|  |  |  |  |
| --- | --- | --- | --- |
| **Legal Applicant Name** | Click or tap here to enter text. | **Program Name** | Click or tap here to enter text. |

# Instructions: Complete the following assessment with the intention of securing an AmeriCorps grant. The applicant should be prepared to provide evidence of items, if requested.

# Please assess your organization honestly, as this determines how California Volunteers may best support you. This assessment does not affect your application score, and is not a determinant of funding.

# Partnership Capacity

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Criteria** | **N/A** | **Yes** | **No** | **In****Progress** | **Notes** |
| The organization has an existing network of potential partners and actively collaborates with others in their communities |[ ] [ ] [ ] [ ]  Click or tap here to enter text. |
| The organization has identified sources for potential funding match |[ ] [ ] [ ] [ ]  Click or tap here to enter text. |
| Has experience leading and facilitating collaborative projects/programs |[ ] [ ] [ ] [ ]  Click or tap here to enter text. |
| The organization maintains working agreements with partners regarding communications, decision-making protocols, lines of authority and responsibility and resources |[ ] [ ] [ ] [ ]  Click or tap here to enter text. |
| The organization has a methodology for approaching potential partners |[ ] [ ] [ ] [ ]  Click or tap here to enter text. |

# Organizational Capacity

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Criteria** | **N/A** | **Yes** | **No** | **In****Progress** | **Notes** |
| The Legal Applicant has been an AmeriCorps grant recipient |[ ] [ ] [ ] [ ]  Click or tap here to enter text. |
| The organization has experience managing federal grants or CNCS direct or sub awards |[ ] [ ] [ ] [ ]  Click or tap here to enter text. |
| The organization can demonstrate a proven track record of success, including high-quality, relevant programs with measurable outcomes |[ ] [ ] [ ] [ ]  Click or tap here to enter text. |
| The organization’s mission statement is in alignment with the proposed AmeriCorps program |[ ] [ ] [ ] [ ]  Click or tap here to enter text. |
| Legal applicant can create a set of policies which specifically govern the AmeriCorps program in the areas of finance, human resources, fund development, and communication |[ ] [ ] [ ] [ ]  Click or tap here to enter text. |
| The organization has the ability to conduct required criminal history checks on staff and members through the vendors Truscreen and Fieldprint |[ ] [ ] [ ] [ ]  Click or tap here to enter text. |

# Programmatic Capacity

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Criteria** | **N/A** | **Yes** | **No** | **In****Progress** | **Notes** |
| The applicant has presented a detailed program plan or concept paper, including proposed timeline |[ ] [ ] [ ] [ ]  Click or tap here to enter text. |
| The applicant has adequate facilities, efficient operations, and support systems for members and staff |[ ] [ ] [ ] [ ]  Click or tap here to enter text. |
| The applicant has the ability and commitment to plan effectively in order to meet deadlines, meet technical requirements, present solid program plans, clearly demonstrate match, and provide all grant deliverables |[ ] [ ] [ ] [ ]  Click or tap here to enter text. |
| The applicant has formal internal processes to hold itself and partners accountable if instances of risk or noncompliance are identified |[ ] [ ] [ ] [ ]  Click or tap here to enter text. |
| The applicant can demonstrate that all program staff have the required knowledge, experience or skills to implement a strong program |[ ] [ ] [ ] [ ]  Click or tap here to enter text. |
| The organization has formal internal processes and seeks involvement from multiple stakeholders when proposing and implementing programmatic changes |[ ] [ ] [ ] [ ]  Click or tap here to enter text. |
| The organization has a program sustainability plan for future funding |[ ] [ ] [ ] [ ]  Click or tap here to enter text. |
| The organization has capacity to operate multi-site and/or statewide |[ ] [ ] [ ] [ ]  Click or tap here to enter text. |
| The applicant’s envisioned activities for AmeriCorps service activities do not conflict with AmeriCorps prohibited activities and unallowable activities |[ ] [ ] [ ] [ ]  Click or tap here to enter text. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Evaluation/Measurement**Criteria** | **N/A** | **Yes** | **No** | **In****Progress** |  |
| The proposed Program is grounded in the best/most recent research available for the intervention/service provided |[ ] [ ] [ ] [ ]  Click or tap here to enter text. |
| The program has sufficient and effective data collection systems to ensure validity, completeness, consistency, accuracy, and verifiability |[ ] [ ] [ ] [ ]  Click or tap here to enter text. |
| The program is committed to evaluation as a tool for project management, quality control, success monitoring, and program improvement |[ ] [ ] [ ] [ ]  Click or tap here to enter text. |

# Financial Management

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Criteria** | **N/A** | **Yes** | **No** | **In****Progress** | **Notes** |
| The applicant has a financial management system in place and uses GAAP to track revenues and expenditures within the organization, using fund accounting |[ ] [ ] [ ] [ ]  Click or tap here to enter text. |
| The applicant can provide audited financial statements, Form 990, and external audits for the past 3 years |[ ] [ ] [ ] [ ]  Click or tap here to enter text. |
| The applicant has written accounting procedures, personnel manuals, financial control procedures, and insurance coverage |[ ] [ ] [ ] [ ]  Click or tap here to enter text. |
| The applicant has the ability to track staff time using functional timesheet |[ ] [ ] [ ] [ ]  Click or tap here to enter text. |
| The applicant has the ability to issue member stipends |[ ] [ ] [ ] [ ]  Click or tap here to enter text. |
| The applicant has the ability to provide healthcare coverage for members |[ ] [ ] [ ] [ ]  Click or tap here to enter text. |
| The applicant has a diversified operating budget, with consistent funding year-to-year |[ ] [ ] [ ] [ ]  Click or tap here to enter text. |
| The applicant has sufficient operating reserves, in case of reimbursement delays |[ ] [ ] [ ] [ ]  Click or tap here to enter text. |
| The applicant has reviewed CNCS Administrative/Indirect Costs guidelines (see most recent RFA) and is able to work within those parameters.  |[ ] [ ] [ ] [ ]  Click or tap here to enter text. |

Assessment is Completed By:

Print Name Title Date