# AmeriCorps Organizational Self-Assessment

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| **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. Use the Notes field to explain or provide additional detail. 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, but will help us determine the appropriate type of grant (planning or implementation), should your application be successful.

# Partnership Capacity

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| **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. |

# Organizational Capacity

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| **Criteria** | **N/A** | **Yes** | **No** | **In**  **Progress** | **Notes** |
| The Legal Applicant has been a direct AmeriCorps grant recipient or has hosted AmeriCorps members. |  |  |  |  | Click or tap here to enter text. |
| The applicant has experience managing other non-CNCS federal grants |  |  |  |  | Click or tap here to enter text. |
| The applicant can demonstrate a proven track record of success, including high-quality, relevant programs with measurable outcomes |  |  |  |  | Click or tap here to enter text. |
| The applicant’s mission statement is in alignment with the proposed AmeriCorps program |  |  |  |  | Click or tap here to enter text. |
| The 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 applicant has the ability to conduct required national service criminal history checks (NSOPW, State, fingerprint-based FBI) on staff and members |  |  |  |  | Click or tap here to enter text. |
| The applicant regularly conducts community needs assessments, and/or environmental scans, and/or SWOT analyses |  |  |  |  | Click or tap here to enter text. |
| The applicant has the capacity to dedicate at least 1 full-time staff at 100% time to manage the AmeriCorps grant, if funded. If yes, indicate in Notes if this staff has prior AmeriCorps experience |  |  |  |  | Click or tap here to enter text. |

# Programmatic Capacity

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| **Criteria** | **N/A** | **Yes** | **No** | **In**  **Progress** | **Notes** |
| The applicant has a detailed program plan, including a proposed implementation timeline |  |  |  |  | Click or tap here to enter text. |
| The applicant has adequate facilities, efficient operations, and support systems for managing and overseeing at least 20 AmeriCorps members |  |  |  |  | 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, secure match funding support, and produce 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 the proposed AmeriCorps program |  |  |  |  | Click or tap here to enter text. |
| The applicant has formal internal processes and seeks involvement from multiple stakeholders when proposing and implementing programmatic changes |  |  |  |  | Click or tap here to enter text. |
| The applicant has a program sustainability plan for future funding |  |  |  |  | Click or tap here to enter text. |

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| Evaluation/Measurement **Criteria** | **N/A** | **Yes** | **No** | **In**  **Progress** | **Notes** |
| 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 applicant has data collection systems to collect high quality performance measurement/evaluation data that ensure validity, completeness, consistency, accuracy, and verifiability |  |  |  |  | Click or tap here to enter text. |
| The applicant’s board, management, and staff collect and use information, including performance data, for learning and decision making |  |  |  |  | Click or tap here to enter text. |

# Financial Management

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| **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 timesheets |  |  |  |  | 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 full-time AmeriCorps 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 Completed By:**

Print Name Title

Signature Date