ORGANIZATIONAL SELF-ASSESSMENT FORM

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

Below are questions regarding your current/future policies and procedures and necessary fiscal procedures for managing an AmeriCorps Grant. Please answer each question to the best of your knowledge. If you have additional information, please provide it in the designated space below.

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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 Provisions 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 a practice for capturing staff/member time on split-funded projects. |  |  |
| 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 applicable OMB Circulars (A-21, A-87, A102, A110, A122, and A133) and can meet the requirements of these circulars as they apply to your organization. |  |  |

Additional information or clarification of any of the above responses (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***I am authorized by the legal applicant agency to verify that the statements 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.***

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

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Signature Date