

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. The Pre-Award Risk Assessment includes a Program Readiness Review and a Fiscal Readiness Review. In addition to the submission of the requested documents OneStar will provide additional required training and on-boarding support through New AmeriCorps Staff Orientation and Pre-Award Site Visits for any new AmeriCorps program.

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.

DEADLINE:

Submit all documents to OneStar by:

August 3, 2018

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.

PROGRAM READINESS REVIEW

The documents that need to be submitted to OneStar for review are below, please review the Program Readiness Review checklist below for detailed instructions on what must be included in each document:

- [Program Readiness Review - Pre-Award Risk Assessment 2018-2019 - NEW & RECOMPLETE](#)
- **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 an updated sample grievance procedure to be used in the MSA, it is strongly encouraged to use the exact language. *Please review the Program Readiness Review checklist 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](#)
- **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 the Program Readiness Review checklist and the specific Position Description checklist included within to ensure that all required elements are included.*

- **MEMBER TIMESHEET:** Ensure that timesheets allow members to assign service hours to “direct service, fundraising, or training.” *Please review the Program Readiness Review checklist and the specific Timekeeping checklist. (See below for samples)*
 - [Member Timesheet with accompaniment – Sample A](#)
 - [Member Timesheet with accompaniment – Sample B](#)
- **MEMBER PERFORMANCE EVALUATION**
 - **End of Term Performance Evaluation Form:** Please submit the forms used for the member end of term evaluation. *Please review the Program Readiness Review checklist and the specific Member Performance Evaluation checklist. (See below for sample)*
 - [Member Performance Evaluation Template](#)
 - **Previous Term of Service Verification:** Please submit the form used to verify a member’s eligibility if they have previously served in AmeriCorps. *(See below for sample)*
 - [Previous Term Eligibility Verification Form Template](#)
- **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. Submit a copy of the blank form being used, not actual completed checks. *Please review the Program Readiness Review checklist and the specific Criminal History checklist. (See below for sample)*
 - [OneStar NSCHC Consent Form Template](#)
 - [OneStar NSCHC Verification Form Template](#)
 - **Staff NSCHC Certification:** Complete this form and submit. This form is not required for Professional Corps programs.
 - [Staff NSCHC Certification](#)
 - **CNCS NSCHC 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](#)
 - **NSCHC Policies and Procedures:** 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](#)

○ MEMBER BENEFITS

- **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](#)
- **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](#)
- **Childcare Waiver Form:** Please submit the form 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](#)

○ ADDITIONAL COMPLIANCE DOCUMENTS

- **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:
 - [AmeriCorps Member Training Certification](#)
- **Breaches of Personally Identifiable Information (PII):** All programs must be prepared for potential breaches of Personally Identifiable Information, PII. Programs must ensure that they have procedures in place to prepare for and respond to breaches of PII, and notify OneStar Foundation in the event of a breach. Please submit your program's policies and procedures for potential breaches of PII. *Please review the Program Readiness Review checklist and specific Additional Compliance Documentation checklist.*
- **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 READINESS REVIEW

The documents that need to be submitted to OneStar for review are below, please review and complete the Fiscal Readiness Review checklist below:

- **Fiscal Readiness Review Checklist:** Please use this list when preparing the documents below. The checklist will provide guidance on which forms and documents subrecipients will be required to submit. Submit the completed checklist with the documents.
 - [Fiscal Pre-Award Review Checklist- Cost Reimbursement New/Recompete](#)
 - [Fiscal Pre-Award Review Checklist- Fixed Amount New/Recompete](#)
- **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.

- **Bond Rating Report:** This is only required of public universities, school districts and municipalities. Submit the most recent bond rating report for the organization.
- **Cost Allocation Plan:** This should show the methodology used to allocate any shared costs in Section I or II of your budget. Cost allocation plans are required if your budget includes any Section I or II costs (cash or in-kind) that simultaneously benefit your AmeriCorps project and other projects, necessitating the AmeriCorps portion to be derived via an allocation method. Examples of such costs could include budget items such as salaries and fringe benefits of program staff, supplies, training costs, rent, and utilities. Your cost allocation plan should clearly lay out the methodology that your organization uses to assign those costs to the AmeriCorps grant. Only required for cost-reimbursement.
- **Federally Approved Indirect Cost Rate:** If you are using a State of Texas approved indirect cost rate rather than the Corporation Fixed Amount method, please submit the state rate. Only required for cost-reimbursement.
- **Fidelity Bond Coverage Certification 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.
 - [Fidelity Bond Coverage Certification Form](#)
 - [Fidelity Bond Waiver Request Form](#)
- **IRS Form 990:** Submit the most recent IRS Form 990. Not required for public universities, school districts or municipalities.
- **Staff Job Descriptions:** Provide a copy of the job description of any Program staff listed in the budget and any Fiscal staff that are responsible for the management of the AmeriCorps grant. Only required for cost-reimbursement.
- **Job Description Cross Walk:** This form is only needed when the Staff Job Descriptions do not match the job titles listed on the eGrants budget. Only required for cost-reimbursement.
 - [Job Description Cross Walk Template](#)
- **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. Please reference OneStar's policy on living allowance distribution below. **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](#)
 - [Living Allowance Distribution Policy](#)
- **Organizational Capacity Survey:** Please complete this survey to allow OneStar to assess your organization's capacity to administer an AmeriCorps grant.
 - [Organizational Capacity Survey](#)
- **Organizational Separation of Duties:** Complete this form and submit.
 - [Organizational Separation of Duties Worksheet](#)

- **Subrecipient 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.
 - [Subrecipient COI Disclosure Form](#)

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.

- [Funds Transfer Request Form](#)
- W-9