

FINANCIAL MANAGEMENT SURVEY

The information collected by this survey will be used by the Missouri Community Service Commission and/or the Corporation for National and Community Service exclusively as a tool to assess the capacity of your organization to manage federal funds and will become the basis for determining the areas of your organization's financial systems that may warrant technical assistance.

LEGAL NAME OF ORGANIZATION: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

INSTRUCTIONS: For this survey to be complete, please: 1) respond to each applicable question, 2) attach a copy of documents requested and label them to correspond with the number of the question, and 3) provide comments/explanations.

While section "A. General Information" can be completed by the executive officer of your organization, we recommend that sections "B. Funds Management" and "C. Internal Controls" be completed by your fiscal or accounting officer.

A. GENERAL INFORMATION

1. Has your organization received a federal grant or cost-type contract award in the last 2 years? YES NO
If "Yes," please identify your federal cognizant/oversight agency:

Federal Agency: _____

Name of Contact: _____

Telephone: _____

If "Yes," please attach a schedule showing the total federal dollars awarded to your organization by granting agency for each of the two most recently completed fiscal years.

Answer No. 2 if your organization has ever received funding from the Corporation for National and Community Service.

2. Describe how your organization has received Corporation funding:
Directly from the Corporation? YES NO
If "Yes," specify grant number[s]: _____
Indirectly through a state commission, nonprofit organization, or university? YES NO
If "Yes," specify grant number[s]: _____
3. Has your organization been audited by a Certified Public Accountant firm within the past two years? YES NO
If "Yes," please attach a copy of the most recent audit.
4. Has your organization completed an OMB A-133 audit within the past two years? YES NO N/A
If "Yes," please attach a copy of most recent A-133 audit.
If "No," is one currently underway or scheduled? YES NO
Provide scheduled completion date: _____
5. Is your organization incorporated as a nonprofit? YES NO
In what state? _____
Specify 501©3 Status _____
Please attach a copy of the most recently filed IRS Form 990.
6. Does your organization plan to use existing staff to manage the AmeriCorps program? YES NO
If so, provide name and title: _____
7. Do your agency personnel files have up-to-date and current Position Descriptions? YES NO
Please attach a sample.
8. Does our agency have a high turnover in sensitive management positions? YES NO

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9. Does your agency provide personnel with appropriate supervision, including periodic performance reviews? **If so, please provide a copy of the form.** YES NO
10. Does your agency check background and reference for new accounting personnel? YES NO
11. Does your agency's accounting personnel have the background, education, and experience appropriate for their duties? YES NO
12. Does your agency have written policies that communicate to employees acceptable business and conduct policies on conflicts of interest, etc.? **If so, please attach a copy.** YES NO
13. Does your agency maintain individual personnel files? YES NO
14. Does your agency have an organizational chart? **Please attach a copy.** YES NO
15. Who is the chair of your Board of Directors? _____
(Please provide a complete list of your board members.)
16. Does your agency maintain documentation of eligibility to work (I-9) for every employee? YES NO
17. Does your agency maintain a personnel policy manual? YES NO
If so, attach a copy of the policy.
How often is it updated and reviewed? _____
18. Does your agency have a local recruitment plan that encourages diversity? **If so, attach a copy.** YES NO
19. Does your Board of Directors have an audit committee? YES NO
20. Does the Audit Committee have defined duties and responsibility that are documented in a Board of Director's resolution or elsewhere? YES NO
21. Does the Board of Directors approve the appointment of the auditors? YES NO
22. Is there evidence in the minutes that the Board of Directors or designated committee approved the operating budget? YES NO
23. Does your organization have established, written policies relating to the following areas?
a. Accounting Practices YES NO
b. Management Controls YES NO
c. Personnel Policies YES NO
d. Salary Scales YES NO
e. Employee/Fringe Benefits YES NO
f. Travel reimbursement YES NO
g. Procurement YES NO
h. Other _____ YES NO
24. Does any of the above policies conflict with regulations regarding the AmeriCorps grant or AmeriCorps members? YES NO

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C. INTERNAL CONTROLS

1. Are the duties of the accountant/bookkeeper/record keeper separate from cash functions (receipt or payment of cash)? YES NO
2. Are checks signed by individual[s] whose duties exclude recording cash received, approving vouchers for payment and the preparation of payroll? YES NO
3. Are accounting entries supported by appropriate documentation? YES NO
4. Are cash or in-kind matching funds supported by appropriate documentation? YES NO
5. Does your accounting system allow for the recording of "in-kind" contributions? YES NO
6. Does your accounting system allow for cash basis reporting? YES NO
7. Are employee activity reports, i.e., timesheets, distributions, or semi-annual certifications, appropriately signed by the employee and by a responsible supervisory official having first-hand knowledge of the activities performed by the employee? YES NO
8. Are employees who handle funds bonded against loss by reasons of fraud or dishonesty? YES NO

Preparer's Comments/Explanations:

The total number of attachments _____ including:

- Audit[s]
- Schedule of Federal Funds
- IRS Form 990, if Nonprofit
- Records Retention Policy
- Policies & Procedures
- 501©3 Status
- Chart of Accounts

Please attach **numbered** sheets as necessary.

PREPARER CERTIFICATION:

By my signature I certify that the above information is complete and correct to the best of my knowledge.

SIGNATURE OF

PRIMARY PREPARER: _____

NAME(S) OF PREPARER(S): _____

DATE: _____

TITLE(S) OF PREPARER(S): _____

TELEPHONE: _____

FAX: _____

E-MAIL: _____

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FOR INTERNAL USE ONLY at the Missouri Community Service Commission

REVIEWED BY: _____ DATE: _____

COMMENTS: