# **[California Volunteers.org](http://www.californiavolunteers.org/index.php/calvol/)**

# **AmeriCorps New/Recompete Contract Checklist**

# **This form is only applicable to programs that will be implementing year 1 of a new grant cycle.**

CaliforniaVolunteers (CV) requires that AmeriCorps programs have an executed contract in place prior to enrolling members and incurring costs against the federal (CNCS) share. AmeriCorps grantees must follow the instructions included in the AmeriCorps Contract Checklist to assemble and submit documents required to enter into a contract with CV. A contract package is considered “complete” once all required documents pass CV review. Contracts will not be processed if documents are missing or are incomplete [i.e. incorrect form and format, no signatures, dates, etc.]. Any need for clarification or additional contract documents, will delay the execution of your contract. Please allow up to 30 days from the time that CV receives the competed contract package to receive notification of contract execution.

**CV forms required for contracting are available in Grantee Central on the CaliforniaVolunteers website at** <http://californiavolunteers.org/granteecentral/>.

**TIPS/DEFINITIONS:**

An “approved” document means it has already been submitted and approved by CV prior to submission for contracting, usually during the application phase prior to final submittal in eGrants.

Programs are responsible for ensuring that CV has the most recent and accurate Performance Measurement Worksheets (PMWs), Program Diagram, and Budget on file. The following documents obtained from the source indicated will be used for contracting:

1. Program Narrative (version approved and submitted in eGrants)
2. California Performance Measurement Worksheets (California PMW version approved for eGrants submission)
3. Budget Narrative (version approved and submitted in eGrants)
4. Program Diagram (version approved prior to eGrants submission)

Programs that wish to make changes to any of these documents since they were approved for submission in eGrants will need to contact their Program Officer for approval before submitting their contract package to CV. If you are a new program and have not been assigned a program officer, contact [AmeriCorpsGrants@cv.ca.gov](mailto:AmeriCorpsGrants@cv.ca.gov) with any proposed changes.

**SUBMISSION INSTRUCTIONS:**

1. Discuss any new changes you would like to make with your CV Program Officer and receive CV approval on any changed application documents using the applicable **Pre-Contract Change Request** form prior to submitting your contract package. Please note that CV will not consider any new change without strong justification at this point. Forms can be found here: <https://californiavolunteers.ca.gov/granteecentral/contracting/>.
2. Complete the **Program Readiness Certification** (checklist item #3) using the resources found here: <https://californiavolunteers.ca.gov/granteecentral/contracting/>. In-progress certification will not delay contract processing; however, your Program Officer must approve your Program Readiness documents before the contract can be executed.
3. Complete the AmeriCorps Program Title Page and AmeriCorps Program Profile (checklist items #1 & 2) electronically and submit via email to AmeriCorpsGrants@cv.ca.gov. These items do not need to be included in the hardcopy contract package.
4. Complete the contract checklist and attach it as a cover page with your contract package**.** All Hardcopy Documents must be clearly labeled, tabbed with the corresponding checklist #, and placed in the order listed on the contract checklist. If this is not done correctly, your contract package may be returned to correct it.

Send hardcopy materials to:

ATTN: AmeriCorps Contracting

CaliforniaVolunteers

1400 10th Street

Sacramento, CA 95814

# **AmeriCorps Contract Checklist for New/Recompete Programs**

**The Grantee requested Program Dates below will be reviewed and finalized after the grantee contract materials are approved**:

1. **Program Start Date** [The date the program will begin incurring CV funded costs, which cannot be earlier than the *Contract Executed Date*. Contract checklist must be received at least 30 days prior to this date]**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Member Start Date** [The first day the first *eligible* AmeriCorps member begins accruing training/service hours, which cannot be earlier than the *Contract Executed Date*.]**:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Last Date to Enroll**: [The last date to start a member should allow enough time to complete their service hours, allowing for holidays/illness. Calculate dates for all possible slot types in your program design. For example, if utilizing solely 1700 hour slots, include 900 hr. in case of a change in slot types]:

1700 Hrs: \_\_\_\_\_\_\_\_\_ 900 Hrs: \_\_\_\_\_\_\_\_\_ 675 Hrs: \_\_\_\_\_\_\_\_\_ 450 Hrs: \_\_\_\_\_\_\_\_ 300 Hrs: \_\_\_\_\_\_\_\_\_

1. **Member End Date** [The last day the last AmeriCorps member will serve hours, not to exceed 365 days from the *Member Start Date*]**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Program End Date** [The final day the program will incur CV funded costs, which cannot exceed 60 days after the *Member End Date*.]**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INSTRUCTIONS**:All documents are required unless noted. Check [✓] eachdocument submitted. If an item is not applicable, you must include a written explanation in its place in the contract package. If an item or written explanation is missing, the contract package will be considered incomplete and will not be reviewed beyond the initial compliance check until all items are received.

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| --- | --- |
| **Programmatic Documents** | [✓] |
| 1. **AmeriCorps Program Title Page** [Email submission required. Available on CV Website] |  |
| 1. **AmeriCorps Program Profile** [Email submission required. Template available on CV Website] |  |
| 1. **AmeriCorps Program Readiness Certification** [Required. Available on CV Website] |  |
| 1. **Confirmed Match Assurance** [Required. Available on CV Website] |  |
| 1. **National Service Criminal History Checks Certification** [Required. Available on CV Website] |  |
| 1. **Labor Organization Certification** [Required. Available on CV Website] |  |
| 1. **Approved Single-Placement Waiver** [If applicable. Available on CV Website. Must be approved by PO before submission.] |  |
| 1. **eGrants User Form** [Required. Available on CV Website] |  |
| 1. **Tutoring Compliance Certification** [Required of all tutoring programs. Available on CV Website.] |  |
| **Financial Documents** | [✓] |
| 1. **Fiscal Self-Assessment Instrument** [Required. Available on CV Website] |  |
| 1. **Payee Data Record Form Std. 204** [Required. Available on CV Website] |  |
| 1. **SAM.gov Active Registration** [Required. Include printout of active registration] |  |
| 1. **Invoice Submittal Process Description** [Required. Identify staff responsible & method for monthly invoice] |  |
| 1. **Evidence of Liability Insurance Coverage or Self-Insurance Letter** [Required. Must reflect current coverage] |  |
| 1. **Federal Dollars Schedule** [Required. Two most recent fiscal years or written explanation] |  |
| 1. **Audited Financial Statements** [Most recent completed audit required] |  |
| 1. **Single Audit/Uniform Administrative Guidance Audit** [Most recent completed audit if Federal funds is ≥ $750,000, include written explanation if not applicable] |  |
| 1. **IRS Form 990** [Required for Non-Profits; include written explanation if not applicable] |  |
| 1. **Evidence of 501(c)(3) Status** [Required for Non-Profits; include written explanation if not applicable] |  |
| 1. **Address List for Board of Directors** [Include written explanation if not applicable] |  |
| 1. **Signed Council /Board Resolution/Certified Minutes Accepting Fiduciary responsibility** [Required for non-state entities] |  |

**I have reviewed the contract materials submitted for [PROGRAM NAME] and certify that all required documents are complete, accurate, and in the required CV forms and format. I understand that if any of the above documents are not complete or accurate, my contract will be delayed.**

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Signature of Authorized Applicant Representative Print Name and Title of Person Signing Date

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title/Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_