseload Information	Responses
a. How many total clients have you enrolled in the Refugee Career Pathways (RCP) Program since the beginning of the project period? (Count total enrollments to date, from beginning of this project cycle. Count each enrollment only once.)	#
b. How many clients have you enrolled so far this fiscal year (FY) to date? (Count new, first-time enrollments.)	#
c. How many clients did you project to enroll this FY? (Count new, first-time enrollments for this project year only.)	#
d. How many clients did you enroll last FY? (Count new, first-time enrollments for last FY only.)	#
e. What nationalities are most represented in your current caseload?	
f. Compared with the nationalities you identified in 1e above, what are the most common nationalities of clients resettled in your area currently?	

2a. Do you track enrollments by sex?  
 Choose an item.

2b. If so, please share that data from the previous fiscal year.

3. Please list the career fields you are currently supporting through your program and briefly describe corresponding potential career pathways accessible to your participants.

4. Please list and briefly describe the services you provide in the RCP 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-
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		<b>house or Partner</b>
		Choose an item.
		Choose an item.
		Choose an item.
		Choose an item.
		Choose an item.

5. ORR seeks to disseminate promising practices that are identified in the course of monitoring. Please describe any potentially unique or innovative RCP programmatic or operational activities you currently implement that could serve as a model to other RCP 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?

6a. Describe any external and/or internal conditions or factors (both positive and negative) that have impacted or may impact RCP Program performance. (For example, new local employment support initiatives, staff turnover, etc.)

6b. What measures have you taken to overcome any negative conditions or factors that have impacted or may impact RCP Program performance?

6c. What evidence, if any, do you have that any of these measures may have improved performance?



# Staffing

7a. Using the following table, list all paid staff members (including paid interns) supported with RCP Program funds. Include any vacant positions.

Name	Position Title	Hours/Week	FTE <sup>1</sup>	Languages	# Years Worked on RCP Program	Primary Functions

7b. Please list the total RCP hours per week and FTEs in the table below.

<b>Total Hours/Week:</b>	#
<b>Total FTE paid with program funds:</b>	#

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<sup>1</sup> <https://www.gao.gov/special.pubs/gao-11-78sp/fte.htm> or Federal Workforce Statistics Sources: OPM and OMB (Updated October 23, 2020), page 1: <https://fas.org/sgp/crs/misc/R43590.pdf#:~:text=Method%201%3A%20Full-Time%20Equivalent%20Employment%20%28OMB%29%20The%20term,is%20calculated%20by%20determining%20the%20total%20number%20of>



8. Describe the process to ensure staff time is appropriately tracked and recorded.
9. Answer the following if you utilize volunteers/interns to assist in delivering RCP 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 RCP Program in the previous fiscal year?	#
d. What tasks do volunteers typically perform?	

## Budget and Financial

- 10a. What is your annual operating budget for the RCP Program?
- 10b. What percentage of your annual budget for the RCP Program covers administrative costs?
11. How does your current (actual) spending compare to your projected spending for the program this budget year? Please explain any significant deviations.



12. Who is responsible for monitoring program expenditures, including administration and operations? Please provide name(s) and job titles(s).
13. What system or software is in place to track financial assistance provided to each participant?
14. What systems are in place to ensure that expenditure reports represent accurate, allowable costs spent according to budget?
15. Who is authorized to sign checks? Please note dollar amounts and level of authorization.
- 16a. Has an independent auditor examined your RCP Program in the last two years? (If yes, attach a report of findings.)  
Choose an item.
- 16b. If yes, were the findings in the audit addressed and resolved?
17. What other non-federal funding sources, if any, contribute to the RCP Program? Please note the source and amount of these funds, expanding as needed.

Source of Funds	Amount
	\$
	\$
	\$
	\$
	\$

## Training and Technical Assistance

18. Describe the organized group training programs provided through the RCP Program. (You may submit a curriculum or training schedule in place of the table below.) Expand as needed.



Agency/Organization Providing Training	Topics Covered	Program Duration/Hours Required
		# hours
		# hours
		# hours
		# hours

19. Do you track the number of participants per training? If so, please provide that data for the trainings listed above.
20. If you require a specific number of hours of training, how do you ensure those requirements are met?
21. Please provide a brief description of the one-on-one technical assistance and/or coaching participants receive. Include the duration, frequency, and forums in which participants meet with a career coach or other program-supported individual providing technical assistance.
- 22a. Are you on target to reach your annual goals for training and technical assistance?  
Choose an item.
- 22b. If not, why?

## Core Service Delivery

23. Describe your outreach strategy for client recruitment. Have you encountered any obstacles to your original recruitment plan? If so, how are you working through those obstacles?
24. Describe how, if at all, you coordinate with state refugee coordinators as a resource for program implementation.
25. Describe how you coordinate with the local resettlement agencies in your area as a resource for client recruitment.



- 26a. What policies and procedures do you employ to screen refugee clients for program enrollment?
- 26b. How are staff made aware of these policies (e.g., eligibility, screening potential participants for program suitability) and kept current on any changes?
27. Describe your enrollment and orientation process.
28. Briefly outline your program's approach to assisting participants in achieving their career goals and understanding opportunities for advancement along their chosen career pathway.
29. If there are other employment programs available to refugees in your area, explain how your services differ from those provided by those programs.
30. Please describe the nature of your program's partnerships, including those that may provide cultural and language competency, case management and technical assistance, skills training, on-the-job training or apprenticeships. Please discuss partnership outreach, coordination, and communication activities.
31. Please describe any agreements with local employers or other organizations to provide on-the-job training, English-language training, or apprenticeships to participants.
32. If you offer direct financial assistance to participants, please describe your process for considering requests for assistance and making corresponding payments.
33. Please describe additional sources of support (e.g., certification courses, degree programs, etc.) that you use to help participants achieve their advanced career goals.
34. Please explain how you support participants in obtaining new credentials or attaining recognition of existing credentials.
35. Please describe any professional or educational resources you have developed with RCP funds. Describe the resources by the party for whom they were developed, below. Please attach copies of any resources developed with RCP funds to this questionnaire.



- a. Resources developed for staff (if any):
- b. Resources developed for program participants (if any):

36a. How do you define participant success?

36b. What, if any, barriers (e.g., lack of child care, lack of employer partnerships, financial barriers, lack of transportation, etc.) to participant success has your program encountered?

36c. What measures have you employed to overcome these obstacles?

37. 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.

## Other

38. How do you ensure compliance with Title VI? Consider:
- a. Accessibility of LEP policies and procedures in your office.
  - b. Staff training by type, frequency, etc.
  - c. Methods for notifying clients of their right to language assistance without charge.
  - d. Mechanisms for measuring effectiveness of language assistance.
  - e. LED compliance of training partners.
  - f. Procedures for addressing clients who decline language assistance/interpreter services in favor of assistance from family or friends.



39. What is your records retention policy?
40. What mechanisms do you use to receive feedback from clients and employers, and how often does this occur?
41. Please describe your organization's process for handling client grievances.
42. How do you ensure the protection of any personally identifiable information collected?