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?

|  |
| --- |
|  |

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

 [ ]  Yes [ ]  No

If no, explain:

|  |
| --- |
|  |

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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| --- |
|  |

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) |  |  |  |