Attachment D

Serve Wisconsin Financial Management Survey

This survey is required to provide further assessment of an organization's capacity to manage federal grants. Information from the survey will be used by Serve Wisconsin to assess an organization's structure and capacity-building needs and identify any appropriate technical assistance and/or resources to strengthen operations. If not 100% complete and accurate at the time of application submission, then all materials must be submitted and/or corrected in a reasonable amount of time as determined by Serve Wisconsin fiscal staff.

Many of the survey items below require submission of additional documents. For each document you submit, please clearly title each individually and include a header or title within the document itself that includes the legal applicant's name on each document. Do not combine additional documents into one large document.

Additional documents should be submitted via email. Submit all additional required documents as individual attachments via a single email message to ServeWisconsin@Wisconsin.gov with the subject line:

  2024-2025 AmeriCorps Proposal – [Organization Name] [AmeriCorps Program Name]

If an alternate submission method is required, please contact ServeWisconsin@Wisconsin.gov by Tuesday, February 27, 2024.

All additional documents must be received by Serve Wisconsin by the deadline of Tuesday, March 12, 2024 by 4:30pm. Timely submission of emailed document packets will be determined by the date and time the email was received by Serve Wisconsin. If additional information and/or clarifications are needed, it is the applicant's responsibility to reply in a timely manner. Occasionally, emails with many attachments can take significant time to send and receive. Please take this into consideration when sending and submit in enough time for Serve Wisconsin to receive by the 4:30pm CT deadline.

Thank you for taking the time to accurately complete the following questions and provide the requested documents.

Legal Applicant Organization Name:	
AmeriCorps Project Name:	
Organization's UEI Number:	
Application's Primary Contact Person:	

Nonprofit ☐ For profit ☐ University ☐ Other ☐	1) Select the type of the applicant's organization

Yes ☐ No ☐
N/A ☐
	2) Does your entity have an Organizational Chart identifying **all** of the following?
	    (a) key staff by name and title
	    (b) all budget and accounting office staff
	    (c) any staff with responsibility to approve, record or reconcile financial records of any type
	    (d) identify all individuals permitted to approve payroll
	    (e) all staff positions listed on the grant budget
	    (f) all governing boards or councils, with membership names and titles listed
	    (g) future AmeriCorps member positions
	If yes, include a copy of the Organizational Chart with additional documents.

Yes ☐ No ☐
N/A ☐
	3) Has your organization filed Internal Revenue Service Form 990 "Return of Organization Exempt from Income Tax," including all applicable schedules and attachments?
	    (a) if Form 990 filing can be downloaded, provide the website address: _____
	    (b) If the filing can NOT be downloaded, then include a copy of your most recent Form 990 with additional documents.

Yes ☐ No ☐
N/A ☐
	4) Has your organization received a federal grant or cost-type contract award in the last 2 years? (Including federal pass-through grants and state contracts)
	    (a) If yes, please identify your federal & state cognizant/oversight agency:
	        Federal Agency: _____
	        Name of Contact: _____
	        Telephone: _____
	        State Agency: _____
	        Name of Contact: _____
	        Telephone: _____
	    (b) If yes, provide a schedule of financial assistance showing the federal

	direct, federal pass-through, and state dollars awarded to your organization by each granting agency for each of the two most recently completed fiscal years. This schedule must include the following: • Name of the program • Name of the federal agency (if the program is federally funded) or the name of the state agency (if the program is state funded) • The program's Catalog of Federal Domestic Assistance (CFDA) number (if the program is federally funded) or state identification number (if the program is state funded) • Name of the pass-through granting agency, if applicable • The pass-through granting agency's identifying number for the funding, if the program is a federal program passed through a state agency • Federal share and state share • Amount awarded for the program • The total amount provided to subrecipients from each federal and state program
Yes ☐ No ☐ N/A ☐	5) Has your organization been audited by a Certified Public Accountant (CPA)/firm within the past two years? (a) If yes, please include a copy of the Audit Report with additional documents. (b) If no, is one currently underway/scheduled? ☐ Yes ☐ No Expected completion date: _____
Yes ☐ No ☐ N/A ☐	6) Was a Management Letter issued to your organization by the auditor as a result of the audit? If yes, include a copy of the Management Letter with additional documents.
Yes ☐ No ☐ N/A ☐	7) Has the Audit Report been filed with the Federal Audit Clearinghouse? (if applicable)
Yes ☐ No ☐	8) Has your organization been subject to any other federal or state auditing, compliance monitoring, or other type of compliance review(s) within the last 5 years? If yes, describe who conducted the audit/monitoring/review, when it was conducted, and the purpose. _____ _____
Yes ☐ No ☐	9) Does the organization have an automated accounting system? Provide the name of the automated accounting system software including version: _____
Yes ☐ No ☐	10) Does the organization have a budget management process to monitor a grant budget, and the allocation of administrative costs within the budget?

Yes ☐ No ☐	11) Does your accounting system separate the receipt and disbursement of funds by each grant or funding source?
Yes ☐ No ☐	12) Does your accounting system enable you to track and document disbursement of funds from original invoice through final payment?
Yes ☐ No ☐	13) Does your accounting system separate the receipt and disbursement of funds by each grant or funding source?
Yes ☐ No ☐	14) Does your accounting system enable you to track and document disbursement of funds from original invoice through final payment?
Yes ☐ No ☐ N/A ☐	15) Does your organization have timesheets for each AmeriCorps staff person that meet the above Serve Wisconsin requirements and any other time and effort requirements as set forth by the OMB Uniform Guidance? Timesheets are required by Serve Wisconsin for all AmeriCorps staff, regardless of whether they are funded 100% by a single AmeriCorps funding source/program, or by multiple funding sources/programs. Timesheets must include *ACTUAL time/hours worked* on a program or programs, and NOT be reported based on a ratio of budgeted funding sources. Timesheets must record 100% of the time and effort provided by each staff person for each time reporting period. (*For additional information, please refer to the Serve Wisconsin Program Handbook.*) Please include a sample copy of a completed staff timesheet for: 1) a staff person funded by multiple sources or programs, and 2) a staff person funded entirely by a single source AmeriCorps grant, as applicable.
Yes ☐ No ☐ N/A ☐	16) Are timesheets appropriately signed and dated by the employee and signed and dated by a responsible supervisory official having reasonable knowledge of the activities performed by the employee? If yes, are timesheets: Physically signed & dated ☐ Yes ☐ No Electronically signed & dated ☐ Yes ☐ No
Yes ☐ No ☐	17) Are common or indirect costs accumulated into cost pools for allocation to projects, contracts, and grants? If yes, include a copy of your Cost Allocation Plan.

	18) Does your organization have (utilize) any of the following: (a) Federally negotiated indirect cost rate? ☐ Yes ☐ No If yes, include copy Federally Approved Indirect Cost Rate Agreement. (b) State negotiated rate? ☐ Yes ☐ No (c) the flat *de minimis* rate based on 10% of modified total direct costs (MTDC)? ☐ Yes ☐ No
Yes ☐ No ☐ N/A ☐	19) If your organization does not use the CNCS/AmeriCorps Fixed Percentage Method for Indirect Costs and instead uses a federally negotiated rate, state negotiated rate, or the de minimis rate of 10% of modified total direct costs (MTDC), has your organization recorded its Indirect Cost Rate in eGrants?
	20) Check the categories of costs your organization includes as an administrative cost: ☐ Salaries and expenses of executive officers ☐ General administration, including accounting, personnel, budget and planning ☐ Personnel administration ☐ Liability Insurance ☐ Depreciation or use allowances on buildings and equipment ☐ Costs of operating and maintaining facilities ☐ Management information systems ☐ Audit, Contracting, or Legal Services ☐ Other: _____
Yes ☐ No ☐	21) Does your accounting system provide for the recording of actual grant/contract costs according to categories of your approved budget[s], and provide for current and complete disclosure?
	22) Who in your organization is responsible for determining allowance of costs consistent with federal cost principles governing federal grants and contracts? Name and title: _____
Yes ☐ No ☐	23) Are the duties of the accountant/bookkeeper/record keeper separate from cash functions (receipt or payment of cash)?
Yes ☐ No ☐	24) Are checks signed by individual[s] whose duties exclude recording cash received, approving vouchers for payment and the preparation of payroll?
Yes ☐ No ☐	25) Are purchase approval methods documented and communicated?

Yes ☐ No ☐	26) Are accounting entries supported by appropriate documentation?
Yes ☐ No ☐	27) Are cash or in-kind matching funds supported by appropriate documentation?
Yes ☐ No ☐ N/A ☐	28) Are in-kind contributions recorded as revenues and expenditures in the general ledger? If "NO", provide a sample copy of your documentation for in-kind contributions/match.
Yes ☐ No ☐	29) Are employees who handle funds bonded against loss by reasons of fraud or dishonesty? If no, explain: _____
Yes ☐ No ☐	30) Does management maintain adequate internal controls over state, federal pass-through, and any direct federal awards in compliance with statutes, regulations, and the terms and conditions of the awards? If no, explain: _____

Please indicate whether the organization has written policies and procedures in the following areas. *If yes*, attach the document and report the date it was implemented or most recently updated.

The list of policies below is designed to identify some of the most critical policies for administration of a federal grant. If you are a first-time recipient of federal funds, your organization may not yet have these and other appropriate policies in place. As a recipient of federal funds, you are required to have a full complement of financial, programmatic, and administrative polices, as well as internal controls in place, as applicable.

Yes ☐ No ☐ N/A ☐	Personnel/Employee Handbook/Manual Most recently updated date: _____
Yes ☐ No ☐ N/A ☐	Financial/Internal Controls Policy Manual Most recently updated date: _____
Yes ☐ No ☐ N/A ☐	Sub-award monitoring and oversight policy Most recently updated date: _____
Yes ☐ No ☐ N/A ☐	Timekeeping Guide or Policy Most recently updated date: _____

Yes ☐ No ☐ N/A ☐	Travel Guide or Policy, including purchase/travel credit card use Most recently updated date: _____
Yes ☐ No ☐ N/A ☐	Procurement Guide or Policy Most recently updated date: _____
Yes ☐ No ☐ N/A ☐	Standards for Use of Federal Funds Policy Most recently updated date: _____
Yes ☐ No ☐ N/A ☐	Code of Conduct/Ethics Most recently updated date: _____
Yes ☐ No ☐ N/A ☐	Document/Records Retention Policy Most recently updated date: _____

Preparer's Comments/Explanations:

Please include any additional comments or explanations that would aid in the review of this information.

PREPARER CERTIFICATION:

By my signature, I certify that the above information is complete and correct to the best of my knowledge.

_____   _____

Signature of Primary Preparer   Date

_____   _____   _____

Title(s) of Preparer(s)   Telephone   Email