



Index Code	Assessment Category	Question	Response Circle one response and/or provide information
A 1	General Management	Does your agency measure progress against written annual goals and objectives? If so, attach a copy of objectives for this fiscal year marked as Exhibit 1-1. If no explain why	Yes: Attached No
A 1	General Management	If your agency measures progress against written objectives, how often are these measurements assessed?	How often _____
A 1	General Management	Does the Executive Director actively participate in the daily operation of the business? If no explain why	Yes No
A 16	Organization	Do your agency personnel files have up-to-date and current Position Descriptions? If so, please attach all position descriptions for individuals contributing to the AmeriCorps Grant as Exhibit 16-2, 16-2a, etc. If no explain why	Yes: Attached No
A 16	Organization	Does your agency have a high turnover in senior management positions?	Yes No
A 16	Organization	Does your agency check background and references for new accounting personnel? If no explain why	Yes No
A 16	Organization	Do your agency's accounting personnel have an accounting background, education, and experience appropriate for their duties? Attach the resume for all of your financial personnel as Exhibit 16-3. If no explain why	Yes: Attached No
A 16	Organization	Does your agency have written policies that communicate to employees agency wide acceptable business and conduct policies on conflicts of interest, etc.? If so, attach a copy marked as Exhibit 16-4 or if available on-line provide the web address. If no explain why	Yes: Attached No
A 16	Organization	Does your agency have an organization chart? If so, attach a copy marked as Exhibit 16-1. If no explain why	Yes: Attached No
A 16	Organization	Does your agency maintain a personnel policy manual? Attach a copy marked as Exhibit 16-5. If no explain why	Yes: Attached No
	Organization	If your agency maintains a personnel policy manual, how	Yes: How often

A 16		often is it reviewed and updated?	No
17	Board of Directors	Who is the Chair of your Board of Directors? Please also provide a listing of Board members, attach marked Exhibit 17-1.	Attached
A 17	Board of Directors	Does your Board of Directors have an Audit Committee? If no explain why	Yes No
A 17	Board of Directors	Does the Audit Committee have defined duties and responsibilities that are documented in a Board of Director's resolution or elsewhere? If yes, attach a copy marked Exhibit 17-2. If no explain why	Yes: Attached No
A 17	Board of Directors	Does the Board of Directors approve the appointment of the auditors? If no explain why	Yes No
A 17	Board of Directors	Is there evidence in the minutes that the Board of Directors or designated committee approved the operating budget and reviewed financial statements? If no explain why	Yes No
A 18	Insurance	Does your agency have sufficient liability insurance to protect the organization, employees and Members engaged in both on and off-site project activities? If so please provide a Confirmation of Coverage. If no explain why	Yes : Attached No
A 18	Insurance	Does your agency periodically review insurance coverage to determine adequacy? If yes, who does this review? If no explain why	Yes: Name _____ Title: _____ Affiliation: _____ No
B 2	Financial Systems	Does your Executive Director and Program Staff receive financial statements by program and grant on a regular basis? Attach the most recent quarter of the fiscal year marked as Exhibit 2-1. If no explain why	Yes: Attached No
B 2	Financial Systems	If yes, how often are financial statements provided to the Executive Director?	Frequency _____
B 2	Financial Systems	If your agency maintains an accounting policy manual, how often is the manual updated? Please provide a copy marked as Exhibit 2-2. If no explain why	Yes: Attached Frequency _____
B 2	Financial Systems	Does your agency have regular reviews of variances, expenses, objectives, and programs? Attach a copy of your most recent financial statement of budget vs. actual for each grant as Exhibit 2-3	Yes No
B 3	Financial Responsibility	Is there written documentation governing separation of financial responsibilities? If so, attach a copy marked as Exhibit3-1.	Yes: Attached No
	Financial	Who in your agency opens and initials the bank	Name _____



B	3	Responsibility	statements?	Title_____
				Frequency_____
B	3	Financial Responsibility	Who reconciles the bank statement?	Name_____
				Title_____
				Frequency_____
B	3	Financial Responsibility	Who reviews the bank reconciliation?	Name_____
				Title_____
				Frequency_____
B	3	Financial Responsibility	Does your agency have difficulty meeting financial obligations? If yes explain why	Yes
				No
B	3	Financial Responsibility	Does your agency bond employees who handle cash and securities? If so, attach a copy of the bonding policy marked as Exhibit 3-2.	Yes: Attached
				No
B	4	General Ledger	Does your agency maintain financial reports that lead clearly back to ledgers and source documents? What type of Accounting System do you have?	Yes
				No
				Acct System_____
B	4	General Ledger	Attach a copy of your organization's Chart of Accounts by segment marked as Exhibit 4-1.	Yes: Attached
B	4	General Ledger	Does your agency post to and balance a general ledger? If no explain why	Yes
				No
B	4	General Ledger	Does your agency maintain a formal journal and post journal entries? If no explain why	Yes
				No
B	4	General Ledger	Does your agency prepare and balance a detailed depreciation schedule to the general ledger? If no explain why	Yes
				No
B	4	General Ledger	Does your agency document and track in-kind and cash match to grant awards on a monthly basis? Attach an example marked as Exhibit 4-2. If no explain why	Yes: Attached
				No
B	5	Cash	Does your agency have petty cash system in use? If so what is the balance that is maintained?	Yes
				No
B	5	Cash	Does your agency have a written petty cash disbursement policy? If so, attach a copy, marked as Exhibit 5-1. If no explain why	Yes: Attached
				No
B	5	Cash	Does your agency have someone independent of the accounts receivable bookkeeper prepare the deposit slip for	Yes
				No

		the bank? If no explain why	
B 5	Cash	Who in your agency prepares checks? State person's name.	Name _____ Title _____
B 5	Cash	Who in your agency reviews documentation supporting disbursements?	Name _____ Title _____
B 6	Accounts Receivable	Does your agency have a written Accounts Receivable policy? If so, attach a copy marked as Exhibit 6-1. If no explain why	Yes: Attached No
B 6	Accounts Receivable	Does someone other than the Preparer check the clerical accuracy of invoices?	Name _____ Title _____
B 6	Accounts Receivable	Does your agency send monthly statements to those who owe the agency money?	Yes No
B 7	Fixed Assets	Does your agency have a written capitalization policy? If so, attach a copy marked as Exhibit 7-1.	Yes: Attached No
B 7	Fixed Assets	Does your agency insure, maintain, and keep track of the program property via property tag with identifying numbers? If no explain why	Yes No
B 7	Fixed Assets	Does your agency obtain prior written approval for the purchase or lease of equipment with either an acquisition cost of \$500 or useful life of one or more years? If no explain why	Yes No
B 7	Fixed Assets	Who in your agency is authorized to purchase fixed assets?	Name _____ Title _____
B 7	Fixed Assets	Does your agency conduct a fixed asset inventory once a year? Attach a copy and label as Exhibit 7-2 If no explain why	Yes No
B 7	Fixed Assets	Does your agency maintain perpetual fixed asset records?	Yes No
B 7	Fixed Assets	If your agency has one person responsible for the fixed asset inventory, who is that person?	Name _____ Title _____
B 8	Accounts Payable	Does your agency have a written Accounts Payable policy? If so, attach a copy marked as Exhibit 8-1. If no explain why	Yes: Attached No
B 8	Accounts Payable	Who in your agency is authorized to sign checks?	Name _____ Title _____
B 8	Accounts Payable	How many signatures are required on a non-payroll check?	Number _____
B 8	Accounts Payable	Does your agency have signatory limits? If so, what are the amounts? If no explain why	Amounts _____
B 8	Accounts Payable	If checks over some amount require multiple signatures, what is that amount? If no explain why	Amount _____
	Accounts	Does your agency cancel vendor invoices when checks are	Yes



B 8	Payable	signed? If no explain why	No
B 8	Accounts Payable	Does your agency record checks in the disbursement journal as prepared? If no explain why	Yes No
B 8	Accounts Payable	Does your agency use pre-numbered checks? If no explain why	Yes No
B 8	Accounts Payable	Does your agency separately file unpaid vendor invoices from paid invoices? If no explain why	Yes No
B 8	Accounts Payable	Does anyone other than the Accounts Payable person periodically review accounts payable? If no explain why	Yes No
B 8	Accounts Payable	Does your agency make all payments (other than from petty cash) by check? If no explain why	Yes No
B 9	Loans - Debt	Does your agency have a written loan/debt policy? If so, attach a copy marked as Exhibit 9-1. If no explain why	Yes: Attached No
B 9	Loans - Debt	Who in your agency is authorized to initiate borrowings?	Name _____ Title _____
B 9	Loans - Debt	Does your agency specifically mention, in the Board minutes, banks or other creditors from which the funds may be borrowed? If no explain why	Yes: Which funds _____ No
B 10	Internal Control	Does your agency have a written Internal Control policy? If so, attach a copy marked as Exhibit 10-1. If no explain why	Yes: Attached No
B 10	Internal Control	Does your agency require all employees in a position of trust to take vacations? If no explain why	Yes No
B 10	Internal Control	Does your agency maintain and make available to all personnel current copies of Federal and State Regulations? If no explain why	Yes No
B 12	Payroll	Does your agency make payroll disbursements from a bank account restricted to that purpose? If no explain why	Yes No
	Payroll	Does your agency prepare and balance a payroll journal?	Yes

B 12		If no explain why	No
B 12	Payroll	Does your agency use a payroll service to prepare payroll? Attach a copy of the Payroll Service Agreement marked as Exhibit 12-3.	Yes: Attached No
B 12	Payroll	Are payroll taxes remitted promptly? If no explain why	Yes No
B 12	Payroll	Are your payroll checks pre-numbered? If no explain why	Yes No
B 13	Purchasing	Does your agency have written procurement policy? If so, attach a copy marked as Exhibit 13-1. If no explain why	Yes: Attached No
B 13	Purchasing	Does your agency evaluate contractor performance (including sub-grantees) to ensure they have met the terms, conditions and specifications of the contract? If no explain why	Yes No
B 13	Purchasing	Does your agency have responsible persons approve receipts of goods before vouchers are submitted for payment? If no explain why	Yes No
B 13	Purchasing	What policies are in place to approve purchases over a certain limit? Attach a copy of the policy marked Exhibit 13-2 If no explain why	Yes: Attached No
B 14	Travel	Does the organization have formal, written travel policies? Please attach marked as Exhibit 14-1.	Yes: Attached No
B 14	Travel	Are there adequate controls to account for advances and reimbursements for travel expenses made to employees?	Yes No
B 14	Travel	For out-of-town travel, do employees prepare trip reports documenting the reasons and/or the results of the trip?	Yes No
B 20	Cost Allocation	Does your agency have a written cost allocation policy? If so, attach a copy marked as Exhibit 20-1.	Yes: Attached No
B 20	Cost Allocation	Does your agency ensure that costs incurred by the organization are documented and segregated as allowable or non-allowable for government funding purposes?	Yes No
B 20	Cost Allocation	Does your agency keep individual time distribution records for programs allocating an employee's salary between this grant and another funding source?	Yes No
B 20	Cost Allocation	Do your agency's cost allocations tie to the general ledger?	Yes No



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Is there anything else you think Volunteer Florida should know about your financial procedures in order to properly support you?

CERTIFICATION:

The information disclosed in this assessment is true and accurate to the best of my knowledge and belief.

Signature

Name (Print or Type)

Title

Date

As a beginning, please provide the following general information about your agency:

Agency Name: _____

Program Name: _____

Address: _____

Telephone No: _____ Fax No: _____

E-mail Address: _____

Executive Director: _____

Fiscal Contact: _____

Preparer of Questionnaire Responses: _____

Date Prepared: _____

General Agency Information:

Year Incorporated: _____

Number of Years Receiving AmeriCorps Funds: _____

Number of Years Receiving Other Federal Funds: _____

Number of Employees: Full-time: _____ Part-Time: _____

Intern: _____ Volunteer: _____

Members: _____

Current Annual Revenues: _____

Amount by Source: AmeriCorps - Federal Funds: _____

State Funds: _____

Other Federal Funds: _____

Other State Funds: _____

Private Funds: _____

In-kind Donations: _____