

Applicant Operational and Financial Management Survey

All New and Recompete applicants are required to complete this survey as part of their application for AmeriCorps State Formula funds

* Required

General Information

1. Organization Legal Name *

2. EIN *

3. City, State Associated with EIN *

4. UEI *

Operational Management

The policies identified below address some of the most critical elements for administration of a federal grant. As a recipient of federal funds, organizations are required to have a full complement of programmatic, financial, and administrative policies, as well as internal controls in place, as applicable. Should an applicant receive federal funding from AmeriCorps, full copies of the policies and procedures may be requested for monitoring purposes.

Please indicate whether the organization has current written policies and procedures in the following areas (select Yes or No):

5. Personnel/Employee Handbook *

Yes

No

6. Financial/Internal Controls *

Yes

No

7. Service Site Monitoring and Oversight *

Yes

No

8. Timekeeping *

Yes

No

9. Travel Guidance, including purchase/travel credit card use *

Yes

No

10. Procurement *

Yes

No

11. Standards for use of Federal Funds *

Yes

No

12. Code(s) of Conduct/Ethids, applicable to employment/purchasing *

Yes

No

13. Document Retention *

Yes

No

Operational Management

Please indicate the training areas below that are provided to employees by the organization (select Yes or No)

14. Personnel/HR Issues *

Yes

No

15. Financial Accounting *

Yes

No

16. Risk Management *

Yes

No

17. Cyber-security *

Yes

No

18. Fraud, Waste, and Abuse *

Yes

No

Financial Management

19. Are financial reports (profit and loss, budget vs. actual, etc.) provided to and reviewed by leadership level staff, at least quarterly? *

Yes

No

20. Does the organization utilize an automated accounting system? *

Yes

No

21. Can the organization's accounting system separate the receipts and payments of a federal grant from the receipts and payments of the organization's other activities supported by separate funding streams? *

Yes

No

22. Can the organization's accounting system summarize expenditures from a federal grant according to different budget categories such as salaries, rent, supplies, and equipment? *

Yes

No

23. How often does the organization post transactions to the accounting system ledger(s)? *

Daily

Weekly

Monthly

Quarterly

Annually

Other

24. Does the organization use an automated payroll system? *

Yes

No

Financial Management

Please indicate whether organizational leadership approval is required for any of the following financial transactions (select Yes or No):

25. Opening/Closing Bank Accounts *

Yes

No

26. Opening Lines of Credit *

Yes

No

27. Assigning Credit Cards *

Yes

No

28. Buying/Selling Property *

Yes

No

N/A

29. Financial Investment/Divestment *

Yes

No

N/A

30. Has the organization issued loans to an employee or officer of the organization or forgiven/written-off loans or debts in the last year? *

- Yes
- No
- N/A

31. Please identify who is authorized to write-off any debt owed to the organization as a bad debt. *

- Accountant
- Chief Financial Officer
- CEO/Executive Director
- Board Committee
- Board Chair

32. Has the organization experienced cash flow deficits at any point in the previous 2 years? *

- Yes
- No

Compliance

33. Has the organization received federal funds for similar programs or projects? *

- Yes
- No

34. If the answer to 33 is YES, has your organization met federal program requirements for similar programs? *

- Yes
- No
- N/A

35. Has an audit been performed on the organization's financial accounts? *

- Yes
- No

36. If the answer to 35 is YES, what was the audit opinion? *

- Modified
- Unmodified
- Adverse
- N/A

37. If applicable, has the organization addressed any outstanding deficiencies identified in the most recent audit? *

- Yes
- No
- N/A

38. Please provide any clarifications or similar remarks/information in the section below (optional):

Preparer's Certification

39. Preparer's Name (First, Last) *

40. Preparer's Email *

41. Preparer's Position Title *

42. I certify that the above information is complete and correct to the best of my knowledge and ability. *

I Certify

I Do Not Certify

43. Date of Certification *



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