

## APPENDIX A: Monitoring Schedule by Policy

#	Title	Type of Report	Frequency	Monitoring Scheduled
<b>1.0</b>	Ends	Internal	Annual	September
<b>1.1.0</b>	<b>Member Residents</b>	-	-	-
<b>1.1.1</b>	Co-op Movement Participation	Internal	Annual	November
<b>1.1.2</b>	Intentional Community	Internal	Annual	November
<b>1.1.3</b>	Exposed to Diversity	Internal	Semi-Annual	February; July
<b>1.1.4</b>	Safe & Secure Homes	Internal	Annual	June
<b>1.1.5 &amp; 1.1.5.1</b>	Empowered Environments & Consent Culture	Internal	Semi-Annual	February; July
<b>1.1.6</b>	Social & Environmental Responsibility	Internal	Annual	March
<b>1.2</b>	<b>Underserved Communities</b>	Internal	Annual	October
<b>1.3</b>	<b>Neighbors</b>	Internal	Annual	October
<b>1.4</b>	<b>The Cooperative Movement</b>	Internal	Annual	August
<b>2.0</b>	Global Executive Constraint	Internal	Annual	September
<b>2.1</b>	Treatment of Member-Residents	Internal	Annual	April
<b>2.2</b>	Treatment of Households	Internal	Annual	February
<b>2.3</b>	Treatment of Workers	Internal	Annual	July
<b>2.4</b>	Compensation & Benefits	Internal	Annual	July
<b>2.5</b>	Business Planning & Financial Budgeting	Internal	Annual	April
<b>2.6</b>	Financial Condition & Activities (Audited)	Internal	Annual	February
<b>2.6.1</b>	Liquidity (1Q, 2Q, 3Q, 4Q)	Internal	Quarterly	Feb; Apr; July; Nov
<b>2.6.12</b>	House Audits	Internal	3x Annually	July; Apr; Nov
<b>2.7</b>	Asset Protection	Internal	Annual	March
<b>2.8</b>	Emergency ED Succession	Internal	Annual	May
<b>2.9</b>	Communication to the Board	Direct Inspection	Semi-Annual	March; October
<b>3.0</b>	Global Governance Commitment	Direct Inspection	Annual	June
<b>3.1</b>	Governing Style	Direct Inspection	Annual	November
<b>3.2</b>	Shared Values	Direct Inspection	Annual	October
<b>3.3</b>	The Board's Job	Direct Inspection	Annual	September
<b>3.4</b>	Directors' Code of Conduct	Direct Inspection	Annual	November
<b>3.5</b>	Agenda Planning	Direct Inspection	Annual	September
<b>3.6</b>	Officers' Roles	Direct Inspection	Semi-Annual	March; September
<b>3.7</b>	Board Committee Principles	Direct Inspection	Annual	October
<b>3.8</b>	Board Committee Structure	Direct Inspection	Annual	October
<b>3.9</b>	Governance Investment	Direct Inspection	Annual	July
<b>4.0</b>	Global Governance-Management Connection	Direct Inspection	Annual	March
<b>4.1</b>	Unity of Control	Direct Inspection	Annual	March
<b>4.2</b>	Accountability of the Exec Team	Direct Inspection	Semi-Annual	February; August
<b>4.3</b>	Delegation to the Exec Team	Direct Inspection	Annual	March
<b>4.4</b>	Monitoring Exec Team Performance	Direct Inspection	Annual	February

## APPENDIX B: Monitoring Schedule by Month

Month	#	Title	Type of Report	Frequency	Monitoring Scheduled
<b>January</b>	-	-	-	-	-
<b>February</b>	1.1.3	Exposed to Diversity	Internal	Semi-Annual	February
	1.1.5 & 1.1.5.1	Empowered Environments & Consent Culture	Internal	Semi-Annual	February
	2.2	Treatment of Households	Internal	Annual	February
	2.6	Financial Condition & Activities (Audited)	Internal	Annual	February
	2.6.1	Liquidity (1Q)	Internal	Quarterly	February
	4.2	Accountability of the Exec Team	Direct Inspection	Semi-Annual	February
	4.4	Monitoring Exec Team Performance	Direct Inspection	Annual	February
<b>March</b>	1.1.6	Social & Environmental Responsibility	Internal	Annual	March
	2.7	Asset Protection	Internal	Annual	March
	2.9	Communication to the Board	Direct Inspection	Semi-Annual	March
	3.6	Officers' Roles	Direct Inspection	Semi-Annual	March
	4.0	Global Governance-Management Connection	Direct Inspection	Annual	March
	4.1	Unity of Control	Direct Inspection	Annual	March
	4.3	Delegation to the Exec Team	Direct Inspection	Annual	March
<b>April</b>	2.1	Treatment of Member-Residents	Internal	Annual	April
	2.5	Business Planning & Financial Budgeting	Internal	Annual	April
	2.6.1	Liquidity (2Q)	Internal	Quarterly	April
	2.6.12	House Audits (Sept-Dec)	Internal	3x Annually	April
<b>May</b>	2.8	Emergency ED Succession	Internal	Annual	May
<b>June</b>	1.1.4	Safe & Secure Homes	Internal	Annual	June
	3.0	Global Governance Commitment	Direct Inspection	Annual	June
<b>July</b>	1.1.3	Exposed to Diversity	Internal	Semi-Annual	July
	1.1.5 & 1.1.5.1	Empowered Environments & Consent Culture	Internal	Semi-Annual	July
	2.3	Treatment of Workers	Internal	Annual	July
	2.4	Compensation & Benefits	Internal	Annual	July
	2.6.1	Liquidity (3Q)	Internal	Quarterly	July
	2.6.12	House Audits (Jan-Apr)	Internal	3x Annually	July

Month	#	Title	Type of Report	Frequency	Monitoring Scheduled
	3.9	Governance Investment	Direct Inspection	Annual	July
<b>August</b>	1.4	<b>The Cooperative Movement</b>	Internal	Annual	August
	4.2	Accountability of the Exec Team	Direct Inspection	Semi-Annual	August
<b>September</b>	1.0	Ends	Internal	Annual	September
	1.1.0	<b>Member Residents</b>	-	-	-
	2.0	Global Executive Constraint	Internal	Annual	September
	3.3	The Board's Job	Direct Inspection	Annual	September
	3.5	Agenda Planning	Direct Inspection	Annual	September
	3.6	Officers' Roles	Direct Inspection	Semi-Annual	September
<b>October</b>	1.2	<b>Underserved Communities</b>	Internal	Annual	October
	1.3	<b>Neighbors</b>	Internal	Annual	October
	2.9	Communication to the Board	Direct Inspection	Semi-Annual	October
	3.2	Shared Values	Direct Inspection	Annual	October
	3.7	Board Committee Principles	Direct Inspection	Annual	October
	3.8	Board Committee Structure	Direct Inspection	Annual	October
<b>November</b>	1.1.1	Co-op Movement Participation	Internal	Annual	November
	1.1.2	Intentional Community	Internal	Annual	November
	2.6.1	Liquidity (4Q)	Internal	Quarterly	November
	2.6.12	House Audits (May-Aug)	Internal	3x Annually	November
	3.1	Governing Style	Direct Inspection	Annual	November
	3.4	Directors' Code of Conduct	Direct Inspection	Annual	November
<b>December</b>	-	-	-	-	-

## APPENDIX C: History of Policy Changes

Date	Policy	Description of the Change
4/4/2016	2.5.8.1	Exception policy for wood purchase. Expired 8/1/2016
	3.9.2.1	Changed "April" to "February" (formerly 3.8.2.1)
8/8/2016	2.4.4	Changed "six months...revenue" to "3 months/25% expense"
2/5/2017	1.0	Amended Ends to include change by board on consent culture
2/13/2017	3.2	Inserted Shared Values Policy and renumbered all remaining Section 3 policies. Renumbered Table of Contents and Monitoring Schedule(s)

Date	Policy	Description of the Change
	3.8	Amended policy to include the changes made by the board on Committee Structure. Added 3.8.1, 3.8.2, 3.8.3, 3.8.4.
3/27/2017	2.8.2.2	Renamed. (Originally 2.8.2.1.1)
	2.8.2.3	Renamed. (Originally 2.8.2.1.2)
9/25/2017	3.8.4	Added General Membership Committee policy
11/06/2017	2.6.8.1	Exception Policy: Approved Hunnicutt plumbing costs to be paid from Operating Reserves
12/04/2017	3.4	Corrected numbers for policy
	3.1.3.2	Removed policy
	3.1.3.1	Revised policy
1/29/2018	2.5.4.1	Exception Policy: Approved order to purchase \$30,000 in refrigerators for SHC use from best buy to be reimbursed by BWL. Expired 2/26/2018
2/12/2018	2.2	Added treatment of households policy and renumbered subsequent policies
2/26/2018	Appendix F	Added Grievance Appeals policy
	3.3.4.1	Added "see appendix F" to end of policy
7/16/2018	2.6.8.3	Exception: Exceed \$100,000 budgeted amount by up to \$77,695 for electrical, HVAC upgrades, and vacancies at 711 W Grand River Ave, East Lansing during Summer 2018. Expired 9/1/2018

## APPENDIX D: Sample Monitoring Form for Executive Limitations

### Executive Limitations Evaluation Form

A tool to be used by individual board members as they evaluate the internal monitoring reports designated in Board-Management Delegation.

Evaluator: \_\_\_\_\_

Send to President by: \_\_\_\_\_

Policy being monitored: \_\_\_\_\_

1. 1. Was this report submitted when due? ☐ Yes ☐ No
1. 2. Did the report lay out the Executive Team' interpretation or an operational definition of the policy? ☐ Yes ☐ No
1. 3. Is the interpretation justified or is proof provided to explain why the interpretation is reasonable? ☐ Yes ☐ No
1. 4. Was I convinced that the interpretation is justified and reasonable? ☐ Yes ☐ No
1. 5. Did the interpretation address all aspects of the policy? ☐ Yes ☐ No
1. 6. Does the data show compliance with the Executive Team' interpretation of our policy? ☐ Yes ☐ No

Comments regarding further policy development:

1. 1. Is there any area regarding this policy that you worry about that is not clearly addressed in existing policy? What is the value that drives your worry?
1. 2. What policy language would you like to see incorporated to address your worry?

## APPENDIX E: Sample Monitoring Form for Board Self-Assessment

### Board Compliance Monitoring Tool

Complete evaluation form and return to the Board President by: \_\_\_\_\_

Board Means Policy being monitored: \_\_\_\_\_

Review all sections of the policy listed and evaluate our compliance with policy.

1. **1.** Indicate item by item if you believe ☐Yes ☐No | Are we are in strict compliance with the policy as stated?
1. **2.** If you indicated that the Board is not in strict compliance with the policy as stated, please indicate what you notice that gives evidence that we are not in compliance?
1. **3.** How do you think we could improve our process to be in full compliance?
1. **4.** What do we need to learn or discuss in order to live by our policies more completely?
1. **5.** Is there anything about the content of this policy that needs consideration of the Board?

## APPENDIX F: SHC Grievance Appeals Policy

### SHC Grievance Appeals Policy

1. **1.** Both the claimant and respondent may appeal the SHC Grievance Committee decision
1. **2.** An appeal must allege one or more of the following:
  1. **2.1** The SHC Grievance Committee finding was arbitrary and capricious. A finding is arbitrary and capricious when the application of the policy has no reasonable basis in fact.
  2. **2.2** The SHC Grievance Committee finding resulted from procedural error. Procedural error includes bias or conflict of interest and consequently materially affected the outcome.
  3. **2.3** The sanction is clearly inappropriate or is not commensurate with the seriousness of the offense.
1. **3.** Appeals are filed online and must specify the basis for appeal in sufficient detail to justify further proceedings.
  1. **3.1** Sufficient detail being all evidence relevant to the cause for appeal
1. **4.** All appeals must be filed within 10 calendar days of the corresponding written notice of sanction or outcome
  1. **4.1** Extraneous circumstances may warrant an extension of time, but require majority

## approval of the SHC Board of Directors

1. **5.** The party filing the appeal bears the burden of proof to demonstrate the error of the SHC Grievance Committee
1. **6.** Each party will be provided one opportunity to respond in writing to an appeal filed by the other party.
  1. **6.1** The SHC Grievance Committee will also be provided one opportunity to respond in writing to any appeal of its decision.
  2. **6.2** Written responses to an appeal must be filed with the SHC Board within 3 calendar days of the written notice of appeal.
  3. **6.3** Copies of written responses will be shared with the other party/SHC Grievance Committee; additional rebuttal statements will not be accepted.
1. **7.** Appeals involving an eviction or dismissal will involve the Executive Director of the MSU Student Housing Cooperative, Inc. in an advisory role
  1. **7.1** All other appeals will be determined solely by the SHC Grievance Review Officer.
  2. **7.2** The SHC Grievance Review Officer is a neutral individual designated on an individual case basis by the Board of Directors to adjudicate appeals under this process.
1. **8.** The SHC Grievance Review Officer may confer with other parties as necessary and will be advised by general counsel.
1. **9.** New evidence will not be considered in an appeal unless the information was previously unavailable to the party submitting it and the party acted with due diligence to obtain such evidence.
1. **10.** The SHC Grievance Review Officer will review the appeal, any written responses to the appeal, the SHC Grievance Committee investigation report, the sanction panel decision, and any victim impact/respondent mitigation statements filed regarding the sanction. The SHC Grievance Review Officer may request other relevant documents necessary to their review of the appeal
1. **11.** Both the Claimant and Respondent may request to meet with the SHC Grievance Review Officer during the Appeals process
  1. **11.1** The SHC Grievance Review Officer may choose to meet with a party if the SHC Grievance Review Officer deems it necessary for his/her/their review of the Appeal.
  2. **11.2** If the opportunity to meet is provided to one party, it will be provided automatically to the other party.
  3. **11.3** Providing such an opportunity shall not unreasonably delay the appeal process.
1. **12.** The SHC Grievance Review Officer will issue a written decision within 14 calendar days of receiving the appeal documents.
1. **13.** In appeals regarding the SHC Grievance Committee investigation finding, the SHC Grievance Review Officer may:
  1. **13.1** Uphold the SHC Grievance Committee investigation finding;
  2. **13.2** Determine that significant procedural errors occurred during the SHC Grievance Committee investigation and remand the matter to SHC Grievance Committee with instructions to re-open the investigation to clarify its findings or remedy procedural errors;
  3. **13.3** Determine that substantive and relevant new evidence has been presented that warrants additional investigation or review by SHC Grievance Committee; or
  4. **13.4** Reverse or modify the SHC Grievance Committee investigation finding based on a

determination that the SHC Grievance Committee decision was arbitrary and capricious or resulted from procedural error.

1. **14.** In appeals of the sanction, the SHC Grievance Review Officer may uphold the sanction or alter the sanction if it is determined that the sanction is clearly inappropriate by breaking legal sanctions outside the co-ops or is not commensurate with the seriousness of the offense.
1. **15.** The decision of the SHC Grievance Review Officer is final and not subject to additional appeal.

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