

## Transcript: AmeriCorps State and National National Direct Grantee Training Call on the Interim Disallowance Guide

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**Speakers:**

Kathy, Operator [O]

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Jim Stone, Senior Program & Project Specialist, AmeriCorps State & National, CNCS [JS]

(0:00)

[O]: Thank you for standing by. At this time, all participants are in a listen-only mode. During the question and answer session, you may touch star-1 on your touch tone phone if you would like to ask a question. Today's conference is being recorded. If you have any objections, you may disconnect at this time. I'd now like to turn the meeting over to Mr. Brian Cognato. You may begin.

(0:18)

[BC]: Thanks very much, Kathy. Hi everyone. My name is Brian Cognato. For those of you who don't know me, I work in the Office of Grants Management at CNCS and we've also got Jim Stone from AmeriCorps here on the call with us.

[JS]: Thanks, Brian.

[BC]: I had the opportunity to meet some of you at the National Service Trainings earlier this year, but for many of you this will be the first time we're interacting, so I just want to say that I'm eager to learn more about your work and continue to work with you to support you in the criminal history checks. I come from a nonprofit background myself, where, among other things, I managed some federal awards and I really enjoy getting to know and work with our implementers in the field. While one of my jobs is to make the requirements more achievable, to get you the information that you need to meet our standard for the criminal history checks of on time, every time, today we're talking about something a little bit different, compliance. Specifically what we're talking about is what you can expect if your organization is found to not be in compliance with the CHC requirements. We'll be discussing a document released on August 31, 2015, called the National Service Criminal History Check Interim Disallowance Guide.

(1:38)

If you have the opportunity, I highly recommend having that document handy. I believe it was sent with the email that invited you to this conversation and if it wasn't there, you can find it on the CHC page on the Knowledge Network, which is at <http://www.nationalservice.gov/resources/criminal-history-check>. We'll be referring to that document several different times over the course of today's call, so I do recommend having it handy. You can also find it by going to your search engine and searching "CHC

CNCS," and following the link to our Knowledge Network page. You'll see a heading in about the middle of that page called "Compliance" and the first link under that heading is what we'll be discussing today. [Editor's Note: This document has since moved. It can now be found using the first link under the "Enforcement" heading, not the "Compliance" heading, on the Knowledge Network page at <http://www.nationalservice.gov/resources/criminal-history-check>.]

(3:26)

If you had an opportunity to look at that document before this call, you'll see that there's a lot of information in it. I will be frank and tell you that it is addressed primarily to those who monitor grantees, those who monitor grantees being largely our staff and also our prime grantees, such as a state commission. However, there are some very important implications about what's in there for grantees, so we want to be sure we give you this opportunity to learn about it, to discuss it, and to ask any questions that you may have, because again it does have some important implications for how we will be enforcing criminal history checks here in the future. We're going to discuss a few specific aspects of this guide because it is so broad and it is intended for a fairly wide audience and the four things that we'll be discussing today are:

- The context
- Risk-based disallowance, which is really the key to everything we'll be saying today
- A disallowance cap and self-reporting and
- What you can expect from CNCS in implementation.

Those are the four things that we're going to cover today.

(4:38)

We'll start with the context. Before we dive into that, we do want to encourage you to ask questions. This is a new system and we want to be very transparent about how we're implementing it and we want your questions to help us learn what's not clear, what we can improve. You'll note that it's an "interim" disallowance guide, which means that we will have an opportunity to revise it. We'll talk a little bit more about that in the future, but that serves to illustrate how important your questions and attention to this document will be in helping us refine to make sure that it really does achieve our goals. However, for the sake of time, we will be holding questions for a couple, specific moments. So, if you have any questions as we go, jot them down, and we'll be sure to pick them up at those times. Let's go ahead and talk about the context.

(5:20)

#### [I. The Context]

To understand this system, it helps to look back and discuss what has come before. First, as you all know, the CHC requirements are a priority for the Corporation for several reasons. They are a vital safeguard required by law, and we are bound to enforce them. As our CEO has said, our expectations for the CHCs are on-time, every time, and grantees that do not meet that standard can expect to lose out on grant funds.

As many of you also know, there is also greater focus on accountability within the federal government in general, as you've seen through processes like IPERA, which several of you have been involved in. The

CHCs are such a focus now partially as a result of that shift, as we strive to meet the high standards of accountability that we all expect from a federal agency.

Recognizing that, in April CNCS adopted a policy specifying that cost disallowance would be the standard enforcement action for most cases of CHC noncompliance. In many ways, that is not actually new – CNCS has long disallowed costs for this kind of noncompliance – but we standardized that and made it policy because of our commitment to accountability. This followed the Assessment Period in late 2014, when we asked all of you to review your CHC files, with the expectation that if you corrected any errors that you found, costs would not be disallowed based on those issues. You all made substantial efforts to meet that request, and hopefully, it provided an opportunity for you to address any large, systemic problems. After providing that opportunity, we have formally committed to prioritizing accountability, as reflected in our policy on enforcement.

The system that we are discussing today is an attempt to balance those high standards for accountability with the recognition that your work is the aligned with our Agency's mission. What we're here to talk to you about today are some important changes in how we execute our enforcement policy. Cost disallowance is still the standard enforcement action for CHC noncompliance, but we're going to do it in a very nuanced way to align our enforcement with our goals, which are compliance and allowing you to do the vital work that you do. As we discuss this approach, we hope that you feel it accomplishes a few key goals:

First, it recognizes that not all noncompliance is the same and treats minor administrative errors differently than flagrant noncompliance

Second, it has several mechanisms to avoid disallowances that would cripple a grantee in all but the most severe cases, aligning our enforcement actions to our goals of compliance and supporting your work; and

Finally, it provides real benefits for those organizations that take compliance seriously and strive to meet their statutory requirements.

(9:02)

[II. Risk-Based Disallowance]

So that's what we're trying to achieve here, and the system that we hope achieves this is called risk-based disallowance. Now we're going to get into the nuts and bolts of how this system works. I find it's easiest to do that by comparing it to our old system, and we'll use an example to help us do that. Try to write down this information, because we'll be using it often.

In our example, we'll be discussing an AmeriCorps program with ten covered positions, a Program Director, a nine members. On a monitoring visit, the CNCS staff person begins reviewing for compliance and they find that the Program Director's file has not been compliant due to an unacceptable vendor check. While it contained a search of nationwide criminal history information, it did not use the right repositories. This is a problem, as we all know, because for a compliant state check, you must use the official state repositories posted on our website. The organization has done everything else right – conducted an NSOPW on time, initiated an FBI check on time, and maintained all their documentation correctly. We're assuming this individual has access to vulnerable populations. This staff person actually

started on the grant two years ago and the monitoring visit happened today, meaning that they have been out of compliance for two years.

Under our old system, the program officer would first direct the grantee to conduct corrective action; that is, correct the incorrect check. Next, they would begin to calculate an amount to disallow – as we mentioned, that’s the standard enforcement action for most cases of CHC noncompliance. Previously, cost disallowance would extend from the date the individual started on the grant to the date the issue was identified – in this case, two years. The amount that would be disallowed would be all of their salary on the grant. Let’s say this staff person charged \$50,000 annually to this grant – that would be a disallowance of \$100,000.

You can imagine how that would continue to escalate if the member files had the same issue. They might have years of stipends that would be disallowed. The result is that an organization that tried to substantially comply, would be facing a major cost disallowance as a result of a well-intentioned effort. So that's the old system, now let's look at the new system.

(12:39)

The new system aims to avoid this exact scenario. Unlike the old system, which focuses on time and compensation, this new system focuses on risk. Its core components are outlined on pg. 4 of the Disallowance Guide. What you will see at the top of this page is a table and this table includes two variables. What these variables are trying to assess is what is the risk to vulnerable populations. We're doing disallowance based on risk now, not time and budget. The two variables that we'll use to identify risk is first what an organization has done to come into compliance, and that's what's reflected in those rows, the "Mitigation Ratings." If you look below the table at the top of the page, you'll see some specific definitions of these different mitigation ratings. They're a little bit technical and we won't go into them in-depth in this call, but basically what that's trying to capture is "How much have you done, how close are you to compliance, and really, how safe are the populations that you are serving?" If you have done more, you will move up those ratings. In other words, you would move from "Moderate Mitigation" to "Substantial Mitigation" or from "Low Mitigation" to "Moderate Mitigation." Moving up in categories means that you will move down in disallowance amount. That's what you'll see if you go back to the table at the top, reflected in the rows. "Substantial Mitigation" has a per-file disallowance amount of \$250 or \$500, whereas "Moderate Mitigation" - if you've done less - has a per-file disallowance amount of \$500 or \$1000.

(15:09)

So we've got two options here for each of our rows. How do we get to the columns? How do we incorporate this other variable? What this variable is trying to capture is the extent of noncompliance in the portfolio as a whole. In other words, you're going to look at whether it was a systemic issue, or an isolated issue, and this system draws the line at 50% of the portfolio. If it's less than or equal to 50% of the portfolio of individuals whose files are being reviewed, then there is going to be a lower disallowance amount than if it is a systemic issue occurring in more than 50% of the files that are reviewed. So we're trying to differentiate based on how a grantee has treated its entire portfolio of covered positions. So you take those two variables - what an organization has done, what's present in a specific file and their performance across their portfolio of covered positions - and then you find this per-file disallowance amount, based on those two variables.

We're going to do an example in just a second to walk us through that, but it's important first to emphasize that we still expect full, on-time, every time compliance, and if you do that, no costs will be disallowed. But if you don't meet that standard, the enforcement action can take into account other steps you have taken to protect vulnerable populations. In addition, time and budget are irrelevant. It doesn't matter how long an individual is serving, or how much time they charged to the grant. Just those two variables – what you have done to comply and how widespread the issue is. We expect this to result in much more reasonable amounts in most cases. The amounts will still be meaningful, to incentivize compliance, and those that are grossly out of compliance can still expect a meaningful enforcement action, but enforcement will pose existential threats to organizations much less often. Let's turn to our example to see why that's the case.

(17:10)

Remember, in the old system, our Program Officer found one file out of compliance and came up with a disallowance of \$100,000 just from that one file, before even looking at the member files. In this example, it's a little different. When a Program Officer finds a file out of compliance, they will still start by directing the grantee to immediately correct the check. That will happen on-site, not 30 days after the visit. That has been, and will remain their first step. But then, instead of calculating disallowance based on time and compensation, they would use the matrix on pg. 4 of the disallowance guide.

The next task will be to identify a Mitigation. They'll do that by looking at what actually is in the file. Even some things that are not compliant, like a vendor check that doesn't include information from the right repositories, can count as mitigation. One of these things is a vendor check that includes a nationwide search of state criminal history information. Now it's still not compliant, you can still expect some disallowance, but what this system says is we recognize the value of that additional information and, as a result, it's taken into account in mitigation. You can read more about what counts as mitigation here and on pgs. 5-6 of the Guide. I recommend reading those pages particularly closely. We should note that not everything counts as mitigation – a credit check, for example, does not count – but that we tried to take into account common findings that do provide useful information on an individual's criminal history. In our example, where they did everything right except using a vendor that did not use the right repository, the individual would have "Substantial Mitigation."

Next, the PO will look at compliance within your portfolio as a whole. In other words, they'll look at those other nine files, and try to determine if it's a systemic problem – occurring in over half the portfolio – or not. That's demonstrated in the two columns at the top of the table. That results in a single per-file disallowance amount, by combining it with the mitigation rating. In my example, if it was an issue in only one file, the disallowance would be \$250 (Substantial Mitigation x 50%). If there was only one file out of compliance, the disallowance would stop there, just \$250. Not \$100,000, like it would be in the old system. Even if it was a systemic problem, across the whole portfolio, it would be \$500 per file (Substantial x 50%) times 10 files, \$5,000. We recognize that is a substantial amount of money, but that is still an order of magnitude less than it would be for even one individual otherwise, let alone the disallowances associated with the members, and that's the case only when it is a very widespread issue.

It is important to point out that in adopting this approach, an enforcement mechanism with no cost disallowance was simply not an option for CNCS. We believe this more balanced approach takes into account the need for on-time, every time compliance and the recognition that enforcement is a legitimate way to achieve that goal, with our other goals of getting organizations into compliance and

supporting your work. There are two additional, important components of this system, a disallowance cap and an incentive for self-reporting, which we will discuss shortly. First let's take some questions. Kathy, can we queue up some questions?

(21:36)

[O]: Sure, at this time if you would like to ask a question, you can press star-1. Please remember to unmute your phone and record your first and last name clearly when prompted. One moment please as we wait for our first question.

[Pause]

Once again, to ask a question, press star-1 and record your name.

[Pause] There are no questions in queue at this time.

[BC]: OK, great. Thank you very much, Kathy. This won't be the last opportunity that we have to ask questions and I do want to reemphasize that we hope you ask questions. We do realize that this is very new. We also recognize that maybe you haven't had a lot of time to really review this document in depth before this call, it just came out last week, but please do take that time. We'll have another opportunity on this call for you to ask questions and of course you can always ask questions through your Program Officer as well. Please do continue to think of any questions, any uncertainty that you might have, so we can get you that information. We'll move on to our next topic. We've already talked about the context and we've talked about the basics of risk-based disallowance. Now we're going to talk about the disallowance cap and self-reporting.

(23:06)

[III. The Disallowance Cap and Self-Reporting]

Hopefully we understand how this system in general better balances our need for accountability with our goals of supporting your work, but there are two additional components that will help those grantees that strive for compliance.

The first of these components is a disallowance cap. In most circumstances, disallowance is capped at 25% of the federal share of the award. This is described in more depth on pg. 6 of the Disallowance Guide, where you'll see a heading that says "Disallowance Cap." In our earlier example, we used small numbers to simplify the math, but for illustration purposes, let's say that there were 100 covered positions instead of 10. Assuming they were all out of compliance with substantial mitigation, as before, that would amount to a risk-based disallowance of \$50,000 (100 x \$500). However, what if the federal share of the award was only \$100,000? What this cap means is that a program officer would compare their calculated disallowance, \$50,000, with 25% of the federal share - \$25,000. The Program Officer would then apply that smaller amount, \$25,000, half of our calculated disallowance. Here we see another difference between this system and the old-system – this system is firmly scaled to the size of the award, whereas the other system was relatively open-ended, possibly extending even across grants.

There is one more important caveat to the disallowance cap. CNCS does have discretion to enforce an amount higher than the cap in cases of gross noncompliance. If a grantee is flagrantly not complying

even after attempts to bring the grantee into compliance, there is a way for them to escalate the issue. That should happen rarely, but we do want to acknowledge it's a possibility. In most cases, the disallowance cap will limit CHC noncompliance disallowances to 25% of the federal share of the award.

(25:30)

This system also differs from the old system in that it tries to incentivize compliance and reward good practice. Self-reported cases of noncompliance, as distinguished from those that CNCS finds in monitoring, will receive a 50% reduction in their disallowance amount. To take the prior example, if the raw disallowance was \$50,000, the disallowance we found when 100 files were out of compliance – but it was self-reported, that would be reduced to \$25,000.

The purpose of this is not just because we want to know how things are going, although we do. It's because our primary goal, as it was in the Assessment period, is present-day compliance. More than anything else, we want individuals to be going through the required process, so we have created this incentive for you to exercise good practice and monitor proactively and, if something goes wrong, to ask for help. That does not mean that a CNCS Program Officer will do all the work for you, but they are available to provide training and technical assistance if it's needed.

There is one caveat here as well. To count as "self-reported," you have to disclose noncompliance prior to any notification of an upcoming monitoring visit. If you have already received notice of a monitoring visit, it's too late to receive this self-reporting incentive. More information about self-reporting is available on pg. 7 of the document, and we strongly recommend reading that very closely.

(27:32)

#### [IV. What You Can Expect in Implementation]

We're on to our last agenda item, which is what you can expect in implementation. Now that we understand the system as a whole, we should outline some key aspects of its implementation, so you know what you can expect from CNCS. Some of this is new, and some of it has remained consistent, but it is all worth repeating.

First, our standards for compliance remain on time, every time. We are committed to that standard and meeting it is your first responsibility for the CHCs. If you don't know how to meet that standard, reach out to your Program Officer for your assistance. If you can meet that standard, you will never need to interact with this document, unless you're involved in monitoring subgrants. This document is only for noncompliance, only for when things have gone wrong. Just like we said in the assessment period, you may be assuming you are compliant now based on old information. Our recommendation is that you should not assume anything. Take a look at your records and review to make sure you are meeting that on time, every time standard. I should also mention that this document doesn't really change compliance at all. Your requirements to complete an NSOPW before someone starts work or service and to initiate state and FBI checks using the right repository, that all stays the same. The only thing that is new is what happens when that standard is not met, when something goes wrong.

Second, we understand the challenges you encounter in the process and are working to lower the barriers for compliance. This includes efforts like exploring securing an Agency-wide solution for FBI checks, approving new alternative state repositories, and developing new training tools and resources. If

you want any more information about these efforts, please reach out to your Program Officer. We do want to emphasize that while today we are talking about noncompliance, today we are talking about disallowance, that is not all we're doing. We're working to lower those barriers too, and I hope that we'll have another call like this very soon, with some exciting news that we can share about some new developments in criminal history checks that make it easier to meet that on time, every time standard, which is still our goal.

Third, on a monitoring visit, you can expect a few things to remain consistent: you should receive prompt notification if something is out of compliance, and guidance to correct it; you should receive a monitoring letter shortly after that; and transparency throughout the process. That monitoring letter would then be followed by a payment demand letter based on your calculated disallowance, with clear instructions on your next steps.

Our fourth item to highlight is new. You should expect to participate in the process to an extent. This system is much more nuanced and much less black-and-white, and that will often mean that a Program Officer needs more information from you. This could require working with a vendor to learn more about their check or reviewing files to determine mitigation ratings. Remember that one of the variables we need to determine a disallowance amount is the extent of noncompliance in the portfolio as a whole – this is obtained by expanding the number of files reviewed, in most cases to all currently serving covered positions. This is what we call an expansion of scope, which is described on pg. 2 of the Disallowance Guide. In some instances, that number may be reduced or expanded based on the specifics. So, for example, if you have a seasonal program and at the time of a monitoring visit, the majority of your positions are vacant, that might be a reason to expand the scope of review beyond all currently serving covered positions. By the same token, if it's easy to identify the source of an issue, such as if there is an issue that is found only in staff files but not member files, that could be a good reason to limit the expansion of scope. But, in general, the baseline is all currently serving covered positions. In some cases, we know that's a very large number. If that's the case, you will likely have to participate in that review process, perhaps reviewing a substantial number of files yourself. We need your participation to do that. Without that, the default option would be full cost disallowance.

(32:28)

Let's recap by taking another example all the way through. As we go, I recommend thinking through your own answer to each question for a minute before we provide our answer. In this example, we'll start with an organization that has 100 individuals in covered positions. The Program Officer reviews two files and finds they are out of compliance. In this case, each of these files are missing a required FBI check and they did not document accompaniment, although everything else was done correctly. We're assuming all these individuals have recurring access. What would happen next? [Pause] First, the grantee would be directed to take corrective action. An expansion of scope would also be required. In this case, due to the large number of files, the Program Officer would likely need the participation of the grantee to review the rest of the files.

Let's say that the expansion of scope identified 40 files out of compliance in all, all of which fall into the category of "moderate" mitigation. How would you start to find your disallowance amount? [Pause.] You should have gone to the matrix on pg. 4 of the Disallowance Guide. Forty is less than half of 100, so you would use the left column of the matrix. The "Moderate Mitigation" disallowance amount is \$500 in this column. Next, we take 500 and multiply it by the number of files out of compliance, 40, giving us a

total disallowance amount of \$20,000. Compare that to what the disallowance would have been if those 40 individuals included staff and had been working or serving for some time.

Now let's say this case of noncompliance was self-reported. How would that affect the disallowance amount? [Pause.] That would reduce it by half, lowering the disallowance amount to \$10,000.

Finally, let's say that the federal share was \$200,000. Could that affect the disallowance amount, and, if so, how would we know? [Pause.] It could affect the disallowance amount via the cap. We need to find 25% of the federal share, which in this case is \$50,000. Our self-reported disallowance is lower than the federal share cap, so it actually doesn't affect the final amount in this case. But you can imagine how that could be helpful if, for example, the whole portfolio was out of compliance.

We have two more important points before we close and answer questions again. First, this entire system refers only to noncompliance, not ineligible individuals. Noncompliance for our purposes is when you are missing checks. An individual is "ineligible" if that person has been convicted of murder, is registered or required to be registered as a sex offender, has refused to consent to the checks, or provides a false statement for the purposes of their check. Those four categories and only those four categories of individuals are ineligible to work or serve. That's a rare case, but if it happens, all costs will still be disallowed, as with the old system. These individuals are prohibited from working or serving in a CNCS-funded grant by statute, so we have no discretion on this point. These costs are literally unallowable costs. Here we again see how this system takes into account differences in compliance. What now happens for an ineligible individual is what used to happen to a noncompliant file in the past. Now that's not the case. Now a noncompliant file, which generally means missing or incorrect checks or not documenting accompaniment, will fall into the category of risk-based disallowance, while an ineligible individual still has all costs disallowed.

Finally, you will notice that this guide is still labeled "Interim." This means that we will have opportunities to refine it. We expect to do that as soon as early 2016. We don't expect these changes to be major, but to the extent we can learn how to refine our approach to better balance accountability, safety, consistency, and the needs of those we serve, we are eager to do that. Please let us know any suggestions you may have to that end.

That's all I have. Before we go to question, Jim, is there anything you would like to add?

[JS]: No, Brian, I think you summed it up pretty well.

[BC]: Great, thanks. So, Kathy, could we ask for questions again?

(38:57)

[O]: Okay at this time, if you would like to ask a question, press star-1 and record your name. [Pause.] We have one question coming in. One moment as I get the name. The first question is from Liz from Teacher for America.

[Liz]: Hi Brian. Thanks for this thorough explanation. This is super helpful and I'm excited about the new rules around this. One quick question I have for you is if you could walk through that last example with the zero-dollar grants and what the financial penalty would be for those 40 files in the case where it was a zero-dollar grant.

[BC]: Sure. So zero-dollar grants function a little bit differently. If you look at the Disallowance Guide on pg. 6, you'll see some language specifically about zero-dollar grants. What it says is that noncompliance enforcement will be capped at 25% of the total value of the education award, associated with the awarded national service positions. Then you can refer to your Notice of Grant Award and it says a little bit more about that. So in terms of this specific example, I don't actually have all of the details. I'm not conversant in terms of what the value of the education awards would be right off-hand, but we do have specific guidance about this system interacts with zero-dollar grants. Jim, is there anything you'd like to add on that point?

[JS]: No, it's about \$5,230, would be the full time education award, but potentially there is more at risk in a zero-dollar grant than a regular operating grant.

[Liz]: That's what I was trying to figure out too. I did a little math and for the same case, it was \$57,000, a little over that for the zero-dollar grant and I want to make sure I'm reading the zero-dollar grant line correctly.

[BC]: Great. This is a good time to point out that we'll have some time to talk about this at the upcoming symposium as well, where we'll have more time to talk about that. We can start to get into these more in-depth scenarios. It sounds like you're reading it correctly. Thank you and thanks Jim.

[O]: We have another question. It comes from Javier Alinis.

[Javier]: Hey Brian and Jim. Thank you guys. I work for Public Allies and my question is in relation to the term Monitoring Officials that is used here. I know you mentioned briefly something about the prime grantee vs. the subgrantees. In our organization, we have 20-23 sites that are subgrantees - I'm sorry, less than that in the National Direct grant specifically. I guess I wanted to know in terms of us in the national office if we're considered "Monitoring Officials" in the sense that it describes here at the outset of the document and if so, the section on pg. 2, where it talks about "Upon identifying noncompliance, the monitoring official must..." My question is to what extent are you referring to us, if these are all things that we need to be able to do. It also mentions specifically if during a single monitoring activity, a monitoring official discovers two or more individual files, etc. I guess I'm wondering what that means by monitoring activity. In my role and a number of our roles here as site consultants, we work with a handful of our sites in our portfolio and have weekly/monthly calls or emails. If it came up just in passing, does it fit that? Obviously we would disclose if we felt it warranted, but I'm just curious if you could elaborate on those details.

[JS]: Yeah, sure, I can jump in. A "monitoring activity" normally, we think of it as a site-visit or something like that, but it could be a desk review. It could be any other type of activity that involves the collection of information about the compliance performance of the grantee. So, it might include your casual conversations and the phone call or whatever. It's kind of a reportable event that you discovered something.

[Javier]: OK, great. Thank you.

[JS]: And as far as Monitoring Official, that varies even for Commissions. In some cases, for the purposes of criminal history check reviews, a state commission may be acting as an "agent" for the programs in its portfolio, where it actually is conducting the reviews. In that circumstance, it's not the Monitoring

Official, for that purpose. Similarly, for a national direct, it depends on how your criminal history check review is structured and who's responsible for conducting the review. Does that make sense?

[Javier]: Definitely. Thank you.

[BC]: I'll just add one thing to what Jim said. We did try to segment our audiences for these conversations, so what you will see shortly is that we'll post a number of training materials and resources to our website. For this call, we didn't get all that into the weeds about how to actually calculate disallowance, but we do have some training exercises to help you think through expansion of scope, getting specific numbers, and all of those things will be available. So to that extent that someone on this call really does expect to put this system into practice as part of their monitoring, we'll have additional resources to help you be able to do that.

[Javier]: Can I ask a follow-up if I'm still on?

[JS]: Sure.

[Javier]: In terms of the expansion of scope - and I appreciate that you have done some work on segmenting out the different trainings that might be need - in terms of the expansion of scope, is it kind of like, if I have one of the sites I'm working with, let's say Public Allies New Mexico - and I find something there, is it within my purview as a Monitoring Official, to expand the scope and just have it focus within that subgrantee and not expand it to our whole portfolio or is there an expectation that expansion of scope is something that would be done in consultation with our Program Officer?

[JS]: I think it depends in a lot of circumstances. You have to be able to make the case that the noncompliance is limited to New Mexico, or something like that, and that's because of some unique circumstance that means you can differentiate New Mexico from the rest of your program. I would say that if the CNCS Program Officer was conducting monitoring on Public Allies and they selected a sample of covered individuals from various sites and they discovered that they had two cases of noncompliance from New Mexico, they could possibly make the case that the issue was the Public Allies staff that were performing background checks in New Mexico, and that all the problems were in New Mexico - that it was a new staff person, they were properly trained. You would have to come up with some kind of justification.

[Javier]: That's what I thought and hoped for, so great, thank you.

[O]: At this time, there are no further questions.

[BC]: Okay. Unless we get a late-breaking question, or Jim, you have anything else to add, I think we can wrap up. Jim, anything else to add?

[JS]: No, I just think that if anyone does have questions, we will be available at the Symposium to hopefully answer your questions, or if you need more time for something that's more nuanced. I think also that we will be announcing a second call sometime in October, that if people have missed this call or have other questions that we will be following up with additional training.

[BC]: Great. And just to reiterate, as was announced at the beginning of this call, this call was also being recorded and will be made available, so to the extent you want to share it with your colleagues or you

know someone who wasn't able to attend, you'll have that option as well. Kathy, are there any late arriving questions?

[O]: There are no further questions.

[BC]: Okay, great. Then I guess we will go ahead and wrap up a few minutes early. Thanks everyone for your attention today and your engagement. Just to reiterate what Jim said, please do continue to think of questions and get them to us through one channel or another. It is a new system that we are out there implementing today, but we will have opportunities to refine it if we learn that certain things are or are not working in some cases. With that, we will sign off and thank you one last time for joining us today.

[O]: This concludes today's conference. Thank you for joining us. Participants may now disconnect. Speakers please stand-by.

(49:32)