|  |  |  |  |
| --- | --- | --- | --- |
| **Legal Applicant Name** | Click or tap here to enter text. | **Program Name** | Click or tap here to enter text. |

# Instructions: Complete the following assessment with the intention of securing an AmeriCorps grant. The applicant should be prepared to provide evidence of items, if requested.

# Please assess your organization honestly, as this determines how CaliforniaVolunteers may best support you. This assessment does not affect your application score, and is not a determinant of funding.

# Partnership Capacity

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Criteria** | **N/A** | **Yes** | **No** | **In**  **Progress** | **Notes** |
| **The organization has an existing network of potential partners and actively collaborates with others in their communities** |  |  |  |  | Click or tap here to enter text. |
| **The organization has identified sources for potential funding match** |  |  |  |  | Click or tap here to enter text. |
| **Has experience leading and facilitating collaborative projects/programs** | ☐ | ☐ | ☐ | ☐ | Click or tap here to enter text. |
| The organization maintains working agreements with partners regarding communications, decision-making protocols, lines of authority and responsibility and resources |  |  |  |  | Click or tap here to enter text. |
| The organization has a methodology for approaching potential partners |  |  |  |  | Click or tap here to enter text. |

# Organizational Capacity

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Criteria** | **N/A** | **Yes** | **No** | **In**  **Progress** | **Notes** |
| **The Legal Applicant has been an AmeriCorps grant recipient** |  |  |  |  | Click or tap here to enter text. |
| **The organization has experience managing federal grants or CNCS direct or sub awards** |  |  |  |  | Click or tap here to enter text. |
| **The organization can demonstrate a proven track record of success, including high-quality, relevant programs with measurable outcomes** |  |  |  |  | Click or tap here to enter text. |
| **The organization’s mission statement is in alignment with the proposed AmeriCorps program** |  |  |  |  | Click or tap here to enter text. |
| **Legal applicant can create a set of policies which specifically govern the AmeriCorps program in the areas of finance, human resources, fund development, and communication** |  |  |  |  | Click or tap here to enter text. |
| **The organization has the ability to conduct NSCHC checks on staff and members** |  |  |  |  | Click or tap here to enter text. |
| The organization has a current long-term Strategic Plan |  |  |  |  | Click or tap here to enter text. |
| The organization regularly conducts community needs assessments, and/or environmental scans and/or SWOT analyses |  |  |  |  | Click or tap here to enter text. |
| Are there staff resources dedicated solely to AmeriCorps (100%)? If yes, indicate in Notes if this staff has prior AmeriCorps experience |  |  |  |  | Click or tap here to enter text. |
| The board is well-organized, capable, and sufficiently engaged to provide subject matter expertise and/or connections to needed resources. |  |  |  |  | Click or tap here to enter text. |

# Programmatic Capacity

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Criteria** | **N/A** | **Yes** | **No** | **In**  **Progress** | **Notes** |
| **The applicant has presented a detailed program plan or concept paper, including proposed timeline** |  |  |  |  | Click or tap here to enter text. |
| **The applicant has adequate facilities, efficient operations, and support systems for members and staff** |  |  |  |  | Click or tap here to enter text. |
| **The applicant has the ability and commitment to plan effectively in order to meet deadlines, meet technical requirements, present solid program plans, clearly demonstrate match, and provide all grant deliverables** |  |  |  |  | Click or tap here to enter text. |
| **The organization has formal internal processes to hold itself and partners accountable if instances of risk or noncompliance are identified** | ☐ | ☐ | ☐ | ☐ | Click or tap here to enter text. |
| **The organization can demonstrate that all program staff have the required knowledge, experience or skills to implement a strong program** |  |  |  |  | Click or tap here to enter text. |
| The organization has formal internal processes and seeks involvement from multiple stakeholders when proposing and implementing programmatic changes |  |  |  |  | Click or tap here to enter text. |
| The organization has a program sustainability plan for future funding |  |  |  |  | Click or tap here to enter text. |
| The organization has capacity to operate multi-site and/or statewide |  |  |  |  | Click or tap here to enter text. |
| The applicant is aware of AmeriCorps prohibited activities and unallowable activities | ☐ | ☐ | ☐ | ☐ | Click or tap here to enter text. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Evaluation/Measurement **Criteria** | **N/A** | **Yes** | **No** | **In**  **Progress** |  |
| **The proposed Program is grounded in the best/most recent research available for the intervention/service provided** |  |  |  |  | Click or tap here to enter text. |
| **The program has sufficient and effective data collection systems to ensure validity, completeness, consistency, accuracy, and verifiability** |  |  |  |  | Click or tap here to enter text. |
| The program is committed to evaluation as a tool for project management, quality control, success monitoring, and program improvement |  |  |  |  | Click or tap here to enter text. |

# Financial Management

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Criteria** | **N/A** | **Yes** | **No** | **In**  **Progress** | **Notes** |
| **The applicant has a financial management system in place and uses GAAP to track revenues and expenditures within the organization, using fund accounting** |  |  |  |  | Click or tap here to enter text. |
| **The applicant can provide audited financial statements, Form 990, and external audits for the past 3 years** |  |  |  |  | Click or tap here to enter text. |
| **The applicant has written accounting procedures, personnel manuals, financial control procedures, and insurance coverage** |  |  |  |  | Click or tap here to enter text. |
| **The applicant has the ability to track staff time using functional timesheet** |  |  |  |  | Click or tap here to enter text. |
| **The applicant has the ability to issue member stipends** |  |  |  |  | Click or tap here to enter text. |
| **The applicant has the ability to provide healthcare coverage for members** |  |  |  |  | Click or tap here to enter text. |
| The applicant has a diversified operating budget, with consistent funding year-to-year |  |  |  |  | Click or tap here to enter text. |
| The applicant has sufficient operating reserves, in case of reimbursement delays |  |  |  |  | Click or tap here to enter text. |
| The applicant has reviewed CNCS Administrative/Indirect Costs guidelines (see most recent RFA) and is able to work within those parameters. |  |  |  |  | Click or tap here to enter text. |

# AmeriCorps Readiness Summary (*to be completed by CV Staff*)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Legal Applicant Name** | Click or tap here to enter text. | **Program Name** | | | Click or tap here to enter text. |
| **Funding Year** | Choose an item. | **Date of Review** | | | Click or tap here to enter text. |
|  | | |  | **Notes** | | |
| Is the service strategy envisioned appropriate for AmeriCorps? | | |  | Yes No  If no, why not? Click or tap here to enter text. | | |
| What capacity areas require further development?  (Add detail in Notes) | | |  | Click or tap here to enter text. | | |
| What are some major mitigating factors for weak areas identified?  (Consider program strengths, enter in notes) | | |  | Click or tap here to enter text. | | |
| Does the applicant have the capacity to be the legal applicant for both the planning and operating grants? | | |  | Yes No  If no, what is the plan? Click or tap here to enter text. | | |
| **Recommendations:** | | |  | Award 6-month planning grant  Award 12-month planning grant  Readiness Only Program Design & Readiness  No, a planning grant is not recommended  If no, why? Click or tap here to enter text. | | |

Review Completed By:

Print Name Title Date

Print Name Title Date

Recommendation Approved By:

Signature/Director of AmeriCorps Date