

# Module C: Financial Compliance

## Instructions

---

### For Self-Assessment:

The agency's chief financial manager or designated financial staff person must complete this form BEFORE the date of the site review.

### For Commission Financial Officer:

Complete this form during the annual site review.

## I. Background Information

---

1. Program Name and ID Number

2. Name(s) of person(s) providing information:

3. Name and title of person(s) completing this form:  
assessment

4. Date(s):

5. Type of

- Self-Assessment
- Outside Assessment

Reviewed and signed off on sampling of invoices with comparison to General Ledger

**NERF\* period/s and ACM timesheets/payroll reviewed:**

---

**II. Financial Systems**

		Yes—Appear OK	Needs Improvement	Not Reviewed	
<b>1. Does the program:</b>					Explain if checked "Needs Improvement;" or cite evidence showing compliance; and record other pertinent findings. Use back of form, if desired.
a.	Follow standard accounting principles? Is there a financial procedure manual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b.	Have internal controls and a clear audit trail? (complete I.C. questionnaire attachment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c.	Have written cost allocation procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d.	Sign and indicate payment on invoices and vouchers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e.	Accurately distinguish receipts and disbursements attributable to the grant from those non-attributable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f.	Have receipts/vouchers/source documents for each purchase or expenditure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g.	Have a procurement policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h.	Accurately track and monitor expenditures by budget line item?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i.	When required, obtain written approval from Nevada Volunteers and/or CNS grants officer for budget changes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
j.	Keep administrative costs charged to CNS within the 5% cap?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
k.	Ensure that grant funds do not inappropriately supplant or duplicate other funds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**II. Financial Systems (continued)**

		Yes—Appear OK	Needs Improvement	Not Reviewed	
<b>1. Does the program:</b>					Explain if checked "Needs Improvement;" or cite evidence showing compliance; and record other pertinent findings. Use back of form, if desired.
	Obtain Nevada Volunteers prior approval for equipment purchases when required.				
i.	(If equipment has been purchased using grant funds, is there an equipment inventory and is equipment easily identified?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
m.	Meet matching requirements? What match-year level is program currently in accordance with AmeriCorps Rules?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
n.	Accurately document and track cash matching contributions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
o.	Accurately document and track in-kind matching contributions? (Generation of volunteers for direct project type service cannot be used.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
p.	Have vouchers for in-kind contributions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
q.	Have checks signed by someone who is not involved in their preparation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
r.	Reconcile monthly bank statements? (Reviewer must review both bank statement and it's reconciliation.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
s.	Do signed staff time and attendance records indicate time spent on various activities such as AmeriCorps grants, other projects, other activities such as organizational management and general administrative, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Notes:**

**II. Financial Systems (continued)**

		Yes—Appear OK	Needs Improvement	Not Reviewed	
<b>1. Does the program:</b>					Explain if checked "Needs Improvement;" or cite evidence showing compliance; and record other pertinent findings. Use back of form, if desired.
t.	1. Withhold personal income tax and FICA from Member living allowance? 2. NOT withhold unemployment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. 2.
u.	1. Distribute living allowance appropriately? 2. Is the allowance distributed so that members only receive it while serving? 3. Does the allowance reflect what is budgeted? 4. How does the Program Director convey to payroll when a members term start/ends/changes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. 2. 3. 4.
v.	Stay within the daily maximum rate for consultants (\$750.00)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
w.	Have accounting records consistent with information on FFRs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
x.	Are FFRs submitted on time and correct?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
y.	Does the program receive program income? If so, please describe if OMB procedures are followed regarding it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
z.	Is the program familiar with OMB Circulars? Which ones does it follow?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**III. State-Specific and Other Financial Requirements**

		<input type="checkbox"/>			
		Yes—Appear OK	Needs Improvement	Not Reviewed	
<b>1. Does the program:</b>					Explain if checked "Needs Improvement;" or cite evidence showing compliance; and record other pertinent findings. Use back of form, if desired.
a.	Follow Nevada Volunteers procedures for requesting funds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b.	Carry adequate liability insurance that covers members as well as a worker's comp policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c.	Carry adequate Employee Dishonesty Coverage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d.	Have a personnel policy and job descriptions for all personnel (other than members) attributed to grant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e.	Provide an audit and what type?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**IV. Follow-Up and Support (ask program staff questions below)**

1. Are there any aspects of the financial requirements that are confusing to you? Do you need more information or support to comply in this area?

2. Is there anything else you think that Nevada Volunteers should know about your financial procedures in order to properly support you? Anything we could do better or differently to support you with financial compliance?