AmeriCorps Program Compliance Calendar 2023-24

Contents

Overview

This document provides must-know dates, explanations of requirements, submission instructions and review forms. If you have any questions about reporting dates or requirements, please contact your program officer.

Below is the AmeriCorps program quarterly progress reporting schedule. The dates by which quarterly reports must be submitted are as follows:

Quarter	Start	End	OnCorps Report Due
1	Beginning of Program Year	December 31	January 15
2	January 1	March 31	April 15
3	April 1	June 30	July 15
4	July 1	September 30	October 15
5	October 1	End of program's extension period (if applicable)	60 days after final member exits

Building on these core reports, the below schedule provides additional requirements your program must meet to remain compliant. A box to track completion is provided for your convenience.

Please note that while MCSC is committed to maintaining the integrity of this compliance calendar throughout the program year, circumstances may arise that cause dates or requirements to change. Adequate notice of any changes in these requirements or their due dates will be provided.

AmeriCorps Compliance Schedule

Summer: Programs with grant start dates before September 1

Fall: Programs with grant start dates between September 1 and October 31

Winter: Programs with grant start dates after October 31

Requirement	Date
Pre-Start_MSA /Training-Program Calendar/Position Descriptions/Site Agreements/MOU submitted	Summer: 7/11/23 Fall: 8/1/23 Winter: 9/29/23
Description: Submission of all pre-start materials including: • Member Service Agreement – Draft/update program Member Service Agreement for upcoming program year using the checklist attached to ensure that all AmeriCorps and MCSC requirements are met. • Training-Program Calendar – Draft/update program calendar to include dates for recruitment, trainings, service projects and other program benchmarks as appropriate. • Position Descriptions – Draft/update member position description for upcoming year incorporating all AmeriCorps and MCSC requirements and ensuring that member activity described is in accordance with the most recent grant application and approved member activity. Position description assessment tool is attached. • Site Agreements – Draft/update host-site agreements for upcoming program year according to program needs. • MOU - Draft/update any Memos of Understanding that the program intends to use during the upcoming program year. *Instructions:* Submit all documents to MCSC Program Officer via email. Feedback will be provided if necessary.	
Pre-Start_New Program Year Set-Up/GPR Initial Set-up	Summer: 7/17/23 Fall: 8/15/23 Winter: 9/15/23
Description: Programs transfer data from previous OnCorps program year into new OnCorps program year/set-up new program year in OnCorps. Programs also set-up OnCorps GPR for submission of performance measures and OnCorps reports during upcoming year. *Instructions:* Transfer/set-up should be completed according to instructions in the most recent version of Progress Report Instructions shared by MCSC staff and housed on Basecamp.	
Program Information Survey & PD Handbook Signature	7/17/23
Description: Enter requested information into survey. Review most recent Program Director Handbook in its entirety and acknowledge receipt and review of the PD Handbook on the Program Information Survey. *Instructions:* Link to the Program Information Survey will be provided via email to program staff and should be completed with information appropriate for the upcoming program year.	
LeaderCorps Nomination	11/17/2023
Description: Programs will receive advanced notice that LeaderCorps nominations are due and will be provided with instructions for completing the nomination via email. *Instructions:* Programs should submit all required information and documents related to their LeaderCorps nomination as instructed in the notice.	

Performance Measure Initial Entry	10/30/23
Description: Enter approved performance measures into OnCorps as they appear in approved grant application. *Instructions:* Ensure that performance measures match verbatim across OnCorps and eGrants, specifically, outcomes and outputs, targets, MSY/Member allocations, measuring tools, dates and descriptions.	
National Service Criminal History Check Self-Assessment	1/17/24 Not Required
Description: You are encouraged, but not required to complete a full review of all current member and staff files in order to ensure compliance with the AmeriCorps agency's NSCHC regulations. *Instructions:* Programs that complete a NSCHC self-assessment form for each staff and member serving or working during the current program year may self-report any non-compliance issues to their MCSC Program Officer via email.	
Q1_Member Roster Comparison	1/15/24
Description: Pull and compare eGrants and OnCorps member rosters for name, start/end/exit dates, status and hours. *Instructions:* Programs submit Member Roster from eGrants in excel format, along with a copy of your OnCorps roster, to MCSC Program Officer via email. Be sure to note in the body of the email any discrepancies identified during your comparison. Instructions for accessing both OnCorps and eGrants rosters can be found in the most recent Progress Report Instructions provided by MCSC staff and housed on Basecamp.	
Q1_OnCorps GPR	1/15/24
Description: Input data from reporting period into OnCorps GPR as appropriate. *Instructions:* Submit via OnCorps according to most recent Progress Report Instructions provided by MCSC staff and housed on Basecamp.	
Q1_Successes/Challenges	1/15/24
Description: Submit required information related to program successes and challenges for current reporting period. *Instructions:* Submit via OnCorps according to most recent Progress Report Instructions provided by MCSC staff and housed on Basecamp.	
Extension Requests	TBD (April/May)
Description: Determine program need for a no-cost extension beyond the end date of current program year. *Instructions:* Determine number of members serving beyond the end date of the current grant year, calculate total support costs needed to accommodate member service throughout the end of their term and aggregate these totals to include a total amount needed during program extension for member support. Costs eligible for extension include only member stipend and benefits. Place findings and calculations into the template extension request letter provided by MCSC staff and submit via email to MCSC finance staff and Program Officer.	
Unexpended Funds Reporting	January & May 2024 specific dates TBD
Description: Develop spending plan for duration of the grant and identify the amount of funds that will go unused following the close of the program's grant period. *Instructions:* Determine AmeriCorps expenses YTD. To this total add the total amount of funds necessary to continue program operations through the end of the program's grant year. If necessary, add to that number the total funds requested in the program's extension period. Take this final total and subtract from the total amount awarded this is the total of unexpended funds that should be reported on the spending plan to MCSC.	
Q2_Best Practices (Optional)	4/15/24

Description: Program should submit requested information related to best practices developed or incorporated into program management during current reporting period. *Instructions:* Submit via OnCorps in accordance with the most recent Progress Reporting Instructions provided by MCSC staff and housed on Basecamp.	
Q2_Great Stories	4/15/24
Description: Submit via OnCorps 2 great stories from members or program staff. *Instructions:* Refer to the most recent Progress Report Instructions provided by MCSC staff and housed on Basecamp for step-by-step instructions on submitting great stories in OnCorps. Great stories should cover occurrences of program impact between January and March of current program year.	
Q2_Member Roster Comparison	4/15/24
Description: Pull and compare eGrants and OnCorps member rosters for name, start/end/exit dates, status and hours. *Instructions:* Programs submit Member Roster from eGrants in excel format, along with a copy of your OnCorps roster, to MCSC Program Officer via email. Be sure to note in the body of the email any discrepancies identified during your comparison. Instructions for accessing both OnCorps and eGrants rosters can be found in the most recent Progress Report Instructions provided by MCSC staff and housed on Basecamp.	
Q2_OnCorps GPR	4/15/23
Description: Input data from reporting period into OnCorps GPR as appropriate. *Instructions:* Submit via OnCorps according to most recent Progress Report Instructions provided by MCSC staff and housed on Basecamp.	
Q2_Successes/Challenges	4/17/24
Description: Submit required information related to program successes and challenges for current reporting period. *Instructions:* Submit via OnCorps according to most recent Progress Report Instructions provided by MCSC staff and housed on Basecamp.	
NSCHC Course Completion	Annually prior to expiration of previous year's certificate
Description: All program/organizational staff playing any role in conducting NSCHC checks on staff or members or in ensuring program compliance must complete the NSCHC training course annually. *Instructions:* Appropriate program/org staff should create an account on the AmeriCorps agency learning platform and take the web based NSCHC training course. The course must be completed in its entirety. A score of 100% on the review test is required to confirm completion of course. The certificate of completion must be saved in program records and emailed to MSCS staff and Program Officer for confirmation of completion.	
Q3_Great Stories	7/15/24
Description: Submit via OnCorps 2 great stories from members or program staff. *Instructions:* Refer to the most recent Progress Report Instructions provided by MCSC staff and housed on Basecamp for step-by-step instructions on submitting great stories in OnCorps. Great stories should cover occurrences of program impact between April and June of current program year.	
Q3_Member Roster Comparison	7/15/24
Description: Pull and compare eGrants and OnCorps member rosters for name, start/end/exit dates, status and hours. *Instructions:* Programs submit Member Roster from eGrants in excel format, along with a copy of your OnCorps roster, to MCSC Program Officer via email. Be sure to note in the body of the	

email any discrepancies identified during your comparison. Instructions for accessing both OnCorps and eGrants rosters can be found in the most recent Progress Report Instructions provided by MCSC staff and housed on Basecamp.	
Q3_OnCorps GPR	7/15/24
Description: Input data from reporting period into OnCorps GPR as appropriate. *Instructions:* Submit via OnCorps according to most recent Progress Report Instructions provided by MCSC staff and housed on Basecamp.	
Q3_Successes/Challenges	7/15/24
Description: Submit required information related to program successes and challenges for current reporting period. *Instructions:* Submit via OnCorps according to most recent Progress Report Instructions provided by MCSC staff and housed on Basecamp.	
Q4_Best Practices (Optional)	10/15/24
Description: Program should submit requested information related to best practices developed or incorporated into program management during current reporting period. *Instructions:* Submit via OnCorps in accordance with the most recent Progress Reporting Instructions provided by MCSC staff and housed on Basecamp.	
Q4_Member Roster Comparison	10/15/24
Description: Pull and compare eGrants and OnCorps member rosters for name, start/end/exit dates, status and hours. *Instructions:* Programs submit Member Roster from eGrants in excel format, along with a copy of your OnCorps roster, to MCSC Program Officer via email. Be sure to note in the body of the email any discrepancies identified during your comparison. Instructions for accessing both OnCorps and eGrants rosters can be found in the most recent Progress Report Instructions provided by MCSC staff and housed on Basecamp.	
Q4_OnCorps GPR	10/15/24
Description: Input data from reporting period into OnCorps GPR as appropriate. *Instructions:* Submit via OnCorps according to most recent Progress Report Instructions provided by MCSC staff and housed on Basecamp.	
Q4_Successes/Challenges	10/15/24
Description: Submit required information related to program successes and challenges for current reporting period. *Instructions:* Submit via OnCorps according to most recent Progress Report Instructions provided by MCSC staff and housed on the Basecamp.	
Enrollment Date Compliant	Quarterly & Closeout
Description: All programs are required to have enrolled members within 5-days of their start of service. MCSC staff will review program enrollment rates during quarter 2 report reviews and again at program closeout. *Instructions:* Implement strong program management policies to ensure that all members are enrolled on-time according to AmeriCorps requirements.	
Exit Date Compliant	Quarterly & Closeout
Description: All programs are required to have exited members within 30-days of their last day of service. MCSC staff will review program exit rates during quarter 3 report reviews and again at program closeout. *Instructions:* Implement strong program management policies to ensure that all members are exited on-time according to AmeriCorps requirements.	
Performance Measure Completion	Q2 & Closeout

Description: All programs are expected to meet their performance measures by the last members last day of service for the given program year. MCSC staff will review performance measure progress quarterly during report reviews and again at closeout. *Instructions:* Implement strong program management policies, data quality strategies and monitoring of implementation throughout the program year to ensure that the program is tracking towards hitting the performance measure targets approved in the grant application.	
All PD Meeting Registration/attendance	Ongoing
Description: All Program Directors are required to attend the scheduled MCSC PD meetings and conference calls, including the annual PD retreat. *Instructions:* Review and accommodate the Michigan's AmeriCorps PD schedule provided at the beginning of each program year into program planning.	

Compliance Policies

Inaccurate Submissions

While mistakes happen, it is essential that programs are as accurate as possible when dealing with compliance measures. MCSC Program Officers and other staff review all submitted materials to determine whether program operations are in line with AmeriCorps requirements. Submission of inaccurate information prevents the MCSC team from having a comprehensive understanding of the program and inhibits the team's ability to support the program in meeting AmeriCorps expectations. Unfortunately, MCSC cannot prevent disciplinary action taken by the AmeriCorps agency in all cases, but submission of accurate information greatly improves the chances that an error in program operations will be identified and rectified proactively. As such, programs should be careful when completing all compliance activities and provide special attention to submission of the following documentation:

- Member Rosters – OnCorps and eGrants rosters must match, specifically, first and last name, member start and end and exit date, hours committed and completed hours. NOTE: **Do not round up hours in eGrants!**
- Quarterly Reports – Data quality is an important consideration when compiling information for submission in the program quarterly progress reports. It is critical that programs ensure data is accurate, valid, reliable and complete prior to submission and throughout program implementation. NOTE: **Performance measure output and outcome narratives in OnCorps must include the quarterly and YTD numbers. YTD performance measure numbers must include all previous quarters and the current quarters numbers to be accurate.**

Submission of inaccurate information as it relates to program compliance will be documented and incorporated into future consideration for funding.

Late/Unsubmitted Materials

Programs are expected to submit all documentation prior to or on the date listed in the chart above or communicated by MCSC staff. In the case of late or unsubmitted documents, one reminder will be sent by MCSC program staff. Programs must respond within one-day with either the requested materials and/or justification for late submission.

If program staff are out of office or need an extension for submitting any required documents, programs should notify their MCSC Program Officer at least one week prior to the submission date. Extensions cannot be guaranteed but will be considered where possible.

Late or unsubmitted materials as it relates to program compliance will be documented and incorporated into future consideration for funding.

Reviewing Forms

In order to provide the highest level of support possible, MCSC has provided the following review forms used when examining program documentation. Be sure that all materials meet the minimum requirements.

Forms included are:

NSCHC Self-Assessment (pg. 10)

Member Service Agreement Assessment Tool (pg. 12)

Member Position Description Assessment Tool (pg. 21)

Performance Measure Review Tool (pg. 23)

National Service Criminal History Check Assessment 2023-24

For programs using the Truescreen vendor to meet NSCHC requirement.
To be used May 1, 2021 and after.

Name of individual in covered position:	
Name of individual completing assessment:	

Assessment Questions - General			
YES ☐	**NO** ☐		1. Was this individual under the age of 18 at the start of service? *If yes, assessment is complete, no further review necessary. No screening required.*
YES ☐	**NO** ☐		2. Does this covered position have completed NSOPW, State of Residence (if required) and FBI Fingerprint screenings on file? *Answering 'no' to question 2 indicates non-compliance.*
YES ☐	**NO** ☐		3. Is the state of service different than the state of residence at the time of application to the program? *The state where a candidate "resides" is the location the individual identifies as their place of residence at the time they applied to serve or work. State of residence can be determined by looking at the permanent address included on individual's application/resume. When a government-issued ID address does not match the indicated state of residence address, programs should document the reason for the variance.*
YES ☐	**NO** ☐		3.a. If the state of service is different than the state of residence, is there a state of residence check on file for the individual? *Answering 'no' to sub-question 3a indicates non-compliance.*
			4. When did the individual in the covered position start work/service in the program? *This is the date the individual was first eligible to accrue hours.*
YES ☐	**NO** ☐		5. Is there a signed and dated acknowledgement of NSCHC screening on file in the Truescreen (NSOPW & ICHAT) and Fieldprint potals and/or one in the individual's file indicating acknowledgement of the NSCHC screenings to be conducted? Is the acknowledgement dated prior to the start of work or service? *Answer 'no' to this question if you do not have **both** a Truescreen and Fieldprint acknowledgment.* *Answering 'no' to question 5 indicates non-compliance.*
YES ☐	**NO** ☐	**N/A** ☐	6. Does the grant number indicated on Truescreen and Fieldprint reports/accounts match your program's official AmeriCorps agency grant number? *The AmeriCorps grant number can be found on the approved application Face Sheet in the Federal Identifier field.* *Answering 'no' to question 6 indicates non-compliance.*

Assessment – Citizenship Verification			
YES ☐	**NO** ☐	**N/A** ☐	1. Has the government issued ID been uploaded to the Truescreen platform and verified? (timestamped)
YES ☐	**NO** ☐	**N/A** ☐	1.a. If no, is the government issued ID verified and stored in the individual's file? *Answering 'no' to **both** question 1 and 1a indicates non-compliance.*
YES ☐	**NO** ☐		2. Was the government issued ID verified, (in file/Truescreen), prior to adjudication of the NSCHC screenings? *Answering 'no' to question 2 indicates non-compliance.*
YES ☐	**NO** ☐		3. Is there proof of citizenship in the individual's file? *Answering 'no' to question 3 indicates non-compliance.*
			4. What was used to verify and document citizenship eligibility? *See Acceptable Eligibility Documentation.docx (basecamp.com) for documents that can be use to demonstrate citizenship.* *If document used is not included in the list above, non-compliance is indicated.*
YES ☐	**NO** ☐		5. Do all names and demographic information on citizenship documentation and government issued photo ID match? a. If no, please explain below: *Answering 'no' to question 5 **may** indicate non-compliance. Compliance here is dependent on circumstance. Contact PO with any questions on the compliance of this component of the NSCHC screening.*

COMPONENT 1 – National Sex Offender Public Website (NSOPW) Check

Assessment Questions – NSOPW			
YES ☐	**NO** ☐		1. Was the NSOPW check conducted? *Truescreen account must be registered under the AmeriCorps Agreement to be compliant.*
YES ☐	**NO** ☐		2. Is individual's demographic information accurate (i.e. name, birthdate) in the NSOPW check? *First and Last Names should reflect the legal name of the individual, as reflected on documentation used to verify the identity of the individual.*
YES ☐	**NO** ☐		3. Did you maintain documentation of the check with date stamp in the individual's file? *Maintaining the document online in the Truescreen portal is acceptable.*
YES ☐	**NO** ☐		4. Was the NSOPW check adjudicated? *Adjudication means the check was reviewed, including any findings, and considered when making an eligibility determination. Checks with no findings must still be adjudicated.* *Adjudication is indicated when there is an adjudication note entered by program staff at the 'adjudicate this case' link on the Truescreen report.*
			5. On what date was the NSOPW result adjudicated? *Refer to the adjudication date in answering this question. The adjudication date is found on the 'adjudicate this case' link at the bottom of the Truescreen report. The adjudication date is the timestamped date on the adjudication note entered by program staff.*
YES ☐	**NO** ☐		6. Was this check adjudicated *prior* to the first day the individual was eligible to accrue hours? *Compare date in question 5 above to date in Assessment Questions – General section of this document, question 4.*

YES ☐	NO ☐	N/A ☐	7. For a result with findings, were all hits reviewed before clearing the individual? *Enter N/A if the result was 'no record found.' *Documentation of review is indicated in program staff's timestamped adjudication note.

Answering 'no' to any of the NSOPW questions above indicates non-compliance.

COMPONENT 2 – State of Service and State of Residence Check

*See the 2020-21 NSCHC Self-Assessment for historical State of Service requirements. Requirements not included here as check is optional as of 9.15.21.

☐ YES ☐ NO   State of Residence Required

Assessment – State of Residence			
YES ☐	NO ☐	N/A ☐	1. If the state of residence was not the same as the state of service, was the state of residence check conducted? *State of Residence check through Truescreen under the CNCS Agreement. * N/A, proceed to Component 3.
YES ☐	NO ☐		2. If the state of residence check was required, but not conducted, was the state of residence covered in the Truescreen Pre-Approved NSCHC Waivers provided by AmeriCorps? * Pre-Approved NSCHC Waivers can be found here: 02_24_21_May1NSCHCManual_OCRO (nationalservice.gov)
YES ☐	NO ☐		3. Is individual's demographic information accurate (i.e. name, birthdate) in the the state of residence check? *First and Last Names should reflect the legal name of the individual, as reflected on documentation used to verify the identity of the individual.
YES ☐	NO ☐		4. Was the state of residence check adjudicated? *Adjudication means the check was reviewed, including any findings, and considered when making an eligibility determination. Checks with no findings must still be adjudicated. *Adjudication is indicated when there is an adjudication note entered by program staff at the 'adjudicate this case' link on the Truescreen report.
			5. On what date was the state of residence check adjudicated? *Refer to the adjudication date on the 'adjudicate this case' link at the bottom of the Truescreen report. The adjudication date is the timestamped date on the adjudication note entered by program staff.
YES ☐	NO ☐	N/A ☐	6. Was this check adjudicated prior to the *first day* the individual was eligible to accrue hours? *Compare the adjudication date in question 12 of this section with the date in the Assessment Questions – General section of this document, question 4.
YES ☐	NO ☐		7. Did you maintain documentation of the check with date stamp in the individual's file? *Maintaining the document online is acceptable.
YES ☐	NO ☐	N/A ☐	8. For a result with findings, were all hits documented as resolved before clearing the individual? This includes program staff signing off on discrepancies for each individual result.

			Enter N/A if the result was 'no record found.'
			Documentation of review is indicated in program staff's timestamped adjudication note.

*Answering 'no' to any of the State Check questions above indicates non-compliance unless state of residence check is covered by NSCHC Pre-Approved Waivers. In this instance, answering 'no' to question 8 **does not** indicate non-compliance.*

COMPONENT 3 – Federal Bureau of Investigation (FBI) Check

Assessment – FBI			
YES ☐	NO ☐		1. Was an FBI check conducted? *Fieldprint or government/state/higher education agency if program is internal to approved fingerprinting entity.*
YES ☐	NO ☐		2. Is individual's demographic information accurate (i.e. name, birthdate) in the the state of residence check? *First and Last Names should reflect the legal name of the individual, as reflected on documentation used to verify the identity of the individual.*
YES ☐	NO ☐		3. Was the FBI check adjudicated? *Adjudication means the check was reviewed, including any findings, and considered when making an eligibility determination. Checks with no findings must still be adjudicated. Adjudication must be documented with a signature and date of program staff review.*
			4. On what date was the FBI check adjudicated?
YES ☐	NO ☐		*5.* Was this check adjudicated prior to the *first day* the individual was eligible to accrue hours? *Compare date in question 4 above to date in Assessment Questions-General, question 4.*
YES ☐	NO ☐		6. Did you maintain documentation of the check with date stamp in the individual's file?
YES ☐	NO ☐	N/A ☐	7. For a result with findings, were all hits documented as resolved before clearing the individual? *Enter N/A if the result was 'no record found' or you do not have access to results.*

Answering 'no' to any of the FBI check questions above indicates non-compliance.

COMPONENT 4 – Lapse in Service

Assessment – Lapse in Service			
YES ☐	NO ☐	N/A ☐	1. Is your program using NSCHC screenings from a previous term of service to meeting the NSCHC requirements for the current term of service?
YES ☐	NO ☐		1.a. If so, was there a lapse in service that extended beyond 180 days? *Answering 'yes' to question 1a indicates non-compliance.*
YES ☐	NO ☐		2. Did the screened individual turn 18 during the previous term of service?
YES ☐	NO ☐		2.a. If yes, were screenings conducted prior to the start of the current term of service? *Answering 'no' to question 2a indicates non-compliance.*

National Service Criminal History Check Assessment 2023-24

*For program's utilizing ICHAT & NSOPW to meet NSCHC requirements.
To be used May 1, 2021 and after.*

Name of individual in covered position:	
Name of individual completing assessment:	

Assessment Questions - General

YES	NO		
YES ☐	NO ☐		7. Was this individual under the age of 18 at the start of service? *If yes, assessment is complete, no further review necessary. No screening required.*
YES ☐	NO ☐		8. Does this covered position have completed NSOPW, State of Residence (if required) and FBI Fingerprint screenings on file? *Answering 'no' to question 2 indicates non-compliance.*
YES ☐	NO ☐		9. Is the state of service different than the state of residence at the time of application to the program? *The state where a candidate "resides" is the location the individual identifies as their place of residence at the time they applied to serve or work. State of residence can be determined by looking at the permanent address included on individual's application/resume. When a government-issued ID address does not match the indicated state of residence address, programs should document the reason for the variance.*
YES ☐	NO ☐		3.a. If the state of service is different than the state of residence, is there a state of residence check on file for the individual? *Answering 'no' to sub-question 3a indicates non-compliance.*
			10. When did the individual in the covered position start work/service in the program? *This is the date the individual was first eligible to accrue hours.*
YES ☐	NO ☐		11. Is there a signed and dated acknowledgement of NSCHC screening on file for the individual? And is it dated prior to the start of work or service? *Answering 'no' to question 5 indicates non-compliance.*

Assessment – Citizenship Verification

YES	NO	N/A	
YES ☐	NO ☐		6. Is there a copy of a government issued photo ID on file for the individual? *Answering 'no' to question 1 indicates non-compliance.*
YES ☐	NO ☐	N/A ☐	7. Has review of the government issued ID been documented in the individual's file? *Answering 'no' to question 2 indicates non-compliance.*
YES ☐	NO ☐		8. Was the government issued ID reviewed prior to adjudication of the NSCHC screenings? *Answering 'no' to question 3 indicates non-compliance.*
YES ☐	NO ☐		9. Is there proof of citizenship in the individual's file? *Answering 'no' to question 4 indicates non-compliance.*

			10. What was used to verify and document citizenship eligibility? *See Acceptable Eligibility Documentation.docx (basecamp.com) for documents that can be use[d] to demonstrate citizenship. *If document used is not included in the list above, non-compliance is indicated.*
YES ☐	**NO** ☐		11. Do all names and demographic information on citizenship documentation and government issued photo ID match? b. If no, please explain below: *Answering 'no' to question 6 may indicate non-compliance. Compliance here is dependent on circumstance. Contact PO with any questions on the compliance of this component of the NSCHC screening.*

COMPONENT 1 – National Sex Offender Public Website (NSOPW) Check

			Assessment Questions – NSOPW
YES ☐	**NO** ☐		8. Was the NSOPW check conducted? *Must be national search found at https://www.nsopw.gov/*
YES ☐	**NO** ☐		9. Is individual's demographic information accurate (i.e. name, birthdate) in the NSOPW check? *First and Last Names should reflect the legal name of the individual, as reflected on documentation used to verify the identity of the individual.*
YES ☐	**NO** ☐		10. Did you maintain documentation of the check with date stamp in the individual's file?
YES ☐	**NO** ☐		11. Was the NSOPW check adjudicated? *Adjudication means the check was reviewed, including any findings, and considered when making an eligibility determination. Checks with no findings must still be adjudicated. Adjudication must be documented with a signature and date of program staff review.*
			12. On what date was the NSOPW result adjudicated?
YES ☐	**NO** ☐		13. Was this check adjudicated *prior* to the first day the individual was eligible to accrue hours? *Compare date in question 5 above to date in Assessment Questions – General section of this document, question 4.*
YES ☐	**NO** ☐		14. Was the NSOPW check complete for all states/territories*?*
YES ☐	**NO** ☐	**N/A** ☐	15. For a result with findings, were all hits documented as resolved before clearing the individual? This includes program staff signing off on discrepancies for each individual result. *Enter N/A if the result was 'no record found.'*

Answering 'no' to any of the NSOPW questions above indicates non-compliance.

COMPONENT 2 – State of Service and State of Residence Check

See the 2020-21 NSCHC Self-Assessment for historical State of Service requirements. Requirements not included here as check is optional as of 9.15.21.

☐ YES ☐ NO   State of Residence Required

			Assessment – State of Residence
YES ☐	**NO** ☐	**N/A** ☐	9. If the state of residence was not the same as the state of service, was the state of residence check conducted? * N/A, proceed to Component 3.

YES ☐	**NO** ☐		10. Is individual's demographic information accurate (i.e. name, birthdate) in the the state of residence check? *First and Last Names should reflect the legal name of the individual, as reflected on documentation used to verify the identity of the individual.*
YES ☐	**NO** ☐		11. Was the state of residence check adjudicated? *Adjudication means the check was reviewed, including any findings, and considered when making an eligibility determination. Checks with no findings must still be adjudicated. Adjudication must be documented with a signature and date of program staff review.*
			12. On what date was the state of residence check adjudicated?
YES ☐	**NO** ☐	**N/A** ☐	13. Was this check adjudicated prior to the *first day* the individual was eligible to accrue hours? *Compare the adjudication date in question 11 of this section with the date in the Assessment Questions – General section of this document, question 4.*
YES ☐	**NO** ☐		14. Did you maintain documentation of the check with date stamp in the individual's file?
YES ☐	**NO** ☐	**N/A** ☐	15. For a result with findings, were all hits documented as resolved before clearing the individual? This includes program staff signing off on discrepancies for each individual result. *Enter N/A if the result was 'no record found.'*

Answering 'no' to any of the State Check questions above indicates non-compliance.

COMPONENT 3 – Federal Bureau of Investigation (FBI) Check

Assessment – FBI			
YES ☐	**NO** ☐		8. Was an FBI check conducted? *Fieldprint or government/state/higher education agency if program is internal to approved fingerprinting entity.*
YES ☐	**NO** ☐		9. Is individual's demographic information accurate (i.e. name, birthdate) in the the state of residence check? *First and Last Names should reflect the legal name of the individual, as reflected on documentation used to verify the identity of the individual.*
YES ☐	**NO** ☐		10. Was the FBI check adjudicated? *Adjudication means the check was reviewed, including any findings, and considered when making an eligibility determination. Checks with no findings must still be adjudicated. Adjudication must be documented with a signature and date of program staff review.*
			11. On what date was the FBI check adjudicated?
YES ☐	**NO** ☐		12. Was this check adjudicated prior to the *first day* the individual was eligible to accrue hours? *Compare date in question 4 above to date in Assessment Questions-General, question 4.*
YES ☐	**NO** ☐		13. Did you maintain documentation of the check with date stamp in the individual's file?
YES ☐	**NO** ☐	**N/A** ☐	14. For a result with findings, were all hits documented as resolved before clearing the individual? *Enter N/A if the result was 'no record found' or you do not have access to results.*

Answering 'no' to any of the FBI check questions above indicates non-compliance.

COMPONENT 4 – Lapse in Service

YES	NO	N/A	**Assessment – Lapse in Service**
YES ☐	**NO** ☐	**N/A** ☐	3. Is your program using NSCHC screenings from a previous term of service to meeting the NSCHC requirements for the current term of service?
YES ☐	**NO** ☐		1.a. If so, was there a lapse in service that extended beyond 180 days? *Answering 'yes' to question 1a indicates non-compliance.*
YES ☐	**NO** ☐		4. Did the screened individual turn 18 during the previous term of service?
YES ☐	**NO** ☐		2.a. If yes, were screenings conducted prior to the start of the current term of service? *Answering 'no' to question 2a indicates non-compliance.*

					Recommendations	Notes
		Member Service Agreement Assessment Tool				
	Section	Requirements	Citation	Met	Not Met	Recommendations Best Practices
1	Title	Member Service Agreement is named as such.	N/A				
2	AmeriCorps Name and Logo	Recipients and subrecipients shall use the AmeriCorps name and logo on orientation materials and publications related to their AmeriCorps program.	2021 Terms & Conditions, Specific III.B				
3	Introduction and Purpose of Agreement	N/A	N/A			Clearly state the parties involved in the agreement (the member name and the grant recipient organization name) and specify that the agreement is regarding an AmeriCorps term of service with [insert program name].	
4	Member Eligibility Requirements	N/A	45 CFR §2522.200(a)			Include the member eligibility requirements: ■ Be at least 17 years of age at the commencement of service and if 17 years of age has parental or legal guardian consent to serve ■ Be a U.S. citizen, U.S. national, or lawful permanent resident alien of the United States ■ Received a high school diploma or its equivalent or agrees to obtain a high school diploma or its equivalent prior to utilize the education award ■ Satisfy the National Service Criminal History Check eligibility criteria	
5	Member Position Description	Full text of the member position description.	2021 Terms & Conditions, Specific V.B			■ Reference the member position description briefly in the body of the agreement and include the full text of the position description as an appendix. ■ For guidance on creating the member position description, see the Member Position Description Outline.	

6	Prohibited Activities	Full and exact list of the prohibited activities.	45 CFR §2520.65 and 2021 Terms & Conditions, Specific V.C		
7	Terms of Service	Requirements to successfully complete the term of service and be eligible for the education award: ■ Minimum number of service hours ■ Other requirements as developed by the recipient	2021 Terms & Conditions Specific V.A		■ Specify the type of service term (full-time, half-time, etc.) and the required number of service hours associated with that term. ■ Specify the start and end dates for the term of service OR space is provided for the program to write in the start and end date of the term of service, ensuring that the total duration of the term is 12 months or less. ■ Other requirements to successfully complete the term of service may include: - Completing the full duration of the service term (for example, some programs require members to serve until the specified end date on the agreement even if they complete their required hours earlier); - Satisfactorily completing all assignments, tasks or projects (ensure that these are defined); - Submitting all required timesheets and data collection reports. ■ Provide hours benchmarks for each living allowance period to ensure members are on track to successfully complete the program.
8	Fundraising by Members	Exact language of 45 CFR § §2520.40-.45 including the header of the CFR citation.	45 CFR § §2520.40-.45 and 2021 Terms & Conditions Specific V.B.7		
9	Nonduplication and Nondisplacement	Exact language of 45 CFR § §2540.100 (e)-(f) including the header of the CFR citation.	45 CFR § §2540.100 (e)-(f) and 2021 Terms & Conditions		

			Specific V.B.6			
1 0	Standards of Conduct	Standards of conduct as developed by the recipient or subrecipient	2021 Terms & Conditions Specific V.B.4			■ Provide a list of positive behaviors that will be expected for AmeriCorps members (e.g. following directions, showing respect to others). ■ Provide a list of behaviors that will not be tolerated for AmeriCorps members (e.g. tardiness or unexcused absences, stealing or lying).

| 1 1 | Consequences for Violating Standards of Conduct, Suspension and Termination | Include the following suspension and termination rules:
■ The Grantee must suspend the member if the member:
 - faces an official charge of a violent felony or sale or distribution of a controlled substance, and/or
 - is convicted of the possession of a controlled substance, and/or
 - is not serving, nor accumulating service hours for an extended period of time.
■ Grantees may release members from participation for two reasons: for compelling personal circumstances, and for cause.
■ The Grantee | 2021 Terms & Conditions Specific V.B.10 and V.B.11 | | | ■ Include a step-by-step policy for how violations of the program's Standards of Conduct will be handled (e.g. verbal warning, written warning, etc.).
■ If these steps include suspension and/or release from cause, or if certain type(s) of violations would result in an immediate suspension or release for cause, describe this clearly.
■ Copy the text from 45 CFR § 2522.230 including the header of the CFR citation. | |

	must release a member for cause if: - a member is convicted of a felony or convicted of the sale or distribution of a controlled substance during a term of service. - a member leaves the program to enroll in school, obtain employment (other than in moving from welfare to work or in leaving a program that includes in its approved objectives the promotion of employment among its participants), or leaves due to dissatisfaction			

1 2	Grievance Procedures	Full text of the program's grievance procedure which must include: ■ Procedure for the filing and adjudication of grievances is included ■ If the grievance alleges fraud or criminal activity, it must immediately be brought to the attention of MCSC and CNCS's Inspector General ■ Include contact person for filing grievance	45 CFR §2540.230 and 2021 Terms & Conditions V.B.12			Do not change any of the required timeframes and steps in the procedure.	
1 3	Benefits of Service	■ Amount of the Segal AmeriCorps Education Award being offered for successful completion of the term of service in which the individual is enrolling	2021 Terms & Conditions Specific V.B.3			■ Specify the exact dollar amount of the award. ■ If desired, include additional information about the use and limitations of the education award https://americorps.gov/members-volunteers/segal-americorps-education-award.	

■ Amount of the living allowance the member will earn, if applicable	2021 Terms & Conditions Specific VIII.A		■ State the living allowance as a weekly/biweekly/monthly dollar amount and emphasize that payments will not fluctuate based on the number of hours served in a particular time period; if a member serves all required hours and is permitted to conclude his or her term of service before the originally agreed upon end of term, living allowance payments must cease, and the recipient may not provide a lump sum payment to the member. ■ Include a living allowance distribution chart including the living allowance periods, payment date and payment amount. ■ Specify that FICA and income taxes will be withheld from the living allowance	
■ Healthcare coverage, if applicable	2021 Terms & Conditions VIII.D and 45 CFR §2522.250(b)		Specify the nature of the healthcare coverage provided by the program.	
■ Childcare coverage, if the member qualifies	2021 Terms & Conditions VIII.F and 45 CFR §2522.250(a)		Specify how the member may apply for childcare benefits (see https://www.americorpschildcare.com/)	
■ Student loan forbearance and interest payments, if the member qualifies	AmC State and National Policy FAQ G.7.		If desired, include additional information from about what types of loans are eligible and how to apply https://my.americorps.gov/trust/help/member_portal/forbearance_overview.htm	
			Programs may offer additional benefits to members if desired, such as a housing allowance; however, the value of the additional benefits combined with the living allowance cannot equal more than the maximum living allowance (AmC State and National Policy FAQ C.57).	

1 4	Requirements under the Drug-Free Workplace Act	Program's drug-free workplace statement/policy under the Drug-Free Workplace Act including the following: - the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited while serving as an AmeriCorps member. - as a condition of AmeriCorps service, the member must abide by the terms of this prohibition and must notify the program director of any conviction under a criminal drug statute no later than 5 days after such a conviction. - specific actions will be taken	2021 Terms & Conditions Specific V.B.8, 45 CFR §2522.230 and 41 U.S.C. § 701 et seq.			

		against members for violations of this prohibition, including personnel actions up to and including termination, and/or the requirement to satisfactorily participate in a drug abuse assistance or rehabilitation program.				
1 5	Reasonable Accommodations	■ Programs and activities must be accessible to persons with disabilities, and the program must provide reasonable accommodation to the known mental or physical disabilities of otherwise qualified members and applicants.	2021 Terms & Conditions Specific IV.F.		■ Includes statement of confidentiality and state the option of "self-identifying" as a person with a disability. ■ Include a written reasonable accommodation process.	

| 1 6 | Civil Rights Requirements / Notice of Non-Discrimination | Civil rights requirements, complaint procedures, and rights of beneficiaries:■ Specifies that it operates its program or its activity subject to the nondiscrimination requirements of the applicable statutes. ■ Summarizes the applicable nondiscrimination requirements. ■ Notes the availability of compliance information from the sub-grantee, Commission and/or CNCS, and briefly explain the procedures for filing discrimination complaints. | 2021 Terms & Conditions Specific V.B.9 and 2021 Terms & Conditions General III.M.1 | | | Sample Language from 2021 Terms and Conditions General III.M.1.: *Any benefits and terms and conditions of this program, are available to all without regard to race, color, national origin, gender, age, religion, sexual orientation, disability, gender identity or expression, political affiliation, marital or parental status, genetic information and military service. [Grantee's name] policy and federal law prohibits reprisal for engaging in protected activity (reporting discrimination or harassment, participating in investigations of such allegations, or intervening to assist those who are subjected to prohibited behaviors), and it will not be tolerated. In addition to filing a complaint with local and state agencies that are responsible for resolving discrimination complaints, you may bring a complaint to the attention of the Corporation for National and Community Service. If you believe that you or others have been discriminated against, or if you want to seek advice, contact:*

 (Name, address, phone number – both voice and TTY, and preferably toll free – FAX number and email address of the recipient) or *Equal Employment Opportunity Office (EEOP)* *Corporation for National and Community Service* *250 E Street, SW* *Washington, DC 20525* *(202) 606-7503* *eo@cns.gov (email)* | |

1 7	Other Requirements Established by the Recipient	N/A	N/A			■ Required service or training events that the member will be expected to attend, such as member orientation and/or National Day of Service events; ■ Vacation/sick leave policies for the program, such as the number of leave days a member may take and the process for requesting leave; ■ Process by which the agreement may be amended if necessary (e.g. by written consent of both parties)	
1 8	Signatures and Dates	■ Member Signature and Date ■ Parental or legal guardian signature and date for members under 18 years of age.	2021 Terms & Conditions Specific V.B and IV.B			■ Include program staff signature and date.	

Member Position Description Review				
Requirement	Description	Yes	No	Notes
Service Position Title	A specific, descriptive title that gives the participant a sense of identity and helps salaried staff and other volunteers understand the role.			
Service Location	The location where the individual will be working. Can this assignment be done at home or must the person be on site? Is there public transportation near the work site?			
Member Impact	The purpose of the overall project and/or program and how the volunteer's service will impact the project's outcome, clients, or mission. It is critical to identify expected impact in both direct service and administrative assignments so that volunteers will be aware of the importance of their work. What are the particular contributions of the position toward the accomplishment of the overall objectives of the organization?			
Immediate Supervisor/Title	List name, title, and contact information.			
Service Position Summary	Briefly describe the responsibilities of the position in a narrative format.			
Essential Functions of Position	List all basic duties that must be performed with or without reasonable accommodations. Identify only the tasks essential to the position. Focus on results, not process. What three or four activities actually constitute the position? Does the position exist to perform these functions? Is each activity really necessary? For example, to perform essential duties, is it necessary to type, file, answer phones, and take dictation? What is the relationship between each task?			

	Is there a specific sequence that the tasks must follow? Do the tasks necessitate specific physical activities such as sitting, standing, walking, lifting, carrying, etc? How many other people are available to perform an essential function? Can the performance of that function be distributed among any others? How much time is spent in performing each particular function? Are the less-frequently performed tasks as important to success as those done more frequently? Would removing an essential function fundamentally alter the overall purpose of the position?			
Marginal Functions of Position	List additional duties that are preferred, are re-assignable to others, or can be eliminated or otherwise do not change the nature of the position			
Principal Working Relationships	Identify internal and external working relationships required for successful accomplishment of responsibilities			
Knowledge, Skills, and Abilities	Identify the specific areas of knowledge, skills and abilities required to be qualified for the position.			
Academic and Experience Qualifications	List minimum qualifications and experience required to be eligible for the position.			
Commitment Required	Commitment asked of the volunteer in terms of the minimum length of service, hours per week, and any other special requirements.			
Training	Indicate nature and length of all general and position-specific training required for the assignment.			
Service Conditions	Identify the conditions under which the position must be accomplished. 1. "...service is performed primarily outdoors." 2.			

	"...service involves travel outside the state."			
Physical, Emotional, and Intellectual Demands	Identify the degree to which these demands are applied to the requirements of the position. 1. "...Patience is required because of work with children."			
Date	When the description was written or most recently updated.			
Signatures	Include signature lines for the volunteer manager, site supervisor, and volunteer to make sure that they are in agreement.			

Performance Measure Review

This document defines the necessary checks for accuracy and matching performance measures in eGrants and OnCorps.

Measure	Check	Notes	Complete
Performance Measure Title	Performance Measure Title (OnCorps) and Performance Measure (eGrants) match		
Objective	Primary Focus Area and Objective (OnCorps) and Objective (eGrants) match		
Problem	Community Problem or need (OnCorps) and Problem Statement (eGrants) match		
Intervention	Describe Intervention(s) match		
Slots	Number of Slots match		
MSYs	Number of MSYs match		
Start / End Dates	Activity start/end dates (OnCorps) and Proposed Project Dates (eGrants) match		
Outcomes	Title, Target, Measured By, and Described Instrument		
Outputs	Title, Target, Measured By, and Described Instrument		