

AmeriCorps Fiscal Grant Review Tool

Program Name: _____

Legal Applicant Name: _____

Note: Fixed Amount and EAP grants to not submit a budget. However, *Other Revenue funds* should be listed in the Funding/Demographics section.

1. **Did applicant complete a single audit in previous fiscal year(s)?**

Yes No n/a *Comments:* _____

2. **Did the audit(s) contain findings which would impact this CNCS award?**

Yes No n/a *Comments:* _____

3. **Did the audit(s) contain findings which are cross-cutting and would impact all federal awards?**

Yes No n/a *Comments:* _____

4. **Did the applicant meet their required match percentage?**

Yes No n/a *Comments:* _____

5. **Did the applicant identify any potential program income?**

Yes No n/a *Comments:* _____

6. **Did the applicant budget appropriately for staff and member travel?**

Yes No n/a *Comments:* _____

7. **Did the applicant's budget incorporate any required CNCS increases, such as an increase to the member living allowance?**

Yes No n/a *Comments:* _____

8. **Did the applicant request an increase in the amount of CNCS share and/or cost per MSY?**

Yes No n/a *Comments:* _____

9. **Did the applicant submit a cost per MSY that is equal to or less than the maximum cost per MSY for their grant type?**

Yes No n/a *Comments:* _____

10. Does the applicant have a federally-approved indirect cost rate?

Yes No n/a *If YES, was a copy provided?* _____

11. Did the applicant budget 1% of administrative costs for the Commission?

Yes No n/a *Comments:* _____

12. Did the applicant complete the Source of Funds (Match) field correctly and with adequate information to support the amount written in the budget?

Yes No n/a *If YES, does the amount match the grantee share of the budget?* _____

13. Did the applicant submit a budget with adequate information to assess how each line item is calculated?

Yes No n/a *Comments:* _____

14. Did the applicant submit a budget is in compliance with the budget instructions?

Yes No n/a *Comments:* _____

15. Did the applicant submit a budget without mathematical errors and proposed costs are allowable, reasonable, and allocable to the award?

Yes No n/a *Comments:* _____

16. Is the applicant's budget cost effective and appropriate for the program being proposed?

Yes No n/a *If NO, please provide an explanation.*

Overall Budget Feedback/Comments:

Signature: _____ **Date:** _____

Reviewer Printed Name: _____