



Legal Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1. Indicate whether your organization is a:

- Continuing Grantee
- New Applicant
- Re-competing Applicant

2. Has your organization received Federal funds in the last two years?

- YES
- NO

If yes:

Grant Year 1: \_\_\_\_\_ Grant Year 2: \_\_\_\_\_

Total Dollar Amt: \_\_\_\_\_ Total Dollar Amt: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

Attach a schedule showing the source of any federal dollars previously awarded and the total amount awarded to your organization by granting agencies for the past two fiscal years.

3. Has your entity expended \$750,000 or more a year in federal awards?

- YES
- NO

4. Has your organization ever received funds from the Corporation for National Service or its direct partners, State Office, Commission, or Learn and Serve America?

- YES
- NO

If your organization has received Corporation funding in the past, was it:

a. Directly from the Corporation?

If so, specify grant number[s] \_\_\_\_\_

b. Indirectly through a state commission, nonprofit organization, or university?

If so, specify grant number[s] \_\_\_\_\_

5. Indicate whether your organization is:

- An educational institution
- A nonprofit organization
- A governmental entity
- A Tribe or Territory
- Other \_\_\_\_\_



6. Has a Certified Public Accounting firm audited your organization within the past two years?  YES  NO
7. Please attach a copy of the most recently completed audited financial statement and any A-133 audit or A-128 audit. Management letters are acceptable. (Note: the Commission staff or Internal Auditor may later request more specific information.)
8. Has your organization been granted tax-exempt status by the IRS?  YES  NO
9. If yes, under which section of the IRS Code?  
 501(c)(3)     501(c)(5)     501(c)(4)     501(c)(6)  
 Other \_\_\_\_\_
10. Please provide a copy of the most recently filed IRS form 990.  YES  NO
11. Does your organization plan to use existing staff to manage this AmeriCorps program?  YES  NO  
If so, provide name and title: \_\_\_\_\_
12. Do you intend to hire new staff to manage this AmeriCorps program?  YES  NO
13. Does your agency maintain individual personnel files which include up-to-date and current Position Descriptions? **Please attach a sample.**  YES  NO
14. Does your agency have a high turnover rate in sensitive management positions?  YES  NO
15. Does your agency provide personnel with appropriate supervision, including periodic performance reviews? **If so, please provide a copy of the form and state the frequency of those reviews.**  YES  NO
16. Does your agency have written personnel policies that communicate to employees acceptable business conduct, policies on conflicts of interest, etc.? **If yes, attach a copy.**  YES  NO



17. Does your agency have an organizational chart?  
**If yes, attach copy.**  YES  NO
18. Does your agency have an active Board of Directors?  
**(Provide a complete list of your board members and list the schedule and/or frequency of the board meetings.)**  YES  NO
19. Does your Board of Directors have an audit committee?  YES  NO
20. Does the Audit Committee have defined duties and responsibilities that are documented in a Board of Director's resolution, policy manual or elsewhere?  YES  NO
21. Does the Board of Directors approve the appointment of the auditors?  YES  NO

### FISCAL MANAGEMENT

22. Are there established policies relating to accounting practices, internal controls, fringe benefits, travel reimbursement and personnel policies?  YES  NO
23. Do any of the above policies conflict with regulations applicable to AmeriCorps or AmeriCorps members?  YES  NO
24. Do you have a system to isolate AmeriCorps grant costs?  YES  NO
25. Which of the following best describes your organization's accounting system?  
 Manual  Automated  Combination

If automated, what type of software do you use? \_\_\_\_\_

26. How frequently do you post to the general ledger?  
 Daily  Weekly  Monthly  Other
27. Does your accounting system track the receipt and disbursement of funds separately by each grant or funding source?  YES  NO



28. If your organization is a current grantee, do you prepare financial reports with information directly from accounting system?  YES  NO
29. If your organization is a current grantee, do you use spreadsheets or subsidiary ledgers to complete financial grants reports? **If yes, please specific what information is recorded in this manner:**
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30. Are common or indirect cost accumulated into cost pools for allocation to projects, contracts and grants?  YES  NO
31. Are the following books of account maintained?
- a. General Ledger  YES  NO
  - b. Cash Receipts Journal  YES  NO
  - c. Cash Disbursements Journal  YES  NO
  - d. Payroll Journal  YES  NO
  - e. Income Journal  YES  NO
  - f. Purchase Journal  YES  NO
  - g. General Journal  YES  NO
  - h. Other  YES  NO
32. Does the accounting system provide for the recording of actual grant/contract costs according to the categories of your approved budget(s), and provide for current and complete disclosure?  YES  NO
33. Are time and activity distribution records maintained by funding source and project for each employee to account for actual hours (100%) devoted to your organization?  YES  NO
34. Do all staff members complete timesheets? **If yes attach a sample timesheet.**  YES  NO
35. Does your organization have a Chart of Accounts?  YES  NO



36. Does your organization have the computer and online capacity to manage financial matters through a web-based instrument?  YES  NO
37. Is your organization familiar with procedures for the determination and allowance of costs in connection with federal grants and contracts?  YES  NO
38. Is your organization familiar with federal cost principles?  YES  NO

**Please answer Nos. 39, 40, 41 if your organization currently receives federal funds.**

39. Which one of the following OMB Circulars defining federal cost principles applies to your organization?  
\_\_\_\_ A-21      \_\_\_\_ A-87      \_\_\_\_ A-122
40. Which one of the following OMB Circulars defining federal administrative requirements applies to your organization?  
\_\_\_\_ A-102      \_\_\_\_ A-110
41. Who in your organization is responsible for determining allowance of costs consistent with federal cost principles governing federal grants and contracts?

Please specify name and title: \_\_\_\_\_

Phone#: \_\_\_\_\_ email: \_\_\_\_\_

**PAYROLL**

42. Does an official of your organization approve payroll documents?  YES  NO
43. Does your agency pay salaries and wages other than by check? (i.e. Direct Deposit)  YES  NO
44. Does your agency make payroll disbursements from a bank account restricted to that purpose?  YES  NO
45. Does your agency have different people prepare the payroll, sign and distribute payroll checks, and reconcile the payroll bank account monthly?  YES  NO



46. Does your agency use an outside payroll service to prepare payroll? **Attach a copy of the Payroll Service Agreement.**  YES  NO
47. If your agency does not use an outside payroll service to prepare payroll, who prepares payroll tax reports?  YES  NO
48. Are payrolls paid promptly?  YES  NO
49. Are timesheets reconciled to ensure that actual time is charged to the grant? (If yes, attach a sample)  YES  NO

**INTERNAL CONTROLS**

50. Are the duties of the bookkeeper/record keeper separate from cash functions - receipt or repayment or cash?  YES  NO
51. Are checks signed by individual(s) whose duties exclude recording cash received, approving vouchers for payment and the preparation of payroll?  YES  NO
52. Are purchase approval methods documented and communicated?  YES  NO
53. Are accounting entries supported by appropriate documentation?  YES  NO
54. Are cash or in-kind matching funds supported by appropriate documentation?  YES  NO
55. Do you report on cash basis or accrual basis?  CASH  ACCRUAL
56. Are employee timesheets signed and approved by appropriate personnel?  YES  NO
57. Are employees who handle funds bonded against loss by reason of fraud or dishonesty?  YES  NO

Prepared by: \_\_\_\_\_ Title: \_\_\_\_\_