



AMERICORPS PROGRAM REVIEW INSTRUMENT

Module A: Reporting and Communications Compliance

| Program Information | | | | |
|--|--------------------|--------------|------------|-----------------------------|
| Program Name: | Grant Cycle Dates: | | | |
| | Grant Type: | | | |
| Date(s) of Monitoring Visit: | Program Year: | | | |
| Name(s) of Program Staff Interviewed: | | | | |
| Program Monitoring Officer: | | | | |
| Member Slots <i>Complete this section using the current Member Roster in eGRANTS.</i> | | | | |
| How many slots were granted to this program? | Total Slots | Filled Slots | Open Slots | Comments and Justifications |
| Full Time | | | | |
| Reduced Full Time | | | | |
| Half Time | | | | |
| Reduced Half Time | | | | |
| Quarter Time | | | | |
| Minimum Time | | | | |
| TOTAL MEMBERS: | | | | |
| AVERAGE ENROLLMENT RATE: | | | | |
| How many earned an Ed Award? | | | | |
| How many did not earn an Ed Award? | | | | |
| How many are currently earning an Ed Award? | | | | |

***Items marked as "N" for "No" require a comment and justification of the information in the far right column by the Program Monitoring Officer.**

| | Yes | No | N/A | Comments and Justifications |
|--|-----|----|-----|-----------------------------|
| Member Enrollment <i>Complete this section using the Enrollment Approval Cycle Time report in eGRANTS.</i> | | | | |
| Were all Members enrolled in the Portal on the start date? What was the: Lowest days until approved: _____ Highest days until approved: _____ | | | | |
| Were any <u>Full Time Members</u> enrolled after October 31 st ? If so, was prior approval requested and approved? | | | | |
| Does the Program have member commitment waiting to be entered into the Portal? If Yes, how many? _____ | | | | |
| Were all Members assigned to a site in the Portal within 30 days? | | | | |
| Member Change of Status <i>Complete this section during pre-site visit monitoring</i> | | | | |
| Did the Program have any change of status for Members? If so, was prior approval requested and approved? Member Name: _____ Member Name: _____ | | | | |
| Was the change of status form entered within 30 days? | | | | |
| Member Early Exits <i>Complete this section using the Member Roster report in eGRANTS.</i> | | | | |
| Did any Members earn a partial award/exit for compelling circumstances? If yes, what are the Member's names? Member Name: _____ Member Name: _____ If yes, were appropriate reasons listed on the Early Exit Form and documented in the Member File? | | | | |
| End of Term <i>Complete this section using the Exit Approval Cycle Time report in eGRANTS.</i> | | | | |
| Were End of Term Forms approved within 30 days of exiting the Member? | | | | |
| How many End of Term Forms were checked? | | | | |
| Number approved within 30 days of completion date? | | | | |
| Number not approved within 30 days of completion date? | | | | |

***Items marked as "N" for "No" require a comment and justification of the information in the far right column by the Program Monitoring Officer.**

| Other Program Requirements | | | | | |
|--|-----|----|-----------------|-----|----|
| Did the Program participate in the following : | | | | | |
| Monthly Program Calls (Mandatory) | | | | | |
| Month/Year | Yes | No | Month/Year | Yes | No |
| August, 2020 | | | May, 2021 | | |
| September, 2020 | | | June, 2021 | | |
| October, 2020 | | | July, 2021 | | |
| November, 2020 | | | August, 2021 | | |
| December, 2020 | | | September, 2021 | | |
| January, 2021 | | | October, 2021 | | |
| February, 2021 | | | November, 2021 | | |
| March, 2021 | | | December, 2021 | | |
| April, 2021 | | | January, 2022 | | |

| Days of Service | Yes | No | N/A | Comments and Justifications |
|---|-----|----|-----|-----------------------------|
| Did the Program participate in the following : | | | | |
| National Service Opening Day (Mandatory) | | | | |
| Veterans Day Service Project (Mandatory) | | | | |
| MLK Day Service Project (Mandatory) | | | | |
| AmeriCorps Week Service Project (Mandatory) | | | | |
| Program Director Training (Mandatory) | | | | |
| Regional Conference Cluster Training (Optional) | | | | |

*Items marked as "N" for "No" require a comment and justification of the information in the far right column by the Program Monitoring Officer.

| AmeriCorps Progress Reporting Dates <i>Complete this section by reviewing reporting dates in EGrAMS.</i> | | | | | |
|---|---|-----------------------|-------------|----------------|------------------------------------|
| | Due Date | Date Submitted | Late | Missing | Comments and Justifications |
| Progress Report Submissions | TBD, 2021 | | | | |
| Progress Report Information Summary | | | Yes | No | Comments and Justifications |
| Were all Progress Reports submitted by the due date? | | | | | |
| Do all Progress Reports provide required information? | | | | | |
| Program Objectives (Performance Measures) | | | | | |
| Do they have procedures that tracks progress & shows achievement toward Program objectives? | | | | | |
| Does they produce reports that accurately capture Program accomplishments? | | | | | |
| Commission Approval | | | | | |
| Do they obtain written approval of program changes from their SIC Program Officer when required? | | | | | |
| Has program completed the following required trainings? | | | Yes | No | Comments and Justifications |
| 1 | Annual CNCS Fiscal eCourse | | | | |
| 2 | Annual CNCS National Service Criminal History Check (NSCHC) eCourse | | | | |

Notes:

Program Monitoring Officer: _____

Date: _____

***Items marked as "N" for "No" require a comment and justification of the information in the far right column by the Program Monitoring Officer.**

MODULE B: Fiscal Compliance

Make certain the Program has documentation for the items listed.

Program:

Date:

AmeriCorps Reporting Dates *Complete this section by reviewing reporting dates in EGrAMS.*

| | Due Date | Date Submitted | Late | Missing | Comments and Justifications |
|--|------------|----------------|------------|-----------|------------------------------------|
| Reimbursement Reports Submissions | 8/20/2020 | | | | |
| | 9/18/2020 | | | | |
| | 10/20/2020 | | | | |
| | 11/20/2020 | | | | |
| | 12/18/2020 | | | | |
| | 1/20/2021 | | | | |
| | 2/19/2021 | | | | |
| | 3/19/2021 | | | | |
| | 4/20/2021 | | | | |
| | 5/20/2021 | | | | |
| | 6/18/2021 | | | | |
| | 7/20/2021 | | | | |
| | 8/20/2021 | | | | |
| | 9/20/2021 | | | | |
| | 10/20/2021 | | | | |
| | 11/19/2021 | | | | |
| 12/20/2021 | | | | | |
| 1/20/2022 | | | | | |
| Reimbursement Information Summary | | | Yes | No | Comments and Justifications |
| Were all Reimbursements submitted by due date? | | | | | |
| Were all Reimbursements accurate? | | | | | |
| Do all Reimbursements meet match requirements? | | | | | |

**Items marked as "N" for "No" require a comment and justification of the information in the far right column by the Program Monitoring Officer.*

| | | Y | *N | NA | Additional Info | Comments and "N" justification |
|----|--|---|----|----|-----------------|--------------------------------|
| 1 | Does the Program have signed staff time and attendance records indicating time spent on various activities, e.g. AmeriCorps grants, other projects, etc.? (Provide Completed Staff Timesheet reference) | | | | | |
| 2 | Does the Program obtain SIC prior approval for equipment purchases when required? | | | | | |
| 3 | Does program have a policy in place to require at least 2 signatures for all payments? | | | | | |
| 4 | Does the Program accurately document and track cash matching contributions? | | | | | |
| 5 | Does the Program accurately document and track in-kind matching contributions? | | | | | |
| 6 | Does the Program accurately track and monitor expenditures by budget line item? | | | | | |
| 7 | Does the Program withhold personal income tax from the Member living allowance? (Provide Pay stub) | | | | | |
| 8 | Does the Program withhold FICA from the Member living allowance? (Provide Pay stub) | | | | | |
| 9 | Does the Program have approval for any subcontracts? | | | | | |
| | If yes, provide proof they maintain appropriate documentation of sub grant agreements | | | | | |
| 10 | Does the Program sign and indicate payment on invoices and vouchers? | | | | | |
| 11 | Does the Program have vouchers for in-kind contributions? | | | | | |
| 12 | Does the Program meet matching requirements? | | | | | |
| 13 | Does the Program keep administrative cost charged to the grant within the 5.26% cap? | | | | | |
| 14 | Does the Program obtain written approval from SIC prior to significant budgetary changes that are over 5% of their budget? | | | | | |

***Items marked as "N" for "No" require a comment and justification of the information in the far right column by the Program Monitoring Officer.**

| | | Y | *N | NA | Additional Info | Comments and "N" justification |
|-----------|---|---|----|----|-----------------|--------------------------------|
| 15 | Does the program have receipts and other financial documents to correspond with all expenditures claimed on Section 1 and Section 2 expenditures for the month selected for review: MM/YR: _____ | | | | | |

Notes:

Program Monitoring Officer: _____

Date: _____

***Items marked as "N" for "No" require a comment and justification of the information in the far right column by the Program Monitoring Officer.**

MODULE C: Policy and Procedures Compliance

Make certain the Program has documentation for the items listed.

Program:

Date:

| | | Y | *N | NA | Additional Info | Comments and "N" justification |
|----------|---|---|----|----|-----------------|--------------------------------|
| 1 | Policy & Procedures Manual | | | | | |
| | <i>Does the Program have a Policy & Procedures Manual that is specific to AmeriCorps Members?</i> | | | | | |
| | <i>Is the Policy & Procedures Manual kept where everyone can see it and have access to it?</i> | | | | | |
| 2 | Displacement of Employees | | | | | |
| | <i>Does the Program have a policy that ensures it does not supplant/duplicate services or displace employees? (Union Concurrence)</i> | | | | | |
| 3 | Recruitment Plan | | | | | |
| | <i>Does the Program have a local recruitment plan that encourages diversity?</i> | | | | | |
| | <i>Does the Program have a policy that ensures AmeriCorps Members are selected in a fair and non-discriminatory manner?</i> | | | | | |
| 4 | Orientation | | | | | |
| | <i>Does the Program utilize the mandatory Member Service Agreement for all Members?</i> | | | | | |
| | <i>Does the Program ensure that orientation is designed around the Member Service Agreement and other Programmatic requirements?</i> | | | | | |
| | <i>Does the Program review all Policy & Procedures during Member Orientation?</i> | | | | | |

***Items marked as "N" for "No" require a comment and justification of the information in the far right column by the Program Monitoring Officer.**

| | | Y | *N | NA | Additional Info | Comments and "N" justification |
|----------|---|---|----|----|-----------------|--------------------------------|
| 5 | Ongoing Training | | | | | |
| | <i>Does the Program provide on-going training that ensures Members are adequately skilled to perform their service? (Life after AmeriCorps, Civic Engagement/Reflection), Disability Inclusion)</i> | | | | | |
| | <i>Does the Program ensure that support is provided Members who are completing terms of service and transitioning to other educational career opportunities? (Life after AmeriCorps, etc.)</i> | | | | | |
| 6 | Disability Inclusion | | | | | |
| | <i>Does the Program have a policy in place to provide reasonable accommodations for disabled Members?</i> | | | | | |
| 7 | Prohibited Activities | | | | | |
| | <i>Does the Program have a policy which ensures that Members do not engage in Prohibited Activities?</i> | | | | | |
| 8 | Host Site Agreement | | | | | |
| | <i>Does the Program ensure that each site is aware of the requirements outlined in the Host Site Agreement?</i> | | | | | |
| | <i>Does the Program ensure that Members are primarily engaged in activities as described in the host site agreement?</i> | | | | | |
| 9 | Host Site Supervision | | | | | |
| | <i>Does the Program have a policy which ensures that supervisors are appropriately trained and knowledgeable about AmeriCorps?</i> | | | | | |
| | <i>Are supervisors trained regarding the Prohibited Activities?</i> | | | | | |
| | <i>Are Members provided with appropriate supervision by qualified supervisor in accordance with approved application?</i> | | | | | |

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| | | Y | *N | NA | Additional Info | Comments and "N" justification |
|-----------|--|---|----|----|-----------------|--------------------------------|
| 10 | Tutoring | | | | | |
| | <i>Does the Program meet the qualifications for Members serving as tutors under CFR2522.910 through 2522.940?</i> | | | | | |
| 11 | AmeriCorps Logo/Branding | | | | | |
| | <i>Does the Program ensure that Members are wearing the AmeriCorps logo at all times while serving?</i> | | | | | |
| | <i>Does the Program ensure that they incorporate AmeriCorps signage in their office(s)?</i> | | | | | |
| | <i>Does the Program ensure that AmeriCorps signage is visible at all host sites?</i> | | | | | |
| 12 | Safety | | | | | |
| | <i>Does the Program institute appropriate safety precautions for Members?</i> | | | | | |
| | <i>Does the Program report serious injuries to their Program Officer?</i> | | | | | |
| 13 | Drug Free Workplace Act | | | | | |
| | <i>Does the Program apply service release and resumption policies appropriately in compliance with the Drug Free Workplace Act?</i> | | | | | |
| 14 | Voting | | | | | |
| | <i>Does the Program have a policy that encourages, but does not require, Members to vote and allow Members time to vote with no penalty?</i> | | | | | |
| 15 | Jury Duty | | | | | |
| | <i>Does the Program have a policy that allows Members to serve on a jury with no penalty?</i> | | | | | |
| 16 | Military Service | | | | | |
| | <i>Does the Program have a policy that allows Members to serve in the Armed Forces with no penalty?</i> | | | | | |

*Items marked as "N" for "No" require a comment and justification of the information in the far right column by the Program Monitoring Officer.

| | | Y | *N | NA | Additional Info | Comments and "N" justification |
|-----------|---|---|----|----|-----------------|--------------------------------|
| 17 | Education | | | | | |
| | <i>Does they have a policy that ensures the availability of support services to Members earning a GED during their AmeriCorps service?</i> | | | | | |
| 18 | Program Objectives (Performance Measures) | | | | | |
| | <i>Do they have procedures that tracks progress & shows achievement toward Program objectives?</i> | | | | | |
| | <i>Does they produce reports that accurately capture Program accomplishments?</i> | | | | | |
| 19 | Volunteers | | | | | |
| | <i>Does the Program utilize community volunteers?</i> | | | | | |
| | <i>Does the Program have a tracking system that shows number of volunteers they have utilized?</i> | | | | | |
| 20 | Commission Approval | | | | | |
| | <i>Does they obtain written approval of Program changes from their SIC Program Officer when required?</i> | | | | | |
| 21 | Member Files | | | | | |
| | <i>Member files stored in a secured/locked area?</i> | | | | | |
| 22 | Grievance Procedures | | | | | |
| | <i>Do you have grievance procedures specific to AmeriCorps Members?</i> | | | | | |
| 23 | Enhanced Whistleblower Protection | | | | | |
| | <i>Enhanced Whistleblower Protection included in their Policies and Procedures Manual?</i> | | | | | |
| 24 | State Travel Policy | | | | | |
| | <i>Do Program's travel policies conform to the Illinois Travel Control Board policies?</i> | | | | | |
| 25 | Criminal History Background Checks | | | | | |
| | <i>Does the program have a policy in place that aligns with CNCS and Serve Illinois National Service Criminal History Check procedures?</i> | | | | | |

*Items marked as "N" for "No" require a comment and justification of the information in the far right column by the Program Monitoring Officer.

Notes:

Program Monitoring Officer: _____

Date: _____

***Items marked as "N" for "No" require a comment and justification of the information in the far right column by the Program Monitoring Officer.**

MODULE D: Member Documentation Compliance

Member Files

Review twenty five percent (25%) or ten (10) Member, whichever is GREATER.

Program Monitoring Officer: _____

Start Date: _____

PROGRAM: _____

PROGRAM YEAR: _____

MEMBER NAME: _____

Service Year: _____

| | Are the following items in Member file? | Y | *N | NA | Additional Information | Comments and "N" justification |
|----------|---|---|----|----|------------------------|--------------------------------|
| 1 | Member Files | | | | | |
| | <i>Are Member files stored in secured/locked area or password protected electronically?</i> | | | | | |
| 2 | Member File Checklist | | | | | |
| | <i>Is Member File Checklist present and complete?</i> | | | | | |
| 3 | Member File Coversheet | | | | | |
| | <i>Is Member File Coversheet present and complete?</i> | | | | | |
| 4 | Orientation Checklist | | | | | |
| | <i>Is Orientation Checklist present and complete?</i> | | | | | |
| 5 | Member Application | | | | | |
| | <i>Is Member App. to program present?</i> | | | | Dated: | |
| 6 | Member Enrollment form | | | | | |
| | <i>Member Enrollment Form present? (electronic version from eGrants)</i> | | | | | |
| 7 | Updated "Member Information" page printed from eGrants | | | | | |
| | <i>Is current member Info page present?</i> | | | | Date Printed: | |
| | <i>Is SSN listed as "Verified"?</i> | | | | Date Verified: | |
| | <i>If not, is there documentation additional steps to verify were completed by program</i> | | | | | |

***Items marked as "N" for "No" require a comment and justification of the information in the far right column by the Program Monitoring Officer.**

| | Are the following items in Member file? | Y | *N | NA | Additional Information | Comments and "N" justification |
|-----------|--|---|----|----|--|--------------------------------|
| | <i>Is citizenship listed as "Verified"?</i> | | | | <i>Date Verified:</i> | |
| | <i>If not, is there documentation additional steps to verify were completed by program</i> | | | | | |
| 8 | Photo ID indicating age (only one required – circle which one is present) | | | | | |
| | <i>Driver's License / State ID Citizenship-Naturalization ID / Passport</i> | | | | <i>State: DOB:</i> | |
| 9 | Parental Consent Form | | | | | |
| | <i>Present for members age 17?</i> | | | | | |
| 10 | High School Diploma or equivalency (only one required) | | | | | |
| | <i>Copy of diploma or GED (circle which)</i> | | | | <i>Diploma or GED</i> | |
| | <i>Copy of Certification of Completion (Persons with Disabilities)</i> | | | | | |
| | <i>Self-identity on enrollment form</i> | | | | | |
| | <i>Statement that Member agrees to earn one prior to using Education Award</i> | | | | | |
| 11 | Tax Documents | | | | | |
| | W4 <i>(Only if paying member using CNCS funds)</i> | | | | | |
| 12 | Member Service Agreement includes: | | | | | |
| | <i>II. Date of Birth listed</i> | | | | <i>DOB:</i> | |
| | <i>III. Terms of Service listed</i> | | | | <i>Begin: End:</i> | |
| | <i>III. The minimum service hours required</i> | | | | <i>Hours required:</i> | |
| | <i>IV. All blanks filled in on MSA</i> | | | | | |
| | <i>V-A. Living allowance total and amount of monthly increments</i> | | | | \$ _____ \$ # per month | |
| | <i>V-D. The amount of the Education Award upon successful completion</i> | | | | \$ _____ | |

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| | Are the following items in Member file? | Y | *N | NA | Additional Information | Comments and "N" justification |
|-----------|---|---|----|----|---|--------------------------------|
| | <u>Are the following sections also included</u> <i>Sections: I, IV, V-B, V-C, V-E, V-F, VI, VII-A, VII-B, VII-C, VII-D, VII-E, VII-F, VII-G, VII-H, VII-I, VIII-A, VII-B, IX, X, XI</i> (9 pages) | | | | | |
| | <i>MSA signed & dated by Member</i> | | | | <i>Dated: (must be dated before start date)</i> | |
| | <i>MSA signed & dated by Program Rep</i> | | | | <i>Dated: (must be dated before start date)</i> | |
| 13 | Additional Required forms | | | | | |
| | <i>Position Description</i> | | | | | |
| | <i>Media Consent Form</i> | | | | <i>Dated: (must be dated before start date)</i> | |
| | <i>Documentation of health care enrollment or waiver (only required for FT members)</i> | | | | <i>Dated: (must be dated before start date)</i> | |
| | <i>Documentation of child care enrollment or waiver (only for FT members)</i> | | | | <i>Dated: (must be dated before start date)</i> | |
| 14 | Criminal background check results (Criminal History Checklist) | | | | | |
| | <i>Authorization Form Signed and dated</i> | | | | <i>Dated: (must be dated before start date)</i> | |
| | <i>Initiation date for FBI Background checks?</i> | | | | <i>FBI Initiation Date:</i> | |
| | <i>Initiation date for FBI Background checks on or before start date?</i> | | | | | |
| | <i>Initiation date for IL Background checks?</i> | | | | <i>IL Initiation Date:</i> | |
| | <i>Initiation date for IL Background checks on or before start date?</i> | | | | | |
| | <i>Initiation date of background checks ON or AFTER the date the form is signed?</i> | | | | | |

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| | Are the following items in Member file? | Y | *N | NA | Additional Information | Comments and "N" justification |
|----|---|---|----|----|--|--------------------------------|
| 15 | National Sex Offender search results (prior to enrollment) | | | | | |
| | <i>Was the National Sex Offender search completed on or before the first day?</i> | | | | <i>Dated:</i> | |
| | <i>Was every listing on NSOPW initialed, dated, and statement with reason why cleared listed?</i> | | | | | |
| | <i>Was every state tribal and territory listed as completed on the check?</i> | | | | | |
| | <i>If no, was another check completed daily until all states were cleared?</i> | | | | | |
| | <i>Did program ensure member did NOT serve until all were cleared?</i> | | | | | |
| 16 | Background Checks | | | | | |
| | FBI background check results present? | | | | <i>Completion Date:</i> | |
| | Illinois State Police check results present? | | | | <i>Completion Date:</i> | |
| | <i>Is the state of permanent residence listed on the Member Information form in eGrants outside of Illinois? (N/A if NO)</i> | | | | <i>Home State listed in eGrants:</i> | |
| | <i>Home state background check results? (state listed as permanent address on Member Application, unless member is a full time ENROLLED college student at an Illinois College)</i> | | | | <i>Initiation Date: Completion Date:</i> | |
| | <i>Decision Tree/Memo present for ANY results on either or both of the backgrounds checks? (FBI, State of IL or Additional State Background checks)</i> | | | | | |

***Items marked as "N" for "No" require a comment and justification of the information in the far right column by the Program Monitoring Officer.**

| | Are the following items in Member file? | Y | *N | NA | Additional Information | Comments and "N" justification |
|-----------|--|-------|----|----|--------------------------|--------------------------------|
| 17 | Timesheets | | | | | |
| | <i>Member signature and date</i> | | | | | |
| | <i>Supervisor signature and date</i> | | | | | |
| | <i>Is the timesheet official? (There are no alterations to timesheet after member signed and submitted.)</i> | | | | | |
| | <i>Any alterations after member signed? (required to resubmit timesheet)</i> | | | | | |
| | <i>Are direct service hours separate from and notated as training hours or fundraising hours on all timesheets?</i> | | | | | |
| 18 | Did Member receive direct supervision/accompaniment until either FBI or State of IL background check received and cleared? | | | | | |
| | <i>Date accompaniment should have stopped? (Date first background check report received back – IL or FBI)</i> | Date: | | | | |
| | <i>Is accompaniment documentation listed <u>ON</u> timesheets to include dates accompanied notated, name of staff member accompanying, signature of staff member and date?</i> | | | | | |
| | <i>Was the accompaniment documentation completed before that timesheet was processed for payment?</i> | | | | | |
| | <i>Date accompaniment stopped (as shown on timesheets)?</i> | | | | Dated: | |
| | <i>Did accompaniment stop after ONE of the FBI or IL background checks were received back?</i> | | | | Date first was received: | |
| 19 | Member discipline documentation | | | | | |
| | <i>If the member had discipline, is it included in file?</i> | | | | | |

*Items marked as "N" for "No" require a comment and justification of the information in the far right column by the Program Monitoring Officer.

| | Are the following items in Member file? | Y | *N | NA | Additional Information | Comments and "N" justification |
|-----------|--|---|----|----|------------------------|--------------------------------|
| 20 | Mid-term Evaluation (required for FT or HT Members) | | | | | |
| | <i>When is mid term evaluation due?</i> | | | | Date: | |
| | <i>Is Mid term eval present? (If applicable)</i> | | | | | |
| | <i>Does the evaluation include hours completed to date? If hours are extremely low compared to timeline progress – is there a plan in place to ensure hours are met?</i> | | | | | |
| 21 | End of Term Evaluation (required for all Members) | | | | | |
| | <i>Does the evaluation include hours completed to date?</i> | | | | | |
| | <i>Has the Member completed the required number of hours?</i> | | | | | |
| | <i>Has the Member satisfactorily completed assignments?</i> | | | | | |
| 22 | Member End of Term/Exit Form | | | | | |
| | <i>Completed online (screen print from AC Portal)</i> | | | | | |
| | <i>Signed and dated by Member</i> | | | | | |
| | <i>Signed and dated by program staff</i> | | | | | |
| | <i>Completed within 30 days of exit</i> | | | | | |
| 23 | Documentation of Compelling Personal Circumstances (if applicable) | | | | | |
| | <i>Did the SIC approve this request prior to exiting the member?</i> | | | | | |
| | <i>Are compelling reasons included on the Exit Form? (Attached)</i> | | | | | |
| | <i>Are the reasons due to no cause of the Member?</i> | | | | | |
| 24 | Documentation of Cause (if applicable) | | | | | |
| | <i>Did the SIC approve this request prior to exiting the member?</i> | | | | | |
| | <i>Are reasons included on the Exit Form? (Attached if applicable)</i> | | | | | |

*Items marked as "N" for "No" require a comment and justification of the information in the far right column by the Program Monitoring Officer.

| | Are the following items in Member file? | Y | *N | NA | Additional Information | Comments and "N" justification |
|----|--|---|----|----|------------------------|--------------------------------|
| 25 | Family and medical leave coverage | | | | | |
| | <i>Was FMLA available where appropriate?</i> | | | | | |
| 26 | Member Suspension Form (if applicable) | | | | | |
| 27 | Member Change of Status Form (if applicable) | | | | Dated: | |
| 28 | Member Early Exit Form (if applicable) | | | | Dated: | |

Notes:

Program Monitoring Officer: _____

Date: _____

***Items marked as "N" for "No" require a comment and justification of the information in the far right column by the Program Monitoring Officer.**

MODULE D2: Staff or Site Supervisor Documentation Compliance

Staff or Site Supervisor Files

**Review twenty five percent (25%) or ten(10) Staff or Site Supervisor, whichever is GREATER.
This includes any person listed in Section 1 of the budget, to include those listed as match/in kind**

Program Monitoring Officer: _____

Date: _____

PROGRAM: _____

PROGRAM YEAR: _____

STAFF NAME: _____

Service Year: _____

| | Are the following items in file? | Y | *N | NA | Additional Information | Comments and "N" justification |
|----------|--|---|----|----|--|--------------------------------|
| 1 | Photo ID indicating age (only one required) | | | | | |
| | <i>Driver's License; or State ID (circle which)</i> | | | | State: DOB: | |
| | <i>Passport; or</i> | | | | DOB: | |
| | <i>Citizenship/Naturalization ID</i> | | | | DOB: | |
| 2 | Additional Required forms | | | | | |
| | <i>Media Consent Form</i> | | | | | |
| 3 | Criminal background checks | | | | | |
| | <i>Authorization Form Signed and dated</i> | | | | Dated: <i>(must be dated before start date)</i> | |
| | <i>Initiation date for FBI Background checks?</i> | | | | FBI Initiation Date: | |
| | <i>Initiation date for FBI Background checks on or before start date?</i> | | | | | |
| | <i>Initiation date for IL Background checks?</i> | | | | IL Initiation Date: | |
| | <i>Initiation date for IL Background checks on or before start date?</i> | | | | | |
| | <i>Initiation date of background checks ON or AFTER the date the form is signed?</i> | | | | | |

***Items marked as "N" for "No" require a comment and justification of the information in the far right column by the Program Monitoring Officer.**

| | Are the following items in file? | Y | *N | NA | Additional Information | Comments and "N" justification |
|----------|---|---|----|----|--|--------------------------------|
| 4 | <i>National Sex Offender search results (prior to enrollment)</i> | | | | | |
| | <i>Was the National Sex Offender search completed on or before the first day?</i> | | | | <i>Dated:</i> | |
| | <i>Was every listing on NSOPW initialed, dated, and statement with reason why cleared listed?</i> | | | | | |
| | <i>Was every state tribal and territory listed as completed on the check?</i> | | | | | |
| | <i>If no, was another check completed daily until all states were cleared?</i> | | | | | |
| | <i>Did program ensure member did NOT serve until all were cleared?</i> | | | | | |
| 5 | <i>Background Checks</i> | | | | | |
| | <i>FBI background check results present?</i> | | | | <i>Completion Date:</i> | |
| | <i>Illinois State Police check results present?</i> | | | | <i>Completion Date:</i> | |
| | <i>Home state background check results? (out of state ID requires additional background check)</i> | | | | <i>Initiation Date: Completion Date:</i> | |
| | <i>Decision Tree/Memo present for ANY results on either or both of the backgrounds checks? (FBI, State of IL or Additional State Background checks)</i> | | | | | |

Notes:

Program Monitoring Officer: _____

Date: _____

***Items marked as "N" for "No" require a comment and justification of the information in the far right column by the Program Monitoring Officer.**

MODULE E: Host Site Visit

| Program Name: _____ | | | | | |
|----------------------------|---|------------|--------------------|------------------------|---------------------------------------|
| Host Site: _____ | | | Date: _____ | | |
| | | Yes | *No | Additional Info | Comments and "N" justification |
| 1 | <i>Are AmeriCorps Members on site during visit? If yes, how many? _____</i> | | | | |
| 2 | <i>Are the AmeriCorps Members performing prohibited activities?</i> | | | | |
| 3 | <i>Are AmeriCorps Members wearing the AmeriCorps logo?</i> | | | | |
| 4 | <i>Is the AmeriCorps logo visible at the host site exterior entrance?</i> | | | | |
| 5 | <i>Is there a sign in log for everyone to sign in and out at all times?</i> | | | | |
| 6 | <i>Any other questions or concerns they have or would like to talk to the Commission about?</i> | | | | |
| 7 | <i>Do the Site Supervisors ensure no Prohibited Activities are conducted?</i> | | | | |
| 8 | <i>Can the site supervisors name the prohibited activities?</i> | | | | |
| 9 | <i>Do the Site Supervisors have regular contact with the Program Director?</i> | | | | |
| 10 | <i>Is the Program Director readily available when the Site Supervisors have questions/concerns?</i> | | | | |
| 11 | <i>How often do the Site Supervisors have training sessions with the Program Director?</i> | | | | |
| 12 | <i>Was the Site Supervisor given a copy of the Policy & Procedure Handbook for Members?</i> | | | | |
| 13 | <i>Any other questions or concerns they have or would like to talk to the Commission about?</i> | | | | |

Notes:

Program Monitoring Officer: _____

Date: _____

***Items marked as "N" for "No" require a comment and justification of the information in the far right column by the Program Monitoring Officer.**

MODULE F: Member Interviews

| | |
|----------------------|--------------|
| Program Name: | Date: |
|----------------------|--------------|

| | | Yes | *No | Additional Info | Comments and "N" justification |
|----------|---|-----|-----|-----------------|--------------------------------|
| 1 | <i>How many AmeriCorps Members are participating in this interview?</i> | | | No. _____ | |
| 2 | <i>Can Members list the Prohibited Activities?</i> | | | | |
| 3 | <i>Do the Members have regular contact with the Program Director?</i> | | | | |
| 4 | <i>Is the Program Director readily available when the Members have questions/concerns?</i> | | | | |
| 5 | <i>How often do members have training sessions with the Program Director?</i> | | | | |
| 6 | <i>How often does the Program Director visit the host sites?</i> | | | | |
| 7 | <i>Are the Members wearing the AmeriCorps logo?</i> | | | | |
| 8 | <i>Any other questions or concerns they have or would like to talk to the Commission about?</i> | | | | |

Member Names:

Notes:

Program Monitoring Officer: _____

Date: _____

***Items marked as "N" for "No" require a comment and justification of the information in the far right column by the Program Monitoring Officer.**

MODULE G: Disallowed Costs

To be completed if findings require repayment of funds.

Program Name:

Date:

| For each finding note the referenced review instrument module and number. | Disallowed Costs | | | Comments and Justifications |
|---|------------------|-------|-----------------|-----------------------------|
| | Federal | Match | Education Award | |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |

| Disallowed Cost Recovery | | Comments and Justifications |
|--|------|-----------------------------|
| | Date | |
| Notice of disallowed costs letter sent to program. | | |
| Disallowed costs returned to Serve Illinois. | | |
| Disallowed costs returned to CNCS/Trust. | | |

| Additional Corrective Actions | | | Comments and Justifications |
|-------------------------------|----------|-----------------|-----------------------------|
| Corrective Action Needed | Due Date | Completion Date | |
| | | | |
| | | | |
| | | | |
| | | | |

*Items marked as "N" for "No" require a comment and justification of the information in the far right column by the Program Monitoring Officer.

Overall Site Visit Notes and Summary Comments

Monitoring Officer Notes:

Program Monitoring Officer: _____ Date: _____

Program Manager Notes:

Illinois AmeriCorps Program Manager: _____ Date: _____

Executive Director Notes:

Illinois Serve Illinois Executive Director: _____ Date: _____

Official close out date of Monitoring (including Corrective Action and Follow Up): _____

***Items marked as "N" for "No" require a comment and justification of the information in the far right column by the Program Monitoring Officer.**