



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 <input type="checkbox"/> For profit <input type="checkbox"/> University <input type="checkbox"/> Other <input type="checkbox"/>	1) Select the type of the applicant's organization
Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	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 <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	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 <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	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

	<p>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:</p> <ul style="list-style-type: none"> • 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 <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	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? <input type="checkbox"/> Yes <input type="checkbox"/> No Expected completion date: _____
Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	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 <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	7) Has the Audit Report been filed with the Federal Audit Clearinghouse? (if applicable)
Yes <input type="checkbox"/> No <input type="checkbox"/>	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 <input type="checkbox"/> No <input type="checkbox"/>	9) Does the organization have an automated accounting system? Provide the name of the automated accounting system software including version: _____
Yes <input type="checkbox"/> No <input type="checkbox"/>	10) Does the organization have a budget management process to monitor a grant budget, and the allocation of administrative costs within the budget?

	(MTDC)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	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: <input type="checkbox"/> Salaries and expenses of executive officers <input type="checkbox"/> General administration, including accounting, personnel, budget and planning <input type="checkbox"/> Personnel administration <input type="checkbox"/> Liability Insurance <input type="checkbox"/> Depreciation or use allowances on buildings and equipment <input type="checkbox"/> Costs of operating and maintaining facilities <input type="checkbox"/> Management information systems <input type="checkbox"/> Audit, Contracting, or Legal Services <input type="checkbox"/> Other: _____
Yes <input type="checkbox"/> No <input type="checkbox"/>	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 <input type="checkbox"/> No <input type="checkbox"/>	23) Are the duties of the accountant/bookkeeper/record keeper separate from cash functions (receipt or payment of cash)?
Yes <input type="checkbox"/> No <input type="checkbox"/>	24) Are checks signed by individual[s] whose duties exclude recording cash received, approving vouchers for payment and the preparation of payroll?
Yes <input type="checkbox"/> No <input type="checkbox"/>	25) Are purchase approval methods documented and communicated?
Yes <input type="checkbox"/> No <input type="checkbox"/>	26) Are accounting entries supported by appropriate documentation?
Yes <input type="checkbox"/> No <input type="checkbox"/>	27) Are cash or in-kind matching funds supported by appropriate documentation?

Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	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 <input type="checkbox"/> No <input type="checkbox"/>	29) Are employees who handle funds bonded against loss by reasons of fraud or dishonesty? If no, explain: _____
Yes <input type="checkbox"/> No <input type="checkbox"/>	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: _____
<p>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.</p> <p><i>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.</i></p>	
Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Personnel/Employee Handbook/Manual Most recently updated date: _____
Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Financial/Internal Controls Policy Manual Most recently updated date: _____
Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Sub-award monitoring and oversight policy Most recently updated date: _____
Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Timekeeping Guide or Policy Most recently updated date: _____
Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Travel Guide or Policy, including purchase/travel credit card use Most recently updated date: _____

Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Procurement Guide or Policy Most recently updated date: _____
Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Standards for Use of Federal Funds Policy Most recently updated date: _____
Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Code of Conduct/Ethics Most recently updated date: _____
Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	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 of Preparer(s)

Telephone

Email