



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?				

	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?				

Other Program Requirements					
Did the Program participate in the following :					
Program Meetings/Training Certifications <i>(Mandatory)</i>					
Month/Year	Yes	No	Month/Year	Yes	No
August, 2022			May, 2023		
September, 2022			June, 2023		
October, 2022			July, 2023		
November, 2022			August, 2023		
December, 2022					
January, 2023					
February, 2023					
March, 2023					
April, 2023					

Days of Service	Yes	No	N/A	Comments and Justifications
Did the Program participate in the following :				
National Service Opening Day <i>(Mandatory)</i>				
Additional Service Project <i>(from 4 options)</i>				
MLK Day Service Project <i>(Mandatory)</i>				
AmeriCorps Week Service Recognition <i>(Mandatory)</i>				
Program Director Orientation <i>(Mandatory)</i>				
National Service Summit <i>(# of staff; # of members/presentations)</i>				

AmeriCorps Progress Reporting Dates <i>Complete this section by reviewing reporting dates posted in PPR submission guidance</i>					
	Due Date	Date Submitted	Late	Missing	Comments and Justifications
Progress Report Submissions	5 total for year				
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: _____

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	8/16/2022				
	9/15/2022				
	10/15/2021				
	11/15/2021				
	12/15/2021				
	1/18/2022				
	2/15/2022				
	3/15/2022				
	4/15/2022				
	5/16/2022				
	6/18/2021				
	7/15/2022				
	8/15/2022				
	9/15/2022				
	10/17/2022				
	11/15/2022				
12/15/2022					
1/17/2023					
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?					

		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?					

		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: _____

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>					

		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>					

		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>					

		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>					

Notes:

Program Monitoring Officer: _____

Date: _____

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>					

	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>				\$	

	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>					

	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					
	<i>FBI background check results present?</i>				<i>Completion Date:</i>	
	<i>Illinois State Police check results present?</i>				<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>					

	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>					

	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>					

	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 <i>(if applicable)</i>					
27	Member Change of Status Form <i>(if applicable)</i>				Dated:	
28	Member Early Exit Form <i>(if applicable)</i>				Dated:	

Notes:

Program Monitoring Officer: _____

Date: _____

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>					

	Are the following items in file?	Y	*N	NA	Additional Information	Comments and "N" justification
4	National Sex Offender search results (prior to enrollment)					
	Was the National Sex Offender search completed on or before the first day?				Dated:	
	Was every listing on NSOPW initialed, dated, and statement with reason why cleared listed?					
	Was every state tribal and territory listed as completed on the check?					
	<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	Background Checks					
	FBI background check results present?				Completion Date:	
	Illinois State Police check results present?				Completion Date:	
	Home state background check results? (out of state ID requires additional background check)				Initiation Date: Completion Date:	
	Decision Tree/Memo present for ANY results on either or both of the backgrounds checks? (FBI, State of IL or Additional State Background checks)					

Notes:

Program Monitoring Officer: _____

Date: _____

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 Name:	Date:
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		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:

To be completed if findings require repayment of funds.

Program Name:	Date:
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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	Date	Comments and Justifications
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	

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): _____