

The Governor's Office of Faith-Based and Community Initiatives



**MODULE A**  
**Organizational Profile**



**Date:**

**Visit Number: 1 2 3 4 5 6**

**Agency (Legal Applicant):**

**Program Name:**

**Physical Address:**

**Mailing Address (if different):**

**Phone:**

**Fax:**

**E-Mail:**

**GFBCI Commission Staff Completing Site Visit:**

**Program Staff Present:**

**Name:**

**Title:**

**Name:**

**Title:**

**Name:**

**Title:**

**Name:**

**Title:**

**Name:**

**Title:**

**Notes:**

# The Governor's Office of Faith-Based and Community Initiatives

## I. Program Assessment

A. Briefly describe the activities of the program.

B. Is the described activity in compliance with the approved grant activities outlined in the approved grant application? Yes\_\_\_ No\_\_\_  
If No, explain:

If modifications have been made to the program activities, were they approved in writing by the GFBCI?

C. Staff members are aware of technical assistance resources available for help with recruiting and supporting individuals with disabilities as AmeriCorps members. Yes\_\_\_ No\_\_\_ If No, explain:

D. Full Time Slots Awarded: \_\_\_\_\_ Full Time Slots Filled: \_\_\_\_\_

Part Time Slots Awarded: \_\_\_\_\_ Part Time Slots Filled: \_\_\_\_\_

Number of Volunteers: \_\_\_\_\_

Were any slots amended? Yes\_\_\_ No\_\_\_

If Yes, was written approval obtained from the GFBCI?

If slots were left unfilled explain:

# The Governor's Office of Faith-Based and Community Initiatives

## II. Administrative Assessment

- A. Does the program submit reports/forms/revisions in an accurate and timely manner? Yes\_\_\_ No\_\_
- B. Are Member Enrollment and Exit Forms entered into WBRS in a timely manner? Yes\_\_\_ No\_\_

- C. Progress Reports submitted in a timely manner? Yes\_\_\_ No\_\_

Attach Performance Measures for current program year.

D. Methodology

How is the Performance Measures data collected?

How often is the data collected/compiled?

Can the data reported in the most recent progress report be substantiated through an on-site record review?

E. Financials

- Submission of any necessary Budget Revisions in a timely manner? Yes\_\_\_ No\_\_ If No, explain:

If Yes, was written permission obtained from the Commission by submitting a Budget Revision Request Form completed, signed, dated and maintained on file?

- Financial Status Reports - Were FSR's (to date) submitted in a timely manner? Yes\_\_\_ No\_\_

Were corrections made in the time frame agreed upon by Commission staff and the Program Director?

## III. Organizational Capacity

- A. Is there evidence of adequate staff to oversee the AmeriCorps program (i.e., fiscal and FT AmeriCorps program director)? Yes\_\_\_ No\_\_

## The Governor's Office of Faith-Based and Community Initiatives

- B.** Is ongoing training and support to AmeriCorps program staff, members, site supervisors and partnering agencies being adequately provided? Yes\_\_\_ No\_\_
- C.** Is there evidence of program's ability to oversee and support member placement sites (i.e., training, fiscal and programmatic monitoring)? Yes\_\_\_ No\_\_
- D.** Is there evidence of ability to track and evaluate program performance as well as plans for continuous improvement? Yes\_\_\_ No\_\_
- E.** Is the Board of Directors actively involved in supporting the AmeriCorps program? Yes\_\_\_ No\_\_
- F.** Does the Program Director regularly communicate with the Program Board of Directors? If so, how? Attach a current list of Board members.
- G.** How often are Board meetings held?  
Monthly\_\_\_ Quarterly\_\_\_ Bi-Annually\_\_\_
- H.** Are the minutes available for public review if requested in compliance with the Sunshine Law?
- I.** How is the Board kept informed about the AmeriCorps program?

### IV. Public Awareness

- A.** Does the AmeriCorps office and the service sites display an AmeriCorps logo on:
- |                       |        |      |
|-----------------------|--------|------|
| Sign/Banner           | Yes___ | No__ |
| Service Gear          | Yes___ | No__ |
| Press Releases        | Yes___ | No__ |
| Stationary            | Yes___ | No__ |
| Recruitment Materials | Yes___ | No__ |
| Application Forms     | Yes___ | No__ |
| Orientation Materials | Yes___ | No__ |
| Member Contracts      | Yes___ | No__ |
| Service logs          | Yes___ | No__ |
| Other:                |        |      |

## The Governor's Office of Faith-Based and Community Initiatives

**B.** Does the Program regularly engage in public awareness activities surrounding volunteerism and service?

Local Media	Yes___	No__
Public Officials	Yes___	No__
Local Civic Groups	Yes___	No__
Other Human Service Providers	Yes___	No__
Other:		

### V. Organizational Policies

**A.** Does the agency have written policies and procedures in place? Yes\_\_\_ No\_\_\_

*If No, attach action plan for each incomplete policy and a date to submit to the State Commission.*

• Grievance	Yes___	No__
• Background Checks	Yes___	No__
• Reasonable Accommodations	Yes___	No__
• Incident Reports	Yes___	No__
• Certified Emergency Response Team	Yes___	No__
• Confidentiality/Informed Consent	Yes___	No__
• Drug Free Workplace Policy	Yes___	No__
• Sexual Harassment Policy	Yes___	No__
• Fiscal Policy	Yes___	No__
• Travel Reimbursement Policy	Yes___	No__
• WBRS Password Security Policy	Yes___	No__
• Other (List)		

**B.** Shows ability to ensure that program staff, members, site supervisors, placements and other stakeholders are aware of and do not participate in prohibited activities.

### VI. Evaluations

Effective October 1, 2007 for Program Year 2007-08

<i>If you are a...</i>	<i>You will submit an...</i>
State formula grantee	Evaluation as specified by your state commission.
State competitive grantee with an average annual Corporation grant under \$500,000	Internal Evaluation
State competitive grantee with an average annual Corporation grant of \$500,000 or more	Independent Evaluation

## **The Governor's Office of Faith-Based and Community Initiatives**

**A.** Does the Program comply with the guidance listed above?

**B.** How is the current evaluation being conducted?

Internal \_\_\_\_

External \_\_\_\_

Principal Evaluator:

Time Period Covering:

**C.** Does the Commission have the most recent evaluation on file?

**D.** How does the program utilize the evaluation to make program modifications?

Recommendations:

### **VII. Service Sites:**

List all service sites, contact name and activities performed by the members at the site(s).

Attached: Yes \_\_\_\_ No \_\_\_\_

If No, list below: