



## OVERVIEW

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Before OneStar foundation will issue a Notice of Grant Award (NOGA) 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.

The items included for review reflect known requirements based on the 2019 General Terms and Conditions, and anticipated changes for the 2019 OneStar Terms and Conditions. The 2019 Specific Terms and Conditions have not yet been released by the Corporation for National and Community Service. OneStar may request additional documents for review based on the release of the 2019 Specific Terms and Conditions.

**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, 2019**. 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

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

### [2019-2020 Program Readiness Review Checklist | New & Recompete](#)

- **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, there must be date alignment across the dates in the Member Service Agreement, the first day of recorded service hours, and the member's enrollment date in eGrants. **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.** As of 2018, OneStar provided an updated sample grievance procedure to be used in the MSA, it is strongly encouraged to use the exact language. *Please review the MSA section of the Program Readiness Review checklist to ensure that all required elements are included. (See below for sample)*

- [Sample AmeriCorps 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 Member Position Description section of the Program Readiness Review checklist 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 Member Timesheets section of the Program Readiness Review checklist to ensure that all required elements are included.*
- **MEMBER END OF TERM PERFORMANCE EVALUATION FORM:** Please submit the forms used for the member end of term evaluation. Please note that mid-term evaluations are required for Full Time, Three-Quarter Time, and Half-Time positions in addition to the End of Term evaluation. *Please review the Member Performance Evaluation section of the Program Readiness Review checklist to ensure that all required elements are included. (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. An End of Term evaluation form from the previous term of service may be used for a member returning to the same program. If your program plans to use an End of Term evaluation, or different processes for different member types, please submit a Previous Term of Service Verification Policy and Procedure. *(See below for sample)*
  - [Previous Term Eligibility Verification Form Template](#)
- **ONESTAR NSCHC POLICY ACKNOWLEDGEMENT:** Please submit the OneStar NSCHC Policy Acknowledgement Form confirming your understanding of OneStar’s 2019-2020 new NSCHC policy, including that all checks must be run through Truescreen and Fieldprint.
  - [OneStar NSCHC Policy Acknowledgement](#)
- **STAFF NSCHC CERTIFICATION:** Complete this form and submit. This form is not required for Professional Corps programs.
  - [Staff NSCHC Certification](#)
- **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](#)
- **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 this certification.
  - [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](#)
- **MEMBER TRAINING CERTIFICATION:** 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](#)
- **PRE-ENROLLMENT POLICY AND PROCEDURES:** Please submit your program’s pre-enrollment policy and procedures to ensure members are enrolled in accordance with CNCS requirements. Please review the checklist below for required components.
  - [Pre-enrollment Policy and Procedures 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

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Please submit the following documents to OneStar for review including the Fiscal Readiness Review Checklist:

- **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 Readiness Review Checklist- Cost Reimbursement](#)
- **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 note that the procedures for preparing your AmeriCorps Periodic Expense Report will be collected by your OneStar Grants Officer within the first few months of the grant year.
- **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 Certification Form. This is not required for universities, school districts, or governmental entities.
  - [Fidelity Bond Coverage Certification Form](#)
- **IRS FORM 990:** Submit the most recent IRS Form 990. Not required for public universities, school districts or governmental entities.
- **STAFF JOB DESCRIPTIONS:** Provide a copy of the job description of any Program staff listed in the budget. 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 LIVING ALLOWANCE SCHEDULE:** A living allowance schedule is a requirement within the member service agreement. The member living allowance schedule should show each different member type and member term of service that is part of your program design along with the proposed living allowance 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 Schedule](#)
  - [OneStar Living Allowance Distribution Policy](#)
- **MEMBER LIVING ALLOWANCE DISTRIBUTION POLICY:** A program’s Member Living Allowance Distribution Policy should detail processes related to living allowance distribution including how the allowance is prorated when a suspension occurs, or service ends early. Please reference OneStar’s Living Allowance Distribution Policy for more information. **Note:** If you do not have member living allowance costs on your grant, you do not have to submit this policy.
- **ORGANIZATIONAL CAPACITY SURVEY:** Please complete this survey to allow OneStar to assess your organization’s capacity to administer an AmeriCorps grant. At the beginning of the survey, you will be asked your grant application type. Please select “new application” to ensure that you receive the correct survey questions.
  - [Organizational Capacity Survey](#)
- **ORGANIZATIONAL SEPARATION OF DUTIES:** Complete this form and submit.
  - [Organizational Separation of Duties Worksheet](#)
- **SUBAWARD CERTIFICATION FORM:** This form only applies to programs (both fixed and cost-reimbursement) that subaward a portion of the AmeriCorps grant. This form outlines the Uniform Grants Guidance requirements for pass-through entities. OneStar requires that programs certify their compliance with these requirements annually. This form is not required for programs that do not subaward the AmeriCorps grant.
  - [Subaward Certification Form](#)
- **SUBAWARD MONITORING POLICY AND PLAN:** This only applies to programs (both fixed and cost-reimbursement) that subaward a portion of the AmeriCorps grant. OneStar requires programs that sub-award to have a risk-based monitoring policy and plan. Please submit your program’s Subaward Monitoring Policy and Plan. This is not required for programs that do not subaward the AmeriCorps grant.

- **SUBRECIPIENT COI DISCLOSURE FORM:** Please include your entity's conflict of interest policy and fill out this form indicating any known conflict of interest within your organization.
  - [Subrecipient COI Disclosure Form](#)

## PROGRAM CONTACT INFORMATION AND PAYMENT METHOD

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- **AUTHORIZED REPRESENTATIVE FORM:** 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.
  - <https://www.tfaforms.com/4684773>
- **PAYMENT PROCESSING:** In order to process payments, all subrecipients must submit to OneStar a Funds Transfer Request Form and a W-9.
  - [Funds Transfer Request Form](#)
  - W-9