

Fiscal Bi-Monthly Call

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May 9th, 2019



2018-2019 Pre-Award Risk Assessment Fiscal

- Instructions
- Checklists
- Documents
- Due Dates
- OnCorps Updates
- Questions



PARA Instructions

■ Instructions:

- Continuation: [http://onestarfoundation.org/wp-content/uploads/2019/04/Pre-Award-Risk-Assessment Continuation 2019-2020.pdf](http://onestarfoundation.org/wp-content/uploads/2019/04/Pre-Award-Risk-Assessment%20Continuation%202019-2020.pdf)
- Recompete: [http://onestarfoundation.org/wp-content/uploads/2019/04/Pre-Award-Risk-Assessment Recompete 2019-2020.pdf](http://onestarfoundation.org/wp-content/uploads/2019/04/Pre-Award-Risk-Assessment%20Recompete%202019-2020.pdf)
- New: [http://onestarfoundation.org/wp-content/uploads/2019/04/Pre-Award-Risk-Assessment New 2019-2020.pdf](http://onestarfoundation.org/wp-content/uploads/2019/04/Pre-Award-Risk-Assessment%20New%202019-2020.pdf)




Checklists

- 2 unique checklists
 - Cost Reimbursement: [http://onestarfoundation.org/wp-content/uploads/2019/04/Fiscal-Readiness-Review-Submission-Checklist CR.docx](http://onestarfoundation.org/wp-content/uploads/2019/04/Fiscal-Readiness-Review-Submission-Checklist_CR.docx)
 - Fixed: [http://onestarfoundation.org/wp-content/uploads/2019/04/Fiscal-Readiness-Review-Submission-Checklist Fixed.docx](http://onestarfoundation.org/wp-content/uploads/2019/04/Fiscal-Readiness-Review-Submission-Checklist_Fixed.docx)



Cost-reimbursement Checklist





Fiscal Readiness Review Checklist
Cost Reimbursement

Objective

The objective of this checklist is to record which documents are being submitted for review. This checklist tracks items submitted, items unchanged from the last submission (for recompetee applicants), and/or items that are not applicable.

Organization Information

Legal Applicant Name	Click or tap here to enter text.
Submitted By	Click or tap here to enter text.
Position Title	Click or tap here to enter text.
Date of Submission	Click here to enter a date.

Document Checklist

If a checkbox is NOT provided for a document in the *No changes since last submission* and/or *N/A* columns, then the document **must be submitted by all subrecipients**. In the comments section on the following page, please type in any useful additional information (e.g., links to documents that are available online).

* These documents are N/A for universities, school districts, and governmental entities.
 ▲ These documents are required only for NEW subrecipients.


Forms & Documents	Submitted	No change since last submission	N/A
Accounting Policies ▲	<input type="checkbox"/>		<input type="checkbox"/>
Fidelity Bond Coverage Certification Form *	<input type="checkbox"/>		<input type="checkbox"/>
Fidelity Bond Certificate of Insurance *▲	<input type="checkbox"/>		<input type="checkbox"/>
Cost Allocation Plan	<input type="checkbox"/>		
Federally Approved Indirect Cost Rate	<input type="checkbox"/>		<input type="checkbox"/>
IRS Form 990 *	<input type="checkbox"/>		<input type="checkbox"/>
Staff Job Descriptions	<input type="checkbox"/>		
Job Description Cross Walk	<input type="checkbox"/>		<input type="checkbox"/>
Member Living Allowance Schedule	<input type="checkbox"/>		<input type="checkbox"/>
Member Living Allowance Distribution Policy	<input type="checkbox"/>		<input type="checkbox"/>
Organizational Capacity Survey	<input type="checkbox"/>		
Organizational Separation of Duties	<input type="checkbox"/>		
Subaward Certification Form	<input type="checkbox"/>		<input type="checkbox"/>
Subaward Monitoring Policy and Plan	<input type="checkbox"/>		<input type="checkbox"/>
Subrecipient COI Disclosure Form	<input type="checkbox"/>		
Funds Transfer Request Form ▲	<input type="checkbox"/>	<input type="checkbox"/>	
W-9 ▲	<input type="checkbox"/>	<input type="checkbox"/>	

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Fixed Checklist





Fiscal Readiness Review Checklist

Fixed Amount

Objective

The objective of this checklist is to record which documents are being submitted for review. This checklist tracks items submitted, unchanged, and/or items that are not applicable.

Organization Information

Legal Applicant Name	Click or tap here to enter text.
Submitted By	Click or tap here to enter text.
Position Title	Click or tap here to enter text.
Date of Submission	Click here to enter a date.

Document Checklist

If a checkbox is NOT provided for a document in the *No changes since last submission* and/or *N/A* columns, then the document **must be submitted by all subrecipients**. In the comments section on the following page, please type in any useful additional information (e.g., links to documents that are available online).

*** These documents are N/A for universities, school districts, and governmental entities.**

Forms & Documents	Submitted	No change since last submission	N/A
Fidelity Bond Coverage Certification Form *	<input type="checkbox"/>		<input type="checkbox"/>
IRS Form 990 *	<input type="checkbox"/>		<input type="checkbox"/>
Member Living Allowance Schedule	<input type="checkbox"/>		<input type="checkbox"/>
Member Living Allowance Distribution Policy	<input type="checkbox"/>		<input type="checkbox"/>
Organizational Capacity Survey	<input type="checkbox"/>		
Organizational Separation of Duties	<input type="checkbox"/>		
Subaward Certification Form	<input type="checkbox"/>		<input type="checkbox"/>
Subaward Monitoring Policy and Plan	<input type="checkbox"/>		<input type="checkbox"/>
Subrecipient COI Disclosure Form	<input type="checkbox"/>		
Funds Transfer Request Form	<input type="checkbox"/>	<input type="checkbox"/>	
W-9	<input type="checkbox"/>	<input type="checkbox"/>	

Comments

Click or tap here to enter text.

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Accounting Policies

- Only required for new subrecipients



Cost Allocation Plan

- Cost Allocation Plan
 - Required for Cost Reimbursement Grants
 - Applies to programs with costs that simultaneously benefit the AmeriCorps project and other projects
 - Should clearly show the methodology used for allocation



Federally Approved Indirect Cost Rates

- For Cost Reimbursement Grants
- Submit the documentation from your cognizant agency



Fidelity Bond Coverage Certification Form and Certificate of Insurance



- Coverage is required for all programs except public universities, school districts and governmental agencies
- Form is required for new programs only
 - Fidelity Bond Coverage Certification Form:
<http://onestarfoundation.org/wp-content/uploads/2019/04/Fidelity-Bond-Coverage-Certification.docx>



IRS 990

- Required for all programs except public universities, municipalities and school districts
- Most recent 990
- Complete and signed





Staff Job Description

- Required for all cost reimbursement grants
- Submit job descriptions for all staff listed in the budget
- Job Description Cross Walk: <http://onestarfoundation.org/wp-content/uploads/2019/04/Job-Description-Cross-Walk-Form.docx>



Job Description Cross-Walk Form



Job Description Cross-Walk Form

OBJECTIVE

The objective of the Job Description Cross-Walk Form is to document instances of differences in job titles between the approved budget in ~~eGrants~~ and job/position descriptions in personnel files.

GENERAL INFORMATION

Organization:

Legal Applicant Name:

Program Name:

Submitted by:

INSTRUCTIONS AND CROSS WALK INFORMATION

Instructions: To complete this form:

- Enter your response in the grey cells ""
- List ~~eGrants~~ Position Titles on the left and Job Description Titles on the right

Title within eGrants budget	Title listed on submitted job description
<input style="background-color: #f0f0f0;" type="text"/>	<input style="background-color: #f0f0f0;" type="text"/>
<input style="background-color: #f0f0f0;" type="text"/>	<input style="background-color: #f0f0f0;" type="text"/>
<input style="background-color: #f0f0f0;" type="text"/>	<input style="background-color: #f0f0f0;" type="text"/>
<input style="background-color: #f0f0f0;" type="text"/>	<input style="background-color: #f0f0f0;" type="text"/>
<input style="background-color: #f0f0f0;" type="text"/>	<input style="background-color: #f0f0f0;" type="text"/>
<input style="background-color: #f0f0f0;" type="text"/>	<input style="background-color: #f0f0f0;" type="text"/>
<input style="background-color: #f0f0f0;" type="text"/>	<input style="background-color: #f0f0f0;" type="text"/>
<input style="background-color: #f0f0f0;" type="text"/>	<input style="background-color: #f0f0f0;" type="text"/>
<input style="background-color: #f0f0f0;" type="text"/>	<input style="background-color: #f0f0f0;" type="text"/>
<input style="background-color: #f0f0f0;" type="text"/>	<input style="background-color: #f0f0f0;" type="text"/>



Member Living Allowance Schedule

- Required for all grant and application types that pay a living allowance
- Member Living Allowance Pay Schedule:
http://onestarfoundation.org/wp-content/uploads/2019/04/Member-Living-Allowance-Schedule_template.xls
- OneStar's Member Living Allowance Distribution Policy:
<http://onestarfoundation.org/wp-content/uploads/2018/04/OneStar-Living-Allowance-Distribution-Policy.pdf>



Living Allowance Distribution Schedule

AmeriCorps Member Living Allowance Schedule									
Pay Period Start Date <small>(or first day of term of service if after pay period beginning date)</small>	Pay Period End Date <small>(or last day of term of service if before the pay period end date)</small>	Date Payment will be made	Living Allowance Amount						
			FT - Gross	FT- Year 2	TQT - Gross	HT - Gross	RHT - Gross	QT - Gross	MT - Gross
8/19/2019	9/1/2019	9/6/2019	\$700.00	\$775.00				\$200.00	
9/2/2019	9/15/2019	9/20/2019	\$700.00	\$775.00				\$200.00	
9/16/2019	9/29/2019	10/4/2019	\$700.00	\$775.00				\$200.00	
9/30/2019	10/13/2019	10/18/2019	\$700.00	\$775.00				\$200.00	
10/14/2019	10/27/2019	11/1/2019	\$700.00	\$775.00				\$200.00	
10/28/2019	11/10/2019	11/15/2019	\$700.00	\$775.00				\$200.00	
11/11/2019	11/24/2019	11/29/2019	\$700.00	\$775.00				\$200.00	
11/25/2019	12/8/2019	12/13/2019	\$700.00	\$775.00				\$200.00	
12/9/2019	12/22/2019	12/27/2019	\$700.00	\$775.00				\$200.00	
12/23/2019	1/5/2020	1/10/2020	\$700.00	\$775.00				\$200.00	
1/6/2020	1/19/2020	1/24/2020	\$700.00	\$775.00				\$200.00	
1/20/2020	2/2/2020	2/7/2020	\$700.00	\$775.00				\$200.00	
2/3/2020	2/16/2020	2/21/2020	\$700.00	\$775.00				\$200.00	
2/17/2020	3/1/2020	3/6/2020	\$700.00	\$775.00				\$200.00	
3/2/2020	3/15/2020	3/20/2020	\$700.00	\$775.00				\$200.00	



Living Allowance Distribution Policy

- Submit your programs Living Allowance Distribution Policy
- Should articulate how your program handles:
 - Suspensions
 - Early terminations
 - Late starting members



Organizational Capacity Survey

- Required for all grant and application types
- Link: <https://www.tfaforms.com/4730111>



Organizational Separation of Duties

- Required for all grant and application types
- Form: <http://onestarfoundation.org/wp-content/uploads/2019/04/Organizational-Separation-of-Duties.xlsx>



Sub-Award Certification Form

- Only required for programs who sub-award all or a portion of their OneStar AmeriCorps grant
- Link: <http://onestarfoundation.org/wp-content/uploads/2019/04/SubAward-Certification-Form.docx>



Sub-Award Monitoring Policy and Plan

- Only for programs who sub-award
- Submit a copy of the sub-award monitoring policy and plan



Conflict of Interest (COI) Disclosure Form

- Required for grant and application types
- Allows subrecipients to report potential conflicts of interest (2CFR 200.112)
- Form link: <http://onestarfoundation.org/wp-content/uploads/2019/04/Subrecipient-Conflict-of-Interest-Disclosure-Form.docx>



Conflict of Interest Disclosure Form



ADMINISTERED BY



Subrecipient Conflict of Interest Disclosure Form

OBJECTIVE

The objective of the Conflict of Interest Disclosure Form is to collect information from subrecipients on their conflict of interest policies and for subrecipients to report known, potential, or perceived conflicts of interest.

GENERAL INFORMATION

Organization:

Legal Applicant Name:

Program Name:

Information about the Person Completing this Survey:

Respondent Name:

Title:

Email:

Phone Number:

CONFLICT OF INTEREST POLICY

Please copy your organization's Conflict of Interest Policy below or submit a copy to your OneStar Grants Officer.

KNOWN CONFLICTS OF INTEREST

Please list any and all known, potential, or perceived conflicts of interest within your organization

Name	Entity and Individual within	Relationship	Time period of COI
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



Funds Transfer Request Form

- Required for all new subrecipients
- Form Link: <http://onestarfoundation.org/wp-content/uploads/2019/04/Funds-Transfer-Request-Form.docx>



W-9

- Only required of new subrecipients



Due Dates

- Submission via Dropbox
- New: August 3rd
- Continuation: May 31st
- Recompete:
 - June 28th—budget periods that start in August
 - July 27th –budget periods that start in September or later



OnCorps Updates

- Copy Program to 2019-2020 grant year
 - Available to copy over on June 1st
 - Live Webinar on May 29th, link to webinar:
<https://register.gotowebinar.com/register/5567595228938109443>



Questions?

- Thanks for attending!
- Next Fiscal Webinar is July 11th at 1pm CDT
 - Registration link:
<https://register.gotowebinar.com/register/5167526923189726979>

