## SERVE WISCONSIN - DOCUMENT REVIEW REQUEST & CHECKLIST

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| --- | --- |
| Program Name: |  |
| Date Request Made: |  |
| Date Materials Received: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Member Documents | Yes | No | NA |
| \*Member Recruitment Materials (flyers, brochures, newspaper ads, etc.) |  |  |  |
| Member Application (other than AC Portal online application) |  |  |  |
| Member Contract/Agreement |  |  |  |
| Member Position Description(s) from all service sites, if applicable |  |  |  |
| Member Performance Evaluation Form |  |  |  |
| Member Orientation Agenda |  |  |  |
| List of Member Trainings (completed and/or planned, with dates) |  |  |  |
| Health Care Roster/Invoice for (enter month) (NA-EAP & Professional Corps) |  |  |  |
| Health Care Coverage Acceptance/Waiver Form (NA-EAP & Professional Corps) |  |  |  |
| List of Members Waiving the Health Care Benefit (NA-EAP & Professional Corps) |  |  |  |
| List of Members Requesting Childcare Benefit |  |  |  |
| Child Care Coverage Acceptance/Waiver Form |  |  |  |
| Member Publicity Release Form (if not included in Member Contract/Agreement) |  |  |  |
| Other member documents: |  |  |  |
|  |  |  |  |
| Staff Documents |  |  |  |
| AmeriCorps Staff Position Descriptions |  |  |  |
|  |  |  |  |
| Site Documents |  |  |  |
| Host Service Site Contract/Agreement |  |  |  |
| Host Service Site Supervisor Orientation Agenda |  |  |  |
| Host Site Monitoring Form (for multi-site programs only) |  |  |  |
|  |  |  |  |
| Other Documents |  |  |  |
| Name and mailing address of: |  |  |  |
| - Program Director’s supervisor (if applicable) |  |  |  |
| - Organization’s Executive Director, President, or CEO (if different than program director) |  |  |  |
| - Organization’s Board of Directors President or Chair |  |  |  |
| - President or Chair of the Program Advisory Committee (if applicable) |  |  |  |
| Non-Discrimination Public Notice – provide all forms of notice (may be in member contract for member notice and host site agreement for host site notice) |  |  |  |
| Organization’s/Program’s Conflict of Interest Policy (*2 CFR §200.112 & §200.318*) |  |  |  |
| Policy/Procedure on Responding to Breach of Personally Identifiable Information |  |  |  |
|  |  |  |  |
| Financial Documents (Financial Desk Review) |  |  |  |
| General Ledger documenting income and expenses for (specify time period) |  |  |  |
| Bridge/support documentation that shows link of General Ledger documents to PER |  |  |  |
| Member payroll register for (specify member names) for time period of (specify time period) |  |  |  |
| List of beginning payroll dates for all enrolled members |  |  |  |
| List of ending payroll dates for all exited members |  |  |  |
| Staff payroll register for (specify staff names) for time period of (specify time period) |  |  |  |
| Staff time sheets for (specify staff names) for the period covering (specify period) |  |  |  |
| Indirect Cost Rate and Approval Letter from largest federal funding source |  |  |  |
| Liability Insurance Certificate (that properly covers organization, staff, and members) |  |  |  |
| Other fiscal documents: |  |  |  |

\* If you provide materials in alternate formats, please provide a sample of those.