WISCONSIN NATIONAL AND COMMUNITY SERVICE BOARD

MONITORING VISIT TOOL

# FINANCIAL DIRECTOR INTERVIEW 2018-2019

# Background Information

1. Agency/Program Name:

2. Name and title of person(s) completing this form:

3. Name(s) of fiscal staff working with program officer to complete review:

4. Date(s) of monitoring visit:

5. Program Year(s) Addressed:

6. What was the first year that the program received funding from WNCSB?

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# Preparation for Financial Director Interview

This Preparation section should be completed before the on-site visit with the financial director of the program.

## Pre-award Financial Risk Assessment/Audits

Was a pre-award financial risk assessment completed?  Yes  No  NA

If there were findings, were the findings responded to and resolved?  Yes  No

**Budget Overview**

Agency's AmeriCorps Program Total Budget for the Current Contract Period:

|  |  |
| --- | --- |
| Corporation Share | Grantee Share |
|  |  |

Agency's AmeriCorps Program Total Expenditures to Date for the Current Contract Period:

|  |  |
| --- | --- |
| Corporation Share | Grantee Share |
|  |  |

Agency's AmeriCorps Program Total Budget for the Last Contract Period:  NA – Program not previously funded

|  |  |
| --- | --- |
| Corporation Share | Grantee Share |
|  |  |

Agency's AmeriCorps Program Total Expenditures to Date for the Last Contract Period:

|  |  |
| --- | --- |
| Corporation Share | Grantee Share |
|  |  |

End Date of the Last Contract Period

|  |
| --- |
|  |

Was the program given an extension?  Yes  No

If yes, why?

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| --- |
|  |

Financial Compliance

|  |  |  |  |
| --- | --- | --- | --- |
| When reviewing the last PER/Invoice… | **Yes** | **No** | Notes |
| Is CNCS Share of Administrative costs 5.26% (or lower budgeted rate) or less? |  |  | *(required by end of program year)* |
| Are the Grantee share of total administrative costs 10% (or lower budgeted rate) or less? |  |  | *(required by end of program year)* |
| If indirect cost rate is used, are the total administrative costs within the established rate? |  |  | *(required by end of program year)* |
| Is total overall year-to-date match equal to or greater than committed? |  |  | *(required by end of program year)* |

When reviewing the most recent PER, do current CNCS expenses seem to be within budget projections?

Yes  No

If no, which expenses are not within projections?

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When reviewing the most recent PER, does the claimed grantee match seem to be within budget projections?

Yes  No

If no, explain:

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Other comments about budget or claimed match:

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Are AFRs and match reports submitted on time?  Yes  No

If no, which ones have been submitted late? (specify which form and time period covered)

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# Financial Director Interview

This portion of the review should be completed with the financial director during the monitoring visit.

# Pre-award Risk Assessment and Audits

Program Officer should review issues with the pre-award risk assessment that are still pending.

Agency's Fiscal Year:  January to December  July to June  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When will the next audit report be completed by agency? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has a copy of the most recent audit report and management letter been e-mailed to the DOA Single Audit Coordinator?  Yes  No

Financial Compliance

If the program has an advance, is the program keeping the advance in a federally-insured, interest-bearing account (unless it qualifies for an exception)?

Yes  No  NA

Is the program expecting any budget revisions this program year?  Yes  No

Is the financial director aware of how the agency obtains written approval from the WNCSB (and Corporation if necessary) for budget changes?

Yes  No  NA

If no, why not?

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|  |

Does the financial director have a copy of WNCSB’s budget modification guidelines?  Yes  No

# Equipment and Supplies

|  |  |  |  |
| --- | --- | --- | --- |
| Does the agency… | **Yes** | **No** | **Notes** |
| Obtain WNCSB and CNCS prior approval for equipment purchases when required? |  |  |  |
| Conduct an inventory of equipment purchased with CNCS funds (or at least those items costing a total of $5,000 or more)? |  |  |  |

## Member Payroll and Benefits Cycle

Are members handled in same payroll system as employees?  Yes  No

Notes:

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Does the program provide workers compensation coverage for members?  Yes  No

Notes:

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Does the program require that members complete a W-4 at the beginning of their term?  Yes  No

If no, why not?

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Does the program provide members with a W-2 following the end of the calendar year?  Yes  No

If no, why not?

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| --- |
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Does the agency provide family and medical leave coverage for members if eligible?

Yes  No  NA

Notes:

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**Match Documentation**

How does the program track cash match contributions?

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How does the program track in-kind match contributions?

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Does the agency operate any other federally-assisted programs?  Yes  No  NA

If yes, list the programs and their federal sources (if many, can ask for printed list instead of listing on this form)

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If the answer above was yes, are any cash or in-kind match contributions reported to the CNCS for AmeriCorps also listed “as cash or in-kind match or contributions to any other federally funded programs”?

Yes  No  NA

If yes, explain:

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## Guidance

|  |  |  |  |
| --- | --- | --- | --- |
| Does the agency have available/have access to… | **Yes** | **No** | **Notes** |
| The OMB Uniform Guidance (formerly OMB Circulars) |  |  |  |
| A copy of the most recent AmeriCorps Grant Terms & Conditions |  |  |  |
| A copy of the most recent WNCSB contract |  |  |  |
| Copies of the WNCSB contract addendums |  |  |  |
| A copy of the approved grant application (including budget) |  |  |  |