

SERVEWYOMING
AMERICORPS SITE VISIT MONITORING TOOL
SUBJECT TO CHANGE

Date:

Legal Applicant:

Program Name:

Program Year:

Point of Contact for Site Visit:

Name of Monitor(s):

Sites visited:

OVERVIEW OF SITE VISIT
I. PRE-SITE VISIT ISSUE DETECTION AND PREPARATION
II. MEMBER FILES
III. POLICIES AND PROCEDURES
IV. FINANCIAL COMPLIANCE REVIEW INSTRUMENT
V. PROGRAM EFFECTIVENESS- INTERVIEWS
VI. EXIT INTERVIEW SUMMARY

I. PRE-SITE VISIT ISSUE DETECTION AND PREPARATION

# of MSY's granted:	# currently enrolled (active):	# enrolled since start of program	# left for cause:
Enrollment rate: (# enrolled since start / # granted)		# members on suspension	
Retention rate: (# exited no award / # enrolled since start of program)		Reason or reasons for suspension(s):	
Incident reports filed with Serve Wyoming (i.e. service site injuries, etc. must be reported to ServeWyoming immediately)		# potential/current members with criminal drug conviction (program must inform Serve Wyoming within 10 days).	

Based on recent reports, the quarterly FFR and desk-based review form, a review of the PORTAL and documents requested before the grant was awarded:	Yes	No	Notes
MEMBER FORMS			
Does program submit accurate member forms via Portal in a timely manner? (enrollment/exit, change of status, and assign service locations within 30 days)			
PROGRESS REPORTS			
Does program submit progress reports within the ServeWyoming deadlines?			
Does program produce accurate progress reports that adequately capture the program's accomplishments?			
FEDERAL FINANCIAL REPORTS (FFRs)			
Does program submit FFRs on time?			
Is the program meeting match requirements (both minimum and budgeted)?			
Program shows on FFR/PERs funds spent are commensurate with program progress?			
PERIODIC EXPENSE REPORTS (PERS)			
Does program submit PERs on time (monthly or quarterly)			
Does program produce accurate and otherwise acceptable PERs?			
Is number of members paid living allowances equivalent to number of members serving? (Compare PORTAL and most recent PER.)			
OTHER			
Has the program submitted an audit and provided Serve Wyoming with a copy?			
Does program cooperate with Serve Wyoming and CNCS evaluation efforts? (i.e. site visits; desk audits; T/TA assessments; requests from CNCS)			
Does program obtain written approval of changes from ServeWyoming when required? (changes in performance measurements; budget line item revisions; etc.)			
Does program respond in a timely manner to inquiries from Serve Wyoming and CNCS?			
Are AmeriCorps opportunities listed on the national recruitment website?			
Has the program participated in any National Days of Service?			

Notes:

Previous Finding(s): Based on past monitoring activity	
Date of previous programmatic or financial site visit or desk audit:	
What findings or issues were identified during the last site visit(s)?	Have these findings or issues been corrected? Y/N

Serve Wyoming Identified Challenges: Based on contact with the program and a review of the most recent Financial Audit, Desk Audit feedback, Site Visit feedback, and Grant Review Recommendation and Feedback	
Major Challenges Faced by Program	Challenges Resolved—Y/N

Training & Technical Assistance: Based on contact with the program and T/TA requests.	
List FORMAL T/TA provided in past 12 months?	Program identified Challenges Resolved—Y/N

II. MEMBER MANAGEMENT

Instructions: Review no less than 10 member files from current year. If applicable, pull at least two files for members who left for cause or compelling circumstances.

MEMBER ELIGIBILITY										
NAME ON MEMBER FILE										
Application										
State of residency at the time of application										
AmeriCorps enrollment form (if using paper form)										
W-4 (if a member is receiving a living allowance)										
Proof of US citizenship, or lawful permanent resident (i.e. U.S. Birth Certificate, passport, proper INS form-please see acceptable documentation list, see Attachment B)										
Birth certificate or government ID that documents candidate's proof of age										

Notes:

If during a single monitoring activity, a Monitoring Official discovers two or more member files whose NSCHC's are noncompliant, the Monitoring Official must expand the scope and review all of the grantee member files, unless it's determined that the noncompliance is limited to a subset of members (i.e. host site).

Criminal Background and National Sex Offender Registry Checks (Initials)										
NSCHC Resources: www.nationalservice.org/resources/criminal-history-check										
Member START DATE: Print Member Roster Report Prior to Site Visit										
Given name as stated on gov't issued I.D. used to conduct the checks										
National Sex Offender Public Registry (NSOPW) check conducted prior to enrollment/hours accrued (use date stamp for verification/screen shot)? <i>If using the same check for a subsequent term, a break in service must be less than 120 days.</i>										
All states/jurisdictions operational at the time of the NSOPW check										
Evidence exists that all "hits" were verified they did not apply to the member?										
Member authorization of criminal history checks prior to initiation										
Did program document that member was informed selection is subject to check?										
Has program obtained parental consent in writing, for members under 18?										
If member was living outside of the WIN network at time of application, was the state of RESIDENCY background check initiated no later than start date. <i>If using the same check for a subsequent term, a break in service must be less than 120 days.</i>										
DCI/WIN Network state of SERVICE background check initiated no later than start date. <i>If using the same check for a subsequent term, a break in service must be less than 120 days.</i>										
If the member has access to vulnerable populations, was an FBI check conducted no later than start date? <i>If using the same check for a subsequent term, a break in service must be less than 120 days.</i>										
If the member DOES NOT have access to vulnerable populations and conducts FBI checks instead of state checks, was an FBI check conducted no later than start date?										
Is there written evidence the program considered the results of background checks?										
Was ACCOMPANIMENT necessary?										
If so, was approval given by ServeWyoming?										
Accompaniment START DATE:										
Accompaniment END DATE:										
Does accompaniment documentation indicate hours of accompaniment and name of QUALIFIED accompanier?										
If so, does qualification document exist that includes date they were checked and cleared via CNCS rules?										
If the program has an Alternative Search Procedure (ASP), are they following it correctly?										

Member Contract (from CURRENT Terms & Conditions/Provisions)										
Member START DATE:										
Does the contract include start and end dates?										
Is member start date in contract consistent with the Member Roster Report?										
Is contract signed & dated by member on or before the date of service stated in contract?										
Has program obtained parental consent in writing, for members under 18?										
Is contract signed and dated by the program?										
Evidence of high school completion (i.e. diploma, GED, IEP, completion certificate or self-certification in enrollment form or other)										
If the member has not earned a diploma or high school equivalency, has the member been informed the Ed Award is not accessible until s/he obtains high school diploma or equivalency and are support services offered?										
Did program obtain written consent to use member name/photo?										
Did program obtain written consent to use member name/photo for members under 18?										
Does the contract meet the following Terms and Conditions requirements?										
Member position description										
The minimum number of service hours and other requirements (as developed by the grantee necessary to successfully complete the term of service and to be eligible for the education award)										
The amount of the education award the individual may receive upon successful completion of the terms of services.										
Standards of conduct, as developed by the grantee or subgrantee										
Prohibited activities policy, including those specified in the regulations (Attach. B)										
Non-duplication and Nondisplacement statement										
Limits of fundraising statement										
Requirements under the Drug-Free Workplace Act (41 U.S.C. 701 et seq.)										
Civil Rights/Non-Discrimination Policy										
Suspension and termination rules										
The specific circumstances under which a member may be released for cause										
Grievance procedures										

Notes:

Timesheets (on MSL or on paper with approval, sample 3 months prior to visit)										
Are they signed by both the member and the program staff person directly supervising the member?										
Are they up to date within the last 30 days?										
Do the timesheets segregate/track separately hours for service vs. hours for training/indirect service?										
Member is at risk of exceeding allowed fundraising (10%) or trainings hours (20%)? Review Member Analysis Tab in MSL										
Do timesheets show location of service activities?										
Do timesheets show descriptions of activities?										
Activities for which time is claimed are allowable (i.e contract/position description, allowable fundraising directly benefits the subgrantee and no grantwriting to fed. agencies).										
Member End of Term/Exit Form										
Do the hours from time sheets add up to the number of hours claimed on Member Roster Report in the PORTAL?										
If using paper form:										
<ul style="list-style-type: none"> Is it signed and dated by both the member and the certifying official? (If not signed by member, is justification provided?) 										
<ul style="list-style-type: none"> Is the certifying official signature concurrent with or after the members? 										
<ul style="list-style-type: none"> Is end date on form consistent with the Member Roster Report in the PORTAL? 										
Documentation for Compelling Personal Circumstances or Cause (at least 2 files)										
If the member received a pro-rated ed. award is there documentation of compelling personal circumstances that falls within the parameters identified in the AmeriCorps Provisions?										
If applicable, is there proper documentation for member's termination for cause?										
Documentation of Health Care Enrollment (FULL TIME MEMBERS ONLY)										
If eligible, does program have proof that member is enrolled in health care benefits or a waiver if not enrolled?										
Documentation of Child Care (FULL TIME MEMBERS ONLY)										
If eligible, does program have proof that member was given the childcare benefit or waiver if the member did not want it?										
Notification to child care and health care providers in writing when a member's status changes										

Performance Evaluation										
Has a mid-term evaluation been scheduled OR completed for FT and HT members?										
Has an end of term evaluation been scheduled OR completed for member?										
Does end of term provide an update on completion of hours?										
Does end of term discuss if member has satisfactorily met performance criteria?										
Does program staff supervisor sign member evaluations?										
Change of Status										
Has member been suspended or reinstated? If so, is there documentation of change of status?										
Has member's term of service changed? (i.e. converted from HT to FT) If so, is there documentation in the file that reflects this?										
Was the conversion made within the first three months of the member's term?										
Is change of status date on documentation consistent with the PORTAL?										

Notes:

III. POLICES AND PROCEDURES

Does the program have accurate documentation showing:	Y	N	N/A	NOTES
AFFILIATION WITH NETWORK				
Does the grantee identify as an AmeriCorps program (website with linking logo, signage, MOU, daily service gear/identification, marketing, press releases, AC logo at host sites)?				
Does grantee identify/refer to members as AmeriCorps members?				
Has the grantee altered the logo? If so, was written permission from Serve Wyoming and/or CNCS obtained?				
MEMBER TRAINING				
Does the program have a member training plan?				
Does program provide members with necessary information on the organization, health/child care, loan forbearance, Ed. Award, prohibited activities, etc. (in contract, orientation agenda, or handbook)?				
Does program provide member training that meets requirements: orientation, civic engagement, service-related training, Life After AmeriCorps.				
Does program have documentation of time, location, and dates of training?				
Does the program have a sign-in sheet for each training session/day, signed by all members in attendance, indicating date, time, and title of training?				
Does the program have a member handbook?				
MEMBER SUPPORT AND SUPERVISION				
Does program allow members to serve on a jury or vote with no penalty?				
Does program have a member safety policy with necessary precautions?				
Does program provide members with adequate supervision?				
Does program prohibit members from supervising other members?				
INCLUSIVE ENVIRONMENT				
Does program have a written reasonable accommodation policy?				
Is there evidence that policy has been shared with members?				
Is there documentation of reasonable accommodation requests? If "yes", is there documentation of "action taken" for the request?				
Is the organization ADA compliant? (i.e. accessible location)				
Is there evidence of inclusive recruitment efforts? (i.e. contact with disability providers, messaging, inclusive service description etc.?)				
ACCESS TO FILES				
Is access to general member files limited to appropriate program staff and/or Serve Wyoming/CNCS officials?				
Are medical and other sensitive (i.e. SSI#) files locked and kept separately from general member files? (i.e. reasonable accommodation requests, health certificates, physical exams, etc.)				

Notes:

DRUG FREE WORKPLACE ACT POLICY	Y	N	N/A	NOTES
Does program comply by:				
<ul style="list-style-type: none"> publishing a Drug Free Workplace Act policy statement notifying employees and members about the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited and specifying the consequences of violations; 				
<ul style="list-style-type: none"> establishing a drug free awareness process to inform employees and members about the dangers of drug abuse in the workplace; the grantee's policy; any available employees assistance programs; and the penalties of drug abuse violations; 				
<ul style="list-style-type: none"> providing each employee and member involved in the performance of the grant a copy of the Drug Free Workplace Act policy statement; 				
<ul style="list-style-type: none"> notifying employees and members that they must abide with the terms of statement and notify the employer within 5 days of any criminal drug statute conviction occurring in the workplace; 				
<ul style="list-style-type: none"> notifying Serve Wyoming and CNCS within 10 days after receiving notification of any criminal drug statute conviction occurring in the workplace; 				
<ul style="list-style-type: none"> taking appropriate personnel action against the employee or member, up to and including termination; OR requiring the employee or member to participate in an approved drug abuse assistance program within 30 days. 				
NON-DISCRIMINATION POLICY				
Does program have a written policy on non-discrimination?				
Does grantee notify members, staff, stakeholders, and community about its non-discrimination policy?				
Does the policy note appropriate point of contact for filing a complaint?				
SUPPLEMENTATION, NON-DUPLICATION, AND NON-DISPLACEMENT POLICY				
Does program ensure that funds are not used to duplicate services? (i.e. position descriptions)				
Does program ensure that they do not displace an employee or a position? (i.e. separate position descriptions, or letter of labor union concurrence)				

Notes:

PERFORMANCE MEASURE MANGEMENT AND DATA QUALITY PLAN	Y	N	N/A	NOTES
Does the program have a data quality plan or protocol?				
Does program track progress toward achievement of their grant objectives?				
Are the reported data consistent with the approved program design?				
Is the program measuring what it intended to measure?				
Does the grantee collect all of the data relevant to the measure? <i>Consider: Does it collect data from all sites? (if applicable to the grantee's program model), does it collect data with the same frequency from all sites? (if applicable to the grantee's program model)</i>				
Is any vital information (e.g. for a period of time or for a group of participants) missing from the data reported or collected? <i>Consider: If data are missing, does the grantee have documentation to explain missing data? If data are missing, what are the grantee's plans for resolving issues and collecting missing data in the future?</i>				
Does the grantee collect data at intervals that seem appropriate for the data points?				
If the data collection process involves sampling (e.g. statistical sampling, rates of response), did the award recipient get the sampling plan approved by CNCS?				
Does the grantee use clear, consistent definitions to describe its data? <i>Consider: Do these definitions align with published CNCS definitions, do definitions remain the same over the lifespan of the grant, does the grantee use standard definitions across sites?</i>				
Does the grantee have a plan or procedures to collect and review data? Does this plan include checking for errors?				
Does the grantee have documentation showing that they follow their data collection and review plan?				
Does the data vary significantly? If so, why? If the data varies due to errors, does the grantee have a plan to fix the issue and prevent further problems?				
Does the grantee have a system of data quality controls to ensure data is collected, aggregated, reviewed, maintained, and reported according to written plans or procedures? <i>Consider: Does the grantee use controls throughout the data collection and management process does the grantee regularly review and update its data quality control procedures?</i>				
Does the grantee verify data accuracy? <i>Consider: How does the grantee confirm that data are accurate? Do data providers certify data accuracy? If possible, does the grantee assign someone (who does not directly collect data) to either oversee data quality or conduct an objective review of performance measures data?</i>				
Does the grantee need to make corrective actions related to their data quality?				

PROGRAM STAFF	Y	N	N/A	NOTES
Does program keep ServeWyoming informed of any changes in program staff?				
Does program have position descriptions and time sheets for each staff paid by grant?				
Have any new staff been assigned to the funded or matched side of the grant?				
Do all covered staff members, budgeted in the grant (CNCS or Grantee share) have on time, correct, and completed NSOPW and Criminal History Background Checks? Write the names of staff members in the notes and check against page 14.				
If these staff accompany members, were they cleared to serve prior to providing accompaniment?				
Does the program conduct the background checks through the approved sites and repositories for staff?				
The program reviews the results of the criminal registry checks prior to selecting an individual for grant funded/matched staff position.				
Have any staff members been funded or matched on the grant prior to 2009?				
If so, do they have a murder self-certification form on file?				
HOST SITE(S)				
Does program have signed and dated memo of understanding between the parent organization and service sites?				
Does program keep ServeWyoming informed of any changes in host sites?				
If host site supervisors are used as match, have they received NSCHC?				
Does program have a protocol for monitoring service sites (schedule, tool, feedback, follow up, etc.)?				
Does program have written documentation to verify monitoring? (schedule, completed tools, copy of feedback, etc.)				
Does program ensure host sites receive training and information on how to follow CNCS rules and regulations (training plan, MOU, etc.)?				
Does host site identify itself with AmeriCorps (i.e. AC poster, logo, etc.)?				

Notes:

STAFF NSCHC: If during a single monitoring activity, a Monitoring Official discovers two or more files whose NSCHC's are noncompliant, the Monitoring Official must expand the scope and review all of the grantee files, unless it's determined that the noncompliance is limited to a subset (i.e. host site).

Criminal Background and National Sex Offender Registry Checks (Staff Initials)					
NSCHC Resources: www.nationalservice.org/resources/criminal-history-check					
STATE OF RESIDENCY:					
Copy of Gov't Issue ID verified correct name used to conduct checks					
START DATE (See page 13):					
Given name as stated on gov't issued I.D. used to conduct the checks					
National Sex Offender Public Registry (NSOPW) check conducted prior to time charged to grant (use date stamp for verification/screen shot)? <i>If using the same check as a member term, the break in service to employment must be less than 120 days.</i>					
All states/jurisdictions operational at the time of the NSOPW check					
Evidence exists that all "hits" were verified they did not apply?					
Authorization of criminal history checks prior to initiation					
Did program document that staff was informed selection is subject to check?					
If staff was living outside of the WIN network at time of application/employment, was the state of RESIDENCY background check initiated no later than start date. <i>If using the same check as a member term, the break in service to employment must be less than 120 days.</i>					
DCI/WIN Network state of SERVICE background check initiated no later than start date. <i>If using the same check as a member term, the break in service to employment must be less than 120 days.</i>					
If the staff has access to vulnerable populations, was an FBI check conducted no later than the start of charging time to grant? <i>If using the same check as a member term, the break in service to employment must be less than 120 days.</i>					
If staff DOES NOT have access to vulnerable populations and conducts FBI checks instead of state checks, was an FBI check conducted no later than the start of charging time to grant?					
Is there written evidence the program considered the results of background checks?					
Was ACCOMPANIMENT necessary?					
If so, was approval given by ServeWyoming?					
Accompaniment START DATE:					
Accompaniment END DATE:					
Does accompaniment documentation indicate hours of accompaniment and name of QUALIFIED accompanier?					
If so, does qualification document exist that includes date they were checked and cleared via CNCS rules?					

NATIONAL SERVICE CRIMINAL HISTORY CHECKS (NSCHC)	Y	N	N/A	NOTES
Does the program have and follow a Criminal History Check Policy for members and staff funded or matched?				
Does the program maintain the results of all background checks?				
Does the program use an approved vendor to conduct checks? (write N/A if no vendor is used)				
Does the program use an approved vendor to conduct checks? (write N/A if no vendor is used). If YES, answer the questions below:				
Which component(s) of the NSCHS does the program use the vendor for the search? NSOPW, FBI, State of Service, State of Residence (You may choose one or any combination of items).				
Does the program have an MOU with the vendor?				
Does the program ensure confidentiality of all criminal history check information?				
Applicants do not assume the cost of performing a Criminal History Check.				
The program reviews the results of the criminal registry checks prior to selecting an individual for service?				
The program provides an opportunity for the applicant to review and challenge the factual accuracy of a result before action is taken to exclude the applicant from the position.				
Does the program deny participation in AmeriCorps to applicants with positive hits on the NSOPW, have a sex offence or murder conviction, refuse to undergo the checks, or make a false statement (contract/policy, etc)?				
Does the program conduct the background checks through the approved sites and repositories for members?				
Does the program have a copy of the certificate documenting they have completed the online NSCHC course from CNCS?				
OTHER				
Does program have proof of liability insurance that properly covers organization, staff, and members both on and off-site?				
Have any grievances been filed?				
Records Retention: Are previous grant files available? (grantees must keep files for 3 years from the last FFR, of the latest closeout).				

Notes:

IV. FINANCIAL COMPLIANCE REVIEW INSTRUMENT

Date of Interview/Completion of Financial Systems Review:

Grantee:

Program Director: Phone:

Financial Officer: Phone:

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

Pre-Site Visit Questions:	Yes	No	Explanation
Follow standard accounting principles			
Have internal controls and a clear audit trail			
Have written cost allocation procedures			
Have checks signed by someone who is not involved in their preparation			
Keep administrative costs charged to CNCS within 5% cap			
Keep administrative costs expensed by Grantee within 10% cap (How is this expense tracked?)			
Accurately track and monitor expenditures by budget line item			
Obtain ServeWyoming prior approval for equipment purchases over \$5000, if applicable			
Have written fiscal policies that include procurement, time keeping for members and staff, records retention, travel, code of conduct, financial reporting, audit schedule?			
Site Visit Questions:	Yes	No	Explanation
Grant funds do not inappropriately supplant or duplicate other funds			
Sign and indicate payment on invoices and vouchers			
Accurately distinguish receipts and disbursements attributable/non-attributable to the grant			
Receipts/vouchers consistent with ledger, histories and expenditure reports			

Receipts/vouchers/source documents for each purchase or expenditure			
Accounting records consistent with information on FFRs			
Accurately document and track cash and in-kind match (i.e. in-kind voucher)			
Withhold personal income tax and FICA from members' living allowance			
Cover workmen's comp. and unemployment insurance for members and AC program staff			
Distribute living allowance evenly and appropriately (not hourly, or based on number of hours served)			
Have 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.			
Assure that staff members' time/expenses for organized fundraising activities are not charged to the corporation or grantee share			
Assure that staff members' time/expenses for non-AmeriCorps program activities are not charged to the Corporation or grantee share			
Does the program have a copy of the certificate documenting they have completed the online Financial Management course from CNCS?			

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 the State Commission should know about your financial procedures in order to properly support you?

V. PROGRAM EFFECTIVENESS

A. AmeriCorps Members

How many members are being interviewed?

What are the names of the members interviewed?

Tell me about your service. What do you do on a daily basis?

Did your program provide you with an orientation to AmeriCorps, the program, and your service? What was good about your training? What didn't work?

Did you feel prepared to perform your service? What kind of continued training are you receiving to support both your service and your professional development?

What support do you get from your supervisor(s)? Do you feel supported by the AmeriCorps program?

Are you familiar with what activities are prohibited and what your program or site supervisor should not ask you to do?

Are you engaged in any fundraising (i.e. grantwriting, solicitation of donations, fundraising events)? If so, please describe.

Do you feel the community is aware of your project and the service you perform? What kind of things do you and the program do to make the community more aware of AmeriCorps and your service? What ideas do you have to strengthen that awareness?

How are you involved with collecting data for your AmeriCorps program goals? If so, can you describe the process of submitting your data and the tools you use to collect information?

In what ways do you feel that you are doing meaningful service that benefits the community?

In what ways do you think the AmeriCorps program offers you leadership opportunities, or opportunities to learn new skills?

Have you participated in any national days of service and/or have you had an opportunity to serve alongside other AmeriCorps programs and/or other national service programs such as Learn and Serve, AmeriCorps*VISTA, or Senior Corps?

What impact do you think this program and/or your term of service has had and will have on you? Do you plan to continue to provide service to communities?

What plans have you made for after your AmeriCorps service? Is the program or site supervisor either currently helping you or is scheduled to help you plan for life after service?

What accomplishment are you most proud of as an AmeriCorps member?

B. AmeriCorps Site Supervisors

Name of supervisor(s) and site(s):

What are the AmeriCorps members doing at your site?

What impact do you think their service has at your (school, clinic, organization, etc.)?

Were the AmeriCorps members adequately trained to perform their service and do you have suggestions on how this area can be strengthened?

What additional training do you provide? (if any)

Do you feel that you have the information you need to supervise the AmeriCorps members?

Are you familiar with what activities are prohibited and what you should not ask your members to do? Please give details.

How would you rate the management of this program? Why? How could it be improved?

How do you interact and communicate with the AmeriCorps program staff? How often do you communicate? How often do you meet?

Do you think the program documents and tracks the impact of the AmeriCorps members' service effectively? Have you been provided with the service objectives that the members assigned to your site are addressing? Can you discuss the progress the members are making on these objectives? (If they cannot answer then ask them, what kind of support do you need to improve your knowledge and implementation of the overall program objectives?)

Does the AmeriCorps program solicit and incorporate on-going feedback from service partners and the community? How are you involved in the evaluation of the program and its re-submission as an AmeriCorps program?

How are you involved with collecting data for your AmeriCorps program goals? If so, can you describe the process of submitting your data and the tools you use to collect information?

To what extent do you feel this program fosters the educational achievement, service, and citizenship of AmeriCorps members?

In what other ways do you feel this program positively impacts members?

Overall, can you give examples of the greatest strength of the program and the greatest area needing improvement?

C. AmeriCorps Program Board Members or other Stakeholders (Community Partners)

Name of Board member or community partner(s):

How does the AmeriCorps program fit into the mission of your organization?

What benefits does the AmeriCorps program provide to your organization? (What does the AmeriCorps program allow you to do that you couldn't do before?)

What impact is the AmeriCorps program having in the community? (if not answered above).

What impact does the program have on the members?

How were you involved in development of the program's service activities?

How are community partners involved in the implementation of the program?

How do you give feedback to the program?

Overall, can you provide both the greatest areas of strength and improvement for the AmeriCorps program?

VI. SUMMARY OF FINDINGS

SECTION	SUMMARY OF FINDINGS
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