Program Monitoring Tool

AMERICORPS IN MISSOURI

PROGRAM YEAR 2023-2024	
LEGAL APPLICANT:	
PROGRAM NAME:	
DATE OF VISIT:	
PROGRAM POINT OF CONTACT:	
SERVMO STAFF PERFORMING MONITORING:	
DATE OF MONITORING CLOSEOUT:	

MONITORING TOOL OVERVIEW		
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Monitoring Approval/Completion:
(To Be Signed After All Corrective Actions Completed and Disallowed Costs are Recouped)

Program Officer Signature:		Date:	
Executive Director Signature:		Date:	

MODULE A. REPORTING AND COMMUNICATION

| 1. | MEMBER ENROLLMENT AND ATTRITION (BASED ON DATA FROM EGRANTS AND ONCORPS) | | | | | | | | | | | | | | |

MSY Awarded:	Number of Members Awarded in Agreement:							MSY Enrolled:	Number of Members Currently Enrolled:						
	FT	TQT	HT	RHT	QT	MT	AT		FT	TQT	HT	RHT	QT	MT	AT

Number enrolled since start of program:	
Total slots awarded:	
Enrollment Rate *(The Enrollment Rate Should Be At Least 85%)*:	
Number of Members currently serving:	
Number of Members exited:	
Number Of Members Who Earned an Education Award:	
Number Of Members Who Did Not Earn an Education Award:	
Retention Rate *(Enrolled/ (Members Exited W/ Award + Members Serving))*:	

2.	PROGRESS REPORTS	NOTES
Does program submit progress reports by SERVMO deadlines?	☐Yes ☐No ☐N/A	
Does program produce accurate reports?	☐Yes ☐No ☐N/A	
Does program respond to feedback within specified deadline?	☐Yes ☐No ☐N/A	

3.	PERIODIC EXPENSE REPORTS	
Does program submit PERs by the monthly due date?	☐Yes ☐No ☐N/A	
Does program produce accurate and acceptable PERs?	☐Yes ☐No ☐N/A	
Does program respond to feedback within specified deadline?	☐Yes ☐No ☐N/A	

4.	TIMESHEETS	
Does the program submit time sheets regularly in OnCorps or program specific portal?	☐Yes ☐No ☐N/A	
Does it appear that all Members will complete their term of service?	☐Yes ☐No ☐N/A	

5.	MEMBER ENROLLMENT/EXIT/STATUS CHANGE		NOTES	
Did Member enrollments completed within 8 days?		☐Yes ☐No ☐N/A	If no, how many were not?	
Did Member exits completed within 30 days?		☐Yes ☐No ☐N/A	If no, how many were not?	
Was the Change of Status completed within 30 days? *(Transfer, Suspension, Reinstatement)*		☐Yes ☐No ☐N/A	If no, how many were not?	
Was the Change of Term completed within 30 days?		☐Yes ☐No ☐N/A	If no, how many were not?	
6.	**OTHER**		**NOTES**	
Does program obtain approval of changes in program design from MCSC?		☐Yes ☐No ☐N/A		
Does program respond in a timely manner to emails, phone calls, etc. from MCSC?		☐Yes ☐No ☐N/A		
Did program staff participate in all monthly meetings/calls?		☐Yes ☐No ☐N/A	*Which months were missed?*	
Have there been any complaints or calls of concern from Members, public, etc. to MCSC?		☐Yes ☐No		
Did program participate in annual program director training?		☐Yes ☐No		
Did program participate in annual Opening Day?		☐Yes ☐No		
Did program participate in annual Missouri Day?		☐Yes ☐No		
Did program participate in required days of service?		☐Yes ☐No	*Which days were missed?*	
Did program participate in all other required events/trainings?		☐Yes ☐No	*Which were missed?*	
Has at least one program staff member completed the annual fiscal training?		☐Yes ☐No	*Which staff?*	
Has at least two program staff members completed the annual CNCS National Service Criminal History Check (NSCHC) training?		☐Yes ☐No	*Which staff?*	

MODULE B. PROGRAMMATIC POLICY AND PROCEDURES

1.	POLICY AND PROCEDURES MANUAL		NOTES
Does the program have a policy and procedures manual that is specific to AmeriCorps Members?		☐Yes ☐No ☐N/A	
Is the policy and procedures manual kept where everyone can have access to it?		☐Yes ☐No ☐N/A	
2.	**DISPLACEMENT OF EMPLOYEES**		**NOTES**
Does the program have a policy that ensures it does not supplant/duplicate services or displace employees/volunteers?		☐Yes ☐No ☐N/A	
3.	**RECRUITMENT PLAN**		**NOTES**
Does the program have a local recruitment plan that encourages diversity and inclusion?		☐Yes ☐No ☐N/A	
Does the program have a policy that ensure AmeriCorps Members are selected in a fair and non-discriminatory manner?		☐Yes ☐No ☐N/A	
4.	**ORIENTATION**		**NOTES**
Does the program utilize the mandatory Member Service Agreement for all Members?		☐Yes ☐No ☐N/A	
Does the program ensure that orientation is designed around the Member Service Agreement and other programmatic requirements?		☐Yes ☐No ☐N/A	
Does the program review all policy and procedures during Member orientation?		☐Yes ☐No ☐N/A	

5.	ONGOING TRAINING		NOTES
Does the program have a plan to provide on-going training that ensures Members are adequately skilled to perform their service? (i.e. Life after AmeriCorps, Civic Engagement/Reflection, disability inclusion, etc.)		☐Yes ☐No ☐N/A	
Does the Program ensure that support is provided to Members who are completing terms of service and transition to other educational career opportunities?		☐Yes ☐No ☐N/A	
6.	DISABILITY INCLUSION		NOTES
Does the program note on their Member application/position postings that they are seeking people of all abilities?		☐Yes ☐No ☐N/A	
Does the program have a policy in place to provide reasonable accommodations for Members with disabilities?		☐Yes ☐No ☐N/A	
7.	PROHIBITED ACTIVITIES		NOTES
Does the program have a policy which ensures that Members are aware of and do not engage in prohibited activities?		☐Yes ☐No ☐N/A	

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8.	HOST SITE AGREEMENTS		NOTES
Does the program have a completed host site agreement for each of its sites where Members are hosted?		☐Yes ☐No ☐N/A	
Does the program ensure that each host site is aware of the requirements outlined in the host site agreement?		☐Yes ☐No ☐N/A	
Does the program ensure that Members are primarily engaged in activities as described in the host site agreement?		☐Yes ☐No ☐N/A	
9.	HOST SITE SUPERVISION		NOTES
Does the program have a policy which ensures that supervisors are appropriately trained and knowledgeable about AmeriCorps policies and procedures?		☐Yes ☐No ☐N/A	
Are supervisors trained regarding prohibited activities?		☐Yes ☐No ☐N/A	
Are the prohibited activities prominently displayed at the host site?		☐Yes ☐No ☐N/A	
Are Members provided appropriate daily supervision by qualified supervisors in accordance with the programs approved grant application?		☐Yes ☐No ☐N/A	

10.	TUTORING		NOTES
Does the program meet the qualifications for Members serving as tutors under CFR2522.910 through 2522.940?		☐Yes ☐No ☐N/A	
If so, does the program meet all tutoring requirements required in the CFR sections noted above?		☐Yes ☐No ☐N/A	

11.	AMERICORPS LOGO/BRANDING		NOTES
Does the program ensure that Members are always wearing the AmeriCorps logo while logging hours?		☐Yes ☐No ☐N/A	
Does the program ensure that they incorporate AmeriCorps signage in their office(s)?		☐Yes ☐No ☐N/A	
Does the program ensure that AmeriCorps signage is visible at all host sites?		☐Yes ☐No ☐N/A	
Does the program utilize the SERVMO and AmeriCorps logos on public facing websites?		☐Yes ☐No ☐N/A	

12.	SAFETY		NOTES
Does the program institute appropriate safety precautions for Members?		☐Yes ☐No ☐N/A	
Does the program report serious injuries and death to their Program Officer?		☐Yes ☐No ☐N/A	

13.	DRUG FREE WORKPLACE ACT		NOTES
Does the program apply service release and resumption polices appropriately in compliance with the Drug Free Workplace Act?		☐Yes ☐No ☐N/A	
14.	VOTING		NOTES
Does the program have a policy that encourages, but does not require, Members to vote and allows Members time to vote with no penalty?		☐Yes ☐No ☐N/A	
15.	JURY DUTY		NOTES
Does the program have a policy that allows Members to serve on a jury with no penalty?		☐Yes ☐No ☐N/A	
16.	MILITARY SERVICE		NOTES
Does the program have a policy that allows Members to serve in the armed forces with no penalty and allows for time away in accordance with AmeriCorps policies and procedures?		☐Yes ☐No ☐N/A	
17.	EDUCATION		NOTES
Does the program have a policy that ensures the availability of support services to Members earning a GED or Diploma during their AmeriCorps service?		☐Yes ☐No ☐N/A	
18.	PROGRAM OBJECTIVES/PERFORMANCE MEASURES		NOTES
Does the program have policies and procedures that track progress and shows achievement toward program objectives?		☐Yes ☐No ☐N/A	
Does the program produce reports that accurately capture program accomplishments?		☐Yes ☐No ☐N/A	
19.	VOLUNTEERS		NOTES
Does the program recruit and utilize community volunteers in accordance with SERVMO policies?		☐Yes ☐No ☐N/A	
Does the program have a tracking system that shows number of volunteers and hours served?		☐Yes ☐No ☐N/A	
20.	COMMISSION APPROVAL		NOTES
Does the program obtain written approval from SERVMO prior to any significant programmatic changes?		☐Yes ☐No ☐N/A	

21.	MEMBER FILES/STAFF FILES		NOTES
Are Member and staff files stored in a secured/locked area? If they are digital, are they secured on a password protected server?		☐Yes ☐No ☐N/A	
Do all staff listed in Section 1 of the grant budget have complete criminal history checks?		☐Yes ☐No ☐N/A	
22.	GRIEVANCE PROCEDURES		NOTES
Does the program have a grievance procedure specific to AmeriCorps Members?		☐Yes ☐No ☐N/A	
Is that procedure outlined in the Member Service Agreement and the Member policies and procedures manual?		☐Yes ☐No ☐N/A	
23.	ENHANCED WHISTLEBLOWER PROTECTION		NOTES
Does the program have whistleblower protections outlined in the Member policies and procedures manual?		☐Yes ☐No ☐N/A	
24.	TRAVEL POLICIES		NOTES
Do the program's travel policies conform to Missouri policies? If the program utilizes a federal rate that is higher than Missouri's, are those expenditures charged solely to the grantee share?		☐Yes ☐No ☐N/A	
25.	CRIMINAL HISTORY BACKGROUND CHECKS		NOTES
Does the program have a policy in place that aligns with CNCS and SERVMO National Service Criminal History Check (NSCHC) requirements?		☐Yes ☐No ☐N/A	

MODULE C. FISCAL POLICY

1.	PERIODIC EXPENSE REPORTS		NOTES
Were all periodic expense reports submitted by the due date?		☐Yes ☐No ☐N/A	
Were the periodic expense reports accurate?		☐Yes ☐No ☐N/A	
Is the program compliant with match requirements?		☐Yes ☐No ☐N/A	
Does the program keep administrative costs charged to the grant within the 5.26% limit?		☐Yes ☐No ☐N/A	
2.	**FISCAL DOCUMENTATION AND TRACKING**		**NOTES**
Does the program have signed staff time and attendance records indicating time spent on various activities, i.e. AmeriCorps activities, other projects, etc.? *(Completed Timesheet or Time and Effort Report)*		☐Yes ☐No ☐N/A	
Does the program have a policy that requires at least 2 signatures for all payments?		☐Yes ☐No ☐N/A	
Does the program accurately document and track cash matching contributions?		☐Yes ☐No ☐N/A	
Does the program accurately document and track in-kind matching contributions?		☐Yes ☐No ☐N/A	
Does the program accurately track and monitor expenditures by budget line item? *(General Ledger)*		☐Yes ☐No ☐N/A	
Does the program withhold personal income tax from the Member living allowance? *(Paystub)*		☐Yes ☐No ☐N/A	
Does the program withhold FICA from the Member living allowance?		☐Yes ☐No ☐N/A	
Does the program have any sub-contracts?		☐Yes ☐No ☐N/A	

2.	FISCAL DOCUMENTATION AND TRACKING (CONTINUED)		NOTES
If so, does the program maintain appropriate sub-contract agreements?		☐Yes ☐No ☐N/A	
Does the program sign and indicate payment on invoices and vouchers?		☐Yes ☐No ☐N/A	
Does the program obtain written approval from SERVMO prior to significant budgetary changes that are over 5% of their total grant budget? *(Includes Grantee and Grantee Share)*		☐Yes ☐No ☐N/A	

3.	FISCAL SAMPLING		NOTES
FOR THE FOLLOWING QUESTION, RANDOMLY SELECT TWO PERIODIC EXPENSE REPORTS AND RANDOMLY SELECT TO EXPENDITURES ON EACH EXPENSE REPORT			
For each sampled expenditure, does the program have all required documentation based on the AmeriCorps State & National Improper Payments Assessment Documentation Tool? Months Sampled: Expenditures Sampled:		☐Yes ☐No ☐N/A	

MODULE D. MEMBER DOCUMENTATION

A random sample of 10% of Member files or ten Member files, whichever is greater, will be reviewed. If the program has less than ten Members, all current Member files will be reviewed. Complete this module for each file reviewed.

If two or more Member files are found to have non-compliant criminal history records, all current program year Member files must be reviewed.

1.	MEMBER APPLICATION, ENROLLMENT FORM, AND SERVICE AGREEMENT				
MEMBER NAME:					
START DATE:		**END DATE** *(ANTICIPATED, IF STILL SERVING):*			
SLOT TYPE:		**HOURS SERVED:**		**TERM NUMBER:**	

ARE THE FOLLOWING ITEMS IN THE FILE?		NOTES	
AmeriCorps Application	☐Yes ☐No ☐N/A		
Member Service Agreement *(Must Be Signed and Dated by The Member **PRIOR** To First Day of Service)*	☐Yes ☐No ☐N/A		
Member position description *(May Be Included in The Member Service Agreement)*	☐Yes ☐No ☐N/A		
Member enrollment certification *(Printout From EGrants)*	☐Yes ☐No ☐N/A		
Was the Member enrollment completed within 8 days of service start?	☐Yes ☐No ☐N/A		

2.	PROOF OF EDUCATION	NOTES	
File includes either: • copy of Diploma/GED, • copy of Certification of Completion (persons with disabilities) • self-identification on the Member application, or a statement that the Member agrees to earn a GED or diploma before they can utilize their education award	☐Yes ☐No ☐N/A	Which option was included?	

3.	**PROOF OF AGE AND CITIZENSHIP**	**NOTES**	
Parental Consent Form *(If the Member Is Under the Age of 18 when Service Began)*		☐Yes ☐No ☐N/A	
Citizenship and SSN Verification from eGrants *(Printout from eGrants)*		☐Yes ☐No	
If additional documentation was requested from eGrants to verify citizenship or SSN, are those documents in the file?		☐Yes ☐No ☐N/A	
Photo ID That Includes the Member's Photo, State of Residency, and Birth Date		☐Yes ☐No ☐N/A	
4.	**CRIMINAL HISTORY CHECKS**	**NOTES**	
Copies of adjudicated check results are retained in individual's file for the following checks: ☐ National Sex Offender Public Website (NSOPW) ☐ FBI Check ☐ State of Service/Work – Missouri		☐Yes ☐No ☐N/A	

☐ State of Residence *(Choose One)*
   ☐ The applicant's State of Residence **is Missouri**. The State of Residence check is satisfied by State of Service check.
   ☐ The applicant's State of Residence **is not Missouri**. *Fill out State of Residence information below:*

State of Residence	
Is a State of Residence Check required? *(Choose One)*	☐ State of Residence Check is required: copy of adjudicated Truescreen check result is retained in individual's file. ☐ State of Residence is not required because it is covered by AmeriCorps's Truescreen ASP or is an NFF State

Review Status
If an individual had a Review status in Truescreen for any component of the NSCHC, the following additional documentation must be maintained:
☐ Evidence the program used in making eligibility determination
☐ Review Status Memo, or if using a Fieldprint check from before 11/30/2024, a Fieldprint Not Cleared Memo.

5.	BENEFITS		NOTES
Health Insurance Documentation or Waiver *(If the Member is Eligible)*		☐Yes ☐No ☐N/A	
Childcare Enrollment Documentation *(If the Member Is Eligible)*		☐Yes ☐No ☐N/A	
5.	TAXES AND WITHHOLDINGS		NOTES
Federal W-4 form		☐Yes ☐No ☐N/A	
State W-4 form		☐Yes ☐No ☐N/A	
W-2 form		☐Yes ☐No ☐N/A	
6.	CERTIFICATION OF TRAINING		NOTES
First Aid		☐Yes ☐No ☐N/A	
CPR		☐Yes ☐No ☐N/A	
Disaster Response		☐Yes ☐No ☐N/A	
Sexual Harassment, Non-Discrimination, and Anti-Bullying Training		☐Yes ☐No ☐N/A	
Citizenship		☐Yes ☐No ☐N/A	
7.	TIMESHEETS		NOTES
Are the Member completed timesheets signed by the Member and a supervisor?		☐Yes ☐No ☐N/A	
Does the timesheet delineate between service, training, and fundraising hours?		☐Yes ☐No ☐N/A	

8.	PERFORMANCE REVIEWS	NOTES	
Midterm evaluation includes hours completed, notes on the Members track to completion, etc. *(If Applicable)*		☐Yes ☐No ☐N/A	
End-of-term evaluation includes hours completed, notes on completed assignments, etc. *(If Applicable)*		☐Yes ☐No ☐N/A	
9.	MEMBER EXITS	NOTES	
Member Exit Form *(Printout From eGrants)*		☐Yes ☐No ☐N/A	
Was the Member exit completed within 30 days of the file day of service?		☐Yes ☐No ☐N/A	
Change of Status/ Early Exit Request Form *(If Applicable)*		☐Yes ☐No ☐N/A	
Documentation of Compelling Personal Circumstances Exit *(If Applicable)*		☐Yes ☐No ☐N/A	

MODULE E. STAFF DOCUMENTATION

A random sample of section one of the grant budget (staff file) will be reviewed.
Complete this module for each file reviewed. If the sampled staff file is found to have non-compliant criminal history records, all current program year staff files must be reviewed.

STAFF NAME:				
START DATE:		END DATE: *(N/A, IF STILL EMPLOYED)*		
ARE THE FOLLOWING ITEMS IN THE FILE?			**NOTES**	
1.	**PROOF OF AGE AND CITIZENSHIP**			
Photo ID that Includes the Staff Person's Photo, Residency, and Birth Date		☐Yes ☐No ☐N/A		
Citizenship Verification *(Passport, Birth Certificate, or Naturalization Documentation)*		☐Yes ☐No ☐N/A		
2.	**CRIMINAL HISTORY CHECKS**			

Copies of adjudicated check results are retained in individual's file for the following checks:
  ☐ National Sex Offender Public Website (NSOPW)
  ☐ FBI Check
  ☐ State of Service/Work – Missouri
		☐Yes
		☐No
		☐N/A		

☐ State of Residence *(Choose One)*
  ☐ The applicant's State of Residence **is Missouri**. The State of Residence check is satisfied by State of Service check.
  ☐ The applicant's State of Residence **is not Missouri**. *Fill out State of Residence information below:*

State of Residence	
Is a State of Residence Check required? *(Choose One)*	☐ State of Residence Check is required: copy of adjudicated Truescreen check result is retained in individual's file. ☐ State of Residence is not required because it is covered by AmeriCorps's Truescreen ASP or is an NFF State.

Review Status

If an individual had a Review status in Truescreen for any component of the NSCHC, the following additional documentation must be maintained:

☐ Evidence the program used in making eligibility determination

☐ Review Status Memo, or if using a Fieldprint check from before 11/30/2024, a Fieldprint Not Cleared Memo.

AMERICORPS IN MISSOURI

MODULE F. HOST SITE VISIT	
SITE VISITED (NAME AND ADDRESS):	

			NOTES
1.	Are AmeriCorps Members on site during the visit? *(Note How Many)*	☐Yes ☐No ☐N/A	
2.	Are the AmeriCorps Members performing prohibited activities?	☐Yes ☐No ☐N/A	
3.	Are AmeriCorps Members wearing gear with the AmeriCorps logo?	☐Yes ☐No ☐N/A	
4.	Is the AmeriCorps logo visible at the host site? *(Preferably at the Front Entrance)*	☐Yes ☐No ☐N/A	
5.	Do the host site supervisors have regular contact with the program director?	☐Yes ☐No ☐N/A	
6.	Is the program director regularly available with the host site supervisors have questions?	☐Yes ☐No ☐N/A	
7.	Do the host site supervisors have training sessions/meetings with the program director or other program staff? *(Note How Many Trainings/Meetings Per Year)*	☐Yes ☐No ☐N/A	
8.	Is a copy of the program's policy and procedure manual available at the host site?	☐Yes ☐No ☐N/A	
9.	Does the host site supervisor readily know the list of prohibited activities?	☐Yes ☐No ☐N/A	
10.	Does the host site supervisor have regular contact with the AmeriCorps Member(s) at the site? *(Note How Many Times Per Week)*	☐Yes ☐No ☐N/A	

MODULE G. MEMBER INTERVIEW

MEMBER NAME:	

			NOTES
1.	Do Members have regular contact with the program director or program staff?	☐Yes ☐No ☐N/A	
2.	Do Members have regular contact with their host site supervisors?	☐Yes ☐No ☐N/A	
3.	Do the Members feel they have a supervisor that is readily available when they have questions/concerns?	☐Yes ☐No ☐N/A	
4.	Do the Members have regular professional development/training opportunities?	☐Yes ☐No ☐N/A	
5.	Do the Members feel they were adequately trained, and receive additional training as needed?	☐Yes ☐No ☐N/A	
6.	Do the Members regularly meet with other Members in their program that may not be at their site?	☐Yes ☐No ☐N/A	
7.	Do the Members know where they can access a copy of the program's policy and procedures manual?	☐Yes ☐No ☐N/A	
8.	Do the Members readily know the list of prohibited activities?	☐Yes ☐No ☐N/A	
9.	Are the Members wearing service gear with the AmeriCorps logo?	☐Yes ☐No ☐N/A	
10.	Are the Members satisfied with their service experience?	☐Yes ☐No ☐N/A	
11.	If given the opportunity, would the Members serve again?	☐Yes ☐No ☐N/A	
12.	How would the Members change the program to make it a better experience for others?		

MODULE H. MONITORING SUMMARY

SUMMARIZE ANY BEST PRACTICES THAT CAN BE SHARED WITH OTHER PROGRAMS:

SUMMARIZE ANY FINDINGS THAT REQUIRE CORRECTIVE ACTION:

LIST ANY REMAINING QUESTIONS OR COMMENTS:

MODULE I. DISALLOWED COSTS/CORRECTIVE ACTION

DISALLOWED COST (INCLUDE ANY ASSOCIATED WITH DISALLOWED HOURS)				
Findings *(Note Module and Item for Each)*	Disallowed Cost			Notes
	Federal	Match	Ed. Award	
1.				
2.				
3.				
4.				
Total:				

DISALLOWED HOURS			
	Member Name *(Note Module and Item for Each)*	Total Hours Disallowed	Notes
1.			
2.			
3.			
4.			
5.			

DISALLOWED COST RECOVERY	DATE	NOTES
Notice of Disallowed Costs Letter Sent to Program:		
Disallowed Costs Returned to SERVMO:		
Disallowed Costs Returned to CNCS/Trust:		

CORRECTIVE ACTION:	DATE DUE:	DATE COMPLETED: