**The Governor’s Office of Volunteer Services**

**Is My Organization Ready for an AmeriCorps Grant?**

2020 - 2021 AmeriCorps **Financial** Readiness Assessment



Legal Applicant: Click or tap here to enter text.

**INTRODUCTION:**

The Governor’s Office of Volunteer Services is seeking applicants to host AmeriCorps members that will serve in high-quality programs to address focus areas (healthy futures, disaster preparedness, economic opportunity, education, environmental stewardship, veterans and military family, and capacity building) established by the Corporation for National Community Service while simultaneously serving to meet some of Alabama’s greatest needs.

This assessment tool is designed to assist potential applicants in assessing their fiscal readiness to administer and support a high-quality AmeriCorps State program. The list of questions below asks the reviewer(s) to score the organization/legal applicant on financial elements necessary to run an AmeriCorps State program. It is recommended that the reviewer(s) be familiar with the organization’s mission, programs, strategy, and financial processes to more accurately answer the questions in this assessment.

Read each question carefully and answer honestly. The tool functions as a general guide to help you plan for the implementation of an AmeriCorps State program.

Select an answer that best describes your organization’s current status or performance. To do so, you will click in the box and an “X” will appear, signifying your response. For responses that request short answers, please click in the box that says, “Click here to enter text” to type your response in the box. Lastly, to submit attachments, please include at the top of each attachment on the first page: **Attachment: (Fin.) # - Name of the Attachment – Name of Your Organization.**

Please note: successful completion of the assessment does not guarantee funding through the Governor’s Office of Volunteer Service. It is merely a guide to assess the readiness of a potential applicant.

**Please return your completed Financial Readiness Assessment to** [Info.AmeriCorps@ServeAlabama.gov](mailto:Info.AmeriCorps@ServeAlabama.gov) **no later than** **Oct. 20, 2019 (Competitive/Education Award Only Applicants) or Dec. 6, 2019 (Formula Applicants).** If you have any questions, please feel free to contact the Governor’s Office Volunteer Services (Ronica Faire – Sr. Accountant) at (334) 242-1549 or [Ronica.Faire@ServeAlabama.gov](mailto:Info.AmeriCorps@ServeAlabama.gov). In the subject line of the email: AmeriCorps Financial Readiness Assessment.

**2019 – 20 Financial Readiness Assessment**

**ORGANIZATIONAL INFRASTRUCTURE: FINANCIAL MANAGEMENT**

1. Has your organization received a federal grant or cost-type award in the last 2 years?

**Yes  No  Not Sure**

**If yes, what is your cognizant organization:** Click here to enter text.

*A Cognizant Federal Agency is the oversight audit agency for federal grants and contracts at an institution.*

1. Has your organization been audited by a Certified Public Accountant firm or had a financial review within the past 2 years?

**Yes  No  Not Sure**

Attach a copy of your organization’s most recent audit or financial review

At the top of the doc.: [Attachment (Fin.) 1 – Recent Audit or Financial Review – Enter Your Organization’s Name]

1. Are there established policies related to salary scales, fringe benefits, travel reimbursement, and personnel policies?

**Yes  No  Not Sure**

Attach a copy of your organization’s policies and procedures for items listed above

At the top of the doc.: [Attachment (Fin.) 2 – Organization’s Policies and Procedures – Enter Your Organization’s Name]

1. Does your organization have a written Accounts Receivable policy?

**Yes  No  Not Sure**

Attach a copy of your organization’s accounts receivable policy

At the top of the doc.: [Attachment (Fin.) 3 – Accounts Receivable Policy – Enter Your Organization’s Name]

1. Does your organization have a written Accounts Payable policy?

**Yes  No  Not Sure**

Attach a copy of your organization’s accounts payable policy

At the top of the doc.: [Attachment (Fin.) 4 – Accounts Payable Policy – Enter Your Organization’s Name]

1. Does your organization have a written Internal Control policy?

**Yes  No  Not Sure**

Attach a copy of your organization’s internal control policy

At the top of the doc.: [Attachment (Fin.) 5 – Internal Control Policy – Enter Your Organization’s Name]

1. Does your organization have a Payroll policy?

**Yes  No  Not Sure**

Attach a copy of your organization’s payroll policy

At the top of the doc.: [Attachment (Fin.) 6 – Payroll Policy – Enter Your Organization’s Name]

1. Does your organization have written procurement policy?

**Yes  No  Not Sure**

Attach a copy of your organization’s procurement policy

At the top of the doc.: [Attachment (Fin.) 7 – Procurement Policy – Enter Your Organization’s Name]

1. Does your organization have a written cost allocation policy and plan?

**Yes  No  Not Sure**

Attach a copy of your organization’s cost allocation policy and plan

At the top of the doc.: [Attachment (Fin.) 8 – Cost Allocation Policy and Plan – Enter Your Organization’s Name]

1. Does your organization have a federally approved indirect cost rate?

**Yes  No  Not Sure**

1. Does your organization’s accounting system provide for the recording of actual grant/contract costs according to categories of your approved budget(s) and provide for complete and current disclosure?

**Yes  No  Not Sure**

**Identify your accounting system.** Click or tap here to enter text.

Attach a sample of Chart of Accounts

At the top of the doc.: [Attachment (Fin.) 9 – Chart of Accounts – Enter Your Organization’s Name]

1. Are all accounting entries (both cash and in-kind) supported by appropriate documentation?

**Yes  No  Not Sure**

1. Does your organization document and track in-kind and cash match to grant awards?

**Yes  No  Not Sure**

1. Are time and activity distribution records maintained by funding source and project for each employee to account for total hours (100%) devoted to your organization? (Timesheet)

**Yes  No  Not Sure+**

1. Are organizational and programmatic budgets closely and regularly monitored?

**Yes  No  Not Sure**

1. Does your organization prepare a formal annual budget?

**Yes  No  Not Sure**

1. Does your organization have a written budget policy?

**Yes  No  Not Sure**

Attach a copy of your organization’s budget policy

At the top of the doc.: [Attachment (Fin.) 10 – Budget Policy – Enter Your Organization’s Name]

1. Does your organization produce and review financial statements at least monthly?

**Yes  No  Not Sure**

1. Does your organization have regular reviews of variances, expenses, objectives, and programs?

**Yes  No  Not Sure**

1. Does the organization reconcile bank statements?

**Yes  No  Not Sure**

**How often:** Click or tap here to enter text.

1. Does your organization have plans to secure the financial and in-kind resources to meet any required matches?

**Yes  No  Not Sure**

**What are the anticipated sources of cash and in-kind match?** Click or tap here to enter text.

1. Does your organization have vouchers for in-kind contributions?

**Yes  No  Not Sure**

1. Do you have a “fund based” accounting system?

**Yes  No  Not Sure**

**Current System Used:** Click here to enter text.

1. If your organization uses accrual basis accounting, are there procedures in place to allow for reconciliation between cash and accrual basis reports?

**Yes  No  Not Sure**

1. Is your organization’s accounting system manual, automated, or a combination?

**Manual  Auto  Combo  Not Sure**

**If you selected, combo please provide an explanation:** Click or tap here to enter text.

1. How often are entries posted to the general ledger?

**Daily  Weekly  Monthly  Not Sure**

**Other, explain:** Click here to enter text.

1. Does your organization post to and balance a general ledger?

**Yes  No  Not Sure**

1. Does your organization’s cost allocations tie to the general ledger?

**Yes  No  Not Sure**

1. Does the accounting system track completely and accurately the receipt and disbursement of funds by each grant or funding source?

**Yes  No  Not Sure**

1. Does your organization accurately track and monitor expenditures by budget line item?

**Yes  No  Not Sure**

1. Does your accounting system allow for the recording of “in-kind” contributions?

**Yes  No  Not Sure**

1. Does your organization maintain a formal journal and post journal entries?

**Yes  No  Not Sure**

1. Does your accounting system allow for cash basis reporting?

**Yes  No  Not Sure**

1. Does your organization follow generally accepted accounting principles?

**Yes  No  Not Sure**

1. Is your organization familiar with federal cost principles?

**Yes  No  Not Sure**

1. Has the organization received or administer federal grant(s)in the past?

**Yes  No  Not Sure**

**If yes, explain:** Click or tap here to enter text.

1. Is your organization familiar with procedures for the determination and allowance of costs in connection with the Corporation for National and Community Service grants and contracts?

**Yes  No  Not Sure**

1. Does your organization have a cash receipts journal prepared and balanced?

**Yes  No  Not Sure**

1. Does your organization make all payments (other than petty cash) by check?

**Yes  No  Not Sure**

1. Does your organization maintain a written accounting policy?

**Yes  No  Not Sure**

Attach a copy of your organization’s accounting policy

At the top of the doc.: [Attachment (Fin.) 11 – Accounting policy – Enter Your Organization’s Name]

1. Are the duties of the bookkeeper and record keeper separate from cash functions (receipts, deposits, check signing/releasing)?

**Yes  No  Not Sure**

Attach a copy of your organization’s policies and procedures related to separation of duties

At the top of the doc.: [Attachment (Fin.) 12 – Separation of Duties Policies and Procedures – Enter Your Organization’s Name]

1. Does your organization have someone independent of the accounts receivable bookkeeper to prepare the deposit slip for the bank?

**Yes  No  Not Sure**

1. Who in your organization reconciles bank accounts?

**Name:** Click or tap here to enter text. **Title:** Click or tap here to enter text.

1. Does someone other than the Preparer check the clerical accuracy of invoices?

**Yes  No  Not Sure**

**Name:** Click or tap here to enter text. **Title:** Click or tap here to enter text.

1. Does your organization have someone independent of the accounts receivable bookkeeper follow-up on collections?

**Yes  No  Not Sure**

**Name:** Click or tap here to enter text. **Title:** Click or tap here to enter text.

1. Who in your organization is authorized to sign checks?

**Yes  No  Not Sure**

**Name:** Click or tap here to enter text. **Title:** Click or tap here to enter text.

1. How many signatures are required on a non-payroll check?

**Yes  No  Not Sure**

1. Does your organization have signatory limits? If so, what are the amounts?

**Yes  No  Not Sure**

1. Does your organization have responsible persons approve prices before vouchers are submitted for payment?

**Yes  No  Not Sure**

1. Does your organization have responsible persons approve receipts of goods before vouchers are submitted for payment?

**Yes  No  Not Sure**

1. Does your organization have the Executive Director approve all purchases over a certain amount?

**Yes  No  Not Sure**

1. Does your organization review vendor invoices for clerical accuracy?

**Yes  No  Not Sure**

1. Are checks signed by individual(s) whose duties exclude recording cash received, approving vouchers for payment, and the preparation of payroll?

**Yes  No  Not Sure**

1. Who in your organization prepares checks?

**Yes  No  Not Sure**

**Name:** Click or tap here to enter text. **Title:** Click or tap here to enter text.

1. If checks over some amount require multiple signatures, what is the amount?

**Yes  No  Not Sure**

1. Does your organization sign checks only when disbursement is made (not in advance)?

**Yes  No  Not Sure**

1. Does your organization check signer compare data on supporting documents to checks?

**Yes  No  Not Sure**

1. Does your organization cancel vendor invoices when checks are signed?

**Yes  No  Not Sure**

1. Does your organization record checks in the disbursement journal as prepared?

**Yes  No  Not Sure**

1. Does an official of the organization approve payroll documents?

**Yes  No  Not Sure**

1. Does your organization formally document and approve changes in wages?

**Yes  No  Not Sure**

1. Does your organization pay salaries and wages other than by check?

**Yes  No  Not Sure**

1. Does your organization have different people prepare the payroll, sign and distribute payroll checks, and reconcile the payroll account monthly?

**Yes  No  Not Sure**

1. Does your organization use a payroll service to prepare payroll?

**Yes  No  Not Sure**

1. If your organization uses a payroll service to prepare payroll, who prepares payroll tax reports?

**Yes  No  Not Sure**

**Name:** Click or tap here to enter text. **Title:** Click or tap here to enter text.

1. Are payroll taxes remitted promptly?

**Yes  No  Not Sure**

1. Does your organization record payroll checks in the payroll journal as prepared?

**Yes  No  Not Sure**

1. Does your organization Executive Director authorize wage rates?

**Yes  No  Not Sure**

1. Are purchase approval methods documented and communicated?

**Yes  No  Not Sure**

1. Are employee payroll reports supported by appropriately signed documentation (timesheets, leave slips, etc.)?

**Yes  No  Not Sure**

1. Are employees who handle funds bonded against any loss by reasons of fraud or dishonesty?

**Yes  No  Not Sure**

Attach a copy of your organization’s proof of risk management policy and coverage

At the top of the doc.: [Attachment (Fin.) 13 – Proof of Risk Management Policy and Coverage – Enter Your Organization’s Name]

1. Does your organization bond employees who handle cash and securities?

**Yes  No  Not Sure**

1. Are time and activity distribution records (time sheets) maintained by funding source and project type for each employee to account for total hours with your organization?

**Yes  No  Not Sure**

1. Does your Executive Director receive financial statements on a regular basis?

**Yes  No  Not Sure**

Attach a copy of the statement for the most recent quarter of the fiscal year

At the top of the doc.: [Attachment (Fin.) 14 – Statement of Most Recent Quarter of Fiscal Year – Enter Your Organization’s Name]

**If yes, how often are financial statements received?** Click or tap here to enter text.

1. Does your organization have reasonable safeguards against theft?

**Yes  No  Not Sure**

1. Does your organization require employees in a position of trust to take vacations?

**Yes  No  Not Sure**

1. Does your organization have indications of significant and unusual related-party transactions?

**Yes  No  Not Sure**

1. Does your organization separately file unpaid vendor invoices from paid invoices?

**Yes  No  Not Sure**

1. Who in your organization processes vendor invoices?

**Yes  No  Not Sure**

**Name:** Click or tap here to enter text. **Title:** Click or tap here to enter text.

1. Does your organization maintain an accounts payable trail balance or ledger?

**Yes  No  Not Sure**

1. Does your Executive Director periodically review accounts payable?

**Yes  No  Not Sure**

1. Has your organization established measures to prevent unauthorized access to, or destruction of documents, records, and assets?

**Yes  No  Not Sure**

Attach a copy of your organization’s policies regarding measures to prevent unauthorized access to, or destruction of documents, records, and assets

At the top of the doc.: [Attachment (Fin.) 15 – Polices for Measures to Prevent Unauthorized Access to, or Destruction of Documents, Records, and Assets – Enter Your Organization’s Name]

1. Does your organization maintain and make available to all personnel current copies of financial regulations and/or guidelines (OMB Circulars)?

**Yes  No  Not Sure**

1. Does your organization ensure that costs incurred by the organization are documented and segregated as allowable or non-allowable for government funding purposes?

**Yes  No  Not Sure**

1. Is adequate support (i.e. airfare tickets, lodging receipts) received from employees before reimbursement for travel expense is made?

**Yes  No  Not Sure**

1. Are there adequate controls to account for advances and reimbursements for travel expenses made to employees?

**Yes  No  Not Sure**

1. Does your organization have difficulty meeting financial obligations?

**Yes  No  Not Sure**

1. Have financial operations deteriorated in the past two years?

**Yes  No  Not Sure**

1. Does your organization maintain financial reports that lead clearly back to ledgers and source documents?

**Yes  No  Not Sure**

1. Was an annual financial audit completed within 90 days after year-end?

**Yes  No  Not Sure**

Attach a copy of your organization’s most recent audit or financial review

At the top of the doc.: [Attachment (Fin.) 16 – Most Recent Audit or Financial Review – Enter Your Organization’s Name]

1. If your organization obtains prior written approval for the purchase or lease of equipment, from whom is that approval sought?

**Yes  No  Not Sure**

1. Does your organization maintain a system for contract administration to ensure contractor conformance with the terms, conditions and specifications of the contract?

**Yes  No  Not Sure**

1. Does your organization evaluate contractor performance (including sub-grantees) to ensure they have met the terms, conditions and specifications of the contract?

**Yes  No  Not Sure**

**APPLICANT INFORMATION**

**Applicant Name:** Click or tap here to enter text.

**Executive Director:** Click or tap here to enter text.

**Financial Director:** Click or tap here to enter text.

**Individual Completing this Assessment:** Click or tap here to enter text. **Title:** Click or tap here to enter text.

**Years Incorporated:** Click or tap here to enter text.

**Number of Years Receiving Federal Funding:** Click or tap here to enter text.

**Number of Employees Total:** Click or tap here to enter text.

**Full-time:** Click or tap here to enter text. **Part-time:** Click or tap here to enter text.

**Interns:** Click or tap here to enter text. **Volunteers:** Click or tap here to enter text.

**Current Annual Revenue:** Click or tap here to enter text.

**Amount by Source:** Click or tap here to enter text.

**Federal:** Click or tap here to enter text. **State:** Click or tap here to enter text.

**Other Sources:** Click or tap here to enter text.

**Source: Amount:** Click or tap here to enter text.

**Other Donations:** Click or tap here to enter text.