**2020-2021 AMERICORPS GRANT APPLICATION**

**FORM B – ORGANIZATIONAL CAPACITY SURVEY**

**Objective**

To allow the NC Commission to attain an understanding of your organization’s systems, policies, processes and practices. The information collected by this survey will be used by the Commission as a tool to review the capacity of your organization to successfully execute the terms of your grant, if awarded. NOTE: The NC Commission reserves the right to request a copy of any materials attested to in this Organizational Capacity Survey.

**Instructions**

To complete this survey, please:

* Respond to each applicable question; some questions may not be applicable to your entity;
* Enter your responses in the appropriate box; and
* Submit a copy of this survey to volunteernc@nc.gov and megan.mcleod@nc.gov

**General Information (Organization)**

Legal Applicant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Fiscal Year Ending Date (mm/dd/yy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Operating Budget for the Current Fiscal Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Information of Person Completing this Survey**

Respondent’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **SOUND ORGANIZATIONAL STRUCTURE: ORGANIZATIONAL SYSTEMS AND MANAGEMENT**
2. Technology Resources. Does your organization:
	1. Provide a computer for all employees/persons? [ ] YES [ ] NO
	2. Have a dedicated email account for all employees/persons? [ ] YES [ ] NO
	3. Have high-speed internet access? [ ] YES [ ] NO
3. What was your average annual employee turnover rate for the past two years?

Use the following formula to determine your turnover rate: # of employees exiting the organization for the past 24 months/average actual # of employees over the past 24 months.

 [ ] 0 – 25% [ ] 26-50% [ ] 51-75% [ ] 76-100%

1. Does your organization have the ability to effectively respond to sudden personnel changes on a:
2. Short-term basis (i.e. other staff are able to fill in when an employee is out for an illness) [ ] YES [ ] NO
3. Intermediate-term basis (i.e. unexpected resignation prompts active recruiting to refill) [ ] YES [ ] NO
	1. Long-term basis (i.e. budgetary cutbacks that necessitate staff reduction) [ ] YES [ ] NO
4. **Does your organization have a Continuity of Operations plan, or other similar plan to continue business in the event of a disaster or other emergency?**

 [ ] YES [ ] NO, skip to Section B

* 1. If yes, is the plan written? [ ] YES [ ] NO
	2. Has staff been trained on this plan? [ ] YES [ ] NO

*Please explain any “no” answers for Section A:*

1. **SOUND RECORD OF ACCOMPLISHMENT: VOLUNTEER RECRUITMENT AND MANAGEMENT**
2. Does your organization have someone who is responsible for all aspects of the volunteer program?

 [ ] YES [ ] NO

1. If yes, is this person an employee, AmeriCorps member, or volunteer?

[ ] Employee [ ] AmeriCorps member [ ] Volunteer

1. If yes, what percentage of time do they spend in this function? \_\_\_\_\_\_\_\_%
2. **SECURING COMMUNITY SUPPORT**
3. The Executive Director (or delegated employee):
	1. Meets with community leaders at least [ ] Annually [ ] Quarterly [ ] Monthly [ ] Not Done
	2. Shares information and priorities with community leaders: [ ] YES [ ] NO

*Please provide a clear example of how this is accomplished. Include how and how frequently information is shared.*

* 1. Meets with nonprofit organizations at least: [ ] Annually [ ] Quarterly [ ] Monthly [ ] Not Done
	2. Shares information and priorities with nonprofit organizations: [ ] YES [ ] NO

*Please provide a clear example of how this is accomplished. Include how and how frequently information is shared.*

1. Collaboration (select all that apply)

[ ] Employees communicate with like organizations to explore best practices.

[ ] Employees combine efforts with other organizations to expend the range of services offered.

 [ ] Management collaborates with other organizations to ensure all aspects of a community need are

 being met.

[ ] Your program design takes into account what is already being done by other organizations.

*Please provide clear examples of how you accomplish each item that you have selected.*

1. **FISCAL MANAGEMENT**

**Oversight and Assurance**

1. Are employees who handle funds bonded against loss by reasons of fraud or dishonesty? [ ] YES [ ] NO
2. What is your organization’s most recently completed fiscal year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Has an audit by a Certified Public Accountant been finalized for the most recently completed fiscal year?

[ ] YES [ ] NO

1. If “NO”, is an audit currently underway or scheduled? [ ] YES [ ] NO
2. If “YES” on #3a, please provide the anticipated scheduled date of completion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Select the type of audit (check all that apply) [ ] Financial Statement Audit [ ] A-133 Audit
4. Did your organization take corrective actions indicated by the auditor’s report and any letters management?

[ ] YES [ ] NO [ ] N/A (no corrective actions indicated by auditors)

1. Is your organization considered “high-risk” by another federal awarding agency, as outlined in 45 CFR Part 2541.120? [ ] YES [ ] NO
2. Has your organization received funding from the Corporation for National and Community Service within the last 5 years?
	1. Directly from the Corporation? [ ]YES [ ] NO

If “YES”, please specify the grant number(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Indirectly through another entity receiving direct support? [ ] YES [ ] NO

If “YES”, please specify the grant number(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Has your organization received a federal or state grant award in the last 2 years? [ ] YES [ ] NO

*If “YES”, please attach a schedule of Federal and State funds received in the last 2 years. Indicate the funding source, Catalog of Federal Domestic Assistance (CFDA) number (where applicable), grant period and amount.*

1. Does your organization keep on hand, or know how to readily access, a current version of requirements applicable to all funding sources? (including regulations, OMB Circulars, grant terms and conditions, grant awards, etc.) [ ] YES [ ] NO
2. Does your organization have written fiscal management policies and procedures relating to the following?

 Currently in Use? In use for at least one year?

* 1. Accounting Practices [ ] YES [ ] NO [ ] YES [ ] NO
	2. Management Controls [ ] YES [ ] NO [ ] YES [ ] NO
	3. Personnel Policies [ ] YES [ ] NO [ ] YES [ ] NO
	4. Salary Scales [ ] YES [ ] NO [ ] YES [ ] NO
	5. Employee Benefits [ ] YES [ ] NO [ ] YES [ ] NO
	6. Travel and Expense Reimbursement [ ] YES [ ] NO [ ] YES [ ] NO
	7. Procurement [ ] YES [ ] NO [ ] YES [ ] NO
	8. Documentation of Employee Time and Effort [ ] YES [ ] NO [ ] YES [ ] NO

**Funds Management and General Accounting**

1. Are the organization’s accounting practices in agreement with those stipulated by its accounting and financial manuals and requirements of its funding sources?

Accounting Manuals [ ] YES [ ] NO

Funding Source Requirements [ ] YES [ ] NO

1. Does your organization use an automated accounting system? [ ] YES [ ] NO

If “YES”, what is the name of the system? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does your accounting system track the receipt and disbursement of funds by each grant and grant year?

[ ] YES [ ] NO

1. Does your organization have a written cost allocation plan to distribute costs shared by one or more direct grants or projects? [ ] YES [ ] NO
2. Are all common or shared costs that are readily attributable to direct cost activities accumulated into cost pools for allocation to projects, contracts and grants? [ ] YES [ ] NO
3. Are indirect costs segregated from direct costs? [ ] YES [ ] NO
4. Does your accounting system provide for the recording of grant costs according to categories of your approved budget(s)? [ ] YES [ ] NO

**Transaction Control**

General Ledger

1. Is the general ledger posted on the double-entry method? [ ] YES [ ] NO
2. Does the general ledger design accommodate cost center and fund accounting? [ ] YES [ ] NO
3. Is a trial balance of the general ledger prepared monthly? [ ] YES [ ] NO
4. Are out-of-balance conditions identified and corrected on a monthly basis? [ ] YES [ ] NO

Accounts Receivable and Cash Receipts

1. Is there someone dedicated to ensuring that reimbursement requests and expenditure reports to funds are prepared timely, correctly and accurately? [ ] YES [ ] NO
2. Is there a process to retain all supporting documentation for items listed on reimbursement requests and expenditure reports to funders? [ ] YES [ ] NO

Accounts Payable and Case Disbursements

1. Are invoices, purchase orders and receiving documents compared and accounted for by the accounts payable department? [ ] YES [ ] NO
2. Is receipt of goods or services verified before invoices are paid? [ ] YES [ ] NO
3. Does your accounting system enable you to track and document disbursement of funds from original invoice through final payment? [ ] YES [ ] NO

Consultant and Contract Services

1. Are procedures in effect to provide for formal approval of procurements (including consultant and contract service agreements over prescribed limits) by Officers, Board Members, or other high-level authority individuals? [ ] YES [ ] NO
2. Does your organization have controls to determine whether contracts are properly executed? [ ] YES [ ] NO

Travel

1. Are there controls in place to ensure that all costs are allowable? [ ] YES [ ] NO

**Procurement and Property**

1. Do procedures exist and provide for the solicitation of bids or prices or all procurements over a certain threshold, including the purchase, rent, and/or lease of fixed assets? [ ] YES [ ] NO
2. Are purchase approval methods documented and communicated? [ ] YES [ ] NO
3. Are appropriate approvals obtained prior to the purchase, rent or lease of equipment and supplies?

 [ ] YES [ ] NO

1. Are solicitations and price quotations filed and maintained? [ ] YES [ ] NO
2. Is there receipt of donated property supported by documentation which reflects the:
3. Name of the donor [ ] YES [ ] NO
4. Donor restrictions (if any) [ ] YES [ ] NO
5. Receipt date [ ] YES [ ] NO
6. Fair market value of each item [ ] YES [ ] NO
7. Documentation of how fair market value was determined [ ] YES [ ] NO

**Bank Accounts**

1. Is each bank account authorized by the Board of Directors or by the person delegated by the Board?

[ ] YES [ ] NO

1. Are bank statements reconciled monthly to the general ledger? [ ] YES [ ] NO

**Human Resources and Payroll**

1. Are the duties and responsibilities of employees and members defined in written policies or job descriptions and communicated to said employees and members? [ ] YES [ ] NO
2. Are records of vacation, sick leave, and compensatory time (if applicable) maintained for employees?

 [ ] YES [ ] NO

1. Does your organization file federal and state income and payroll tax quarterly withholding reports to the appropriate authorities on a timely basis, when and/or if required by local, state and federal law?

 [ ] YES [ ] NO

1. Are procedures designed to provide that employees and members are paid in accordance with approved budget, wage, and salary plans? [ ] YES [ ] NO
2. Are timesheets or periodic time and effort certifications required from each employee and member, as required by the OMB Cost Principles document appropriate to your organization (A-21 A-87, A-122)?

[ ] YES [ ] NO

**Match**

1. Does your organization record both in-kind and cash match received from other individuals or entities on its accounting records? [ ] YES [ ] NO
2. Does your organization have a written policy on valuing and recording in-kind matching funds? [ ] YES [ ] NO
3. Are the matching contributions recorded in the general ledger as a grant or project expense? [ ] YES [ ] NO
4. Are the matching contributions recorded only after they are utilized for the work of the specific grant or project? [ ] YES [ ] NO
5. Are in-kind and cash matching funds supported by appropriate documentation? [ ] YES [ ] NO
6. Does your organization determine and substantiate the value of in-kind contributions in accordance with OMB Circular requirements? [ ] YES [ ] NO

*Please explain:*

*If available, please attach any sample in-kind donation forms or documentation your organization uses.*

**Internal Controls**

1. Does our accounting system have controls that prevent expenditures in excess of approved and budgeted amounts? [ ] YES [ ] NO
2. Does your organization create a plan to address audit and monitoring findings, when applicable?

[ ] YES [ ] NO

1. Does your accounting system have procedures that govern the maintenance of general ledger accounts?

 [ ] YES [ ] NO

1. Are your accounting system and records secured? [ ] YES [ ] NO
2. Is your back-up documentation secured in limited access areas? [ ] YES [ ] NO
3. Do you maintain source documentation to show the nature o each receipt and expenditure? [ ] YES [ ] NO
4. Are all reports reconcilable with accounting records and systems? [ ] YES [ ] NO
5. Are transactions in the accounting records properly authorized, as evidenced by supporting documentation containing the signatures of appropriate approving officials? [ ] YES [ ] NO
6. Has a general policy with respect to insurance coverage been defined? [ ] YES [ ] NO
7. Have procedures been instituted to ensure adequate coverage for all significant business risks?

 [ ] YES [ ] NO

1. Is insurance coverage periodically reviewed with a competent insurance agent? [ ] YES [ ] NO
2. Where applicable, is a copy of the approved indirect cost allocation rate on file? [ ] YES [ ] NO
3. Are the duties and responsibilities as outlined in written accounting and grants management policies and procedures communicated to employees and members? [ ] YES [ ] NO
4. Are written accounting and grants management policies and procedures established to describe the accounting system, stipulate the duties of employees with these functions, and ensure that similar transactions are processed consistently? [ ] YES [ ] NO