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GOVERNOR'S OFFICE OF COMMUNITY SERVICE

Office of Community Service **AmeriCorps Compliance Monitoring Tool *Pilot***

Legal Applicant: _____

Subgrantee/Program Name: _____

Grant #, year & risk level: _____

Program Staff present: _____

OCS staff name & Date of Monitoring visit: _____

Follow-up items from previous years monitoring? Yes, list below or indicate None**.**

Section One Program Administration and Management

Program Administration

Organization and Program Capacity	Yes	No	N/A	Comments
Since the risk assessment, has the organization had turnover in key program or fiscal staff?				
Since the risk assessment, has the OCS received any complaints regarding the program?				
Does the organization maintain documentation of the grant application and award?				
Does the organization prominently display an AmeriCorps logo on their website and publications?				
Does the organization prominently display an AmeriCorps logo at their primary location?				
Do MOUs and partnership agreements identify the program as part of AmeriCorps?				
Does the program use the AmeriCorps logo on service gear and public materials?				
Has the grantee altered the logo? *If so, was written permission from OCS and/or CNCS obtained?*				
Do publications created by staff and/or members have the required CNCS acknowledgement?				
Are staff informed of Sexual Harassment Policy? *CNCS Provisions*				

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Organization & program capacity cont.	Yes	No	N/A	Comment
Does the program communicate staffing/program updates, issues & good ideas to OCS?				
Where can OCS provide technical support aimed at increasing overall capacity?				
Anything else?				

Drug Free Workplace Act of 1988	Yes	No	N/A	Comment
Does the organization have a Drug Free Workplace policy and are staff informed of the policy? *45CFR 2545*				
Does the organization post a Drug Free Workplace Act policy statement notifying employees, staff and volunteers that manufacturing, distributing, dispensing, possession or use of controlled substances is prohibited?				
Does the program have a drug-free awareness program to inform employees and members about the dangers of drug abuse in the workplace, the policy and any available employee assistance programs?				
Does the organization notify employees and members that they must abide within the policy and notify the program within 5 days of any criminal drug statute conviction occurring in the workplace/service location?				
Does the organization's policy include notifying OCS & CNCS within 10 days of receiving notification of any criminal drug statute conviction occurring in the workplace/service location?				
Does the organization take personnel action against the employee or member, up to and including termination? OR, require the employee or member to participate in an approved drug abuse assistance program within 30 days?				

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Organization nondiscrimination (provisions)	**Yes**	**No**	**N/A**	**Comment**
Does the organization have a written policy on nondiscrimination?				
Does the organization/program notify stakeholders that grantee operations and members are subject to the nondiscrimination requirements?				
Does the organization note an appropriate point of contact for filing a complaint?				
Anything else?				

Organization Reasonable Accommodation *(provisions)*	**Yes**	**No**	**N/A**	**Comment**
Does the organization have a written policy on reasonable accommodation?				
If yes, is the policy included on outreach and recruitment materials?				
Have any accommodations been requested for this grant year?				
Are all reasonable accommodation requests documented?				If yes, how?
If yes, what action steps have been taken to meet the request?				
Best practice: Is the reasonable accommodation policy posted online?				

Organization supplementation, non-duplication & non-displacement (USC 12367, Sect 177.42)	**Yes**	**No**	**N/A**	**Comment**
How does the organization ensure that funds are not used to duplicate services?				
How does the organization/program ensure that members do not displace a current position, or employee?				
Has the organization consulted with local labor organizations?				
Anything else?				

Program Management

Member Recruitment and Enrollment	Yes	No	N/A	Comment
Does the organization have a member recruitment plan?				
How does the program promote opportunities to serve?				
What efforts are made to recruit a diverse corps, including people with disabilities?				
Do recruitment materials identify the program as an AmeriCorps program and include that members are eligible for an Education Award?				
Do recruitment materials state that reasonable accommodations can be made for interviews and if selected, service activities?				
How does the program ensure that members are selected in a fair and non-discriminatory manner? *(45 CFR §2522.210(a), 2522.100(g) & 2540.210, AC.V)*				
Does each applicant go through the same application and selection process?				
Did applicants have an equal number of interviews and reference checks?				
How is member eligibility verified? *45 CFR 2522.200*				
Does the organization have a procedure to ensure that members are enrolled and exited in the My AmeriCorps portal within 30 days?				What is the procedure?

Member Service Agreement	Yes	No	N/A	Comment
Does the Service Agreement contain a position description that describes the position as service?				
Does the Service Agreement state the term of service, hours and amount of Education Award?				
When do the members sign the Service Agreement?				
Does the Service Agreement contain standards of conduct?				
Does the Service Agreement discuss Prohibited Activities? *(45 CFR 2520.65)*				
Does the Service Agreement discuss allowable and unallowable fundraising? *(45 CFR 2540.40-45)*				

Member Service Agreement continued	**Yes**	**No**	**N/A**	**Comment**
Does the Service Agreement discuss non-duplication and non-displacement? *(45 CFR 2520.100)*				
Does the Service Agreement discuss compliance with the Drug Free Workplace Act?				
Does the Service Agreement state requirements, terms, benefits and conditions of serving?				
Does the Service Agreement discuss suspension and termination rules?				
Does the Service Agreement discuss release for cause and release for compelling personal circumstances?				
Does the Service Agreement include a grievance procedure?				

Grievance Procedure *45 CFR 2530.23*	**Yes**	**No**	**N/A**	**Comment**
Have any grievances been filed during the program year?				If yes, describe.
Does the grievance procedure allow for Alternative Dispute Resolution (ADR)?				
For matters unresolved through the ADR, is there a formal grievance process?				
Does the policy call for binding arbitration?				
Does the policy allow for evenly splitting costs?				
Are grievance remedies listed?				
Does the grievance policy allow for reinstatement of members?				
Best practice: Does the grievance policy cover all parties, including the public, service locations, applicants or anyone who may file a grievance?				
Best practice: Does the member handbook contain the grievance process?				
Best practice: Is a copy of the grievance process posted online for public access?				

Service Location performance	Yes	No	N/A	Comment
How do you ensure that all members are assigned to at least one primary service location within 30 days of members starting a term of service?				How many members serve at more than one service location?
What is the protocol for monitoring service sites? (*Risk assessment? Schedule? Tool? Other?)*				
Does the program have written documentation to verify service location monitoring activities?				
Does the program ensure that service partners follow AmeriCorps, state, and other federal policies?				If yes, how? Checklist?

InService & Site Supervisors	Yes	No	N/A	Comment
Are Members identified with service gear with appropriate use of the AmeriCorps logo? *(45CFR2522.10n)*				If yes, how frequently?
What is the process for ensuring that member service activities align with the position description?				
What is the process to ensure that members are not engaging in Prohibited Activities?				
Does the program have a documented policy that prohibits members supervising other members?				
Is there a schedule for completing midterm (if applicable) and end of service evaluations?				If yes, what is the system?
How are Site Supervisors trained and prepared to host a service member?				
Does Site Supervisor training include review of the Prohibited Activities?				
Do service sites prominently identify that 'AmeriCorps is Serving Here'?				
How are service locations selected?				
Has the program reported any serious injuries or fatalities to OCS Grants Manager?				
Does the program ban text messaging/use of cell phones while operating a vehicle on official business? *E.O. 13513*				
Does the program policy allow members to serve on a jury without penalty?				

Member Service Hours	Yes	No	N/A	Comment
Does the program consistently track hours to ensure that members will complete required service hours?				How?
How does the program ensure that members do not commit more than 20% of their hours toward training/member development?				
How does the program ensure that members do not commit more than 10% of their hours toward fundraising?				
What is the system that ensures time sheets are collected and approved within 30 days?				Briefly describe.
What is the system to respond to members that are not current on timesheets and/or are behind on hours?				Briefly describe.

Member Training and Documentation	Yes	No	N/A	Comment
General description of member training plan.				
Does the program provide member training including program history, mission, benefits, service activities, etc?				
Are trainings held in accessible locations?				
Do trainings follow an agenda?				
Does the program maintain a sign-in sheet for all training events, including orientation, in service and end of service training events?				
Do sign-in sheets document date, time, location, name of training and training provider and attendees?				
Are members trained on Prohibited Activities? *(45 CFR 2520.40 & 2520.65)*				

Performance Data & Evaluation	Yes	No	N/A	Comment
How does the program collect data for performance measure reporting?				
Does the program measure what it intended to measure, as stated in the grant?				
Is data centrally reported to facilitate quality control and monitoring of the progress report?				
How is data accuracy verified?				

Performance Data & Evaluation continued	Yes	No	N/A	Comment
Does it appear that the information is sufficient for the reported results?				
Is the reported data consistent with the approved performance measures and goals of the program?				
Has the program conducted an evaluation in this three year cycle?				
What plans are in place to conduct a program evaluation?				Describe.
What else? Target adjustments? Other?				

Member Exit	Yes	No	N/A	Comment
What is the process for ensuring that all members have an end of service evaluation?				
Do members complete the exit form in the My AmeriCorps Portal and the Program Director approves and submits the exit form within 30 days?				
Is there a system to document early exits? (*compelling personal, cause or when a member cannot be located*)?				If yes, what is the system?

Access to records	Yes	No	N/A	Comment
Are all files, general, medical, CHC, and all other sensitive information safeguarded?				If yes, how?
How is access to ***member files*** limited to appropriate program staff, OCS staff and CNCS officials?				
Are medical files kept separately from general member files? *HIPAA requirement*				
How is access to ***medical files*** limited to appropriate program staff?				

Health and Child Care Benefits	Yes	No	N/A	Comment
Does the program have a health care policy for full time members/those serving in a full time capacity?				
If yes, does it meet the requirements in the Grant Provisions?				
In this program year are any members using the childcare benefit?				

Section Two *Fiscal Review*

This is NOT an audit. This is a compliance review of organization and grant-related financial systems, policies, records, and documentation to help assess adequacy and the grantee's compliance with grant provisions and federal requirements. Leadership staff, financial, and program officials should be available for discussion, as needed.

Accounting System & Management	Yes	No	N/A	Comment
Is documentation of recent monitoring report, findings, issues, and corrective actions on file?				
Can the grantee describe how the organization receives, expends, and accounts for CNCS and non-CNCS resources? *Should have written policies and procedures for recording revenue and expenditures. The staff description of how they receive and account for resources should follow the written procedures.*				
Is an Audit Report, if needed, on file with OCS? *(OMB Requirement)*				
What is the accounting system *(accrual, cash)?*				
Does the grantee's accounting system track each grant with separate accounting codes?				*Each funding source should have different accounting codes.*
Does the Chart of Accounts easily identify the AmeriCorps Program? *(Federal / Grantee)*				
Can the grantee demonstrate that the totals in the accounting records for the appropriate timeframe support expenditures reported on the FFR?				If no, explain.
Is the program on track to fully expend the grant?				If no, explain.
Are all tax and insurance requirements in compliance, such as general liability, FICA, income tax, and workers comp?				
Is current insurance documentation on file?				
Does insurance coverage meet contract requirements? (*General liability: $1M/occurrence, $2M Aggregate, motor vehicle: $1M/occurrence*)				
Are member living allowances being disbursed in congruence with AmeriCorps Regulation?				
How does the program ensure that AmeriCorps members are excluded from Unemployment Insurance contributions?				

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Accounting System & Management	Yes	No	N/A	Comment
Do Accounting records reconcile to the Periodic Expense Report (PER) submitted and approved? (Federal / Grantee)				
What is budgeted match?				Fixed Award = N/A Percent: % Dollar Amount: $
Has the program met the budgeted match?				% met = Fixed Award = N/A
Has the organization entered a current Federally Approved Indirect Cost Rate in eGrants?				
Is the organizations IDCR current on file with OCS?				If no, request a copy.
With regard to the 5% cap on the CNCS share of the IDCR, how does the organization apply the rate? *(45CFR2510.20 & 2521.95, 2CFR200)*				
Does the grantee claim in-kind match on the grant? • If no, what kind of match is used and how is it tracked? • If yes, are in-kind contributions recorded in the accounting system for the project?				
If yes, does the voucher include the following items? • Name of donor and date of contribution? • Description the contribution? • Value of the contribution? • Signature of the donor? • Statement that donor verifies funds are not from other Federal sources (*unless authorized by law*)				Identify and explain any missing items or request a copy of the voucher. *If the project is part of a larger organization, it should use a form that clearly shows that the donation is intended for use to the project.*
Are matching funds being expended as budgeted?				
Does the grant generate program income?				If yes, briefly describe.
If yes, do the accounting records reconcile to income reported? *(Federal / Grantee)*				If not, please explain.
Does the grantee have an inventory system for equipment purchased by the grant? (*2CFR200.439 defines equipment with a threshold of $5,000.*)				

Petty Cash	Yes	No	N/A	Comment
Does the organization maintain petty cash that relates to the AmeriCorps grant?				
If yes, is petty cash reimbursed by check and are disbursements reviewed and reconciled at that time?				
If yes, are petty cash receipts cancelled upon fund reimbursement to prevent reuse?				

Internal Controls	Yes	No	N/A	Comment
Is there an organizational chart showing placement of individuals responsible for financial and programmatic operations?				
Are internal controls in place to delegate authority and identify staff responsibilities?				
Does someone other than the AmeriCorps program director reconcile bank statements on a monthly basis?				
Are checks signed by two people, one of whom is not involved in preparation of checks?				
Have receipts/vouchers/source documents for each purchase or expenditure been signed/approved?				
Are staff travel forms signed by traveler and approved by supervisor?				
Is a list of authorized signers maintained & current?				

Fixed Award only section	Yes	No	N/A	Comment
Explain the organizations Fixed Award funding contributions structure, is what is described in the grant as Source of Match align with what is described?				
How is the Fixed Award structure working for your organization overall?				
How does the organization cover cash flow prior to reimbursement on the Fixed Award?				
How do you ensure that program income is expended within the grant period?				

Fixed Award only section continued	Yes	No	N/A	Comment
Is there program income that will be carried forward into the next program year?				
How can OCS support your success as a Fixed Award grantee?				

Follow-up needed?
Questions from today's site visit or in general regarding financial requirements?

How can the Governor's Office of Community Service best support you in meeting financial requirements?

Is there anything else you would like us to review regarding the financials that would be helpful?

Fiscal Sampling Review one or more PERs and select transactions to review. Document review below.

Item	Amount	Charged to?	Supporting documentation complete?	In approved AmeriCorps budget?	Remarks?

Timesheet Review two timesheets; review more if errors are thematic.

Employee Name	Time period	Funding Sources Used

Monitor Observations- Timesheets	**Yes**	**No**	**Observations**
Do the timesheets substantiate expenditures charged to AmeriCorps?			
Are timesheets signed and dated by an appropriate supervisor or designated authority?			
Is there evidence that any staff time spent fundraising is not charged to the AmeriCorps grant? No part of the development director or fundraising staff may be charged to the federal portion of the grant. CFR 2520.65			

Travel Vouchers *Review two travel vouchers with supporting documentation; review more if thematic errors.*

Employee Name	**Reason for Travel**	**Payment Method & Amount**	**Funding Code**
Monitor Observations- Travel Expenditures	**Yes**	**No**	**Observations**
Did the travel expenditures reviewed appear allowable?			
Did the supporting documentation appear adequate, including appropriate justification for travel costs incurred?			

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Member File Review Sheet: *Run, print and refer to member roster and time cycle reports.*

Total members: **# of files selected for review:**

Member file review	**Yes**	**No**	**N/A**	**Comment**
Member name & eGrants enrollment date				
Start date on Member Service Agreement				
Was the 30 day enrollment requirement met?				
Member eGrants exit date				
Exit date on Member Service Agreement				
Is the Member Service Agreement signed and dated by the member, if applicable, a parent/guardian?				
Date of first hour served				
Did the member serve hours prior to the start date listed on the Service Agreement?				
Eligibility *(provisions & 45CFR2522.910)*	**Yes**	**No**	**N/A**	**Comment**
Is there a current application on file?				
Is the member at least 17 years old?				
If the member is under 18 years old is parental/guardian consent in writing?				
Proof of citizenship on file or documented as verified by program staff?				
Does the program verify that the member earned a high school diploma or equivalent?				
Are members engaged in tutoring?				
National Service Criminal History Checks	**Yes**	**No**	**N/A**	**Comment**
Is there a CHC consent form signed by the candidate agreeing to undergo checks, including the statement that selection for the position is contingent upon results?				
Proof of citizenship on file or documented as verified by program staff?				
NSOPW copy of results in file?				
Does the name run through the NSOPW match the identification documents?				
Are all states included in the NSOPW?				
If there are individuals on the NSOPW with the same name as the AmeriCorps applicant, does the program document that the candidate is not one of the results?				

Montana State Check	**Yes**	**No**	**N/A**	**Comment**
Date initiated				
Date completed				
Was the check initiated *prior* to the start of service?				
Did the program use the Montana State Repository?				
Do the results contain hits? If so, does the program document their review?				
State of Residence Check	**Yes**	**No**	**N/A**	**Comment**
Is the member from a state other than MT?				If yes, what state?
Date initiated				
Date completed				
Did the program use the approved State Repository?				
Was the check initiated *prior* to the start of service?				
Do the results contain hits? If so, does the program document their review?				
FBI Check	**Yes**	**No**	**N/A**	**Comment**
Date initiated				
Date completed				
Was the check initiated *prior* to the start of service?				
Do the results contain hits? If so, does the program document their review?				
Accompaniment	**Yes**	**No**	**N/A**	**Comment**
Do member service activities include recurring access to vulnerable populations, making accompaniment required?				If no, remainder of section is N/A
Were State or FBI checks returned after the member start of service date, making accompaniment a requirement?				
If accompaniment was required, is it documented?				
If yes, does documentation record the date, time, location and name of the person who provided accompaniment?				
Is the person who provided accompaniment cleared to do so?				If yes, how cleared?
Does the documentation list when the results of pending checks were received and the date that accompaniment ceased?				

All checks	Yes	No	N/A	Comment
Are the results of all NSCHC included in the member file?				
Does the program provide opportunities for the applicant to review and challenge the factual accuracy of a result before action is taken to exclude the applicant from the position?				
Does the program maintain a document stating that checks were completed and that the results were considered as part of the selection process?				
Member onboarding	**Yes**	**No**	**N/A**	**Comment**
Does the program have a signed W-4 tax form for this member?				
Does the file contain a signed photo release?				
Is the member's acceptance or denial of healthcare benefits documented?				
Is the member utilizing the childcare benefit? • If yes, does the program have eligibility documentation?				
Member Timesheets	**Yes**	**No**	**N/A**	**Comment**
Are timesheets signed and dated by the member and a staff person that is the designated supervisor?				
Are member timesheets current within 30 days?				If no, explain.
Do timesheets match the hours reported on the program tracking tool?				
Do fundraising hours exceed 10% of the total hours?				
Do training/member development hours exceed 20% of the total hours?				
From the timesheet activity descriptions, are the member's activities allowable?				
From the timesheet activity descriptions, do the member's activities align with the focus of the approved grant?				
Member Midterm Performance Evaluation	**Yes**	**No**	**N/A**	**Comment**
Has a midterm evaluation been scheduled or conducted with the member?				
Best practice- Does the program evaluation form list progress on hours served?				
Best practice- Does the program evaluation form require both the designated site supervisor and the member's signature?				

Member Change of Status	Yes	No	N/A	Comment
Has the member been suspended and/ or reinstated? If yes, is there adequate documentation in the file?				
Has the member's term of service changed?				
If yes, is there adequate documentation in the file?				
If yes, is the change of status date in the file consistent with eGrants?				
If yes, was the change of status documented within 30 days?				
Member Exit & End of Service Evaluation	**Yes**	**No**	**N/A**	**Comment**
Is the member exited in eGrants?				
If yes, was the exit form completed in eGrants within 30 days?				
If yes, do the members total hours in eGrants match the total in the file?				
Has an end of service evaluation been completed?				
Does the evaluation list the number of hours completed?				
Does the evaluation document if the member has satisfactorily completed requirements satisfactorily?				
Was the member exited early with a prorated Education Award?				
If yes, is there documentation to support the determination of personal compelling circumstance?				

Technical Assistance provided

Recommendations

Notable Areas of Strength

AmeriCorps Member Interview questions	Response
Name(s) & service locations of member(s) interviewed	
Service: What is a typical day like?	
Based on the position description and interview, is this what you expected? How or How not?	
What are the greatest strengths of your program and service site?	
Have you been involved with National Days of Service?	
If yes, how were you involved? (MLK Jr., AmeriCorps Week, 9/11 Day, others?	
Did you attend a PreService Orientation?	
If yes, what information was presented?	
What was the most useful/valuable part of the preservice training?	
Is there anything you wish was covered in the preservice orientation training?	
Do you receive in-service training to support both your service activities and professional development?	
If yes, how often? If yes, what are some of the training topics?	
Is there anything else you would like to be trained on? If yes, why?	
Can you list some AmeriCorps Prohibited Activities?	
Do you serve in a clerical role in your service location?	
Do you fill in for staff when they are out sick or on personal leave?	
Do you feel supported by the AmeriCorps program, your service site and the community where you serve?	
If yes, what type(s) of support do you receive?	
How often do you meet with your site supervisor?	
Do you feel that you can discuss concerns with your Site Supervisor and your program staff?	

AmeriCorps Member Interview continued	Response
Have you connected with other AmeriCorps members in the area?	
If you desire to be more connected, what can your program do to provide better support?	
How does the reporting process work? Timekeeping? Progress reports? Other?	
Is there anything that could be done to improve program processes, the service site, the program overall? Anything else?	
What accomplishment are you most proud of as an AmeriCorps member?	
What do you wish was different about your service?	
What has been the best part of serving with AmeriCorps?	
What are your plans for after service?	
Is your program helping you plan for Life After AmeriCorps? If yes, how?	
Would you consider serving another term with this program? Why or why not?	
Would you consider serving with a different program? Why or why not?	
Anything else you would like me to know? *Thank you for your service to MT!*	

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AmeriCorps Site Supervisor Interview questions	Response
Name(s) & service locations of site supervisor(s) interviewed	
Service: What do members do in a typical day?	
Based on the agreement with the program, is hosting an AmeriCorps member what you expected? How or How not?	
How much time do you spend with members?	
How do you interact with the members?	
How is/are AmeriCorps member(s) making a difference in your organization and in the community you serve?	
How could the impact of the AmeriCorps member(s) activities be enhanced?	
What are the greatest strengths of your program and service site?	
How are the AmeriCorps members at your organization involved with National Days of Service? *(MLK Jr., AmeriCorps Week, 9/11 Day, others)*	
How much training did the AmeriCorps members receive prior to joining your organization?	
Is there additional training that would help members be more successful?	
Did you provide the AmeriCorps member with additional and ongoing training OR provide resources for them to attend outside training events?	If yes, what information was presented?
As a Site Supervisor, have you received training from the program on hosting an AmeriCorps member? If yes, what are some of the training topics?	
Is there anything else you would like to be trained on?	If yes, what?
Can you list some AmeriCorps Prohibited Activities?	
Do members serve in a clerical role in your organization?	
Do members fill in for an employee if they are out sick or on personal leave?	

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AmeriCorps Site Supervisor Interview continued	Response
As a host site, do you feel supported by the AmeriCorps program?	If yes, what types of support do you receive?
How often do you communicate with program staff?	
Have you connected with other AmeriCorps site supervisors in the area?	If so, briefly describe.
If you desire to be more connected, what can your program do to provide better support?	
How does the reporting process work? Timekeeping? Progress reports? Other?	
Do the programs' performance measures align with your organization's mission? Do you report on the performance measures? If yes, how often do you submit data? Do AmeriCorps members at your service location all serve to meet the same performance objectives?	
How would you describe the progress toward meeting performance goals this year?	
How would your organization be different without AmeriCorps?	
What has been the best part of supervising an AmeriCorps member?	
How often do you meet with the member you supervise?	
Would you host an AmeriCorps member in the future? Why or why not?	
What do you wish was different about being a site supervisor?	
What are your suggestions for improving program processes, the service site, the program overall?	
What is your favorite part of the program?	
Anything else you would like me to know? *Thank you for serving as Site Supervisor!*	