https://forms.office.com/pages/responsepage.aspx?id=p1D40s6Ns0-nnGhn-VFDEjnkDwxqS6VKilbFvGA_KhFUMFRPWk8xWjZXMlpVUzA3WU9SWjNRV0sxVSQlQCN0PWcu&route=shorturl

Applicant Operational and Financial Management Survey

AmeriCorps

OMB Control Number 3045-0102
Expiration: 11/30/2027

This survey is intended to collect information about the capacity of applicants to manage federal grant funds. Per 2 CFR §200.206, AmeriCorps must evaluate the degree of risk posed by an applicant. Information from the survey will be used to assess an organization's operational and financial management capabilities prior to receiving a federal award. Completion of this survey is required but is independent from the competitive grant process. Responding organizations are advised to ensure that the person or persons preparing this form are those responsible for, and with sufficient knowledge of, the organization's operational and financial management functions. The information provided may be used to support future monitoring activities, should the applicant receive federal funds from AmeriCorps. In completing this form, each question requires a response. Refer to the applicable Notice of Funding Opportunity for instructions on how to submit all application materials.

When you submit this form, it will not automatically collect your details like name and email address unless you provide it yourself.

Public reporting burden -- Estimated time to complete this form, including time for reviewing instructions and gathering and providing the information needed to complete the form is 2 hours. Send comments regarding this burden or the content of this form to: AmeriCorps, Office of Grants Administration, 250 E Street, SW, Washington, DC 20525. AmeriCorps informs the potential persons who are to respond to this collection of information that such persons are not required to respond to the collection of information unless it displays a currently valid OMB control number on this page of the form (see 5 CFR 1320.5(b)(2)(1)).

NOTE: An organization must complete a separate Operational and Financial Management Survey form for each application it submits under the applicable Notice of Funding Opportunity. Please also note that the final 'Submit' button must be clicked for your form to be submitted.

All submissions must be done through this page.

Next

* Required

General Information

1. **Organization Legal Name (As it appears in eGrants)** *

   Enter your answer

2. **EIN** *

   The value must be a number

3. **City, State Associated with EIN** *

   Enter your answer

4. **UEI** (Unique Entity Identifier) *

   Enter your answer

5. **Assistance Listing Number Associated with Funding Opportunity** *

   The value must be a number

6. **Application Identification Number (As it appears in eGrants)** *

   Enter your answer

7. **NOFO/Grant Competition** *

   ○ RSVP Competition

   ○ FGP/SCP/SDP Renewal

   ○ AC State and National

   ○ AC State and National Native Nations

   ○ Research Grants

   ○ Days of Service

   ○ Volunteer Generation Fund

   ○ VISTA

   Back   Next

* Required

Operational Management

The policies identified below address some of the most critical elements for administration of a federal grant. As a recipient of federal funds, organizations are required to have a full complement of programmatic, financial, and administrative policies, as well as internal controls in place, as applicable. Policies and procedures should be reviewed and refined, as applicable, at least once every two years. Should the applicant receive federal funding from AmeriCorps, full copies of the policies and procedures may be requested for monitoring purposes.

Please indicate whether the organization has current written policies and procedures in the following areas (select Yes or No):

8. **Personnel/Employee Handbook** *

   ◯ Yes

   ◯ No

9. **Financial/Internal Controls** *

   ◯ Yes

   ◯ No

10. **Sub-award and/or Service Site Monitoring and Oversight** *

○ Yes

○ No

○ N/A

11. **Timekeeping** *

○ Yes

○ No

12. **Travel Guidance, including purchase/travel credit card use** *

○ Yes

○ No

13. **Procurement** *

○ Yes

○ No

14. **Standards for Use of Federal Funds** *

○ Yes

○ No

15. **Code(s) of Conduct/Ethics, applicable to employment/purchasing** *

○ Yes

○ No

16. **Document Retention** *

○ Yes

○ No

Back   Next

Applicant Operational and Financial Management Survey

Operational Management

Please indicate the training areas below that are provided to employees by the organization (select Yes or No)

17. Personnel/HR Issues *

○ Yes

○ No

18. Financial Accounting *

○ Yes

○ No

19. Risk Management *

○ Yes

○ No

20. Cyber-security *

○ Yes

○ No

21. Fraud, Waste, and Abuse *

○ Yes

○ No

Back   Next

* Required

Financial Management

22. Are financial reports (profit and loss, budget vs. actual, etc.) provided to and reviewed by leadership level staff, at least quarterly? *

◯ Yes

◯ No

23. Does the organization utilize an automated accounting system? *

◯ Yes

◯ No

24. Can the organization's accounting system separate the receipts and payments of a federal grant from the receipts and payments of the organization's other activities supported by separate funding streams? *

◯ Yes

◯ No

24. Can the organization's accounting system separate the receipts and payments of a federal grant from the receipts and payments of the organization's other activities supported by separate funding streams? *

◯ Yes

◯ No

25. Can the organization's accounting system summarize expenditures from a federal grant according to different budget categories such as salaries, rent, supplies, and equipment? *

◯ Yes

◯ No

26. How often does the organization post transactions to the accounting system ledger(s)? *

○ Daily

○ Weekly

○ Monthly

○ Quarterly

○ Annually

○ [Other]

27. Does the organization use an automated payroll system? *

○ Yes

○ No

Back   Next

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* Required

Financial Management

Please indicate whether organizational leadership approval is required for any of the following financial transactions (select Yes or No):

28. Opening/Closing Bank Accounts *

○ Yes

○ No

29. Opening Lines of Credit *

○ Yes

○ No

30. Assigning Credit Cards *

○ Yes

○ No

31. Buying/Selling Property *

   ○ Yes

   ○ No

   ○ N/A

32. Financial Investment/Divestment *

   ○ Yes

   ○ No

   ○ N/A

33. Has the organization issued loans to an employee or officer of the organization or forgiven/written-off any loans or debts in the last year? *

   ○ Yes

   ○ No

   ○ N/A

34. Please identify who is authorized to write-off any debt owed to the organization as a bad debt. *

   ○ Accountant

   ○ Chief Financial Officer

   ○ CEO/Executive Director

   ○ Board Committee

   ○ Board Chair

35. Has the organization experienced cash flow deficits an any point in the previous 2 years? *

   ○ Yes

   ○ No

Back   Next

* Required

Compliance

36. **Has the organization received federal funds for similar programs or projects?** *

- ◯ Yes
- ◯ No

Back   Next

IF YOU ANSWER YES, TO QUESTION 36, THESE ARE THE QUESTIONS:

Compliance

36. **Has the organization received federal funds for similar programs or projects?** *

- ◉ Yes
- ◯ No

37. **If so, has your organization met federal program requirements for similar programs?** *

- ◯ Yes
- ◯ No
- ◯ N/A

38. **Has an audit been performed on the organization's financial accounts?** *

- ◯ Yes
- ◯ No

Back   Next

36. Has the organization received federal funds for similar programs or projects? *

○ Yes

◉ No

37. Has an audit been performed on the organization's financial accounts? *

○ Yes

○ No

[Back] [Next]

Additional skip logic in this section of the survey…

39. If so, what was the audit opinion?

○ Modified

○ Unmodified

○ Adverse

○ N/A

40. If applicable, has the organization addressed any outstanding deficiencies identified in the most recent audit? *

◉ Yes

○ No

○ N/A

41. Please provide any clarifications or similar remarks/information in the section below (optional):

Enter your answer

[Back] [Next]

* Required

Preparer's Certification

42. Preparer's Name (First, Last) *

Enter your answer

43. Preparer's Email *

Enter your answer

44. Preparer's Position Title *

Enter your answer

45. I certify that the above information is complete and correct to the best of my knowledge and ability. *

◯ I Certify

◯ I Do Not Certify

46. Date of Certification *

Please input date (M/d/yyyy)

Back   Next

Back   Submit