|  |  |  |  |
| --- | --- | --- | --- |
| **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