



***HAWAI`I COMMISSION FOR NATIONAL AND COMMUNITY SERVICE***  
*UNIVERSITY OF HAWAI`I*  
*1601 EAST-WEST ROAD, JAB 4019*  
*HONOLULU, HI 96848*

# Hawai`i Program Review Instrument (HPRI)

# HAWAII COMMISSION MONITORING POLICIES AND PROCEDURES

## OVERVIEW:

THIS DOCUMENT IS A POLICY GUIDELINE GOVERNING THE PHILOSOPHY AND IMPLEMENTATION OF MONITORING ACTIVITIES FOR SUB-GRANTEES OF THE HAWAII COMMISSION. IT OUTLINES THE SCOPE AND STRATEGIES FOR SUB-GRANTEE SITE VISITS AND OTHER MONITORING ACTIVITIES. TOOLS UTILIZED BY COMMISSION STAFF FOR MONITORING PURPOSES ARE REFERENCED.

## PURPOSE AND SCOPE:

MONITORING THE FINANCIAL AND PROGRAMMATIC COMPLIANCE ISSUES IS A MANDATED FUNCTION OF THE COMMISSION FOR ALL STATE FORMULA, COMPETITIVE, EDUCATION AWARD AND OTHER PROGRAMS ADMINISTERED BY THE COMMISSION. MONITORING SUB-GRANTEES ASSISTS IN ASSURING COMPLIANCE WITH APPLICABLE REGULATIONS, LAWS, AND GUIDELINES GOVERNING PROGRAMS OF THE CORPORATION FOR NATIONAL AND COMMUNITY SERVICE. MONITORING CAN ALSO PROVIDE PROGRAMS WITH FEEDBACK TO INCORPORATE INTO STRATEGIES FOR CONTINUOUS IMPROVEMENT.

## I. POLICY

THE HAWAII COMMISSION USES A RISK-BASED MONITORING STRATEGY TO TAILOR THE TYPE AND EXTENT OF MONITORING FOR ITS SUBGRANTEES AND THEIR PROGRAMS. SEE ATTACHMENT A, RISK ASSESSMENT REVIEW FORM. SUBGRANTEES WITH FACTORS THAT MAY INCREASE RISK IN CERTAIN AREAS ARE SUBJECTED TO A GREATER LEVEL OF SCRUTINY IN THOSE PARTICULAR AREAS TO MINIMIZE THE RISK. FOR EXAMPLE, A NEW AMERICORPS PROGRAM WITH PRIOR FEDERAL GRANTS MAY BE TARGETED FOR A SITE VISIT REVIEW EARLY IN THE OPERATING CYCLE TO EXAMINE THE AREAS OF FISCAL AND PROGRAM COMPLIANCE SPECIFIC TO AMERICORPS. ALTERNATIVELY, A NEW SUBGRANTEE ORGANIZATION WITHOUT PRIOR FEDERAL AWARD EXPERIENCE WOULD BE A CANDIDATE FOR A PRE-AWARD REVIEW, USUALLY ON-SITE, TO ASSURE THAT THE ACCOUNTING SYSTEM AND INTERNAL CONTROLS ARE ADEQUATE TO MANAGE A FEDERAL PROGRAM AWARD. EXPERIENCED PROGRAMS WITHOUT RECENT PERFORMANCE AND COMPLIANCE ISSUES MAY NOT HAVE ANY FORMAL ON-SITE REVIEW DURING THE YEAR.

THE HAWAII COMMISSION IS COMMITTED TO WORKING WITH EACH PROGRAM INDIVIDUALLY TO IDENTIFY AND REMEDY RISK FACTORS IN ITS MONITORING STRATEGY. PROGRAMS WITH HIGHER RISK GENERALLY MAY RECEIVE ONE SITE VISIT PER BUDGET PERIOD AND MAY RECEIVE ADDITIONAL SITE VISITS, DESK REVIEWS OR OTHER ACTIONS AS NEEDED TO ENSURE PROGRAMS REMAIN IN COMPLIANCE WITH ALL APPLICABLE LAWS AND GUIDELINES.

AS PART OF ITS REGULAR MONITORING, THE HAWAII COMMISSION ALSO REVIEWS ALL PERs, FSRs AND PROGRESS REPORTS SUBMITTED BY ITS SUBGRANTEES FOR ACCURACY, COMPLIANCE AND ADEQUATE PERFORMANCE.

THE HAWAII PROGRAM REVIEW INSTRUMENT (HPRI) IS A COMPREHENSIVE DOCUMENTS AND CHECKLISTS ADDRESSING ALL ASPECTS OF A PROGRAM GRANT INCLUDING: REPORTING AND COMMUNICATION; MEMBER DOCUMENTATION AND COMPLIANCE; FINANCIAL COMPLIANCE; AND POLICIES AND PROCEDURES. BASED ON THE RISK ASSESSMENT OF A SUBGRANTEE, THE COMMISSION MAY USE ALL OR PARTS OF THE HPRI IN MONITORING AND SITE VISIT REVIEWS

### A. SITE VISITS

THE HAWAII COMMISSION CONDUCTS SITE VISITS TO SUB-GRANTEE OFFICES AND INDIVIDUAL MEMBER SERVICE SITES TO SAMPLE AND INVENTORY FINANCIAL MANAGEMENT AND PROGRAMMATIC SYSTEMS AND PROCEDURES AS APPROPRIATE FOR THAT PARTICULAR GRANTEE. A COMMISSION STAFF PERSON WILL, IN MOST CASES, SCHEDULE AT LEAST ONE SITE VISIT TO EACH SUB-GRANTEE DURING A PROGRAM YEAR FOR THE PURPOSE OF MEETING WITH PROGRAM MANAGEMENT, MEMBERS, OR SITES TO ASSESS PROGRESS, ADDRESS ISSUES OR TECHNICAL ASSISTANCE NEEDS OR TO MONITOR COMPLIANCE BY THE PROGRAM. SUB-GRANTEES NOT IN COMPLIANCE WITH GRANT GUIDELINES MAY BE SCHEDULED FOR ADDITIONAL FOLLOW-UP SITE VISITS TO VERIFY STATUS OF COMPLIANCE ISSUES OR ASSURE ADEQUACY OF OPERATIONS DEPENDING ON THE SEVERITY OF THE FINDINGS. SUB-GRANTEES IN A HIGH-RISK CATEGORY DURING ANY TIME OF THE PROGRAM YEAR IN ANY COMPLIANCE AREA MAY ALSO BE SCHEDULED FOR ADDITIONAL SITE VISITS.

SITE VISITS MAY FOCUS ON EITHER OR BOTH PROGRAMMATIC AND FINANCIAL MANAGEMENT SYSTEMS OR THEY COULD BE MODIFIED TO ADDRESS A SPECIFIC ISSUE OR SITUATION.

### B. DESK REVIEWS

WHILE NOT A REGULAR MONITORING PRACTICE, THE HAWAII COMMISSION MAY WHEN DEEMED NECESSARY OR APPROPRIATE REQUEST SUPPORTING DOCUMENTATION FOR EXPENDITURES AND OTHER PROGRAMMATIC ACTIVITIES ATTRIBUTED TO THE AMERICORPS GRANTS. THIS STRATEGY MAY BE IMPLEMENTED TO REDUCE THE INCONVENIENCE OF A FULL SITE VISIT ON PROGRAMS

WHILE ALLOWING THE COMMISSION TO VERIFY PROGRAM ACTIVITIES AND STANDARDS. THE HAWAII COMMISSION MAY CONDUCT DESK REVIEWS ON ANY OR ALL OF ITS SUBGRANTEES AS FOLLOWS:

- PROGRAM OFFICERS WOULD IDENTIFY SPECIFIC PROGRAM AND FINANCIAL MANAGEMENT AREAS TO BE SAMPLED AND REVIEWED.
- THE PROGRAM OFFICERS WOULD MODIFY OR DEVELOP TESTING GRIDS FOR SAMPLED MATERIAL.
- PROGRAMS WOULD RECEIVE A DETAILED REQUEST FROM THE HAWAII COMMISSION FOR SPECIFIC INVOICES, LEDGER ENTRIES, MEMBER DOCUMENTS, OR PROGRAM DOCUMENTS AS PRESCRIBED IN THE REVIEW PARAMETERS.
- PROGRAMS WOULD BE GIVEN A DUE DATE FOR SUBMISSION OF ALL DOCUMENTATION.

### **C. FOLLOW-UP**

FOR DEFICIENCIES OR NONCOMPLIANCE WITH REQUIREMENTS, THE HAWAII COMMISSION WILL:

- IF THERE ARE FINDINGS NEEDING CORRECTIVE ACTIONS, SEND A REPORT ON ANY FORMAL ON-SITE OR DESK REVIEWS TO THE PROGRAM IN A TIMELY FASHION.
- FOLLOW UP WITH PROGRAMS REGARDING ANY QUESTIONS OR ISSUES IDENTIFIED IN THE REVIEWS
- WORK INDIVIDUALLY WITH PROGRAMS ON ANY AREAS IN QUESTION, NON-COMPLIANCE OR WEAKNESSES TO ESTABLISH REMEDIES OR CORRECTIVE ACTION PLANS AND TIMELINES FOR COMPLETION. (PROGRAMS WILL SUBMIT DOCUMENTATION AND/OR CERTIFICATION OF REMEDIES WITHIN THE PRESCRIBED TIME FRAMES)
- REVIEW SUCH DOCUMENTS OR REMEDY CERTIFICATION AND SEND RESPONSE LETTER TO PROGRAM ACKNOWLEDGING RESOLUTION OF FINDINGS, IF SO OR REQUEST ADDITIONAL CLARIFICATION.

FOLLOW-UP ON SITE IF NECESSARY FOR FINAL RESOLUTION

### **D. SAMPLING GUIDELINES**

THE HAWAII COMMISSION WILL GENERALLY SAMPLE A GREATER NUMBER OF TRANSACTIONS IN THE HIGHER RISK AREAS FOR ANY SUBGRANTEE DURING SITE VISITS.

THE HAWAII COMMISSION STAFF WILL IDENTIFY SAMPLE SIZE AND TIME PERIOD FOR EACH SITE VISIT OR DESK REVIEW. SAMPLING MAY BE RANDOM OR SPECIFICALLY TARGETED TO A SPECIAL SITUATION.

## **II. COMPLIANCE REMEDIES**

THE HAWAII COMMISSION MONITORS PROGRAMS PRIMARILY THROUGH SITE VISITS, THE WEB-BASED REPORTING SYSTEM, PHONE CALLS, AND OTHER CORRESPONDENCE. IF THE COMMISSION FINDS AN ISSUE THAT NEEDS TO BE CORRECTED BY THE PROGRAM, IT WILL IMPLEMENT THE FOLLOWING PROCEDURES. THE COMMISSION WILL NOT NECESSARILY FOLLOW ALL STEPS AND RESERVES THE RIGHT TO PROCEED IMMEDIATELY TO ANY STEP DEPENDING ON THE SEVERITY OF THE ISSUE OR PAST INCIDENTS WITH A PROGRAM.

EXAMPLES OF NON-COMPLIANCE:

LATE REPORTING (PROGRESS REPORTS, MEMBER FORMS, FINANCIAL STATUS REPORTS, ETC.)  
INCOMPLETE MEMBER FILES, PARTICULARLY FOR ELIGIBILITY  
MEMBERS OR STAFF PARTICIPATING IN PROHIBITED ACTIVITIES  
FAILURE TO PURSUE APPROVED OBJECTIVES  
FAILURE TO MEET MANDATORY MATCH

### **1. INITIAL NON-COMPLIANCE LETTER**

A LETTER, MEMO OR EMAIL FOLLOWING IDENTIFICATION OF NON-COMPLIANCE WILL BE SENT FROM THE PROGRAM OFFICER TO THE PROGRAM DIRECTOR OR COORDINATOR DESCRIBING THE INSTANCE AND REQUESTING FOLLOW-UP ON THE ISSUE(S) IDENTIFIED. THE PROGRAM WILL BE GIVEN A TIMELINE TO RESPOND WITH NECESSARY DOCUMENTATION OR CORRECTION OF THE ISSUE IDENTIFIED, IF APPLICABLE.

### **2. LETTER FROM COMMISSION EXECUTIVE DIRECTOR**

A LETTER DESCRIBING THE ISSUE AND TIMELINE WILL BE SENT TO THE LEGAL APPLICANT, THE PROGRAM DIRECTOR, AND/OR THE BOARD CHAIR (IF APPLICABLE). THIS LETTER MAY INCLUDE, AS A CONSEQUENCE, THAT THE COMMISSION WILL NOT PROCESS CASH REQUESTS FOR REIMBURSEMENT UNTIL THE ISSUE IS CORRECTED.

### **3. STOP PAYMENT ON REQUESTS FOR REIMBURSEMENT**

DEPENDING ON THE SEVERITY OF THE COMPLIANCE ISSUES OR LACK OF ADEQUATE CORRECTIVE ACTION, THE COMMISSION MAY HOLD CASH REQUESTS FOR REIMBURSEMENT UNTIL AN ISSUE HAS BEEN FINALLY CORRECTED. IF THE LETTER IN STEP 2 DID NOT INDICATE THIS AS A CONSEQUENCE, ANOTHER LETTER WILL BE SENT FROM THE COMMISSION EXECUTIVE DIRECTOR TO THE PROGRAM. PROGRAMS MAY BE ALLOWED TO ACCRUE COSTS, BUT WILL NOT BE REIMBURSED UNTIL THE ISSUE HAS BEEN CORRECTED.

COMMISSION STAFF MAY DELAY ANY CASH REQUEST FOR REIMBURSEMENT IN THE EVENT QUESTIONS ARISE FROM REVIEW OF SUPPORTING DOCUMENTATION UNTIL SUCH TIME AS QUESTIONS REGARDING FINANCIAL STATEMENTS OR SUPPORTING DOCUMENTATION ARE ANSWERED AND PROGRAM IS IN COMPLIANCE.

**4. AUDIT**

IN SOME UNUSUAL INSTANCES, THE COMMISSION MAY REQUEST AN AUDIT OF FILES OR FINANCIAL INFORMATION.

**5. INELIGIBILITY TO APPLY FOR FUTURE FUNDING**

THE COMMISSION MAY DESIGNATE A PROGRAM INELIGIBLE TO APPLY FOR FUTURE FUNDING IF COMPLIANCE ISSUES ARE NOT CORRECTED IN A TIMELY AND REASONABLE MANNER, OR IF COMPLIANCE ISSUES CONTINUALLY RECUR.

**6. SUSPENSION OR TERMINATION OF GRANT CONTRACT**

IN VERY RARE INSTANCES, SUCH AS UNLAWFUL ACTIVITY OR ACTIVITIES THAT ENDANGER MEMBERS OR SEVERE LACK OF PERFORMANCE OR COMPLIANCE, THE COMMISSION MAY TERMINATE THE GRANT CONTRACT (SEE AMERICORPS PROVISIONS SEC. J).

GRANTS MAY ALSO BE SUSPENDED FOR A PERIOD UP TO 30 CALENDAR DAYS UNDER SPECIAL CIRCUMSTANCES AS DESCRIBED IN THE AMERICORPS PROVISIONS SECTION J.

**III. GRIEVANCE PROCEDURE**

A SUBGRANTEE MAY REQUEST A HEARING ON A SUSPENSION, PROPOSED OR ACTUAL TERMINATION IN ACCORDANCE WITH THE GRANT PROVISIONS.

## HAWAI'I COMMISSION RISK-BASED MONITORING PHILOSOPHY

THE COMMISSION TAKES A RISK-BASED APPROACH TO MONITORING ITS AMERICORPS PROGRAMS. IN GENERAL, PROGRAMS ARE CATEGORIZED EACH YEAR IN ONE OF THREE CATEGORIES: HIGH RISK, MEDIUM RISK, AND LOW RISK.

### **High Risk**

HIGH RISK PROGRAMS INCLUDE:

- ALL PROGRAMS IN THEIR FIRST YEAR OF OPERATION
- CONTINUING PROGRAMS WITH A TURNOVER IN THE PRIMARY PROGRAM STAFF ROLE
- PROGRAMS WITH SIGNIFICANT COMPLIANCE FINDINGS FROM THE PREVIOUS YEAR THAT HAVE BEEN RESOLVED
- PROGRAMS WITH ONE OR TWO ISSUES FROM THE PREVIOUS YEAR THAT HAVE NOT BEEN RESOLVED
- PROGRAMS WITH MULTIPLE MEMBER ISSUES SUCH AS COMPLAINTS AND GRIEVANCES

COMMISSION APPROACH TO MONITORING HIGH RISK PROGRAMS:

- ALL PROGRAMS IN THE HIGH RISK CATEGORY WILL RECEIVE ON-SITE FORMAL MONITORING AT LEAST ONE TIME DURING THE PROGRAM YEAR
- PROGRAMS THAT ARE NEW WILL RECEIVE VISITS WITHIN THE FIRST QUARTER OF FULL OPERATION
- PROGRAMS WITH NEW STAFF WILL HAVE A MEETING WITH COMMISSION STAFF WITHIN THE FIRST TWO MONTHS OF THE START DATE OF THE NEW STAFF AND A FORMAL MONITORING VISIT WITHIN FIVE MONTHS FROM THE START DATE OF THE NEW STAFF
- ALL PROGRAMS IN THE HIGH RISK CATEGORY WILL BE REQUIRED TO ATTEND SPECIFIC COMMISSION TRAINING EVENTS
- PROGRAMS WILL ALSO BE MONITORED VIA COMMISSION ANALYSIS OF PROGRAM PERFORMANCE AS DEMONSTRATED THROUGH REPORTS, MEETINGS, TRACKING OF PROGRAM INFORMATION AS CONTAINED ON WBRS, AND OTHER FEEDBACK MECHANISMS
- PROGRAMS WILL BE MONITORED INFORMALLY THROUGH SPECIAL EVENTS, MEETINGS, PHONE CALLS, ETC.

### **Medium Risk**

MEDIUM RISK PROGRAMS INCLUDE:

- PROGRAMS THAT HAVE HAD FORMAL MONITORING WITH MINIMAL FINDINGS THAT WERE RESOLVED
- PROGRAMS THAT ARE NOT FULLY ON TRACK TO MEET OBJECTIVES
- PROGRAMS THAT ARE UNDER ENROLLED (LESS THAN 85% OF SLOTS FILLED)
- PROGRAMS THAT HAVE AVERAGE RETENTION (70-85%)
- PROGRAMS THAT HAVE EXPANDED TO ADDITIONAL SITES OR BROUGHT ON ADDITIONAL MEMBERS

COMMISSION APPROACH TO MONITORING MEDIUM RISK PROGRAMS:

- PROGRAMS IN THE MEDIUM RISK CATEGORY WILL RECEIVE LIMITED SCOPE MONITORING AS APPROPRIATE TO THE ISSUES OF THE MEDIUM RISK CLASSIFICATION
- PROGRAMS WILL ALSO BE MONITORED VIA COMMISSION ANALYSIS OF PROGRAM PERFORMANCE AS DEMONSTRATED THROUGH REPORTS, MEETINGS, TRACKING OF PROGRAM INFORMATION AS CONTAINED ON WBRS, AND OTHER FEEDBACK MECHANISMS
- PROGRAMS WILL BE MONITORED INFORMALLY THROUGH SPECIAL EVENTS, MEETINGS, PHONE CALLS, ETC.

### **Low Risk**

LOW RISK PROGRAMS INCLUDE:

- PROGRAMS THAT HAVE HAD FORMAL MONITORING WITH NO FINDINGS
- PROGRAMS ON TRACK TO MEET OBJECTIVES
- PROGRAMS THAT HAVE STRONG RECRUITMENT AND RETENTION
- HIGH QUALITY PROGRAMS THAT HAVE REMAINED UNCHANGED SINCE THE PREVIOUS FORMAL MONITORING VISIT

COMMISSION APPROACH TO MONITORING LOW RISK PROGRAMS:

- THE COMMISSION DOES NOT INTEND TO DO EITHER FORMAL OR LIMITED SCOPE MONITORING OF LOW RISK PROGRAMS
- PROGRAMS WILL ALSO BE MONITORED VIA COMMISSION ANALYSIS OF PROGRAM PERFORMANCE THROUGH REPORTS, MEETINGS, TRACKING OF PROGRAM INFORMATION ON WBRS, AND OTHER FEEDBACK MECHANISMS PROGRAMS WILL BE MONITORED INFORMALLY THROUGH SPECIAL EVENTS, MEETINGS, PHONE CALLS, ETC.

**HAWAII AMERICORPS PROGRAM MANAGEMENT  
SITE VISIT CHECKLIST**

HAWAII COMMISSION REVIEWER(S): \_\_\_\_\_

**GENERAL INFORMATION**

1. PROGRAM NAME

2. PROGRAM STAFF INVOLVED IN THE REVIEW:

3. DATE OF VISIT



**I. PRE SITE VISIT PREPARATION**

**MEMBER ENROLLMENT AND ATTRITION (BASED ON DATA FROM ONCORPS)**

NUMBER OF MSY GRANTED: _____	NUMBER OF MEMBERS AGREED UPON IN THE APPLICATION: FT _____ HT _____ RHT _____ QT _____ MT _____	NUMBER OF MEMBERS CURRENTLY ENROLLED: FT _____ HT _____ RHT _____ QT _____ MT _____
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ENROLLMENT RATE: NUMBER ENROLLED SINCE START OF PROGRAM \_\_\_\_\_ / TOTAL SLOTS AWARDED \_\_\_\_\_ = \_\_\_\_\_%  
*EXPLANATION IF ENROLLMENT IS UNDER 100%:*

RETENTION RATE: NUMBER OF MEMBERS EXITED WITH AWARD \_\_\_\_\_ / NUMBER OF MEMBERS ENROLLED \_\_\_\_\_ = \_\_\_\_\_%  
*EXPLANATION IF RETENTION IS UNDER 90%:*

<b>PROGRESS REPORTS</b>		<b>NOTES</b>
DOES PROGRAM SUBMIT PROGRESS REPORTS BY HCNCS DEADLINE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES PROGRAM PRODUCE ACCURATE REPORTS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES PROGRAM RESPOND TO FEEDBACK WITHIN SPECIFIED DEADLINE?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
<b>PERIODIC EXPENSE REPORTS</b>		
DOES PROGRAM SUBMIT PERs ON A MONTHLY BASIS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES PROGRAM PRODUCE ACCURATE AND ACCEPTABLE PERs?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES PROGRAM RESPOND TO FEEDBACK WITHIN SPECIFIED DEADLINE?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
<b>MEMBER FORMS</b>		
ENROLLMENT COMPLETED WITHIN 30 DAYS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
END OF TERM COMPLETED WITHIN 30 DAYS?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
CHANGE OF STATUS COMPLETED WITHIN 30 DAYS? (TRANSFER, SUSPENSION, REINSTATEMENT)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
<b>OTHER</b>		
DOES PROGRAM OBTAIN APPROVAL OF CHANGES IN PROGRAM DESIGN FROM HCNCS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES PROGRAM RESPOND IN A TIMELY MANNER TO EMAILS, PHONE CALLS, ETC FROM HCNCS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES STAFF PARTICIPATE REGULARLY IN HCNCS MEETINGS/TRAININGS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE THERE BEEN ANY COMPLAINTS OR CALLS OF CONCERN FROM MEMBERS, PUBLIC, ETC. TO HCNCS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

## ORGANIZATION

	YES	NO	
<b>1. DOES THE PROGRAM:</b>			If "NO" PLEASE EXPLAIN OR REVIEWER DESCRIBE HOW PROGRAM MEETS REQUIREMENT.
A. HAVE WRITTEN POLICIES AND PROCEDURES WHICH ARE APPLICABLE TO THE AMERICORPS PROGRAM?	<input type="checkbox"/>	<input type="checkbox"/>	<b>STATE SAMPLE</b>
B. HAVE JOB DESCRIPTIONS FOR STAFF THAT ARE REFLECTIVE OF ACTUAL DUTIES?	<input type="checkbox"/>	<input type="checkbox"/>	
C. ASSUMES THE ROLE IN THE COMMUNITY OF VISIBLE MODEL FOR NATIONAL SERVICE AND CHAMPION OF THE ETHIC OF SERVICE? (E.G. PROGRAM USES AMERICORPS LOGO, MEMBERS WEAR UNIFORMS, PROGRAM PARTICIPATES IN NATIONAL SERVICE DAYS AND EVENTS)	<input type="checkbox"/>	<input type="checkbox"/>	
D. CONDUCT CRIMINAL HISTORY/BACKGROUND CHECKS OF MEMBERS, AS A MEANS OF SCREENING APPLICANTS, IN ACCORDANCE WITH COMMISSION AND CNCS GUIDELINES?	<input type="checkbox"/>	<input type="checkbox"/>	<b>BACKGROUND CHECK ON FILE?</b>
E. SUBMIT ALL MEMBER FORMS WITHIN 30 DAYS OF ENROLLMENT. (ENROLLMENT, EXIT, CHANGE OF STATUS, ETC.)	<input type="checkbox"/>	<input type="checkbox"/>	
F. MAINTAIN DOCUMENTATION FOR RELEASE OF MEMBERS FOR CAUSE AND FOR PERSONAL COMPELLING CIRCUMSTANCES?	<input type="checkbox"/>	<input type="checkbox"/>	
G. PROGRAM OBTAINS PERMISSION FROM THE COMMISSION PRIOR TO SIGNIFICANT PROGRAMMATIC OR BUDGETARY CHANGES?	<input type="checkbox"/>	<input type="checkbox"/>	
H. HAVE A GRIEVANCE PROCEDURE IN ACCORDANCE WITH GRANT GUIDELINES?	<input type="checkbox"/>	<input type="checkbox"/>	<b>WHERE IS GRIEVANCE PROCEDURE?</b>

## SERVICE PROJECT

	YES	NO	
<b>2. DOES THE PROGRAM:</b>			If "NO" PLEASE EXPLAIN OR REVIEWER DESCRIBE HOW PROGRAM MEETS REQUIREMENT.
A. HAVE A SITE SPECIFIC TRAINING PLAN FOR MEMBERS AND STAFF?	<input type="checkbox"/>	<input type="checkbox"/>	<b>STATE SAMPLE</b>

- B. ENSURE THAT IT DOES NOT SUPPLANT OR DUPLICATE SERVICES OR DISPLACE EMPLOYEES?
- C. ENSURE SERVICE PARTNERS AND SITES (IF ANY) ARE MAKING PROGRESS TOWARDS THEIR PERFORMANCE MEASUREMENTS AND ACTING WITHIN GRANT GUIDELINES (PROHIBITED ACTIVITIES, MEMBER SERVICE DUTIES, ETC.)
- D. COLLECT DATA AS DESCRIBED WITHIN THE APPROVED PERFORMANCE MEASUREMENTS.
- E. HAVE ADDEQUATE GUIDELINES/MEASURES TO ENSURE THE SAFETY OF STAFF AND MEMBERS

**MEMBER EXPERIENCE**  
PROGRAM HAS SUFFICIENT TRAINING AND SUPPORT. MEMBERS RECEIVE AN ORIENTATION, ONGOING TRAINING AND SUPPORT, AND ARE HELPED TO TRANSITION TO LIFE AFTER SERVICE.

**MEMBER MANAGEMENT**

- 3. DOES THE PROGRAM:** YES NO IF "NO" PLEASE EXPLAIN OR REVIEWER DESCRIBE HOW PROGRAM MEETS REQUIREMENT.
- A. HAVE MEMBER FILES THAT CONTAIN ALL RELEVANT AND NECESSARY DOCUMENTATION?   **(SEE MEMBER FILE TESTING GRID)**
- B. PROVIDE MEMBERS WITH APPROPRIATE AND CONSISTENT SUPERVISION WHILE ENGAGED IN SERVICE?
- C. CONDUCT PERFORMANCE EVALUATION(S) PER YEAR FOR MEMBERS (MID-YEAR REQUIRED FOR FT MEMBERS)?   **(SEE MEMBER FILE TESTING GRID)**
- D. HAVE POLICIES TO ENSURE THAT MEMBERS DO NOT ENGAGE IN PROHIBITED ACTIVITIES?
- F. HAVE MEMBER AGREEMENTS THAT CONTAIN ALL ESSENTIAL INFORMATION REGARDING SERVICE PARAMETERS?   **(SERVICE HOUR REQUIREMENT, POSITION DESCRIPTION, GRIEVANCE PROCEDURES, SUSPENSION AND TERMINATION RULES, PROHIBITED ACTIVITIES, ACCEPTABLE CONDUCT, OTHER PROGRAM REQUIREMENTS)**

**MEMBER TRAINING AND DEVELOPMENT**

- 4. DOES THE PROGRAM:** YES NO IF "NO" PLEASE EXPLAIN OR REVIEWER DESCRIBE HOW PROGRAM MEETS REQUIREMENT.
- A. PROMOTE AN ETHIC OF ACTIVE AND PRODUCTIVE CITIZENSHIP, PUBLIC AND COMMUNITY SERVICE AND EDUCATIONAL ACHIEVEMENT IN MEMBERS?



- B. TRACK MEMBER HOURS TO ENSURE THAT NO MORE THAN A 20% AGGREGATE OF THE SERVICE HOURS ARE SPENT ON EDUCATION, TRAINING, AND NON-DIRECT SERVICE?  YES  NO
- C. IMPLEMENT A COMPREHENSIVE TRAINING PLAN THAT INCLUDES PRE-SERVICE ORIENTATION (PSO) AND ONGOING TRAINING CONDUCTED AT APPROPRIATE INTERVALS THROUGHOUT THE SERVICE YEAR INCORPORATING SERVICE-LEARNING?  YES  NO

**ADMINISTRATION OF MEMBER FILES**

- 5. DOES THE PROGRAM:** YES NO IF "NO" PLEASE EXPLAIN OR REVIEWER DESCRIBE HOW PROGRAM MEETS REQUIREMENT.
- A. LIMIT ACCESS TO GENERAL MEMBER FILES TO APPROPRIATE PROGRAM STAFF AND/OR HCNCs?  YES  NO
- B. MAINTAIN THE FOLLOWING FILES IN A SEPARATE, LOCKED SECURE FILE & LIMITED TO APPROPRIATE PROGRAM STAFF?
- CRIMINAL RECORD CHECK THAT IS NOT "CLEAN"  YES  NO
  - ANY DOCUMENT (MEDICAL RECORDS, CORRESPONDENCE, ETC.) THAT GIVE INFORMATION ABOUT MEDICAL HISTORY OR CONDITIONS  YES  NO
  - ANY CORRESPONDENCE TO THE PROGRAM FROM THE MEMBER OR OTHER OFFICIAL THAT REFERS TO AN ITEM CONFIDENTIAL IN NATURE SUCH AS MEDICAL INFORMATION OR CRIMINAL RECORD CHECKS  YES  NO
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**EVALUATION**

EFFECTIVE MECHANISMS ARE IN PLACE TO COLLECT INFORMATION RELATED TO THE APPROVED PERFORMANCE MEASUREMENTS. INFORMATION IS SYSTEMATICALLY COLLECTED FROM RELEVANT PARTIES (E.G. PARTNERS, MEMBERS, STAFF, AND COMMUNITY) TO CONTINUALLY IMPROVE OPERATIONS. RESULTS ARE EFFECTIVELY COMMUNICATED TO ALL RELEVANT PARTIES.

- 6. DOES THE PROGRAM:** YES NO IF "NO" PLEASE EXPLAIN OR REVIEWER DESCRIBE HOW PROGRAM MEETS REQUIREMENT.
- A. SUBMIT PROGRESS REPORTS ON TIME THAT ACCURATELY AND COMPLETELY CAPTURE PROGRAM ACCOMPLISHMENTS AND CHALLENGES?  YES  NO
- B. CONSISTENTLY AND SYSTEMATICALLY GET FEEDBACKS FROM RELEVANT PARTIES REGARDING THE PROGRAM'S STRENGTHS AND CHALLENGES?  YES  NO
- C. ASSESS ITS OPERATION CONTINUALLY, EXAMINE FEEDBACK, AND USE THE INFORMATION TO MAKE PROGRAMMATIC CHANGES AND IMPROVEMENTS?  YES  NO

**COMMUNITY PARTNERSHIPS AND COLLABORATION**

VISION OF PROGRAM IS SHARED BY AND WITH PARTNERS. SERVICE MEETS CRITICAL NEEDS AND BENEFITS ALL PARTNERS.  
STRONG MUTUAL COMMITMENT TO SUPPORT BETWEEN PARTNERS.

**7. DOES THE PROGRAM:** YES NO IF "NO" PLEASE EXPLAIN OR REVIEWER DESCRIBE HOW PROGRAM MEETS REQUIREMENT.

A. HAVE AN ESTABLISHED COMMUNICATION SYSTEM TO EXCHANGE INFORMATION ON A TIMELY BASIS WITH PARTNERING ORGANIZATIONS?  YES  NO

B. HAVE A SYSTEMATIC MEANS OF SELECTING, TRAINING, AND SUPPORTING ORGANIZATIONS AND STAFF PARTNERING AS SERVICE SITES AND SUPERVISORS?  YES  NO

**DIVERSITY**

STRENGTHEN AND ENCOURAGE MUTUAL RESPECT AND COOPERATION AMONG CITIZENS OF DIFFERENT RACES, ETHNICITY, SOCIOECONOMIC BACKGROUNDS, AND EDUCATIONAL LEVELS, AMONG BOTH MEN AND WOMEN AND INDIVIDUALS WITH DISABILITIES.

**8. DOES THE PROGRAM:** YES NO IF "NO" PLEASE EXPLAIN OR REVIEWER DESCRIBE HOW PROGRAM MEETS REQUIREMENT.

A. HAVE A DOCUMENTED COMMITMENT TO BUILDING DIVERSITY IN ITS STAFF, MEMBERS, AND COMMUNITY PARTNERS?  YES  NO

B. HAVE A LOCAL RECRUITMENT PLAN THAT IS EFFECTIVE AND ENCOURAGES DIVERSITY?  YES  NO

**HAWAII AMERICORPS FISCAL CHECKLIST  
FOR NEW SUBGRANTEES, SUBGRANTEES WITHOUT AN A-133 AUDIT.  
HIGH RISK SUBGRANTEES, OR FOR SITE VISIT MONITORING PURPOSES**

HAWAII COMMISSION REVIEWER(S): \_\_\_\_\_

**GENERAL INFORMATION**

<p>1. PROGRAM NAME</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<p>2. PROGRAM DIRECTOR:</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
<p>3. FISCAL DIRECTOR:</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<p>4. DATE OF VISIT</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>

5. ATTACH TESTING GRIDS OR OTHER FORMS USED TO REVIEW PROGRAM'S FISCAL COMPLIANCE.

**FINANCIAL POLICIES AND PROCEDURES**

	YES	NO	
<b>1. DOES THE PROGRAM:</b>			IF "NO" PLEASE EXPLAIN OR REVIEWER DESCRIBE HOW PROGRAM MEETS REQUIREMENT.
A. HAVE A WRITTEN FINANCIAL MANAGEMENT POLICIES AND PROCEDURES MANUAL?	<input type="checkbox"/>	<input type="checkbox"/>	<b>DESCRIBE:</b>
B. USE STANDARD ACCOUNTING PRINCIPLES?	<input type="checkbox"/>	<input type="checkbox"/>	
C. KNOW AND IMPLEMENT SUFFICIENT INTERNAL CONTROLS?	<input type="checkbox"/>	<input type="checkbox"/>	
D. HAVE CHECKS SIGNED BY SOMEONE WHO IS NOT INVOLVED IN THEIR PREPARATION?	<input type="checkbox"/>	<input type="checkbox"/>	
E. RECONCILE MONTHLY BANK STATEMENTS?	<input type="checkbox"/>	<input type="checkbox"/>	
F. MAINTAIN SUPPORTING DOCUMENTATION FOR ALL EXPENDITURES, PROVIDING A CLEAR AUDIT TRAIL?	<input type="checkbox"/>	<input type="checkbox"/>	
G. ACCURATELY TRACK AND MONITOR EXPENDITURES BY BUDGET LINE ITEM AND SEPARATE COSTS BY THE YEAR?	<input type="checkbox"/>	<input type="checkbox"/>	
H. ACCURATELY DISTINGUISH RECEIPTS AND DISBURSEMENTS ATTRIBUTABLE TO THE GRANT FROM THOSE NON-ATTRIBUTABLE	<input type="checkbox"/>	<input type="checkbox"/>	

- I. ACCOUNT FOR FEDERAL/NON-FEDERAL FUNDS SEPARATELY? (THIS DOES NOT MEAN SEPARATE ACCOUNTS)
- J. HAVE WRITTEN COST ALLOCATION PROCEDURES AND ADHERE TO THEM?
- K. KEEP ADMINISTRATIVE COSTS CHARGED TO CNCS WITHIN THE 5% CAP?
- L. WHEN REQUIRED, OBTAIN WRITTEN APPROVAL FROM CNCS GRANTS OFFICER FOR BUDGET CHANGES?
- M. OBTAIN CNCS PRIOR APPROVAL FOR EQUIPMENT PURCHASES WHEN REQUIRED.
- N. MAINTAIN AN EQUIPMENT INVENTORY AND UPDATE IT ANNUALLY?
- O. HAS THE PROGRAM EARNED INCOME AS A DIRECT RESULT OF THE PROGRAM'S ACTIVITIES?
- P. HAVE TRAVEL POLICIES CONSISTENT WITH STATE AND FEDERAL GUIDELINES? (OMB A-87; A-122; OR A-21 FOR NONPROFITS)
- Q. HAVE ADEQUATE LIABILITY INSURANCE IN PLACE FOR THE ORGANIZATION AND EMPLOYEES?
- R. HAVE ACCURATE AND UP-TO-DATE DOCUMENTATION SHOWING WORKERS COMPENSATION COVERAGE FOR MEMBERS?
- S. SUBMIT FINANCIAL REPORTS ON TIME AND ACCURATELY?
- T. HAVE ACCOUNTING RECORDS CONSISTENT WITH INFORMATION ON THE FFRs?
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**MATCH REQUIREMENTS**

	YES	NO	
<b>2. DOES THE PROGRAM:</b>			IF "NO" PLEASE EXPLAIN OR REVIEWER DESCRIBE HOW PROGRAM MEETS REQUIREMENT.
A. MEET NEW MATCHING REQUIREMENTS DESCRIBE IN THE CORPORATION RULES	<input type="checkbox"/>	<input type="checkbox"/>	<b>DESCRIBE THE MATCH REQUIREMENTS THE PROGRAM IS REQUIRED TO MEET THIS YEAR:</b>
B. ACCURATELY DOCUMENT AND TRACK CASH MATCHING CONTRIBUTIONS?	<input type="checkbox"/>	<input type="checkbox"/>	<b>DESCRIBE SYSTEM PROGRAM USES TO TRACK CASH MATCH:</b>
C. ACCURATELY DOCUMENT AND TRACK IN-KIND MATCHING CONTRIBUTIONS.	<input type="checkbox"/>	<input type="checkbox"/>	<b>DESCRIBE SYSTEM PROGRAM USES TO TRACK IN-KIND MATCH:</b>
D. HAVE CONTRIBUTORS FILL OUT AN IN-KIND CONTRIBUTION FORM OR DOCUMENT BASIS FOR CONTRIBUTION?	<input type="checkbox"/>	<input type="checkbox"/>	