**Is Our Organization Ready to Apply for an AmeriCorps Grant?**

The New Applicant Readiness Self-Assessment is used by the Governor’s Office of Community Service (GOCS) to determine if the organization is financially and programmatically prepared to apply, implement, and manage an AmeriCorps grant. The assessment serves as a tool for a new applicant to plan for the implementation and administration of an AmeriCorps grant-funded program. Completion of the assessment does not guarantee AmeriCorps funding through GOCS or the Corporation for National and Community Service, dba AmeriCorps. Read each question carefully, answer honestly, and respond to each item.

**Name of Organization or Agency:** ­­­­­­­­­­­­­­­­ Click or tap here to enter text.

**Fundamental Questions**

Is the organization a public or private nonprofit agency - including labor organizations; faith-based and other community organizations; an institution of higher education; a State of Montana government entity; an Indian Tribe; or a partnership or consortia?

[ ] Yes, which: Click or tap here to enter text. [ ] No [ ] Unsure

Does the organization’s plan for utilizing AmeriCorps members provide service exclusively within Montana?

[ ] Yes [ ] No [ ] Unsure

Does the organization’s plan for utilizing AmeriCorps members address specific unmet community needs in the focus area of Disaster Services, Economic Opportunity, Education, Environmental Stewardship, Healthy Futures, or Veterans & Military Families?

[ ] Yes: Click or tap here to enter text. [ ] No [ ] Unsure

Does the organization’s plan for utilizing AmeriCorps members address unmet community needs in literacy, workforce/leadership development, suicide prevention, justice involved youth & adults, or youth aging out of foster care?

[ ] Yes, which: Click or tap here to enter text. [ ] No [ ] Unsure

Does the organization’s plan for utilizing AmeriCorps members address community needs to benefit people living on or nearby American Indian Reservation(s) in Montana?

[ ] Yes, where: Click or tap here to enter text. [ ] No [ ] Unsure

*If the answer to any of the above is “No,” the organization may not be eligible to receive an AmeriCorps grant, or to serve as a Host Site for AmeriCorps members.*

If the organization is eligible and proposing to serve multiple states, consider applying directly to AmeriCorps for a National Direct grant.If opting to apply for a National Direct grant, contact GOCS for guidance on completing the required National Direct consultation.501(c)(4) non-profit entities (under the Internal Revenue Code of 1986, 26 U.S.C. 501 (c)(4)) that engage in lobbying activities are not eligible.

**Administrative Competencies**

Does the organization have a proven track record of establishing measurable outcomes for its programs?

[ ] Yes [ ] No [ ] Unsure

Does the organization have the infrastructure to recruit, train, and support AmeriCorps members? Variables include office space, technology, supervisory time & skill, financial expertise, and ability to manage community volunteers.

[ ] Yes [ ] No [ ] Unsure

Has the organization previously managed a major federal, state, or foundation grant?

[ ] Yes, describe: Click or tap here to enter text. [ ] No

Does the organization have formal written internal controls governing all financial operations?

[ ] Yes [ ] No [ ] Unsure

Does the organization have sufficient resources on hand to operate a major grant on a reimbursement basis?

[ ] Yes [ ] No [ ] Unsure

Has the organization been audited by a Certified Public Accounting firm within the past two years?

[ ] Yes [ ] No [ ] N/A

*If the answer to any of the above is “No,”, it is likely the organization may struggle to successfully administer an AmeriCorps grant.*

The organization should consider a partnership with an existing Montana AmeriCorps State program, serving as an AmeriCorps service site rather than as a primary grant applicant. Contact GOCS for more guidance.

**Mission Statement**

1. Does the organization have a clear written mission statement? (if no, skip to question 5)

[ ] Yes [ ] No [ ] Unsure

1. Do all organizational programs and efforts align with the mission?

[ ] Yes [ ] No [ ] Unsure

1. Has the organization declined opportunities that are not consistent with the organization’s mission?

[ ] Yes [ ] No [ ] Unsure

1. Is the mission frequently referred to (e.g. in planning sessions and other meetings)?

[ ] Yes [ ] No [ ] Unsure

**Governance & Operations**

1. Does the organization have an active and independent board of directors and/or other governing body? (Independent is defined as a majority of board members who are neither employees of the organization nor family members of employees or other board members.)

[ ] Yes [ ] No [ ] Unsure

1. Does the organization have written policies and procedures, including a conflict of interest policy for employees and directors?

[ ] Yes [ ] No [ ] Unsure

1. Does the organization plan to dedicate full time staff to manage the proposed AmeriCorps program?

[ ] Yes [ ] No

**Strategic Planning**

1. Does the organization have a strategic plan i.e. 3-5 year strategic plan? (if no, skip to question 13)

[ ] Yes [ ] No [ ] Unsure

1. Does the strategic plan have well defined measurable goals and achievable action steps with timeframes?

[ ] Yes [ ] No [ ] Unsure

1. Are the strategic plan goals well known and understood by the staff and board?

[ ] Yes [ ] No [ ] Unsure

1. Is the strategic plan made actionable by annual plans that outline the specific work to be accomplished?

[ ] Yes [ ] No [ ] Unsure

1. Does the organization conduct regular assessment of internal operations to assess efficiency and effectiveness?

[ ] Yes [ ] No [ ] Unsure

**Financial Management**

1. Does the organization have an accrual or a fund accounting system?

[ ] Yes, Current system used: Click or tap here to enter text. [ ] No

1. If the organization uses accrual basis accounting, are there procedures in place to allow for reconciliation between cash and accrual basis reports?

[ ] Yes [ ] No [ ] Unsure

1. Is the organization's accounting system manual, automated, or a combination?

[ ] Manual [ ] Automated [ ] Combination

1. How often are entries posted to the general ledger?

 [ ] Daily [ ] Weekly [ ] Monthly [ ] Unsure [ ] Other:Click or tap here to enter text.

1. Does the accounting system track completely and accurately the receipt and disbursement of funds by each grant or funding source?

[ ] Yes [ ] No [ ] Unsure

1. Does the accounting system allow cash basis reporting and for the recording of in-kind contributions?

[ ] Yes [ ] No [ ] Unsure

1. Does the organization have a development/fundraising plan in place?

[ ] Yes [ ] No [ ] Unsure

1. Does the organization have plans to secure the financial and in-kind resources to meet required match?

[ ] Yes [ ] No [ ] Unsure

1. Is the organization familiar with federal cost principles?

[ ] Yes [ ] No [ ] Unsure

1. Is the organization familiar with procedures for the determination and allowance of costs in connection with Corporation for National and Community Service grants and contracts?

[ ] Yes [ ] No [ ] Unsure

**Technology**

1. Does each key staff member have access to a computer with current software, internet, and e-mail capacity?

[ ] Yes [ ] No [ ] Unsure

1. Are all staff able to find and use grantor provided resources posted online?

[ ] Yes [ ] No [ ] Unsure

**Human Resources**

1. Does the organization have a process to recruit, train, and retain employees in accordance with an equal opportunity environment?

[ ] Yes [ ] No [ ] Unsure

1. Does the organization provide staff and volunteers with written position descriptions and the necessary resources to carry out described duties effectively?

[ ] Yes [ ] No [ ] Unsure

1. Are time and activity records maintained by funding source and project type to account for hours and activities with the organization?

[ ] Yes [ ] No [ ] Unsure

1. Does the organization provide relevant and regular training for staff and board members?

[ ] Yes [ ] No [ ] Unsure

1. Are employee performance reviews conducted on a consistent basis with a standardized process?

[ ] Yes [ ] No [ ] Unsure

1. Does the organization have a process to recruit, train, and retain community volunteers?

[ ] Yes [ ] No [ ] Unsure

**Internal Controls**

1. Is there separation of duties within the organization?

 [ ] Yes [ ] No [ ] Unsure

1. Are checks signed by individual(s) whose duties exclude recording cash received, approving vouchers for payment, and the preparation of payroll?

[ ] Yes [ ] No [ ] Unsure

1. Are purchase approval methods documented and communicated?

[ ] Yes [ ] No [ ] Unsure

1. Are employee payroll reports supported by appropriately signed documentation?

[ ] Yes [ ] No [ ] Unsure

1. Are employees who handle funds bonded against loss by reasons of fraud or dishonesty?

[ ] Yes [ ] No [ ] Unsure

**Organizational Needs Assessment and Implementation**

1. Does the organization conduct community needs assessments?

[ ] Yes, how often? Click or tap here to enter text. [ ] No

Date last conducted: Click or tap here to enter text.

1. Does the organization analyze and use results of needs assessments to plan change and target services?

[ ] Yes [ ] No [ ] Unsure

1. Are the organization’s programs and services well defined and succinctly communicated?

[ ] Yes [ ] No [ ] Unsure

**Measuring Program Performance and Continuous Improvement**

1. Does the organization have a comprehensive community assessment or evaluation system used to measure the impact of programs and services?

[ ] Yes [ ] No [ ] Unsure

1. Does the organization conduct regular community assessments of existing programs’ effectiveness in meeting needs and identifying areas for improvement?

[ ] Yes [ ] No [ ] Unsure

1. Does the organization collect data to measure performance and progress on a continual basis?

[ ] Yes [ ] No [ ] Unsure

1. Is data analyzed, used in program redesign, and communicated to stakeholders on a regular basis? (e.g. annual report)

[ ] Yes [ ] No [ ] Unsure

**Partnership and Collaboration**

1. Does the organization participate in partnerships with other groups?

[ ] Yes [ ] No [ ] Unsure

If yes, have the partnerships led to mutually beneficial collaborations and measurable, impactful results?

 [ ] Yes [ ] No [ ] Unsure Additional comments: Click or tap here to enter text.

**Signature of individual completing assessment:** Click or tap here to enter text.

*(Your typed name denotes signature)*

**Date completed:** Click or tap to enter a date.