



2019-2020 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 _____

A. SOUND ORGANIZATIONAL STRUCTURE: ORGANIZATIONAL SYSTEMS AND MANAGEMENT

1. Technology Resources. Does your organization:
 - a. Provide a computer for all employees/persons? YES NO
 - b. Have a dedicated email account for all employees/persons? YES NO
 - c. Have high-speed internet access? YES NO
2. 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%
3. Does your organization have the ability to effectively respond to sudden personnel changes on a:
 - a. Short-term basis (i.e. other staff are able to fill in when an employee is out for an illness) YES NO
 - b. Intermediate-term basis (i.e. unexpected resignation prompts active recruiting to refill) YES NO
 - a. 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
- a. If yes, is the plan written? YES NO
- b. Has staff been trained on this plan? YES NO
- Please explain any "no" answers for Section A:*

B. SOUND RECORD OF ACCOMPLISHMENT: VOLUNTEER RECRUITMENT AND MANAGEMENT

1. Does your organization have someone who is responsible for all aspects of the volunteer program?
- YES NO
- a. If yes, is this person an employee, AmeriCorps member, or volunteer?
- Employee AmeriCorps member Volunteer
- b. If yes, what percentage of time do they spend in this function? _____%

C. SECURING COMMUNITY SUPPORT

1. The Executive Director (or delegated employee):
- a. Meets with community leaders at least Annually Quarterly Monthly Not Done
- b. 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.*
- c. Meets with nonprofit organizations at least: Annually Quarterly Monthly Not Done
- d. 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.*

2. Collaboration (select all that apply)
- Employees communicate with like organizations to explore best practices.
- Employees combine efforts with other organizations to expand 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.*

D. 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
- a. If "NO", is an audit currently underway or scheduled? YES NO



- b. If "YES" on #3a, please provide the anticipated scheduled date of completion _____
 - c. 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)
 5. Is your organization considered "high-risk" by another federal awarding agency, as outlined in 45 CFR Part 2541.120? YES NO
 6. Has your organization received funding from the Corporation for National and Community Service within the last 5 years?
 - a. Directly from the Corporation? YES NO
If "YES", please specify the grant number(s) _____
 - b. Indirectly through another entity receiving direct support? YES NO
If "YES", please specify the grant number(s) _____
 7. 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.
 8. 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
 9. Does your organization have written fiscal management policies and procedures relating to the following?

	<u>Currently in Use?</u>	<u>In use for at least one year?</u>
a. Accounting Practices	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Management Controls	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
c. Personnel Policies	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
d. Salary Scales	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
e. Employee Benefits	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
f. Travel and Expense Reimbursement	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
g. Procurement	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
h. Documentation of Employee Time and Effort	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> 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	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Funding Source Requirements	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Does your organization use an automated accounting system? YES NO
If "YES", what is the name of the system? _____
3. Does your accounting system track the receipt and disbursement of funds by each grant and grant year?
 YES NO
4. Does your organization have a written cost allocation plan to distribute costs shared by one or more direct grants or projects? YES NO
5. 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
6. Are indirect costs segregated from direct costs? YES NO

7. 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

5. Is there someone dedicated to ensuring that reimbursement requests and expenditure reports to funds are prepared timely, correctly and accurately? YES NO
6. 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

7. Are invoices, purchase orders and receiving documents compared and accounted for by the accounts payable department? YES NO
8. Is receipt of goods or services verified before invoices are paid? YES NO
9. 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

10. 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
11. Does your organization have controls to determine whether contracts are properly executed? YES NO

Travel

12. 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
4. Are solicitations and price quotations filed and maintained? YES NO
5. Is there receipt of donated property supported by documentation which reflects the:
- a. Name of the donor YES NO
 - b. Donor restrictions (if any) YES NO
 - c. Receipt date YES NO
 - d. Fair market value of each item YES NO
 - e. 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
2. 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
3. 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
4. Are procedures designed to provide that employees and members are paid in accordance with approved budget, wage, and salary plans? YES NO
5. 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
3. Does your accounting system have procedures that govern the maintenance of general ledger accounts?
 YES NO

4. Are your accounting system and records secured? YES NO
5. Is your back-up documentation secured in limited access areas? YES NO
6. Do you maintain source documentation to show the nature of each receipt and expenditure? YES NO
7. Are all reports reconcilable with accounting records and systems? YES NO
8. Are transactions in the accounting records properly authorized, as evidenced by supporting documentation containing the signatures of appropriate approving officials? YES NO
9. Has a general policy with respect to insurance coverage been defined? YES NO
10. Have procedures been instituted to ensure adequate coverage for all significant business risks?
 YES NO
11. Is insurance coverage periodically reviewed with a competent insurance agent? YES NO
12. Where applicable, is a copy of the approved indirect cost allocation rate on file? YES NO
13. Are the duties and responsibilities as outlined in written accounting and grants management policies and procedures communicated to employees and members? YES NO
14. 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