**Logo, company name

Description automatically generated The Governor’s Office of Volunteer Services**

AmeriCorps Financial Review

**APPLICANT INFORMATION**

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

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

**Financial Director or Similar Senior Leadership:** 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.

**INTRODUCTION:**

This Financial Review tool is designed to assist the Governor’s Office of Volunteer Services staff and potential applicants in assessing the organization’s fiscal readiness to administer and support a high-quality AmeriCorps State program. The list of questions in this form asks the reviewer(s) to score their organization/legal applicant on financial elements necessary to manage 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.

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 or tap here to enter text**” to type your response in the box. Lastly, to submit attachments, please include on the first page at the top of each document: **Attachment: (Fin.) # - Name of the Attachment – Name of Your Organization.** Example: (Fin.) 1 – Recent Audit or Financial Review – ABC Organization.

**At the bottom of the last page list the attachments you do not have and why.**

Please note that successful completion of the assessment does not guarantee funding through the Governor’s Office of Volunteer Services.

**Please return your completed Financial Review Tool to** [Info.AmeriCorps@ServeAlabama.gov](mailto:Info.AmeriCorps@ServeAlabama.gov) **no later than Feb. 20, 2024 (Formula Applicants).**

If you have any questions, please contact 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 Review Tool.

**Financial Review**

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

**Place at the top of the doc.:** (Fin.) 1 – Recent Audit or Financial Review – *Name of Your Organization*

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

**Place at the top of the doc.:** (Fin.) 2 – Organization’s Policies and Procedures – *Name of Your Organization*

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

Yes  No  Not Sure

**Attach a copy** of your organization’s internal control policy

**Place at the top of the doc.:** (Fin.) 3 – Internal Control Policy – *Name of Your Organization*

1. Does your organization have a Payroll policy?

Yes  No  Not Sure

**Attach a copy** of your organization’s payroll policy

**Place at the top of the doc.:** (Fin.) 4 – Payroll Policy – *Name of Your Organization*

1. Does your organization have written procurement policy?

Yes  No  Not Sure

**Attach a copy** of your organization’s procurement policy

**Place at the top of the doc.:** (Fin.) 5 – Procurement Policy – *Name of Your Organization*

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

**Place at the top of the doc.:** (Fin.) 6 – Chart of Accounts – *Name of Your Organization*

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. Does the organization have diversified funding from multiple sources?

Yes  No  Not Sure

**Attach a list** of funding sources

**Place at the top of the doc.:** (Fin.) 7 – List of Funding Sources – *Name of Your Organization*

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/forms for in-kind contributions?

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 here to enter text.

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 accounting system allow for cash basis reporting?

Yes  No  Not Sure

1. Is your organization familiar with federal cost principles?

Yes  No  Not Sure

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 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 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. Are purchase approval methods documented and communicated?

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. Does your organization have difficulty meeting financial obligations?

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

**Place at the top of the doc.:** (Fin.) 8 – Most Recent Audit or Financial Review – *Name of Your Organization*

**List the documents below that you do not have and why.**