



Program Funding: Community Social Reinvestment Program (CSRP)

Organization / Program Name: \_\_\_\_\_ / \_\_\_\_\_  
(Please Print.)

Section	Complete (✓)	In Progress (✓)	If in Progress, provide an expected completion date	Not completed (If not completed, provide Action Plan in Comments section) (✓)	Comments	For TBDSSAB Use ONLY
<b><u>Governance:</u></b>						
Code of Conduct Policy which applies to all levels of the Organization	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
Protection of Privacy Policy	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
Conflict of Interest Policy for persons at all levels of the Organization	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
Policy in accordance with the Accessibility for Ontarians with Disabilities Act (AODA)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
Service-Delivery Procedures	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
Policies relative to Decision-Making Processes	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
Financial Management Policies	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
Program Management Policies	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
Fire Inspection of Premises, if applicable**	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
<b><u>Acknowledgement of Funding Support:</u></b>						
TBDSSAB logo is prominently displayed at the organization's locations, Annual Reports, Agency Letterhead, Website	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		



Section	Complete (✓)	In Progress (✓)	If in Progress, provide an expected completion date	Not completed (If not completed, provide Action Plan in Comments section) (✓)	Comments	For TBDSSAB Use ONLY
<b><u>Retention of Records:</u></b>						
Records' Retention Policies/Procedures	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
<b><u>Staff and Methods:</u></b>						
Human Resources' Management Policies	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
<b><u>Insurance:**</u></b>						
Comprehensive General Liability Insurance	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
Certificate of Insurance naming TBDSSAB as "Additional Insured"	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
Automobile Insurance	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
<b>REQUESTING EXEMPTION from non-mandatory requirements (Annual Income &lt; \$50,000)</b>	<b>YES</b>		<input type="checkbox"/>	<b>TBDSSAB to confirm whether EXEMPTION GRANTED:</b>		<input type="checkbox"/>

**\*\* Must be submitted with CSRP Application to be considered.**

**Reviewed and approved for submission by the governing body. Provide date and resolution:** \_\_\_\_\_

**Signature of Signing Officer:** \_\_\_\_\_ **Name:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
(Please print.)

**Organization / Program Name:** \_\_\_\_\_ / \_\_\_\_\_