

Nevada Volunteers Risk and Performance Assessment 2017-2018

Name of Subgrantee: _____ Grant Year: _____

This tool is used by Nevada Volunteers during the Pre-Award Grant Process to determine the risk level of subgrantees.

- Any operational subgrantee with less than two years experience is automatically designated High Risk.

- NSCHC findings will automatically elevate a subgrantee to High Risk.

- Turnover in key program and/or financial staff may result in a designation of High Risk.

Risk Factors	Standard (0=met)	Annual Compliance Rating (0-3)	Notes about Compliance Rating	Documented Management Capacity	Capacity Bldg. or T/TA Plan	Results of Capacity Building Activities (Post-Assessment)
Member Management						
<i>Member enrollment: This is calculated by # of AmeriCorps member slots enrolled ÷ slots awarded.</i>						
0	100% enrollment					
1	≥ 90% enrollment and corrective action plan in place to address enrollment issues					
2	< 90% enrollment but program has documented extenuating circumstances					
3	< 90% enrollment and no corrective action plan to address enrollment issues					
Program Management Practices: Member Retention						
0	Meets commission standard, set at 90%					
1	Doesn't meet standard but demonstrates at least 1% improvement from prior year or target member population has expected retention challenges					
2	≥ 70% but < standard, but program design has been changed to address retention issues and/or a corrective action plan has been implemented					
3	< 70% retention					
Member 30 day enrollment compliance issues: eGrants Enrollment Cycle Time Approval Report						
0	All enrollments completed within 30 days (shows as 31 days in eGrants)					
1	Issues with ≤ 5% of enrollments with adequate explanation provided (i.e., eGrants issues)					
2	Issues with ≤ 10% of the enrollments, but corrective action plan created and/or implementation of corrective action plan demonstrates improvement					
3	≥ 10% enrollments are non-compliant with 30 day rule and compliance actions are not addressed/incomplete					
Member 30 day exit compliance issues: eGrants Exit Approval Cycle Time Report						
0	All exits completed within 30 days (shows as 31 days in eGrants)					
1	Issues with ≤ 5% of exits with adequate explanation provided (i.e., eGrants issues)					
2	Issues with ≤ 10% of exits, but corrective action plan created and/or implementation of corrective action plan demonstrates improvement					
3	≥ 10% exits are non-compliant with 30 day rule and compliance actions are not addressed/incomplete					
NSCHC: Pre-assessment based on monitoring of previous program year's National Service Criminal History Checks (NSCHC). If the NSCHCs are not timely and not documented accurately it is a finding.						
0	100% of NSCHC monitored by commission in compliance (on time, documented)					
1	< 100% of NSCHC fully compliant, but program self-identified the compliance issue(s) prior to commission monitoring and has implemented a corrective action plan					
2	< 100% NSCHC monitored by commission in compliance, but program has strong screening procedures in place and has implemented a corrective action plan					
3	< 100% NSCHC monitored by commission in compliance. Program screening procedures not followed, not in place, nor completed on time					
Prohibited activities: Pre-assessment based on prohibited activities issues identified in previous program year.						
0	Program has documented way(s) of communicating prohibited activities to members as shown through a pre-award document review process					
1	Program written documentation not consistent with prohibited activities as outlined in provisions					
2	Commission monitoring documents that program processes not followed or implemented and/or corrective actions not addressed or incomplete					
3	Program does not have procedures/systems in place to adequately train members and ensure that members are not engaged in prohibited activities					
Member Timesheets						
0	100% of member timesheets approved within the 30-day window					
1	95 to <100% of member timesheets approved within the 30-day window					

2	90 to <95 % of member timesheets approved within the 30-day window					
3	<90% of member timesheets approved within the 30-day window					
Member Change of Status Documentation: <i>Pre-assessment from findings from the program monitoring site review, health care, child care, member status</i>						
0	100% of member change of status documents recorded timely					
1	95 to <100% of member change of status documents recorded timely					
2	90 to <95 % of member change of status documents recorded timely					
3	<90% of member change of status documents recorded timely					
Days of Service: <i>Program level of participation in national and/or community days of service</i>						
0	=>3 Program sponsored quality, media-worthy community service projects that recruit volunteers					
1	=<2 Program sponsored quality, media-worthy community service projects that recruit volunteers					
2	=> 2 Program ensured that members participated in community service projects					
3	=0-1 Program ensured that members participated in community service projects					
Quality of Member Experience						
0	0 member complaints					
1	1 member complaint with satisfactory resolution					
2	1 member complaint without satisfactory resolution					
3	> 2 member complaints					
Program Management						
Annual key trainings: <i>Pre-assessment based on appropriate staff attending trainings as reflected in the training attendance logs from the previous year.</i>						
0	100% attendance at all required program director training meetings					
1	≥ 90% attendance at required meetings, but staff scheduled for make-up training					
2	< 90% attendance and/or staff not scheduled for make-up training					
3	Consistent conflicts, failure to attend by appropriate person or full lack of attendance at required meetings					
Program Site Visit: <i>Pre-assessment based on prior year monitoring and identified compliance issues.</i>						
0	No compliance findings					
1	All compliance and corrective action issues addressed					
2	Corrective action plan on schedule for implementation					
3	Corrective action not complete, repetitive compliance failures					
Operational Management: <i>Pre-assessment based on prior year self-assessment.</i>						
0	Strong Management systems in place					
1	Moderate Management Systems in place					
2	Weak Management systems in place					
3	No management systems in place					
Program Experience/Knowledge: <i>Pre-assessment based on number and type of contacts program staff have with Nevada Volunteers.</i>						
0	Questions raised by program reflect staff have researched questions, reflect knowledge of the prevailing rules					
1	Questions raised by program reflect some understanding of the issues					
2	Questions raised suggest program does not have the depth needed, knowledge of CFR, FAQs, Terms and Conditions					
3	Questions raised have been raised before and suggest program has not developed the knowledge base required					
High quality results: <i>Pre-assessment based on achievement/overachievement and data quality issues for performance measures in previous program year.</i>						
0	Performance measures achieved with minimal data quality issues					
1	Performance measures are off (+ or -) by 10% or more with minimal data quality issues					
2	Performance measures are off (+ or -) by 10% or more with corrective action plan to remedy data quality issues and/or program performance					
3	Performance measures were not achieved and/or are undocumented					
Fiscal management						
Financial reporting: <i>Pre-assessment based on timeliness of reporting in previous program year.</i>						
0	100% of progress reports on time and complete					
1	Not all progress reports submitted on time, but reports are complete and late submission pre-approved					
2	Reports are consistently late or incomplete but program provides acceptable explanation for reporting issue					
3	Reports late and incomplete without explanation or pre-approval					
Match: <i>Pre-assessment based on documented match from previous program year. [For fixed amount grants, score of 0.]</i>						
0	Met or exceeded budgeted match requirements					

1	Met statutory match requirements but fell short of budgeted match requirements				
2	Met statutory match requirements but fell short of budgeted match with no justification				
3	Did not meet match statutory match requirements				

Financial Site Visit: *Pre-assessment based on any compliance findings from the financial site visit. (For fixed amount grants, score of 0.)*

0	No compliance findings				
1	All compliance and corrective actions addressed				
2	Corrective action plan on schedule for implementation				
3	Corrective action not complete, repetitive compliance failures				

Additional comments:

Final compliance assessment:

Low = 0-18
Mid = 19-36
High = 37+