

**MISSOURI COMMUNITY SERVICE COMMISSION
AMERICORPS PROGRAM SITE VISIT SELF-EVALUATION**



Name of Site:	
Date Site Visit Self-Evaluation Completed:	
Site Visit Self-Evaluation Performed by:	Name: Title:

The Missouri Community Service Commission (MCSC) conducts site visits of its sub-grantees (programs) to ensure compliance with AmeriCorps Provisions and regulations and to evaluate the quality of the services provided to the community and the AmeriCorps Members. The site visits allow the MCSC to review and evaluate Grantee records, accomplishments, organizational procedures and financial control systems; to conduct interviews; and to provide technical assistance as necessary.

The AmeriCorps Provisions are binding on the Grantee. By accepting funds under this Grant, the Grantee agreed to comply with the AmeriCorps Provisions, all applicable federal statutes, regulations and guidelines, and any amendments thereto. The Grantee agreed to operate the funded Program in accordance with the approved Grant application and budget, supporting documents, and other representations made in support of the approved Grant application. The Grantee agreed to include in all subgrants the applicable terms and conditions contained in this award.

For the purposes of these Provisions, AmeriCorps refers to AmeriCorps*State, AmeriCorps*National and AmeriCorps*Tribes and Territories Programs only. All applicable Provisions of the Grant including regulations and OMB circulars that are incorporated by reference shall apply to any Grantee, sub-grantee, other organization carrying out activities under this award.

Please answer and comment on the following questions before the date of the site visit. Attach any documentation requested.

AFFILIATION WITH THE AMERICORPS NATIONAL SERVICE NETWORK	
Is the organization clearly identified to the public as an AmeriCorps program? (signage) Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are program participants clearly identified as AmeriCorps Members? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do all Members own service gear? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are Members encouraged to wear service gear at AmeriCorps events and other times consistent with AmeriCorps guidelines? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the program use the AmeriCorps name and logo on service gear and public materials? Comments: <i>Attach copies of stationary, application forms, recruitment brochures, orientation materials, member curriculum, signs (if feasible), press releases and publications created by AmeriCorps members.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the program, within reasonable limits, arrange for Members to participate in AmeriCorps events and activities sponsored by the Corporation such as national service days? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the program use or display the AmeriCorps name or logo in connection with any of the prohibited activities listed below:	
Attempting to influence legislation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Organizing or engaging in protests, petitions, boycotts, or strikes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Assisting, promoting or deterring union organizing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Impairing existing contracts for services or collective bargaining agreements	<input type="checkbox"/> Yes <input type="checkbox"/> No
Engaging in partisan political activities, or other activities designed to influence the outcome of an election to any public office	<input type="checkbox"/> Yes <input type="checkbox"/> No
Participating in, or endorsing, events or activities that are likely to include advocacy for or against political parties, political platforms, political candidates, proposed legislation, or elected officials	<input type="checkbox"/> Yes <input type="checkbox"/> No
Engaging in religious instruction, conducting worship services, providing instruction as part of a program that includes mandatory religious instruction or worship, constructing or operating facilities devoted to religious instruction or worship, maintaining facilities primarily or inherently devoted to religious instruction or worship, or engaging in any form of religious proselytization	<input type="checkbox"/> Yes <input type="checkbox"/> No
Providing a direct benefit to: (i) A for-profit entity; (ii) A labor union; (iii) A partisan political organization; (iv) An organization engaged in the religious activities described in the preceding sub clause, unless Grant funds are not used to support the religious activities; or (v) A nonprofit entity that fails to comply with the restrictions contained in section 501 (c)(3) of U.S. Code Title 26	<input type="checkbox"/> Yes <input type="checkbox"/> No
Engaging in voter registration drives or activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	
MEMBER RECRUITMENT, SELECTION AND EXIT	
Has the program sought to recruit Members from the community in which the project is conducted, as well as Members of diverse races, ethnicities, genders, ages, socioeconomic backgrounds, education levels, and mental and physical capabilities, unless and to the extent that the approved program design requires emphasizing the recruitment of staff and Members who share a specific characteristic or background? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the program select as Members only those individuals who are eligible to enroll in AmeriCorps? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the program assign Members to projects appropriate to their skills? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you enter into eGrants and OnCorps within 30 days of a member's selection for, completion of, suspension from, or release from, a term of service?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments:	
Do you enter into eGrants and OnCorps within 30 days when a Member's status is changed (i.e. from full-time to less than full-time or vice versa)? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
MEMBER SUPERVISION, TRAINING, AND SUPPORT	
Does the program conduct an orientation for Members and comply with any pre-service orientation or trainings required by the Corporation for National and Community Service? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Attach an orientation agenda and a copy of sign-in sheets.</i>	
Does the program require Members to sign a Member contract prior to orientation, trainings or performing any kind of service activity? If no, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Note: The Corporation requires that Members sign a member contract before commencement of any service activity.</i>	
Has the program provided First Aid/CPR training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the program provided citizenship training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the program provided disaster response training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the program provide Members with training, skills, knowledge and supervision necessary to perform primary service activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the program provide Members with adequate supervision by qualified supervisors in accordance with the approved application? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have there been any challenges in supervision of Members at service sites? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any Members perform employee's duties or did any Members replace an employee of your organization? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
How do you ensure that Members are treated like Members rather than employees?	
Does the program ensure that each Member has sufficient opportunity to complete the required number of hours of service to qualify for his or her education award? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are members kept up-to-date on their progress towards completion of their hours? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
At this time, do you feel that all Members will finish on time? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is being done to assist members who may have trouble completing their hours?	
Do any Members' service activities include any of the following:	
Raising funds for his or her living allowance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Raising funds for an organization's operating expenses or endowment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Writing grant applications for AmeriCorps funding or for any other funding provided by the Corporation for National and Community Service	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	
How do you encourage, but NOT require, all eligible Members to register to vote?	
Does the program allow Members to serve on a jury without being penalized for doing so? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Has a Member ever been seriously injured during service hours? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Note: In case of injury, the program must report serious injury to the appropriate Corporation Program Officer immediately.	
What procedures does the project have in place to deal with serious injuries or illnesses (making up missed hours, suspension from the program, etc.)?	
MEMBER RECORDS AND CONFIDENTIALITY	
Does the program ensure that records are maintained sufficient to establish that each member was eligible to participate and that the member successfully completed all requirements? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the program make and retain copies of the actual documents used to confirm age or citizenship eligibility requirements, such as driver's license, or birth certificate? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Note: The Corporation does not require programs to make and retain copies of the actual documents used to confirm age or citizenship eligibility requirements as long as the grantee has a consistent practice of identifying the documents that were reviewed and maintaining a record of the review.	
Does the program obtain from the Member, and maintain in the Member's file, a copy of the Member's high school diploma, its equivalent, a written declaration under penalty of law that the member meets the requirements of these provisions relating to high school education, or a copy of the supporting independent evaluation if a member has been determined to be incapable of obtaining a high school diploma? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the program obtain prior written consent of all members before using their names, photographs and other identifying information for publicity, promotional or other purposes? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the program perform a National Service Criminal History Check (State Criminal History Check and National Sex Offender Public Registry) on its members who are 17 years or older? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Note: The Corporation requires programs to document in writing that (1) the applicant's identity was verified by examining the applicant's government-issued photo identification card and (2) that the required criminal history checks were conducted.	
Are the following documents maintained in a separate, locked, secure file?	
A copy of a Member's criminal record check that is not "clean".	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any document (medical records, correspondence, etc.) that gives information about medical history or conditions of a member.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any correspondence to the program from the Member or other official that refers to an item confidential in nature such as medical information or criminal record checks.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	
Does the program conduct and keep a record of midterm or end-of-term written evaluations of the Members performance reviews focusing on whether the Member completed the required number of hours, whether the Member has satisfactorily completed assignments; and whether the Member has met other performance criteria that were clearly communicated at the beginning of the term of service? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the program have a Member manual? If so, please provide a copy.	<input type="checkbox"/> Yes <input type="checkbox"/> No
LIVING ALLOWANCES, OTHER IN-SERVICE BENEFITS, AND TAXES	
Does the program pay the living allowance in regular increments, such as weekly or bi-weekly? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have payments ever fluctuated based on the number of hours served in a particular time period? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the program have adequate general liability coverage for the organization, employees and Members, including coverage of Members engaged in on- and off-site project activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments: Attach supporting documentation.	
Does the program pay FICA for its Members or have a ruling from the Social Security Administration or the IRS specifically exempting its AmeriCorps Members from FICA requirements? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Note: Unemployment Insurance is not required because no employer-employee relationship exists.	
Does the program withhold Federal personal income taxes from Member living allowances? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did each Member complete a W-4 form at the beginning of service? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the program provide Worker's Compensation for its Members? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the program is not required to provide Worker's Compensation, does the program have Occupational Accidental Death and Dismemberment Insurance for its Members? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the program provide health care policies for its full-time Members not otherwise covered by a health care policy? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Attach documentation on the health care coverage and include what benefits it provides.	
If Members do not elect health care coverage, do they complete a waiver stating this? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is childcare made available to full-time Members who need such assistance in order to participate in AmeriCorps? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Note: Members are not allowed to receive childcare from AmeriCorps while receiving childcare from other sources for the same period of AmeriCorps Service.	
Does the program notify the Corporation's designated agents immediately in writing when a Member's status changes, such that it would affect eligibility for childcare or healthcare? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
LEVEL OF PARTICIPATION, RELEASE FROM PARTICIPATION AND MINOR DISCIPLINARY ACTIONS	
What is the number of Members agreed upon in the application? _____ Full-time _____ Half-time _____ Reduced Half-time _____ Quarter-time _____ Minimum-time What is the current number of enrolled Members in the program? _____ Full-time _____ Half-time _____ Reduced Half-time _____ Quarter-time _____ Minimum-time Please explain any differences:	
Have any Members been released for cause? If yes, what was the reason(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have any Members been released for compelling circumstances? If yes, what was the reason(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have any Members been temporarily suspended? If yes, what was the reason(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you imposed a fine on a member for disciplinary reasons? If yes, what was the reason(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

GENERAL PROGRAM QUESTIONS

What is the role of the project in the agency's overall structure?

What is the purpose/goals of your program?

How often do you communicate with your sponsoring agency?

What appears to be the overall strength of this program?

What appears to be the overall challenge facing this program?

What makes the program creative or innovative?

Do you feel that this program has made a difference in your community?
Comments:

Yes

How would you rate the esprit de corps of your Members?
Comments:

1 2 3 4 5
poor excellent

PROGRAM SUCCESS MEASURES

Do you feel that this program has made a difference in your community?
Comments:

Yes No

Do you know the purposes/goals of your program?
Comments:

Yes No

Have you been successful in accomplishing your goals?
Comments:

Yes No

Do you feel that these services would be available without CNS funds?
Comments:

Yes No

If these funds were to diminish or completely dissolve, could your program sustain itself?
Comments:

Yes No

Do you have baseline data to show that you have been successful or not successful?
Comments:

Yes No

Provide copies of baseline data if available.

What indicators/data collection tools do you use to measure your progress toward your performance measures?
Comments:

TRAINING AND TECHNICAL ASSISTANCE

Does program staff need any training or technical assistance needs?
Comments:

Yes No

Is there anything about Member documentation requirements that are confusing to you?
Comments:

Yes No

Is there anything that the MCSC could do better or differently to support you in meeting your Member documentation requirements?
Comments:

Yes No

Does program staff have any questions about member management (hours, training, support)?
Comments:

Yes No

RECORDS RETENTION

The program must retain and make available all financial records, supporting documentation, statistical records, evaluation and program performance data, member information and personnel records, for 3 years from the date of the submission of the final AmeriCorps Financial Report (AFR). If an audit is started prior to the expiration of the 3-year period, the records must be retained until the audit findings involving the records have been resolved and final action taken.

Please attach a copy of your records retention policy.

CERTIFICATION OF PROGRAM DIRECTOR

I certify that the above information is true to the best of my knowledge.

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Signature

Title

Date

FISCAL OFFICER SELF-EVALUATION

The purpose of this section is to obtain an understanding of the program's fiscal systems, policies and procedures. Based upon past fiscal performance all or some of the following questions will be asked of the program's fiscal officer to determine **HOW** each item is completed, **WHO** is responsible for completion, **WHO** is involved in the transaction and **WHY** the system works best for the organization.

GENERAL FISCAL QUESTIONS		
How does the program track expenditures for AmeriCorps program separately from other expenditures?		
How does the program track match to ensure match is not used for another program?		
Are equipment purchases in compliance with the budget narrative or has written approval been received from the Commission? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
How does the program track cash and in-kind match (in-kind vouchers, invoices, etc.)?		
Is signature authority on purchases and checks shared between several employees? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the program reconcile monthly bank (account) statements? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
How does the program compare expenditures with budget?		
How often do Members receive their living allowance?		
Is the living allowance paid in the same amount each pay period? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any aspects of fiscal management that are confusing to you? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you need more information or support to comply in this area? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there anything else that the MCSC could do better or differently to support you regarding fiscal management and meeting reporting requirements? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there A-133 audit findings related to the AmeriCorps program? If yes, has the organization resolved the issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please provide a copy of your most recent audit		
CERTIFICATION OF PROGRAM FISCAL OFFICER		
I certify that the above information is true to the best of my knowledge.		
Signature	Title	Date