



**INITIATED AGREEMENTS' ACCOUNTABLE ADVANCES REVIEW, 2022**

**Program Funding: CHPI Food Security Fund**

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

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>Governance</b>						
Code of Conduct Policy which applies to all levels of the Organization	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
Policy in accordance with <i>Freedom of Information and Protection of Privacy Act (FIPPA)</i>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
Policy addressing Conflict of Interest for persons at all levels of the organization	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
Policy in accordance with the <i>Accessibility for Ontarians with Disabilities Act (AODA)</i>	<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"/>		
Service Delivery Procedures	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
Fire Inspection of Premises, if applicable**						
Incident Management Plans, e.g. Pandemic Plan	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
<b>Acknowledgement of Funding Support</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>Retention of Records</b>						
Records' Retention Policies / Procedures	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
<b>Acquisition of Goods or Services and Disposal of Assets</b>						
Purchasing Policy	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
<b>Staff and Methods</b>						
Human Resources management policies	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
<b>Insurance <b>**The Insurance Certificate must be submitted with the signed Agreement.**</b></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"/>	
<b>Mandatory Items are highlighted</b>						
Reviewed and approved for submission by the governing body - Provide date and resolution: _____						

Signature of Signing Officer: \_\_\_\_\_

Name: \_\_\_\_\_  
(Please print.)

Date Signed: \_\_\_\_\_

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