



AmeriCorps Program Review Instrument

Program Information:

Program Name: _____

Name/title of person(s) completing this form: _____

Date: _____ Project Period/Budget Period: _____

Name/title of person(s) interviewed: _____

Instructions:

Note: the individual(s) completing this form need(s) to be familiar with AmeriCorps grant requirements. This instrument can be used for self assessment by the AmeriCorps program or by the Serve Illinois Commission (SIC) Program Officer when conducting site visits.

Source of Requirements: AmeriCorps Grant Provisions
Program Director Policy & Procedure Manual

- Y: Yes
- NI: Needs Improvement
- N: No
- NA: Not Applicable

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Module A: Reporting and Communications Compliance and Early Issue Detection

To be completed using OnCorps

Date: _____ Name: _____

Print current Member Roster

How many slots were granted to the program? FT ___ HT ___ PT ___ RPT ___ MT ___
How many earned an award? _____
How many did not earn an award? _____
How many are earning an award? _____
Total Members _____

Does the Program have individuals in the member commitment waiting to be entered into the program? ___ Yes ___ No _____ If yes, how many?

Were all Members enrolled within 30 days? Yes ___ No ___

If no, what was the:

Lowest days until approved: _____

Highest days until approved: _____

Do time logs reflect greater than 20% of Member time spent on training?

Yes ___ No ___

Do Member time logs reflect greater than 10% of time spent on fundraising?

Yes ___ No ___

Are End of Term Forms approved within 30 days of exiting the Member?

Yes ___ No ___ NA ___

How many End of Term forms were checked? _____

Number approved within 30 days of completion date? _____

Number not approved within 30 days of completion date? _____

Did any members earn a partial award/exit for compelling circumstances?

Yes ___ No ___

If yes, what is the Members name? _____

If yes, were appropriate reasons listed on the exit form and documented in the file?

Yes ___ No ___

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Check the submission dates of the following reports:

	End Date of Report	Approval Date	Comments by Program Officer
Financial Status Report (Due 4/20 & 10/20)	3/31/2011		
	9/30/2011		
Periodic Expense Report (due 20th of each month)	7/31/2010		
	8/31/2010		
	9/30/2010		
	10/31/2010		
	11/30/2010		
	12/31/2010		
	1/30/2011		
	2/29/2011		
	3/31/2011		
	4/30/2011		
	5/31/2011		
	6/30/2011		
	7/31/2011		
	8/30/2011		
	9/30/2011		
	10/31/2011		
	11/30/2011		
	12/31/2011		
Progress Report (Due 4/30 & 10/30)	3/31/2011		
	9/30/2011		

Reporting and Communication Compliance

Does the Program:

		Y	NI	N	NA
1.	Submit Progress Reports when they are due?				
2.	Produce Progress Reports that provide all required information?				
3.	Submit accurate and otherwise acceptable PER/FSRs in a timely manner?				
4.	Show on PER/FSRs that program is meeting match requirements?				
5.	Respond in a timely manner to inquiries from the Commission and CNCS?				
6.	Obtain permission from SIC and CNCS prior to significant program changes?				
7.	Obtain proper approval for members enrolled after October 31?				
8.	Have Change of Status/Change of Term forms submitted within 30 days of change?				
9.	Obtain approval from SIC for Change of Status/Change of Term forms within 30 days of the requested change?				
10.	Notify the SIC by 10/31 if a member will not complete their service by 12/31?				
11.	Implement corrective actions promptly?				
12.	Cooperates with the SIC Program Review?				

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Are there any reporting issues not mentioned above? What is the corrective action plan for those issues and issues listed above?

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Module B: Financial Compliance

Financial Systems

<i>Does the Program:</i>		Y	NI	N	NA
1.	Obtain written approval from the SIC prior to significant budgetary changes?				
2.	Have written cost allocation procedures?				
3.	Sign and indicate payment on invoices and vouchers?				
4.	Have receipts/vouchers consistent with ledger, histories, and expenditure reports?				
5.	Accurately track and monitor expenditures by budget line item?				
6.	Accurately distinguish receipts and disbursements attributable to the grant from those non-attributed?				
7.	Have receipts/vouchers/source documents for each purchase or expenditure?				
8.	Keep administrative cost charged to the grant within the 5% cap?				
9.	Obtain SIC prior approval for equipment purchases when required?				
10.	Meet matching requirements?				
11.	Accurately document and track cash matching contributions?				
12.	Accurately document and track in-kind matching contributions?				
13.	Have vouchers for in-kind contributions?				
14.	Have liability insurance that properly covers Members?				
15.	Have Worker's Compensation coverage for Members?				
16.	Have family and medical leave coverage for Members where appropriate?				
17.	Notify changes to healthcare providers as required by the healthcare policy?				
18.	Have a healthcare policy for full time Members not otherwise covered?				
19.	Inform members receiving Medicaid, they are not eligible to waive AmeriCorps healthcare?				
20.	Provide information on child care for eligible Members?				
21.	Have signed staff time and attendance records indicating time spent on various activities, e.g. AmeriCorps grants, other projects, etc?				
22.	Withhold personal income tax and FICA from Member living allowance?				
23.	Distribute living allowance appropriately?				
24.	Stay within the daily maximum rate for consultants?				
25.	Have accounting records consistent with information on PER/FSRs?				
26.	Have approval for any subcontracts and maintain appropriate documentation of subgrant agreements?				

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Are there any financial issues not mentioned above? What is the corrective action plan for those issues and issues listed above?

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Module C: Policies and Procedures Compliance

Policy and Procedures

Does the Program:

	Y	NI	N	NA
1. Have a local recruitment plan that encourages diversity?				
2. Provide reasonable accommodations for disabled member(s)?				
3. Support Members in getting a GED and in post-service educational transitions?				
4. Encourage, but not require, Members to vote and allow Members time to vote with no penalty?				
5. Allow Members to serve on a jury with no penalty?				
6. Allow Members to serve in the Armed Forces with no penalty?				
7. Provide Members with appropriate supervision by qualified supervisors in accordance with approved application?				
8. Ensure that supervisors are appropriately trained and knowledgeable about AmeriCorps?				
9. Report serious injuries to the SIC program officer?				
10. Apply service release and resumption policies appropriately in compliance with the Drug-Free Workplace Act?				
11. Ensure that the program does not supplant or duplicate services or displace employees?				
12. Have policies to ensure that Members do not engage in prohibitive activities?				
13. Obtain written approval of program changes from SIC Program Officer when required?				
14. Institute appropriate safety precautions for Members?				
15. Track progress toward achievement of program objectives?				
16. Demonstrate that the program is on-track in terms of meeting its objectives?				
17. Produce reports that accurately capture program accomplishments?				
18. Ensure the Members are primarily engaged in activities as described in cooperative agreement?				
19. Use AmeriCorps logo and participate in AmeriCorps events?				
20. Provide on-going training that ensures that Members are adequately skilled to perform their service?				
21. Provide Member orientation that covers Commission mandated topics?				
22. Provide Citizenship training?				
23. Utilize community volunteers?				
24. Meet the qualifications, for members serving as tutors, under CFR 2522.910 through 2522.940?				

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Early Issue Detection

Are there any financial issues not mentioned above? What is the corrective action plan for those issues and issues listed above?