

Appendix

2015-2016 AmeriCorps State Program Director Handbook

Serve DC – The Mayor’s Office on Volunteerism
DC Commission on National and Community Service



Appendix 1: AmeriCorps Member File Checklist Example

Member Name: _____
 Start Date: _____ End Date: _____
 Service Term: 1,700 900 675 450 300

Document Name	Compliant	Non-compliant	Notes
Enrolled into egrants within 30 days	<input type="checkbox"/>	<input type="checkbox"/>	
AmeriCorps Application or Resume	<input type="checkbox"/>	<input type="checkbox"/>	
Photo identification	<input type="checkbox"/>	<input type="checkbox"/>	
Proof of Citizenship/Allowable Legal Status	<input type="checkbox"/>	<input type="checkbox"/>	<i>Note if not in My AC Portal</i>
Proof of Age (Parental Consent Form if under 18)	<input type="checkbox"/>	<input type="checkbox"/>	
Educational Attainment Document(s)	<input type="checkbox"/>	<input type="checkbox"/>	<i>Type: (GED, HS, Letter)</i>
Tutoring Requirement (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
I-9 Federal Employment Eligibility Form	<input type="checkbox"/>	<input type="checkbox"/>	
W-4 Tax Withholding Form (if stipend)	<input type="checkbox"/>	<input type="checkbox"/>	
Criminal History Background Checks (see below)	<input type="checkbox"/>	<input type="checkbox"/>	
Written Consent for Criminal History Background Checks	<input type="checkbox"/>	<input type="checkbox"/>	
AmeriCorps Member Agreement/Contract with member signature and date (before or on service start date)	<input type="checkbox"/>	<input type="checkbox"/>	
Proof of Healthcare Enrollment or Waiver	<input type="checkbox"/>	<input type="checkbox"/>	
Childcare Benefit Enrollment/Waiver	<input type="checkbox"/>	<input type="checkbox"/>	
Media Release	<input type="checkbox"/>	<input type="checkbox"/>	
Documentation of Loan Forbearance/Wavier	<input type="checkbox"/>	<input type="checkbox"/>	
Member Timesheets	<input type="checkbox"/>	<input type="checkbox"/>	
Mid-Term Performance Evaluation (Required for FT and HT)- include hours served to date	<input type="checkbox"/>	<input type="checkbox"/>	
Documentation of Member Discipline/Change of Status (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
End of Term/Exit Form within 30 days	<input type="checkbox"/>	<input type="checkbox"/>	
End of Term Performance Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	

Statewide Criminal Background Check (initiated before start of service)

- State where service will be performed: YES NO
- State where applicant applied from: YES NO N/A (*application state is state of service*)

If yes, date completed or copy received: _____

National Sex Offender Public Registry Check: YES NO (*printed or electronic copy with date of search included*)
 (completed before the start of service)

FBI Check for those who have access to vulnerable populations (initiated before start of service): YES NO

Notes:

Appendix 2: AmeriCorps Member Contract Example

I. PURPOSE

It is the purpose of this agreement to delineate the terms, conditions, and rules of membership regarding the participation of _____(hereinafter referred to as the member) in the _____AmeriCorps Program (hereinafter referred to as the Program).

II. MINIMUM QUALIFICATIONS

The member certifies that he/she is a United States citizen, a United States national, or a lawful permanent resident alien and at least 17 years of age (or at least 16 years of age if the member is an out-of-school youth and a participant in one of two types of youth corps defined under the National and Community Service Act of 1990, as amended); has a GED or high school diploma; and has not been convicted of murder and/or is not listed as a sex offender.

III. TERMS OF SERVICE

A. The member's term of service begins on _____ and ends on _____.

The Program and the member may agree, in writing, to extend this term of service for the following reasons:

1. The member's service has been suspended due to compelling personal circumstances.
2. The member's service has been terminated, but a grievance procedure has resulted in reinstatement.

B. The member will complete a minimum of _____hours of service during this period.

1. Full-Time Members must serve 1700 hours during a period of not less than nine months and not more than one year.
2. Half Time Member must serve at least 900 hours over a time not to exceed one year.
3. Reduced Half-Time Members must serve at least 675 hours over a time not to exceed one year.
4. Quarter-Time Members must serve at least 450 hours over a time not to exceed one year.
5. Minimum Time Members must serve at least 300 hours over a time not to exceed one year.

C. The member understands that to complete the term of service successfully (as defined by the program and consistent with regulations of the Corporation for National and Community Service and to be eligible for the education award, he/she must complete all the hours of service (as noted in B above) and satisfactorily complete pre-service training and the appropriate education/training that relates to the member's ability to perform service.

D. The member understands that to be eligible to serve a second term of service the member must receive satisfactory performance reviews for any previous term of service. The member's eligibility for a second term of service with this program will be based on at least a mid-term and end-of-term evaluation of the member's performance focusing on factors such as whether the member has:

1. Completed the required number of hours
2. Satisfactorily completed assignments, tasks, or projects
3. Met any other criteria that were clearly communicated both orally and in writing at the beginning of the service term.

E. The member understands, however, that the mere eligibility for an additional term of service does not guarantee selection or placement.

F. The member understands that the program must abide by the Corporation's non-duplication and non-displacement rules.

Nonduplication - Corporation assistance may not be used to duplicate an activity that is already available in the locality of a program. And, unless the requirements of paragraph (f) of this section are met, Corporation assistance will not be provided to a private nonprofit entity to conduct activities that are the same or substantially equivalent to activities provided by a State or local government agency in which such entity resides.

Nondisplacement. 1. An employer may not displace an employee or position, including partial displacement such as reduction in hours, wages, or employment benefits, as a result of the use by such employer of a participant in a program receiving Corporation assistance.

2. An organization may not displace a volunteer by using a participant in a program receiving Corporation assistance.

3. A service opportunity will not be created under this chapter that will infringe in any manner on the promotional opportunity of an employed individual.

4. A participant in a program receiving Corporation assistance may not perform any services or duties or engage in activities that would otherwise be performed by an employee as part of the assigned duties of such employee.

5. A participant in any program receiving assistance under this chapter may not perform any services or duties, or engage in activities, that—

- (i) Will supplant the hiring of employed workers; or
- (ii) Are services, duties, or activities with respect to which an individual has recall rights pursuant to a collective bargaining agreement or applicable personnel procedures.

6. A participant in any program receiving assistance under this chapter may not perform services or duties that have been performed by or were assigned to any—

- (i) Presently employed worker;
- (ii) Employee who recently resigned or was discharged;
- (iii) Employee who is subject to a reduction in force or who has recall rights pursuant to a collective bargaining agreement or applicable personnel procedures;
- (iv) Employee who is on leave (terminal, temporary, vacation, emergency, or sick); or
- (v) Employee who is on strike or who is being locked out.

G. The members understand under what circumstances they may raise resource for the program.

1. AmeriCorps members may raise resources directly in support of your program's service activities.
2. Examples of fundraising activities AmeriCorps members may perform include, but are not limited to, the following:
 - a. Seeking donations of books from companies and individuals for a program in which volunteers teach children to read;
 - b. Writing a grant proposal to a foundation to secure resources to support the training of volunteers;
 - c. Securing supplies and equipment from the community to enable volunteers to help build houses for low-income individuals;
 - d. Securing financial resources from the community to assist in launching or expanding a program that provides social services to the members of the community and is delivered, in whole or in part, through the members of a community-based organization;
 - e. Seeking donations from alumni of the program for specific service projects being performed by current members.
3. AmeriCorps members may not:
 - a. Raise funds for living allowances or for an organization's general (as opposed to project) operating expenses or endowment;
 - b. Write a grant application to the Corporation or to any other Federal agency.

IV. POSITION DESCRIPTION (See attached Member Position Description)

The name of the member's direct supervisor is _____.

V. BENEFITS

The member will receive from the Program the following benefits:

- A. Living Allowance Calculation. The living allowance is designed to help members meet the necessary living expenses incurred while participating in the AmeriCorps Program. Programs must not pay a living allowance on an hourly basis. It is not a wage and should not fluctuate based on the number of hours members serve in a given time period. Programs should pay the living allowance in increments, such as weekly or biweekly. Programs may use their organization's payroll system to process members' living allowances. However, if a payroll system cannot be altered and must show 40 hours in order to distribute a living allowance, then members' service hours should be documented separately to keep track of their progress toward the Program's total required AmeriCorps service hours.
1. A living allowance in the amount of: _____
 2. The living allowance is taxable, and taxes will be deducted directly from the living allowance.
 3. The living allowance will be distributed [**weekly/biweekly**] by [**direct deposit**] [**check**] starting on _____ [date] _____ . The biweekly amount will be _____ .
 - a. [Health benefits (if the member is eligible). The health insurance policy is attached.]
 - b. If applicable, a child care allowance of _____ will be provided by GAP Solutions, Inc. directly to the provider, if the member qualifies for the allowance.

- B. Upon successful completion of the member's term of service, the member will receive an education award from the National Service Trust. For successful completion of a full-time term, the member will receive an education award in the amount of \$5,550.00 (*part-time term member will receive an education award of \$2,775.00, reduced part-time term member will receive an education award of \$2,114.00, quarter-term member will receive an education award of \$1468.00, and minimum term member will receive an education award of \$1,175.00*).
1. If the member has not yet received a high school diploma or its equivalent (including an alternative diploma or certificate for individuals with learning disabilities), the member agrees to obtain a high school diploma or its equivalent before using the education award.
 2. This requirement can be waived if the member is enrolled in an institution of higher education on an ability to benefit basis or the program has waived this requirement due to the results of the member's education assessment. The member understands that his or her failure to disclose to the program any history of having been released for cause from another AmeriCorps program will render him or her ineligible to receive the education award.
- C. If the member has received forbearance on a qualified student loan during the term of service, the National Service Trust will repay a portion or all of the interest that accrued on the loan during the term of service.

VI. RULES OF CONDUCT

A. At no time may the member:

1. Engage in any activity that is illegal under local, state, or federal law
2. Engage in activities that pose a significant safety risk to others
3. Engage in any AmeriCorps-prohibited activities that include:
 - a. Any activity involving attempting to influence legislation or an election or aid a partisan political organization
 - b. Helping or hindering union activity
 - c. Engaging in religious instruction
 - d. Conducting worship services
 - e. Providing instruction as part of a program that includes mandatory religious instruction or worship
 - f. Constructing or operating facilities devoted to religious instruction or worship
 - g. Maintaining facilities primarily or inherently devoted to religious instruction or worship
 - h. Engaging in any form of religious proselytizing
 - i. Organizing or engaging in protests, petitions, boycotts, or strikes
 - j. Impairing existing contracts for services or collective bargaining agreements
 - k. Participating in, or endorsing, events or activities that are likely to include advocacy for or against political parties, political candidates, political platforms, proposed legislation, or elected officials
 - l. Providing a direct benefit to a for-profit entity, a labor union, a partisan political organization, a religious organization, or a nonprofit that engages in lobbying
 - m. Providing abortion services or referrals for receipt of such services; and
 - n. Such other activities as the Corporation may prohibit.

Individuals may exercise their rights as private citizens and may participate in the activities listed above on their initiative, on non-AmeriCorps time, and using non-Corporation funds. Individuals should not wear the AmeriCorps logo while doing so.

B. The member is expected to, at all times while acting in an official capacity as an AmeriCorps member:

1. Comply with the rules and standards of the host agency.
2. Demonstrate mutual respect toward others
3. Follow directions
4. Direct concerns, problems, and suggestions to [***designate the appropriate program official here***]

C. The member understands that the following acts also constitute a violation of the Program's rules of conduct:

1. Unauthorized tardiness
2. Unauthorized absences
3. Repeated use of inappropriate language (i.e., profanity) at a service site
4. Failure to wear appropriate clothing to service assignments
5. Stealing or lying
6. Engaging in any activity that may physically or emotionally damage other members of the program or people in the community

7. Unlawful manufacture, distribution, dispensation, possession, or use of any controlled substance or illegal drugs during the term of service
8. Consuming alcoholic beverages during the performance of service activities
9. Being under the influence of alcohol or any illegal drugs during the performance of service activities
10. Failure to notify the program of any criminal arrest or conviction that occurs during the term of service

D. Under the Drug-Free Workplace Act, you must immediately notify the Program Director if you are convicted under any criminal drug statute. Your participation in the Program is conditioned upon compliance with this notice requirement, and we will take action for violation of this.

E. In general, for violating the above stated rules in section VI(C), the Program will do the following (except in cases where during the term of service the member has been charged with or convicted of a violent felony, possession, sale, or distribution of a controlled substance):

1. For the member's first offense, an appropriate program official will issue a verbal warning to the member.
2. For the member's second offense, an appropriate program official will issue a written warning and reprimand the member.
3. For the member's third offense, the member may be suspended for one day or more without compensation and will not receive credit for any service hours missed.
4. For the fourth offense, the Program may release the member for cause.

F. The member understands that he/she will be either suspended or released for cause in accordance with paragraphs (B), (D), and (E) of section VII of this agreement for committing certain acts during the term of service including but not limited to being convicted or charged with a violent felony, possession, sale, or distribution of a controlled substance.

VII. RELEASE FROM TERMS OF SERVICE

A. The member understands that he/she may be released for the following two reasons:

1. For cause, as explained in paragraph (B) of this section
2. For compelling personal circumstances as defined in paragraph (C) of this section

B. The Program will release the member for cause for the following reasons:

1. The member has dropped out of the program without obtaining a release for compelling personal circumstances from the appropriate program official.
2. During the term of service the member has been convicted of a violent felony or the sale or distribution of a controlled substance.
3. The member has committed a fourth offense in accordance with paragraph (E) of section VI of this agreement.
4. The member has committed any of the offenses listed.
5. The member has committed another serious breach that, in the judgment of the program director, would undermine the effectiveness of the Program.

C. The Program may release the member from the term of service for compelling personal circumstances if the member demonstrates that:

1. The member has a disability or serious illness that makes completing the term impossible.
2. There is a serious injury, illness, or death of a family member which makes completing the term unreasonably difficult or impossible for the member.
3. The member has military service obligations.
4. The member has accepted an opportunity to make the transition from welfare to work.
5. Some other unforeseeable circumstance beyond the member's control makes it impossible or unreasonably difficult for the member to complete the term of service, such as a natural disaster, a strike, relocation of a spouse, or the nonrenewal or premature closing of a project or the Program.

D. Compelling personal circumstances which do not constitute leaving the Program:

1. To enroll in school
2. To obtain employment, other than moving from welfare to work
3. Because of dissatisfaction with the Program

E. The Program may suspend the member's term of service for the following reasons:

1. During the term of service the member has been charged with a violent felony or the sale or distribution of a controlled substance. (If the member is found not guilty or the charge is dismissed, the member may resume his/her term of service. The member, however, will not receive back living allowances or credit for any service hours missed.)
2. During the term of service the member has been convicted of a first offense of possession of a controlled substance. (If, however, the member demonstrates that he/she has enrolled in an approved drug rehabilitation program, the member may resume his/her term of service. The member will not receive back living allowances or credit for any service hours missed.)

F. The Program may suspend the member's term of service for violating the rule of conduct provisions in accordance with the rules set forth in paragraph (C) of section VI of this agreement.

G. If the member discontinues his/her term of service for any reason other than a release for compelling personal circumstances as described in paragraph (B), (D), and (E), the member will cease to receive the benefits described in paragraph (A) of section V and will receive no portion of the education award or interest payments.

H. If the member discontinues his/her term of service due to compelling personal circumstances as described in paragraph (C) of section VII of this agreement, the member will cease to receive benefits described in paragraphs (B) and (C) of section V.

I. Program director must submit written notification to NCLR and health care providers and cancel health insurance within one week of the member's exit date and submit written notification to NCLR and First Financial (child care) providers and cancel child care.

VIII. GRIEVANCE PROCEDURES (See attached Grievance Procedure and AmeriCorps Provisions, Sec. 34)

A. The member understands that the Program has a grievance procedure to resolve disputes concerning the Member's suspension, dismissal, service evaluation, or proposed service assignment.

B. The member understands that, as a participant of the program, he/she may file a grievance in accordance with the Program's grievance procedure.

IX. Program has written policies that address:

- a. Grievance Procedures
- b. Drug-Free Workplace
- c. Nondiscrimination
- d. Reasonable accommodation for members with disabilities

X. AMENDMENTS TO THIS AGREEMENT

This agreement may be changed or revised only by written consent by both parties.

XI. AUTHORIZATION

The member and Program hereby acknowledge by their signatures that they have read, understand, and agree to all terms and conditions of this agreement. (If member is less than 18 years old, the member's parent/legal guardian must also sign.)

AmeriCorps Member AmeriCorps Program Director

Member or Parent/Legal Guardian

Signature/Date

Signature/Date

Appendix 3: AmeriCorps Tutoring Program Requirements Checklist

Any programs that engage AmeriCorps members as tutors must comply with the requirements specified below. A tutor is defined in **Sec. 2522.900** as:

- Someone whose primary goal is to increase academic achievement in reading or other core subjects through planned, consistent, one-to-one or small-group sessions and activities that build on the academic strengths of K-12 students and target their academic needs.
- A tutor is not someone engaged in other academic support activities, i.e. mentoring and after-school program support, whose primary goal is something other than increasing academic achievement. For example, providing a safe place for children ≠ tutoring, even if activities focus on homework help.

Requirement	Y	N	N/A	Comments
A. Tutor qualifications [Sec. 2522.910]				
<i>If member is considered to be an employee of Local Education Agency or school, as determined by State law, then program ensures member meets Paraprofessional qualifications under No Child Left Behind Act, as required in 34 CFR 200.58</i>				
<i>If member is not considered to be an employee of Local Education Agency or school, as determined by State law, then the program ensures member: (1)(i) Has a high School diploma or its equivalent, or a higher degree OR (ii) Proficiency test, as described in § 2522.930 of this subpart (2) Successfully completes pre- and in-service specialized training, as required in § 2522.940 of this subpart.</i>				
B. Exceptions to qualification requirements [Sec. 2522.920]				
Program is not required to meet the qualifications requirements in § 2522.910 if a member is a K–12 student tutoring younger children in the school or after school as part of a structured, school-managed cross-grade tutoring program				
C. Appropriate proficiency test [Sec. 2522.930]				
If a member serving as a tutor does not have a high-school diploma, its equivalent, or a higher degree, program ensures member passes a proficiency test that the program has determined effective in ensuring that members serving as tutors have the necessary skills to achieve program goals.				
The program maintains in the member file of each member who takes the test documentation on the proficiency test selected and the results.				
D. Program requirements [Sec. 2522.940]				
Program has appropriate criteria for selecting and qualifying tutors, including the requirements in § 2522.910.				
Program identifies the strategies or tools it will use to assess student progress and measure student outcomes.				
Program certifies that the tutoring curriculum is high-quality and research-based, consistent with instructional program of the local educational agency or with State academic content standards.				
Program certifies that the pre-service and in-service training content are high-quality and research-based, consistent with the instructional program of local educational agency or with State academic content standards.				
Program provides specialized high-quality and research-based, member pre-service and in-service training consistent with the activities member will perform.				
Program provides appropriate member supervision by individuals with expertise in tutoring.				
E. Requirements & qualifications for programs that focus on supplemental academic support activities other than tutoring. [Sec. 2522.950]				
If program does not involve tutoring as defined in Sec. 2522.900, then Secs. 2522.910-2522.940 requirements do not apply.				
At a minimum, program articulates in its application how it will recruit, train and supervise members to ensure they have qualifications and skills necessary to provide the service activities in which they will be engaged.				

Appendix 4: GED Agreement Letter Example

This agreement between the **(the AmeriCorps Partner/Site), (AmeriCorps Program)** and **(AmeriCorps Member)** signifies an understanding that the AmeriCorps Member shall obtain a high school diploma or GED certificate during the course of the term of service with the participating community development corporation. To participate in the AmeriCorps Program and receive the Education Award of **\$5,550.00**, the AmeriCorps Member is required to have completed high school equivalency before the term of service has ended. If the AmeriCorps Member has not obtained a high school diploma or GED certificate by that time, the AmeriCorps Member will forego receiving the Education Award until the National Service Trust receives documentation of successful GED completion.

By signing this agreement, the **AmeriCorps Partner/Site, the AmeriCorps Program** and the **AmeriCorps Member** acknowledge the high school equivalency requirement as defined by the Corporation for National Service and support the AmeriCorps Member's efforts to meet this requirement in an expeditious manner. In addition to the mandatory AmeriCorps reporting requirements, the AmeriCorps Member is expected to add completing his/her GED as a yearlong objective and shall be required to make progress reports on a quarterly basis. If it is apparent that no effort has been made by the **AmeriCorps Partner/Site, the AmeriCorps Program** or the **AmeriCorps Member** to move this process forward, appropriate action will be taken by **AmeriCorps Partner/Site, the AmeriCorps Program** to ensure that this requirement is properly fulfilled.

Please indicate your acknowledgement and understanding of this agreement by signing below:

(Name)	Date
AmeriCorps Partner/Site	

(Supervisor Name)	Date
AmeriCorps Program	

AmeriCorps Member Name	Date
------------------------	------

Appendix 5: AmeriCorps Benefits Options Form Example

Instructions: AmeriCorps members **must** complete all sections. If you decline a benefit, indicate so by selecting the appropriate statement. You must complete each section before you sign.

Health Care Benefits

I am a full-time/part-time member and entitled to health care benefits. I want those benefits.

I am a full-time/part-time member and entitled to health care benefits. I am declining those benefits because I am enrolled in health care at this time.

Dental/Vision Care Benefits

I am a full-time/part-time member and entitled to dental/vision benefits. I want those benefits.

I am a full-time/part-time member and entitled to dental/vision benefits. I am declining those benefits.

Child Care Benefits

I am a full-time member and entitled to child-care benefits. I want those benefits.

I am a full-time member and entitled to child-care benefits. I am declining those benefits.

Loan Forbearance

I am a full-time member and aware that I am entitled to loan forbearance via My AmeriCorps Portal

By signing below, I elect or decline the above listed coverage.

AmeriCorps Member Name: _____

AmeriCorps Member Signature _____

Appendix 6: National Service Criminal History Check Consent Form Model Language

Adapt this text to generate a form that candidates sign stating their willingness to undergo the NSCHC and their understanding that their position (whether staff or national service) is contingent on the results. You may collect this form from your candidates during the application process.

I, _____, agree to undergo the National Service Criminal History Check, which may include one or both of the following: Checks of state criminal history registries for locations where I've lived as well as where I will serve or work and/or an FBI fingerprint check.

I also understand that selection is subject to check results and that a candidate can be disqualified for any one of the following reasons:

1. Murder conviction
2. Required to be registered on a sex offender registry
3. False statement in response to inquiry about criminal history
4. Refusal to undergo the National Service Criminal History Check

Name (printed):

Signature:

Date:

Appendix 7: National Service Criminal History Check Documentation Checklist

Name of individual receiving checks:

Dates of service:

Position:

Recurring access to vulnerable populations? **Yes / No**

Verification of identity:

- Photocopy/scan of government-issued ID (driver's license or passport) attached

--OR--

- ID type _____ ID number _____ Expiration _____

National Sex Offender Public Website

- Screen shots or print out of results from nationwide sex offender registry check that clear your candidate
- If there are individuals on the NSOPW with the same name as your candidate, include documentation that shows that your candidate is not one of those listed.

Written Consent

- Scanned or attached consent form including a signed statement from candidate agreeing to undergo checks and candidate's understanding that position is contingent on results

Dates of initiation of additional check components(s)

- States records checks initiated:

--AND/OR--

- FBI fingerprint check initiated:

Accompaniment

- Attach documentation of each instance of accompaniment (while checks were pending) during service or work with vulnerable populations. Record the date, time, location, and name of person who provided accompaniment.

Completion of checks

- Record date checks were completed:
- Attach results of checks (scanned or photocopied documents, screen shots, etc.)

Consideration of results

- Maintain a document stating that checks were completed and that you considered the results of the checks

Appendix 8: National Service Criminal History Check Steps Checklist

Follow these steps to clear staff:

Remember, staff members from your program must be cleared with the National Service Criminal History Check before they can charge hours to the CNCS grant.

- Verify identity through government-issued photo identification (maintain documentation)
- Get written consent from candidates to perform checks (maintain documentation)
- Document candidate's understanding that his or her position is contingent on eligibility determined by the results of the National Service Criminal History Check (maintain documentation)
- Determine check types. Access to vulnerable populations will determine components of the National Service Criminal History Check needed
- Select sources. When going through a vendor; make sure you are getting results from CNCS-approved sources
- Perform a free, nationwide NSOPW search before candidate begins work or service (maintain documentation)
- Initiate and pay for additional check component(s). State(s) and/or FBI checks must be ordered before candidate begins work or service (maintain documentation)
- Provide accompaniment while checks are pending when service or work involves vulnerable populations (maintain documentation)
- Document receipt date when check results arrive (maintain documentation)
- Consider check results, as cleared candidates can now become fully instated (maintain documentation)
- Cease accompaniment once a candidate has cleared the state or FBI check
- Provide opportunity to review finding, being mindful of Civil Rights laws and particularly when negative results surface
- Maintain results, while providing confidentiality

Appendix 9: AmeriCorps Training Survey Example

Date: _____

Training Topic: _____

Facilitator: _____

Presentation

Please rate the following sessions and activities using a scale of 1 (strongly disagree) to 5 (strongly agree).

Provide additional comments to help us continue to make this a meaningful experience for our network leaders.

1. Topics were presented effectively.	1	2	3	4	5
2. The facilitator was knowledgeable.	1	2	3	4	5
3. The written materials were useful.	1	2	3	4	5
4. The meeting included appropriate examples and interactive practice exercises.	1	2	3	4	5
5. There were enough opportunities for discussion.	1	2	3	4	5
6. As a result of this session, my knowledge/skills have increased to perform my AmeriCorps service.	1	2	3	4	5

Briefly describe any significant knowledge and skills you gained from this session.

How will you use the knowledge and skills acquired?

Briefly describe any follow-up training or assistance that would assist in building your capacity and competency in this content area.

What would have improved this session?

Print Name and Title: _____

Supervisor's Email Address: _____

Appendix 10: Sample In-Kind Donation Form

Date of Contribution: _____

Name of Donor: _____

Address: _____

Phone: _____

Description of Contributed Item(s) or Service (include quantity):

Estimated Value of Contribution: \$

Description of basis for valuation:

Was contribution obtained with or supported by federal funds? If so, indicate source.

Authorized Signature of Donor

Date

Authorized Signature of (Insert Program Name)

Date

Appendix 11: Staff Time and Effort Record Sample

Organization X

TIME AND EFFORT RECORD: FEDERAL FUNDS

Employee Name: _____

Employee SSN: _____

Agency Code: _____

Program/Activity Code (PBB) or Org Code: _____

Pay Period Beginning: _____

Pay Period Ending: _____

Grant	Date	WEEK 1							WEEK 2							Total
		SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	
																0.0
AmeriCorps																0.0
Other																0.0
																0.0
																0.0
																0.0
																0.0
TOTAL HOURS		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Employee Signature Date

Supervisor Signature Date

Appendix 12: Audit Analysis and Feedback

Date Audit Received Sent: _____

Revised Monitoring Date (if needed): _____

Date Agenda/ Monitoring Tool Sent: _____

Date(s) of Monitoring: _____

Date Feedback Sent: _____

Date Response Expected: _____

Date Response Received: _____

Grant Number: _____

Name of Program: _____

Full Time Members Granted: _____ # at this time: _____

Program Start Date: _____

Part Time Members Granted: _____ # at this time: _____

Analysis		
The audit examined financial records for one year	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The audit report coincides with the required grant year	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The audit report includes a management letter	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Match requirements are properly documented	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Time and activities are based on budget rather than actual costs	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Clearly defined programmatic and fiscal policies and procedures	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Proper segregation of financial duties	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Program regulations comply with Serve DC-The Mayor's Office on Volunteerism and AmeriCorps Provisions	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Financial Reports reconcile (FSR/ General Ledger/ FCTR)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Highlights of the Management Letter
Corrective Action Plan

Feedback Sent to Grantee: _____

Monitor: _____