**Objective and Instructions**

**Objective:** The objective of the ***Organizational Capacity Survey*** is to attain an understanding of your organization’s systems, policies, processes, and practices. The information collected by this survey will be used by OneStar Foundation as a tool to review the capacity of your organization to successfully execute the terms of this grant. **NOTE:** OneStar reserves the right to request a copy of any materials attested to in this Organizational Capacity Survey.

**Instructions:** To complete this survey, please:

* Respond to each applicable question; some questions may not be applicable to your entity;
* Enter your response in the grey cells “     ” or check the appropriate box “”; and
* Submit a copy of requested documents.

**General Information**

Organization

Legal Applicant Name:

Current Fiscal Year Ending Date (mm/dd/yy)

Total Operating Budget for the current fiscal year: $

**Information of Person Completing this Survey**

Respondent Name:

Title:

Email:

Phone Number:

1. **Sound Organizational Structure: Organizational Systems & Management**
2. **Technology Resources. Does your organization:**

* Provide a computer for all employees/persons?  YES  NO
* Have a dedicated e-mail account for all employees/persons?  YES  NO
* Have high-speed internet access?  YES  NO

1. **What was your average annual employee turnover rate for the past two years?**

*Use the following formula to determine your turnover rate: # of employees exiting the organization for the past 24 months / average actual # of employees over the past 24 months.*

0-25%  26-50%  51-75%  76-100%

1. **Does your organization have the ability to effectively respond to sudden personnel changes on a:**
   1. Short-term basis (i.e. other staff are able to fill in when an employee is out for an illness)  YES  NO
   2. Intermediate-term basis (i.e. unexpected resignation prompts active recruiting to refill)  YES  NO
   3. Long-term basis (i.e. budgetary cutbacks that necessitate staff reduction)  YES  NO
2. **Does your organization have a Continuity of Operations plan, or other similar plan to continue business in the event of a disaster or other emergency?**

YES  NO, *skip to Section B*

* 1. If yes, is this plan written?  YES  NO
  2. Have staff been trained on this plan?  YES  NO

Please explain any ‘no’ answers for Section A

1. **Sound Record of Accomplishment: Volunteer Recruitment & Management**
2. Does your organization have someone who is responsible for all aspects of the volunteer program?

YES  NO

* If yes, is this person an employee or volunteer?  Employee  Volunteer
* If yes, what percentage of time do they spend in this function?       %

1. **Securing Community Support**
2. **The Executive Director (or delegated employee):**
   1. Meets with community leaders at least: Annually  Quarterly  Monthly  Not Done
   2. Shares information and priorities with community leaders:  YES  NO

*Please provide a clear example of how this is accomplished. Include how and how often information is shared.*

* 1. Meets with nonprofit organizations at least: Annually  Quarterly  Monthly  Not Done
  2. Shares information and priorities with nonprofit organizations:  YES  NO

*Please provide a clear example of how this is accomplished. Include how and how often information is shared.*

1. **Collaboration *(select all that apply)***

Employees communicate with like organizations to explore best practices.

Employees combine efforts with other organizations to expend the range of services offered.

Management collaborates with other organizations to ensure all aspects of a community need are being met.

Your program design takes into account what is already being done by other organizations.

*Please provide clear examples of how you accomplish each item that you have selected.*

1. **Fiscal Management**
2. Oversight and Assurance
3. Are employees who handle funds bonded against loss by reasons of fraud or dishonesty?  YES  NO
4. What is your organization’s most recently completed fiscal year?
5. What is the fiscal year start date for your organization?  January 1  September 1  Other:
6. Has an audit by a Certified Public Accounting been finalized for the most recently completed fiscal year?  YES  NO
   1. If “NO”, is one currently underway or scheduled?

YES  NO

* 1. If “YES” on #3a, please provide the scheduled date of completion.
  2. Select the type of audit. (check all that apply)  Financial Statement Audit  Single Audit

1. Did your organization take corrective actions indicated by the auditor’s report and any letters management?

YES  NO  N/A (no corrective actions indicated by auditors)

1. Is your organization considered ‘high-risk’ by another federal awarding agency as outlined in 45 CFR Part 2541.120?

YES  NO

1. Has your organization received funding from the Corporation for National and Community Service within the last 5 years?
   1. Directly from the Corporation?  YES  NO

If “YES”, please specify the grant number(s).

* 1. Indirectly through an entity *other than* OneStar Foundation?  YES  NO

If “YES”, please specify the funding source(s) and grant number(s).

1. Has your organization received a federal or state grant award in the last two (2) years?

YES  NO

*If “Yes”, please attach a schedule of Federal and State Funds received in the last two years. Indicate the funding source, Catalog of Federal Domestic Assistance (CFDA) number (where applicable), grant period, and amount. If your organization falls below the Single Audit threshold, then please fill out and submit the Federal and State Award Schedule template.*

1. Does your organization keep on hand or know how to readily access a current version of requirements applicable to all funding sources? (including AmeriCorps regulations, Uniform Grant Guidance in 2 CFR 200, grant terms and conditions, grant awards, etc.)

YES  NO

1. Does your organization have written fiscal management policies and procedures relating to the following areas?

*In use for at least one year?*

* 1. Accounting Practices  YES  NO  YES  NO
  2. Management Controls  YES  NO  YES  NO
  3. Personnel Policies  YES  NO  YES  NO
  4. Salary Scales  YES  NO  YES  NO
  5. Employee Benefits  YES  NO  YES  NO
  6. Travel and Expense Reimbursement  YES  NO  YES  NO
  7. Procurement  YES  NO  YES  NO
  8. Documentation of Employee Time and Effort  YES  NO  YES  NO

1. Funds Management and General Accounting
2. Are the organization’s accounting practices in agreement with those stipulated by its accounting and finance manuals and requirements of its funding sources?

Accounting Manuals  YES  NO

Funding Source Requirements  YES  NO

1. Does your organization use an automated accounting system?

YES  NO

*If “YES”, what is the name of the system?*

1. Does your accounting system track the receipt and disbursement of funds by each grant and grant year?

YES  NO

1. OneStar requires that Periodic Expense Reports be submitted as frequently as semi-monthly and as infrequently as quarterly. What schedule would your organization anticipate submitted requests for reimbursement for grant funds?  Semi-monthly  Monthly  Quarterly  Other:
2. If you selected “Quarterly” above, please indicate when your quarter ends (ex. Calendar quarter, fiscal year quarter):
3. Does your organization have a written cost allocation plan (to distribute costs shared by one or more direct grants or projects)?

YES  NO

1. Are all common or shared costs that are readily attributable to direct cost activities accumulated into cost pools for allocation to projects, contracts and grants?

YES  NO

1. Are indirect costs segregated from direct costs?

YES  NO

1. Does your accounting system provide for the recording of grant costs according to categories of your approved budget(s)?

YES  NO

1. Transaction Controls

**General Ledger**

1. Is the general ledger posted on the double-entry method?  YES  NO
2. Does the general ledger design accommodate cost center and fund accounting?  YES  NO
3. Is a trial balance of the general ledger prepared monthly?  YES  NO
4. Are out of balance conditions identified and corrected on a monthly basis?  YES  NO

**Accounts Receivable and Cash Receipts**

1. Is there someone dedicated to ensuring that reimbursement requests and expenditure reports to funds are prepared timely, correctly and accurately?  YES  NO
2. Is there a process to retain all supporting documentation for items listed on reimbursement requests and expenditure reports to funders?  YES  NO

**Accounts Payable and Cash Disbursements**

1. Are invoices, purchase orders and receiving documents compared and accounted for by the accounts payable department?  YES  NO
2. Is receipt of goods or services verified before invoices are paid?  YES  NO
3. Does your accounting system enable you to track and document disbursement of funds from original invoice through final payment?  YES  NO

**Consultant and Contract Services**

1. Are procedures in effect to provide for formal approval by Officers, Board Members, or other high level authority individuals, of procurements, including consultant and contract service agreements over prescribed limits?  YES  NO
2. Does your organization have controls to determine whether contracts are properly executed?  YES  NO

**Travel**

1. Are there controls in place to ensure that all costs are allowable?  YES  NO
2. Procurement and Property
3. Do procedures exist and provide for the solicitation of bids or prices for all procurements over a certain threshold, including the purchase, rent, and/or lease of fixed assets?

YES  NO

1. Are purchase approval methods documented and communicated?

YES  NO

1. Are appropriate approvals obtained prior to the purchase, rent, or lease of equipment and supplies?

YES  NO

1. Are solicitations and price quotations filed and maintained?

YES  NO

1. Is there receipt of donated property supported by documentation which reflects the:
   1. Name of the donor  YES  NO
   2. Donor restrictions (if any)  YES  NO
   3. Receipt date  YES  NO
   4. Fair market value of each item  YES  NO
   5. Documentation of how fair market value was determined  YES  NO
2. Bank Accounts
3. Is each bank account authorized by the Board of Directors or by the person delegated by the board?

YES  NO

1. Are bank statements reconciled monthly to the general ledger?

YES  NO

1. Human Resources and Payroll
2. Are the duties and responsibilities of employees defined in written policies or job descriptions and communicated to employees?

YES  NO

1. Are records of vacation, sick leave, and compensatory time (if applicable) maintained for employees?

YES  NO

1. Does your organization file federal, state, and local income and payroll tax quarterly withholding reports to the appropriate authorities on a timely basis, when/if required by local, state, and federal law?

YES  NO

1. Are procedures designed to provide that employees are paid in accordance with approved budget, wage, and salary plans?

YES  NO

1. Are timesheets or periodic time and effort certifications required from each employee, as required by the OMB Cost Principles (2 CFR 200)?

YES  NO

1. Match
2. Does your organization record both in-kind and cash match received from other individuals and entities on its accounting records?

YES  NO

1. Does your organization have a written policy on valuing and recording in-kind matching funds?

YES  NO

1. Are matching contributions recorded in the general ledger as a grant or project expense?

YES  NO

1. Are the matching contributions recorded only after they are utilized for the work of the specific grant or project?

YES  NO

1. Are in-kind and cash matching funds supported by appropriate documentation?

YES  NO

1. Does your organization determine and substantiate the value of in-kind contributions in accordance with Uniform Grant Guidance?

YES  NO

*Please explain:*

*If available, please attach any sample in-kind donation forms or documentation your organization uses.*

D.8 INTERNAL CONTROLS

1. Does your accounting system have controls that prevent expenditures in excess of approved and budgeted amounts?

YES  NO

1. Does your organization create a plan to address audit and monitoring findings, when applicable?

YES  NO

1. Does your accounting system have procedures that govern the maintenance of general ledger accounts?

YES  NO

1. Are your accounting system and records secured?

YES  NO

1. Is your back-up documentation secured in limited access areas?

YES  NO

1. Do you maintain source documentation to show the nature of each receipt and expenditure?

YES  NO

1. Are all reports reconcilable with accounting records and systems?

YES  NO

1. Are transactions in the accounting records properly authorized, as evidenced by supporting documentation containing the signatures of appropriate approving officials?

YES  NO

1. Has a general policy with respect to insurance coverage been defined?

YES  NO

1. Have procedures been instituted to ensure adequate coverage for all significant business risks?

YES  NO

1. Is insurance coverage periodically reviewed with a competent insurance agent?

YES  NO

1. Where applicable, is a copy of the approved indirect cost allocation rate on file?

YES  NO

1. Are the duties and responsibilities as outlined in written accounting and grants management policies and procedures communicated to employees?

YES  NO

1. Are written accounting and grants management policies and procedures established to describe the accounting system, stipulate the duties of employees with these functions, and ensure that similar transactions are processed consistently?

YES  NO

1. Are there written conflict of interest procedures?

YES  NO