

OVERVIEW

Before OneStar foundation will award a Grant to an organization several steps must be completed during the Pre-Award Risk Assessment. Please note that without an executed NOGA on file at OneStar an AmeriCorps member cannot begin service and no reimbursement payments can be made. There are both Programmatic and Fiscal elements required for the Pre-Award Risk Assessment to be completed. In addition to the submission of the documents requested, all relevant staff of the new program, Primary Fiscal and Primary Program contact, must participate in a phone interview with OneStar.

Submission instructions: All Pre-Award Risk Assessment documents should be submitted through Dropbox (<https://www.dropbox.com/>) by the specified deadline below. Your Program Officer will share a Dropbox folder with your program for you to upload all documents. It is necessary for your program to create at least one Dropbox account, they are free to create. If you are not able to use Dropbox please contact your Program Officer to arrange an alternative method for submission. **For programs that are continuing (Recompete), please submit your documents with any changes from the previous year highlighted in the documents to streamline the review process.**

DEADLINE:

Submit all documents to OneStar by:

June 30, 2017 if your Budget Period start date is August.

August 1, 2017 if your Budget Period start date is September or later.

OneStar's expectation is that we have accurate documents on file for your organization at all times. If at any point prior to the start of or during your program year any items on this list change, you must submit the revised documents to OneStar.

PROGRAMMATIC PRE-AWARD DOCUMENTS

OneStar reviews member documents to ensure that all required elements are included and will provide feedback on these documents in accordance with recent CNCS guidance on best practices. Through this we hope to start out the year strong with compliant documents and help decrease the number of issues that arise during the year. The documents that need to be submitted to OneStar for review are below. Please review Module M below for detailed instructions on what must be included in each document:

- [Resource: Module M – Program Documents Review 2017-18](#)
- **MEMBER SERVICE AGREEMENT(S)** – Programs must ensure that member service agreements are consistent and completed correctly so that the member and program are aware of the obligations they are entering into and fully understand the terms of the agreement. For both start and end dates, the intended dates and the dates on the Member Service Agreement and all other applicable forms should align. **Please note that, in Texas, a member's term of service is defined as the minimum service hours required plus the specified term of service (start and end date) – if a member has agreed to the terms of the service agreement, then it is expected that the member will serve until the specified end date.** OneStar has provided updated a sample grievance procedure to be used in the MSA, it is strong encouraged to use the exact language. Please review Module M and the specific MSA checklist included within to ensure that all required elements are included. (See below for sample)
 - [Sample AC Member Service Agreement](#)
 - [Sample Grievance Procedure Template](#)
- **2.0 MEMBER POSITION DESCRIPTION(S)** – OneStar requires a standalone member position description for each member position type. Approved position descriptions must be shared with each member prior to or at their start of service or enrollment. *Please review Module M and the specific Position Description checklist included within to ensure that all required elements are included.*
- **3.0 MEMBER TIMESHEET** – Ensure that timesheets allows member to assign service hours to “direct service, fundraising, or training.” Please review Module M and the specific Timekeeping checklist. (See below for samples)
 - [Member Timesheet with accompaniment – Sample A](#)

- [Member Timesheet with accompaniment – Sample B](#)

- **4.0 MEMBER PERFORMANCE EVALUATION**

- **End of Term Performance Evaluation Form:** Please submit the forms used for the member end of term evaluation. Please review Module M and the specific Evaluation checklist. *(See below for sample)*
 - [Member Performance Evaluation Template](#)
- **Previous Term of Service Verification:** Please submit form used to verify a member's eligibility if they have previously served in AmeriCorps. *(See below for sample)*
 - [Previous Term Eligibility Verification Form](#)

- **5.0 NATIONAL SERVICE CRIMINAL HISTORY CHECKS (NSCHCs)**

- **Member and Staff NSCHC Consent and Verification Form:** Please submit the form your program will use to obtain consent from covered individuals and to verify that the NSCHC was initiated and completed. This may be the same form, or two different forms. Please review Module M and the specific Criminal History checklist. Submit a copy of the blank form being used, not actual completed checks. *(See below for sample)*
 - [OneStar NSCHC Consent Form](#)
 - [OneStar NSCHC Verification Form](#)
- **Staff NSCHC Certification:** Complete this form and submit. This form is not required for Professional Corps programs.
 - [Staff NSCHC Certification](#)
- **NSCHC Policies and Procedures:** Only required for New Programs. Please submit your program's policies and procedures for criminal history check processes. Please review the checklist below for required components.
 - [NSCHC Policies and Procedures Checklist](#)
- **eCourse Certification:** Submit at least one updated eCourse certificate indicating program staff have completed this course. It is highly encouraged for all staff involved in criminal history checks for members and staff to complete this course. This course must be completed every year.
 - [CNCS NSCHC eCourse](#)

- **6.0 MEMBER BENEFITS**

- **Healthcare Insurance Certification:** Complete this form and submit. All programs, regardless of member position type must complete.
 - [Healthcare Insurance Certification Form](#)
 - [Resource: Member Healthcare Insurance Guidance \(2015-2016\)](#)
- **Healthcare Insurance Waiver Form:** Please submit the form your program will use to determine coverage status of full-time AmeriCorps members. This form is only required of programs with full-time members. This form is not required for Professional Corps programs. *(See below for sample)*
 - [Healthcare Insurance Acceptance or Waiver Form](#)
- **Childcare Waiver Form:** Please submit the form for your program will use to determine if AmeriCorps members require childcare benefits. Alternatively, this may be included within the MSA. This form is only required of programs with full-time members. This form is not required for Professional Corps programs. *(See below for sample)*
 - [Child Care Acceptance or Waiver Form](#)

- **7.0 ORGANIZATIONAL CHART** – The organization chart should be current and show where/how the AmeriCorps program fits into the organization and model. For multi-site or intermediary programs with more than one geographic location, the program may need to submit additional organizational charts to reflect all applicable geographic locations that house AmeriCorps members. For those programs within large organizations, you do not

need to include the entire organization's structure (i.e. university or local government) but please include a snapshot that provides enough information to determine where the program fits in the whole organization. *Please review the specific Organizational Chart checklist in Module M.*

o **8.0 *NEW* ADDITIONAL COMPLIANCE DOCUMENTS**

- ***NEW* Member Training Survey** – Programs must ensure that AmeriCorps members receive necessary training prior-to or during their term of service. Please complete the training self-certification form below:
 - o [AmeriCorps Member Training Certification](#)
- ***NEW* Program Evaluation** – Any program in their second or later grant cycle must have an approved Program Evaluation on file. For 2017-2018 these have been collected from all programs requiring them. No additional documents are required to be submitted at this time.

- o **9.0 ADDITIONAL FORMS** – Please submit any additional forms that your program requires members to sign or agree to. This could include a handbook, policy and procedure manual, code of conduct, etc.

FISCAL PRE-AWARD DOCUMENTS

In OneStar's role as grantor, we are required to conduct risk assessments and monitoring throughout the grant period. The fiscal pre-award review assesses different aspects of your financial systems.

- ***UPDATED* Fiscal Pre-Award Review Checklist** – Please use this list when preparing the documents below. Submit the completed checklist with the documents.
 - o [Fiscal Pre-Award Review Checklist](#)
- **Accounting Policies & Procedures** - Please note that if your P&Ps are not in one document, please ensure that you submit copies of your procurement policy, travel policy, and any other policies pertaining to costs included in your AmeriCorps budget. Please include the procedures for preparing your AmeriCorps Periodic Expense Report.
- ***UPDATED* Audit/Financial Statements Certification form (Financial Statement Audit and Single Audit, if applicable)** – Complete this form and submit any applicable documents as referenced in the certification letter.
 - o [Audit and Financial Statement Certification Form](#)
- **Cost Allocation Plan** – This should show the methodology used to allocate any shared costs in Section I or II of your budget. If your budget does not include any Section I or II Costs (cash or in-kind) that simultaneously benefit your AmeriCorps project and other projects, and therefore require the applicable AmeriCorps portion to be derived via an allocation method, you are exempt from this requirement. If this is the case, please indicate this in your submission email to americorps@onestarfoundation.org.
- **Federally Approved Indirect Cost Rate (if applicable)**. Also, if you are using a State of Texas approved indirect cost rate rather than the Corporation Fixed Amount method, please submit the state rate.
- ***UPDATED* Fidelity Bond Coverage and Form** – To ensure that your coverage meets OneStar requirements, submit the completed Fidelity Bond Coverage Form (*see below*) along with either documentation of adequate fidelity bond (crime policy) coverage as per OneStar Terms and Conditions, Section 17, General Fiscal Administration OR submit a waiver request as per OneStar Terms and Conditions, Section 17, General Fiscal Administration.
 - o [Fidelity Bond Coverage Form](#)
- **IRS Form 990** – Submit the most recent IRS Form 990. If this is not applicable to your organization, please note this in your submission email to americorps@onestarfoundation.org.
- **Staff Job Descriptions** – Provide a copy of the job description of any Program staff listed on the grant and any Fiscal staff that are responsible for the management of the AmeriCorps grant.

- ***NEW* Position Description Cross Walk** – This form is only needed when the Staff Job Descriptions do not match the job titles listed on the eGrants budget.
 - [Position Description Cross Walk Template](#)
- ***UPDATED* Member Pay Schedule** – A living allowance schedule is a requirement within the member contract. The member living allowance pay schedule should show each different member type and member term of service that is part of your program design along with the proposed pay schedule. **Note:** If you do not have member living allowance costs on your grant, you do not have to submit this form.
 - [Member Living Allowance Pay Schedule](#)
- ***UPDATED* Organizational Capacity Survey** –
 - [Organizational Capacity Survey](#)
- ***NEW* Federal and State Award Schedule** – For recipients that undergo a Single Audit, please send the schedule from your audited financial statements. For recipients with federal funding below the threshold, please use the following form:
 - [Federal and State Award Schedule Template](#)
- **Separation of Duties** – Complete this form and submit.
 - [Separation of Duties Worksheet](#)
- **Contracts, Agreements, and MOUs** – Please provide any proposed contract (or like agreement) to OneStar in advance. Also, please submit agreements within 30 days of execution.
- ***NEW* Sub-Recipient COI Disclosure Form** – Please include your entity's conflict of interest policy and fill out this form indicating whether or not there is a known conflict of interest within your organization.
 - [Sub-Recipient COI Disclosure Form](#)

PHONE INTERVIEW

Your assigned Program Officer and Grants Officer will set a time to hold a phone call to discuss programmatic and fiscal elements to gain a better understanding of your program's policies and procedures and go over any questions and/or follow-up from the pre-award review. When possible, interview calls will be held during your regularly scheduled monthly call. Your Program and Grants Officers will send interview questions in advance for your review prior to your call.

CREATING/UPDATING PROGRAM CONTACT INFO AND PAYMENT METHOD

OneStar utilizes an online system for managing contact information for all AmeriCorps programs. If you have not already done so, ensure that the contact information for the primary and secondary program and fiscal contacts and the authorized legal signatory is correct.

The form can be found online here: <http://www.tfaforms.com/159770>.

In order to process payments, all sub-grantees must submit to OneStar a Funds Transfer Request Form and a W-9. If you have previously submitted this form to OneStar, resubmission is only necessary if there have been changes to your account information.

- [Funds Transfer Request Form](#)