### Organizational Self-Assessment

Applicant Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  | **YES** | **NO** |
| 1. Applicant has a written Policies and Procedures Manual that governs fiscal and programmatic activities. |  |  |
| 1. Applicant has systems for general financial management tasks which include:  bank reconciliations, process for review of budget to actual, and monitoring sub-grantees (if applicable). |  |  |
| 1. Applicant has a plan or system to ensure they will comply with all AmeriCorps Terms & Conditions and CV Requirements upon receipt of grant. |  |  |
| 1. Your organization has a process to keep the policies and procedures current to reflect changes or updates in laws, regulations, guidance, and funding requirements associated with managing an AmeriCorps grant. |  |  |
| 1. Applicant has policy for maintaining supporting documentation for all expenditures to ensure a clear audit trail. |  |  |
| 1. Applicant has dedicated fiscal staff who are qualified and capable of supporting this grant. |  |  |
| 1. Applicant has functional timesheets (timesheets capture staff/member time on split-funded projects) that are signed by both the staff/member and the supervisor. |  |  |
| 1. Applicant understands that this is a reimbursement-based grant and has the ability to manage cash flow. (Applicants are advised they need to ensure they have funds available to cover start-up costs prior to the receipt of the first invoice payment.) |  |  |
| 1. Applicant has the ability to track matching funds as both revenue and expenditures in their accounting system. |  |  |
| 1. Applicant has a system or plan to ensure that members are eligible to serve. |  |  |
| 1. Applicant has a system or plan to ensure that staff will receive adequate training to perform their duties. |  |  |
| 1. Applicant understands that this grant is subject to the requirements of OMB Uniform Guidance (2 CFR Parts 200 and 2205) and can meet the requirements of this guidance as they apply to your organization. |  |  |

Below are questions regarding your current/future policies and procedures necessary for managing an AmeriCorps Grant. Please answer each question to the best of your knowledge by marking “YES” or “NO.” If you have additional information, please provide it in the designated space below.

Additional information or clarification of any of the above responses (optional):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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I certify that the statements made by me in this application are true, complete and correct to the best of my knowledge. I understand that any material misrepresentation may be grounds for rejection of this application.

Name (please print) Position/Title (please print)

Signature Date