

## 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 2% 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: \_\_\_\_\_