



AmeriCorps Program Review Instrument

Program Information:

Program Name: \_\_\_\_\_ DHS Contract #: \_\_\_\_\_

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 ICVCS 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

AmeriCorps Program Review Instrument

Module A: Reporting and Communications Compliance and Early Issue Detection

To be completed using WBRS

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Print current Member Roster [Tools-Member Roster]

How many slots were granted to the program? FT \_\_\_ HT \_\_\_ PT \_\_\_ RPT \_\_\_ Other \_\_\_  
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 on WBRS?

Yes \_\_\_ No \_\_\_

**AmeriCorps Program Review Instrument**

Check the submission dates of the following reports: (Financial-All Reports)

	End Date of Report	Approval Date	Comments by Program Officer
Financial Status Report	9/30/2007		
	3/31/2008		
Periodic Expense Report	9/30/2008		
	9/30/2007		
	10/31/2007		
	11/30/2007		
	12/31/2007		
	1/31/2008		
	2/29/2008		
	3/31/2008		
	4/30/2008		
	5/31/008		
	6/30/2008		
	7/31/2008		
	Progress Report	8/30/2008	
3/31/2008			
9/30/2008			

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 ICVCS 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 ICVCS for Change of Status/Change of Term forms within 30 days of the requested change?				
10. Notify the ICVCS by 10/31 if a member will not complete their service by 12/31?				
11. Implement corrective actions promptly?				
12. Cooperates with the ICVCS Program Review?				

AmeriCorps Program Review Instrument

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.	Have a current A-133 audit or current financial statements available?				
2.	If there were findings, were they responded to and resolved?				
3.	Obtain written approval from the ICVCS prior to significant budgetary changes?				
4.	Have written cost allocation procedures?				
5.	Sign and indicate payment on invoices and vouchers?				
6.	Have receipts/vouchers consistent with ledger, histories, and expenditure reports?				
7.	Accurately track and monitor expenditures by budget line item?				
8.	Accurately distinguish receipts and disbursements attributable to the grant from those non-attributed?				
9.	Have receipts/vouchers/source documents for each purchase or expenditure?				
10.	Keep administrative cost charged to the grant within the 5% cap?				
11.	Obtain ICVCS prior approval for equipment purchases when required?				
12.	Meet matching requirements?				
13.	Accurately document and track cash matching contributions?				
14.	Accurately document and track in-kind matching contributions?				
15.	Have vouchers for in-kind contributions?				
16.	Have liability insurance that properly covers Members?				
17.	Have Worker's Compensation coverage for Members?				
18.	Have family and medical leave coverage for Members where appropriate?				
19.	Notify changes to healthcare providers as required by the healthcare policy?				
20.	Have a healthcare policy for full time Members not otherwise covered?				
21.	Inform members receiving Medicaid, they are not eligible to waive AmeriCorps healthcare?				
22.	Provide information on child care for eligible Members?				
23.	Have signed staff time and attendance records indicating time spent on various activities, e.g. AmeriCorps grants, other projects, etc?				
24.	Withhold personal income tax and FICA from Member living allowance?				
25.	Distribute living allowance appropriately?				
26.	Stay within the daily maximum rate for consultants (\$540.00)?				
27.	Have accounting records consistent with information on PER/FSRs?				
28.	Have approval for any subcontracts and maintain appropriate documentation of subgrant agreements?				

AmeriCorps Program Review Instrument

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AmeriCorps Program Review Instrument

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 ICVCS 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 ICVCS 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?				

AmeriCorps Program Review Instrument

Early Issue Detection

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**Module D: Member Documentation Compliance**

Member Documentation in Files (Total Sheet)

Complete all information utilizing the AmeriCorps Member File Checklist for each member file. Review ten percent (10%) or ten (10) Member files; whichever is greater. On each Member sheet place an "X" in the appropriate column. Place totals for all files on this page.

Number of Member files sampled:

<i>Are the following items in Member files?</i>	Y	N	NA	Comments
Member application				
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Proof of age (Driver's License, Birth Certificate, etc.)				
Parental consent form (Members under 18)				
Member contract sign and dated by Member				
Criminal background check results				
Were background checks reviewed if negative results were received? Is there a decision tree?				
Timesheets signed and dated by Member and Supervisor				
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Complete all information utilizing the AmeriCorps Member File Checklist for each member file. Review ten percent (10%) or ten (10) Member files; whichever is greater. On each Member sheet place an "X" in the appropriate column.

Member's Name:

<i>Are the following items in Member files?</i>	Y	N	NA	Comments
Member application				
Member enrollment form signed and dated by Member				
Proof of age (Driver's License, Birth Certificate, etc.)				
Parental consent form (Members under 18)				
Member contract sign and dated by Member				
Criminal background check results				
Were background checks reviewed if negative results were received? Is there a decision tree?				
Timesheets signed and dated by Member and Supervisor				
Documentation of citizenship/naturalization/resident alien status				
High School Diploma or equivalency				
Documentation of health care enrollment				
Documentation of child care enrollment				
Tax documents				
Publicity release form				
Member discipline documentation				
Mid-term performance evaluation				
End of term performance evaluation				
Member End of Term/Exit Form				
Documentation of Compelling Personal Circumstances (if applicable)				
Family and medical leave coverage for Members where appropriate				
Promptly notify changes to healthcare providers as required by the				
Healthcare policy documentation for full time Members with no other				
Document informing Member that if they receive Medicaid, they are				
Information regarding loan forbearance				
Change of Status/Term Form				

Early Issue Detection

Are there any Member File issues not mentioned above? What is the corrective action plan for those