**ATTACHMENT B: GRANT READINESS ASSESSMENT**

OSC mission is to advance volunteerism, service, and civic engagement to enrich lives and strengthen Oregon communities. OSC fulfills this mission by providing AmeriCorps funding opportunities. The purpose of the Grant Readiness Assessment is to help organizations determine if they are prepared to apply for and manage an AmeriCorps grant. This assessment will help applicant develop a plan to properly prepare to implement an AmeriCorps grant, if awarded funding. This assessment only serves as a general guide for program expectations. Completion of this assessment does not guarantee or disqualify funding from AmeriCorps or OSC. Applicant’s responses to the following assessment questions will not affect applicant’s ability to complete the grant application. It is designed as a tool to bring awareness to areas that may need to be evaluated or improved within applicant’s organizations or addressed by OSC.

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Is applicants organization a public or private nonprofit organization - including labor organizations, faith-based and other community organizations; an institution of higher education; a government entity within the State of; an Indian Tribe; or a partnership or consortia?

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

Does applicants organization’s plan for utilizing AmeriCorps members address specific unmet community needs in the areas of [education](https://americorps.gov/about/what-we-do), [healthy futures](https://americorps.gov/about/what-we-do), [environmental stewardship](https://americorps.gov/about/what-we-do), [veterans and military families](https://americorps.gov/about/what-we-do), [economic opportunity](https://americorps.gov/about/what-we-do), and/or [disaster services](https://americorps.gov/about/what-we-do)?

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

*Note: If the answer to either of the above questions is “No” then your organization would not be eligible to receive an AmeriCorps grant or serve as a Host Site for AmeriCorps members. Additionally, you are ineligible if your organization is a 501 (c)(4) non-profit entity [under the Internal Revenue Code of 1986, 26 U.S.C. 501 (c)(4)] that engages in lobbying.*

Will applicants AmeriCorps members serve exclusively within the state of Oregon?

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

Does applicants organization have the capacity to recruit, train, and support at least ten full-time AmeriCorps members?

\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

Can applicants organization provide office space, a computer, and any necessary equipment for the AmeriCorps members?

\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

Does the organization have non-AmeriCorps revenue of over $200,000 per year?

\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

Does applicants organization have a proven track record and documented outcomes for their programs?

\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

Does applicant have or will you hire staff to provide accounting and administrative support to manage the grant funds, if awarded?

\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

**Administrative Competencies:**

Has applicants organization previously managed a major federal, state, or foundation grant?

\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

Does applicants organization have sufficient cash on hand or credit to operate a major grant on a reimbursement basis? (Both the Federal and State governments rarely, if ever, pay grant funds in advance.)

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

Has applicants organization been audited by a Certified Public Accounting firm within the past two years?

\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

Does any of applicants staff members have experience implementing AmeriCorps grants? \_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

Are any of applicants staff members AmeriCorps alums?

\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

**Governance & Operations:**

Does applicant’s organization have an active and independent board of directors and/or other governing body? (Independent is defined as a majority of board members who are neither employees of the organization nor family members of employees or other board members.)

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

Does the organization have written policies and procedures, including a conflict-of-interest policy for employees and directors?

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

Does applicants organization plan to use existing staff to manage the AmeriCorps program?

\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

**Financial Management:**

Does applicant have a "job cost" or "fund based" accounting system?

\_\_\_\_\_Yes \_\_\_\_\_No Current system used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If applicant’s organization uses accrual basis accounting, are there procedures in place to allow for reconciliation between cash and accrual basis reports?

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

Is applicant’s organization's accounting system manual, automated, or a combination? \_\_\_\_\_Manual \_\_\_\_\_Automated \_\_\_\_\_Combination

How are entries posted to the general ledger?

\_\_\_\_\_Daily \_\_\_\_\_Weekly \_\_\_\_\_Monthly \_\_\_\_\_Unsure

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

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

Does applicant’s accounting system allow cash basis reporting and for the recording of "in-kind" contributions?

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

Does the organization have a development/fundraising plan in place?

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

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

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

Is applicants organization familiar with federal cost principles?

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

Is applicants organization familiar with procedures for the determination and allowance of costs in connection with AmeriCorps grants and contracts?

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

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 \_\_\_\_\_Unsure

**Internal Controls:**

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

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

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

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

Are purchase approval methods documented and communicated?

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

Are employees who handle funds bonded against loss by reasons of fraud or dishonesty? \_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

**Organizational Needs Assessment and Implementation:**

Does applicant’s organization conduct regular community needs assessments?

\_\_\_\_\_Yes \_\_\_\_\_No

Does applicant’s organization analyze and use the results of needs assessments to chart change?

 \_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

Does applicant’s organization have the ability to grow and/or create new and innovative programs to meet the needs of the community?

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

Are applicant organization’s programs and services well defined?

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

Does applicant’s organization have the ability to close a program that is no longer needed or relevant?

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

**Measuring Performance and Continual Improvement of Programs:**

Does applicant’s organization have a comprehensive well-developed community assessment or evaluation system used to measure the impact of programs and services?

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

Does applicant’s organization collect data to measure performance and progress on a continual basis?

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

Is data analyzed, used in program redesign and communicated to stakeholders on a regular basis? (e.g., annual report)

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

**Emergency & Disaster Preparedness:**

1. Does applicant have an emergency operational plan or a continuity of operations plan?

\_\_\_Yes, we have plan(s) in place. Please attach a copy. \_\_\_\_ No \_\_\_\_ This is in development. Please describe:

2. Does applicant have a member safety plan in place that addresses crisis and disasters?

\_\_\_\_Yes, we have plan(s) in place. Please attach a copy. \_\_\_ No \_\_\_This is in development. Please describe:

3. Does applicant have policies and procedures for alternative member service activities?

\_\_\_Yes, we have plan(s) in place. Please attach a copy. \_\_\_ No \_\_\_This is in development. Please describe:

***Note for Faith-Based Organizations:***

If the conditions below are not acceptable to applicants organization, AmeriCorps funding is probably not a good option:

* Participation in AmeriCorps funded programs must be open to all who qualify, without regard to religious beliefs
* AmeriCorps funded programs cannot require members or participants to engage in religious activities
* AmeriCorps funded programs must be held in a separate place or time from religious activities