



2009-2010

NEVADA AMERICORPS PROGRAM REVIEW INSTRUMENT

Nevada Volunteers' AmeriCorps Program Review Instrument covers Corporation for National and Community Service's AmeriCorps specific rules, provisions and other federal requirements.

The review instrument contains five modules:

- Module A Reporting and Communication Compliance and Early Issue Detection
- Module B AmeriCorps Member Documentation Compliance
- Module C Financial Compliance – NOT INCLUDED IN THIS SITE VISIT
- Module D Grant Policies and Procedures Compliance
- Module E AmeriCorps Member Satisfaction

Revised October 2009

Module A: Reporting and Communication Compliance and Early Issue Detection

Instructions

For Self-Assessment:

The AmeriCorps Program Director must complete this form **BEFORE** the date of the site review.

For Commission Program Officer:

Complete this form during the annual site review.

I. Background Information

1. AmeriCorps Program Name

2. Name(s) of person(s) providing information:

3. Name and title of person(s) completing this form:

4. Date(s):

5. Type of assessment

- Self-Assessment
 Outside Assessment

FOR NV VOLUNTEERS PROGRAM OFFICER ONLY:

Copy of AmeriCorps Program Director's Self-Assessment is attached.

II. Reporting and Communication Compliance

1. Does the program:		Yes—Appear OK	Needs Improvement	Not Reviewed	Explain if checked "Needs Improvement;" or cite evidence showing compliance; and record other pertinent findings. Use back of form, if desired.
a.	Complete appropriately signed & dated Member Enrollment forms within 30 days of enrollment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b.	Complete appropriately signed & dated Change of Status forms within 30 days of change?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c.	Complete accurate and correct quarterly Progress Reports on time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d.	Progress Reports provide all required information and follow NV Volunteers Progress Report Instructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e.	Obtain permission from NV Volunteers prior to significant performance measurement or program changes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f.	Respond in a timely manner to inquiries from NCNCS and CNCS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g.	Implement corrective actions promptly according to timeline?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h.	Have corrective actions and/or recommendations from the previous review been implemented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

List corrective actions and recommendations:

How were previous corrective actions remedied or how were recommendations implemented?

j.

III. Early Issue Detection

1. Does the program report any difficulties not noted above?
2. Has on-going desk monitoring uncovered any issues not listed above?

IV. Follow-Up and Support

1. What steps did the program agree to take, and by when, to overcome the issues identified in Sections II and III?

Module B: Member Documentation Compliance

Background Information

<p>1. AmeriCorps Program Name</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<p>2. Name(s) of person(s) providing information:</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
<p>3. Name and title of person(s) completing this form:</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<p>4. Date(s):</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<p>5. Type of assessment</p> <p><input type="checkbox"/> Self-Assessment</p> <p><input type="checkbox"/> Outside Assessment</p>
<p>6. Number of Members last program year: (note if does not match award budget)</p> <p>Number who started service: <input style="width: 40px; height: 25px;" type="text"/></p> <p>Number who completed service: <input style="width: 40px; height: 25px;" type="text"/></p>	<p>7. Number of Members current program year: (note if does not match award budget)</p> <p>Number who started service: <input style="width: 40px; height: 25px;" type="text"/></p> <p>Number enrolled now: <input style="width: 40px; height: 25px;" type="text"/></p>	

II. Member Documentation in Files

1. Number in sample of reviewed Member files (if self-assessment and not based on sample, skip this question):

Last program year: This program year:

<p>Do Member files have the following and are they accurate and complete?</p> <p>a. Evidence of eligibility on file?</p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div>	Yes—Appear OK <input type="checkbox"/>	Needs Improvement <input type="checkbox"/>	Not Reviewed <input type="checkbox"/>	Explain if checked "Needs Improvement;" or cite evidence showing compliance; and record other pertinent findings. Use back of form, if desired.
<p>b. Birth date, level of educational attainment, and date of high school diploma or equivalent certificate (if attained).</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>c. Start and end dates of service and number of hours to be served weekly.</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

d.	Location of service activities and project assignment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e.	Member Position Description and Member Schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f.	Member Contracts signed and dated by member and Program Director.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g.	Member Forms (Enrollment , Exit and Change of Status) signed and dated by member and Program Director.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h.	Member Performance Evaluations (initial and end-of-term).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i.	Eligibility documentation for health and child care, where applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
j.	Statewide Criminal background checks for ALL members? Sex Offender Registry Check for ALL members? Documentation in the member file? Memo to member regarding no unescorted access until results of background checks are complete is on file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Member written statement he/she completed H.S. diploma/GED or member written agreement to complete H.S. diploma/GED prior to completing service and obtaining the Ed. Award.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
k.					
l.	Documentation for early termination/personal compelling circumstances.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
III. Benefits and Coverage					
a.	Child care made available to eligible Members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b.	Family and medical leave coverage for Members is appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

c.	Approved Member Grievance Procedure in Member Contract?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e.	Track the total program training hours and stay within 20% cap?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Track the total fundraising hours and stay within 10% cap?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

III. Documentation Requirements

a.	Document how members are allowed to make up hours? Is this policy written in the member contract?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b.	Member Service Logs are completed in ink; signed and dated by member and site supervisor; all corrections are initialed by the person making the corrections; description of service section is appropriately completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c.	Member Service Logs are reconciled and audited? How? Are desk audits conducted? If so, how often?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

- Reviewed compliance with AmeriCorps prohibited activities in files? _____
- Reviewed documentation of Pre-Service Orientation? _____
- Reviewed documentation of ongoing member training? _____
- Reviewed documentation of compliance with AmeriCorps Rules regarding recruiting and managing volunteers? _____
- Reviewed documentation of compliance with AmeriCorps Rules regarding tutoring and No Child Left Behind standards (if applicable)? _____
- Reviewed documentation of compliance with AmeriCorps Rules regarding one aligned set of performance measures? _____

Module C: Financial Compliance

Instructions

Note: The individual(s) completing this form should be familiar with the AmeriCorps financial grant requirements, standard accounting practices, internal control and cost allocation procedures, and financial management systems in general. In order to facilitate review of such requirements, specific AmeriCorps provisions or other sources are referenced for some topics. However, this referencing is not a substitute for knowledge and understanding of the pertinent requirements.

For Self-Assessment:

1. The financial officer or other senior staff familiar with the program's financial procedures should complete this form.
2. Complete this form based on knowledge of the program's financial operations, or follow steps, below, for a formal spot check.

For Outside Reviewer:

1. Complete Section I in its entirety.
2. To complete Section II, ask program staff to show you their procedures. For example, under "Accurately document and track cash and in-kind contributions" (Section II a.), you could ask to see documentation, for example, for the office space that a community partner told you they donated. Ask for as many examples you feel you need to accurately assess their procedures.
3. If you would like to streamline the process, select every second or third item in Section II. Note which items you did not review by checking the appropriate box. If you decide to sample items and detect problems, you may want to increase the number of items you review. Please note that if you detect problems, you will probably want to review all items.
4. Ask the finance director the questions in Section III and complete section.

I. Background Information

1. Program Name and ID Number

2. Name(s) of person(s) providing information:

3. Name and title of person(s) completing this form:

4. Date(s):

5. Type of assessment

- Self-Assessment
 Outside Assessment

Reviewed and signed off on sampling of invoices with comparison to General Ledger

PER period/s reviewed: _____

II. Financial Systems

		Yes—Appear OK	Needs Improvement	Not Reviewed	
1. Does the program:					Explain if checked "Needs Improvement;" or cite evidence showing compliance; and record other pertinent findings. Use back of form, if desired.
a.	Follow standard accounting principles? Is there a financial procedure manual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b.	Have internal controls and a clear audit trail? (complete I.C. questionnaire)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c.	Have written cost allocation procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d.	Sign and indicate payment on invoices and vouchers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e.	Accurately distinguish receipts and disbursements attributable to the grant from those non-attributable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f.	Have receipts/vouchers/source documents for each purchase or expenditure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g.	Have a procurement policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h.	Accurately track and monitor expenditures by budget line item?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i.	When required, obtain written approval from NCNCS and/or CNS grants officer for budget changes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
j.	Keep administrative costs charged to CNS within the 5% cap?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
k.	Ensure that grant funds do not inappropriately supplant or duplicate other funds, in particular, other federal funds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

II. Financial Systems (continued)

1. Does the program:		Yes—Appear OK	Needs Improvement	Not Reviewed	Explain if checked "Needs Improvement;" or cite evidence showing compliance; and record other pertinent findings. Use back of form, if desired.
i.	Obtain NCNCS prior approval for equipment purchases when required. (If equipment has been purchased using grant funds, is there an equipment inventory and is equipment easily identified?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
m.	Meet matching requirements? What match-year level is program currently in according to new Rules?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
n.	Accurately document and track cash matching contributions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
o.	Accurately document and track in-kind matching contributions? (Generation of volunteers for direct project type service cannot be used.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
p.	Have vouchers for in-kind contributions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
q.	Have checks signed by someone who is not involved in their preparation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
r.	Reconcile monthly bank statements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
s.	Do signed staff time and attendance records indicate time spent on various activities such as AmeriCorps grants, other projects, other activities such as organizational management and general administrative, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

II. Financial Systems (continued)

		Yes—Appear OK	Needs Improvement	Not Reviewed	
1. Does the program:					Explain if checked "Needs Improvement;" or cite evidence showing compliance; and record other pertinent findings. Use back of form, if desired.
u.	Withhold personal income tax and FICA from Member living allowance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
v.	Distribute living allowance appropriately? (Payroll Reports) Is the allowance distributed so that members only receive it while serving? (according to program year- ei.e.: members who started later receive less living allowance at the end of the term).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
w.	Stay within the daily maximum rate for consultants (\$540.00)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
x.	Have accounting records consistent with information on FSRs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
y.	Are FSRs submitted on time and correct?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
z.	Does the program receive program income? If so, please describe if OMB procedures are followed regarding it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
zz.	Is the program familiar with OMB Circulars? Which ones does it follow?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

III. State-Specific and Other Financial Requirements

		Yes—Appear OK	Needs Improvement	Not Reviewed	
1. Does the program:					Explain if checked "Needs Improvement;" or cite evidence showing compliance; and record other pertinent findings. Use back of form, if desired.
	<input type="checkbox"/>				

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a.	Follow NCNCS procedures for requesting funds?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
b.	Carry adequate liability insurance that covers members as well as a worker's comp policy?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
c.	Carry adequate Fidelity Bond or Employee Dishonesty Coverage?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
d.	Have a personnel policy and job descriptions for all personnel (other than members) attributed to grant?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
e.	Provide an audit and what type?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

IV. Follow-Up and Support (ask program staff questions below)

1. Are there any aspects of the financial requirements that are confusing to you? Do you need more information or support to comply in this area?

2. Is there anything else you think that the Nevada Commission should know about your financial procedures in order to properly support you?

3. Is there anything that the Nevada Commission could do better or differently to support you in meeting your financial compliance?

Module D: Grant Policies and Procedures Compliance

I. Background Information

- | | |
|---|---|
| <p>1. AmeriCorps Program Name</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> | <p>2. Name(s) of person(s) providing information:</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> |
| <p>3. Name and title of person(s) completing this form:</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> | <p>4. Date(s):</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> |
5. Type of assessment
- Self-Assessment
- Outside Assessment
6. This form contains information collected from interviewing, conversing with and/or observing:
- | | |
|--|--|
| <input type="checkbox"/> Board Member(s). | <input type="checkbox"/> AmeriCorps Member(s). |
| <input type="checkbox"/> Member Supervisor(s) from host sites. | <input type="checkbox"/> Program Staff. |
| <input type="checkbox"/> Other partners(s): | |

II. Policies and Procedures

	Yes—Appear OK	Needs Improvement	Not Reviewed	
1. Does the program:				Explain if checked "Needs Improvement;" or cite evidence showing compliance; and record other pertinent findings. Use back of form, if desired.
a. <div style="border: 1px solid black; padding: 2px;">Have a local recruitment plan that encourages diversity and inclusion?</div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
b. <div style="border: 1px solid black; padding: 2px;">Provide reasonable accommodation for inclusion when requested?</div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
c. <div style="border: 1px solid black; padding: 2px;">Support Members in getting GED and in post-service educational transition?</div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
d. <div style="border: 1px solid black; padding: 2px;">Encourage, but not require, Members to vote and allow Members time to vote with no penalty?</div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>

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e.	Allow Members to serve on a jury and serve in the Armed Forces Reserves with no penalty?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f.	Provide Members with appropriate supervision at host sites?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g.	Promptly notify changes to child and health care providers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h.	Report serious injuries to the NV Volunteers immediately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i.	Have policies to ensure that Members do not engage in prohibitive activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
j.	Comply with the Drug-Free Workplace Act?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
k.	Obtain written prior approval of grant changes from NV Volunteers as required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
l.	Maintain appropriate risk management and safety policies and procedures for Members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
m.	Track progress toward achievement of program performance measures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
n.	Demonstrate that it is on-track to meet or exceed its targets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
o.	Review targets at least quarterly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
p.	Measure all service activities that Members are engaged in?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
q.	Use AmeriCorps logo?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
r.	Ensure that Members are primarily engaged in activities as described in the grant application?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
s.	Have travel guidelines and/or policies that require travel authorization prior to travel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

t.	Cooperate with NV Volunteers statewide efforts to build and sustain an electronic volunteer infrastructure	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
u.	Cooperate with PUT AMERICORPS ON IT initiatives by requiring Members to wear uniforms while providing service and enforce the policy?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
v.	Help plan and participate in 3 Special Community Service Projects annually?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
w.	Actively recruit persons with disabilities and include "Persons with disabilities are encouraged to apply" in all of their written recruitment and advertising materials?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
x.	Acknowledge NV Volunteers as the local source of its AmeriCorps program funding in its written recruitment and advertising materials?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

IV. Follow-Up and Support (ask program staff questions below)

1. Are there any aspects of the policies/procedures compliance that are confusing to you?
2. Do you need more information or support to comply in this area?
3. Is there anything else you think that the Nevada Commission should know about your policies and procedures in order to properly support you?

Module E: AmeriCorps Member Satisfaction

I. Background Information

1. Name and title of person completing this form:

2. Date(s):

3. Type of assessment

- Self-Assessment
 Outside Assessment

1. Number of AmeriCorps Members interviewed?

2. How effective is the leadership and management of this AmeriCorps program?

3. How well are members trained to provide service?

4. Are you satisfied with your AmeriCorps experience so far?

5. Do you have any suggestions about how to improve this program?