



Attachment C

AmeriCorps Operational and Financial Management Survey

OMB Control Number 3045-0102

Expiration: 09/30/2024

This survey is intended to collect information about the capacity of applicants to manage federal grant funds. Per 2 CFR §200.206, AmeriCorps must evaluate the degree of risk posed by an applicant. Information from the survey will be used to assess an organization's operational and financial management capabilities prior to receiving a federal award. Completion of this survey is required but is independent from the competitive grant process. Responding organizations are advised to ensure that the person or persons preparing this form are those responsible for, and with sufficient knowledge of, the organization's operational and financial management functions. The information provided may be used to support future monitoring activities, should the applicant receive federal funds from AmeriCorps. In completing this form, each question requires a response. Refer to the applicable Notice of Funding Opportunity for instructions on how to submit all application materials.

Public reporting burden -- Estimated time to complete this form, including time for reviewing instructions and gathering and providing the information needed to complete the form is 2 hours. Send comments regarding this burden or the content of this form to: AmeriCorps, Office of Grants Administration, 250 E Street, SW, Washington, DC 20525. AmeriCorps informs the potential persons who are to respond to this collection of information that such persons are not required to respond to the collection of information unless it displays a currently valid OMB control number on this page of the form (see 5 CFR 1320.5(b)(2)(1)).

NOTE: An organization must complete a separate Operational and Financial Management Survey form for each application it submits under the applicable Notice of Funding Opportunity.

As an additional document, complete this attachment, then print/save as a new PDF document and submit via email. See the Additional Documents Checklist (Attachment A) for specific instructions for submitting all additional documents. During the Applicant Clarification part of the Proposal Selection and Award Process (after you submit your application), you may be asked to provide this information again to AmeriCorps. ~Serve Wisconsin

1) Legal Applicant Organization Name:	
2) Employer Identification Number (EIN):	
3) City, State Associated with EIN:	
4) Organization's UEI Number:	
5) Assistance Listing Number Associated with Funding Opportunity:	
6) Application ID Number (eGrants):	

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. Policies and procedures should be reviewed and refined, as applicable, at least once every two years. Should the applicant receive federal funding from AmeriCorps, full copies of the policies and procedures may be requested for monitoring purposes.

Yes <input type="checkbox"/> No <input type="checkbox"/>	7) Personnel/Employee Handbook
Yes <input type="checkbox"/> No <input type="checkbox"/>	8) Financial/Internal Controls
Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	9) Sub-award and/or Service Site Monitoring and Oversight
Yes <input type="checkbox"/> No <input type="checkbox"/>	10) Timekeeping
Yes <input type="checkbox"/> No <input type="checkbox"/>	11) Travel Guidance, including purchase/travel credit card use

Yes <input type="checkbox"/> No <input type="checkbox"/>	12) Procurement
Yes <input type="checkbox"/> No <input type="checkbox"/>	13) Standards for use of federal funds
Yes <input type="checkbox"/> No <input type="checkbox"/>	14) Code(s) of Conduct/Ethics, applicable to employment/purchasing
Yes <input type="checkbox"/> No <input type="checkbox"/>	15) Document Retention

Operational Management

Please indicate the training areas below that are provided to employees by the organization

Yes <input type="checkbox"/> No <input type="checkbox"/>	16) Personnel/HR Issues
Yes <input type="checkbox"/> No <input type="checkbox"/>	17) Financial Accounting
Yes <input type="checkbox"/> No <input type="checkbox"/>	18) Risk Management
Yes <input type="checkbox"/> No <input type="checkbox"/>	19) Cyber-security
Yes <input type="checkbox"/> No <input type="checkbox"/>	20) Fraud, Waste and Abuse

Financial Management

Yes <input type="checkbox"/> No <input type="checkbox"/>	21) Are financial reports (profit and loss, budget vs. actual, etc.) provided to and reviewed by leadership level staff, at least quarterly?
Yes <input type="checkbox"/> No <input type="checkbox"/>	22) Does the organization utilize an automated accounting system?
Yes <input type="checkbox"/> No <input type="checkbox"/>	23) 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 <input type="checkbox"/> No <input type="checkbox"/>	24) Can the organization's accounting system summarize expenditures from a federal grant according to different budget categories such as salaries, rent, supplies, and equipment?
Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other <input type="checkbox"/>	25) How often does the organization post transactions to the accounting system ledgers?
Yes <input type="checkbox"/> No <input type="checkbox"/>	26) Does the organization use an automated payroll system?

Financial Management

Please indicate whether organizational leadership approval is required for any of the following financial transactions

Yes <input type="checkbox"/> No <input type="checkbox"/>	27) Opening/Closing Bank Accounts
Yes <input type="checkbox"/> No <input type="checkbox"/>	28) Opening Lines of Credit
Yes <input type="checkbox"/> No <input type="checkbox"/>	29) Assigning Credit Cards
Yes <input type="checkbox"/> No <input type="checkbox"/>	30) Buying/Selling Property
Yes <input type="checkbox"/> No <input type="checkbox"/>	31) Financial Investment/Divestment
Yes <input type="checkbox"/> No <input type="checkbox"/>	32) Has the organization issued loans to an employee or officer of the organization or forgiven/written off any loans or debts in the last year?

Accountant <input type="checkbox"/> CFO <input type="checkbox"/> CEO/ED <input type="checkbox"/> Board Cmte <input type="checkbox"/> Board Chair <input type="checkbox"/>	33) Please identify who is authorized to write off any debt owed to the organization as bad debt.
Yes <input type="checkbox"/> No <input type="checkbox"/>	34) Has the organization experienced cash flow deficits at any point in the previous 2 years?

Compliance

Yes <input type="checkbox"/> No <input type="checkbox"/>	35) Has the organization received federal funds for similar programs or projects?
Yes <input type="checkbox"/> No <input type="checkbox"/>	36) If so, has your organization met federal program requirements for similar programs?
Yes <input type="checkbox"/> No <input type="checkbox"/>	37) Has an audit been performed on the organization's financial accounts?
Modified <input type="checkbox"/> Unmodified <input type="checkbox"/> Adverse <input type="checkbox"/> N/A <input type="checkbox"/>	38) If so, what was the audit opinion
Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	39) If applicable, has the organization addressed any outstanding deficiencies identified in the most recent audit?

	40) Please provide any clarifications or similar remarks/information in the section below (optional):
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Preparer’s Certification

41) Preparer’s Name:	
42) Preparer’s Email:	
43) Preparer’s Position Title:	
44) I certify that the above information is complete and correct to the best of my knowledge and ability:	I Certify <input type="checkbox"/> I Do Not Certify <input type="checkbox"/>
45) Date of Certification:	

Privacy Statement -- In compliance with the Privacy Act of 1974, the following information is provided: The collection of this information is authorized by the provisions of the National and Community Service Act of 1990, by the National and Community Service Trust Act of 1993, and the Serve America Act of 2009. The primary purpose of the information is to determine if appropriate systems are in place to manage federal grant funds or, if not, to identify training and technical assistance a grantee may need to develop or enhance appropriate systems. Completion of this survey is required as an element of AmeriCorps’ pre-award risk assessment process. The information provided will be maintained and treated confidentially. However, appropriate federal, state, and local law enforcement entities may request and obtain this information under certain circumstances. Otherwise, the information provided will not be disclosed without express written permission.