

NAME OF ORGANIZATION:

SERVICE BEING APPLIED FOR:

SERVICE AREA:

AAA 1-B PROGRAM MANAGER NAME:

REQUESTED FUNDING:

AAA 1-B RECOMMENDED FUNDING:



2. Proposal Criteria:

| Check YES, NO, or N/A to each question as it applies to the organization's application | YES | NO | N/A | Comments |
|--|--------------------------|--------------------------|--------------------------|----------|
| 1. Did the organization describe how they plan to serve the following groups: | | | | |
| a. Underserved/Priority groups from targeting plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| b. LGBT Communities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| c. Limited English proficiency and minority groups, including Latino/Hispanic communities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| d. Low-income populations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. Was the program innovative in their approach for service delivery in a way that will benefit: | | | | |
| a. Older adults | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| b. Adults with disabilities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| c. Caregivers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| d. Grandparents | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. Do the organization's planned staffing arrangements meet the required standards? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. Did the organization submit an organizational chart? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. Will volunteers be utilized to expand and/or enhance service delivery? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6. The plan for evaluating service quality is sufficient and describes how the data will enhance service delivery. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

3. Monetary and Outreach:

| FUNDS | UNITS | PARTICIPANTS |
|------------|------------|--------------|
| Requested: | Requested: | Proposed: |
| Current: | Current: | Current: |

4. Compliance Issues (if applicable):

| Check YES or NO to each question as it applies to the organization's application | YES | NO |
|---|--------------------------|--------------------------|
| Has the organization been placed on a corrective action plan by AAA 1-B? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| | | |
| Are there any other concerns regarding the organization's performance and/or application? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| | | |

5. Recommendations:

Does the Program Manager recommend the organization’s application and proposal?

Program Manager: YES NO

If no, please explain:

Signature: _____ Date _____

Does the ARC Committee Member recommend the organization’s application and proposal?

ARC Committee Member: YES NO

If no, please explain:

Signature: _____ Date _____

Reviewed by:

Director of Clinical Operations, HASA

Chief Clinical Officer

Signature: _____

Date: _____

**FISCAL APPLICATION REVIEW FORM
NUTRITION and SOCIAL SERVICES**

Agency:
Service:
Funds:

Fiscal Year:

| Current Requested | Funds | Clients | Units |
|-------------------|-------|---------|-------|
| | | | |

I. MANAGEMENT INFORMATION

- A) Is a description of the accounting system used for tracking income, expenditures, and program income/voluntary cost share included? If so, does it include information regarding:
 - The name and description of the applicant's accounting software?
 - If the applicant uses Accrual or Cash based accounting?
 - A description of positions responsible for various accounting functions?
 - Applicant policies and procedures related to internal controls?
- B) Was a description of the unit-tracking system included? If so does it include:
 - Internal policies and procedures describing how units are served and documented?
 - Does the system seem to adequately meet AAA 1-B unit documentation standards?
 - A copy of the applicant's internal policies and procedures for unit reporting?
 - Does the system seem to sensibly ensure that units reported to AAA 1-B and NAPIS will be accurate?
 - Is there a description of the procedure for requesting donations/cost share included?
- C) Was a certified (signed) Debarment and Suspension declaration included?
- D) Has the Debarment and Suspension declaration been verified through the EPLS on-line system?
- E) Are audited financial statements included with the application and if not was there acceptable documentation as to why not?
- F) If audited financial statements were included were there any material weaknesses or other findings that made the statements other than unqualified?

II. BUDGET

- A) Was the budget submitted on the form provided by the AAA 1-B?
- B) Are all calculations on the budget correct?
- C) Does the budget balance, indicating no error messages?
- D) For nutrition applicants only – was justification documentation submitted for Consulting, Supplies, and Other line items that are 10% or more than the total budget?
- E) For nutrition applicants only – Do the budgeted amounts for the Federal/State share and NSIP rate match the published award amount for the service area in which the applicant is applying?
- F) Do any of the line items appear to be inappropriate or unreasonable expenditures for the program in which the applicant is requesting funding?

III. MATCH REQUIREMENTS

- A) Has the applicant included original documentation that ensures that appropriate match funding has been secured for the requested program funding?
- B) For a Social Service Application, is three-quarters (¾) of the 15% match hard cash? If not, has the provider requested a waiver?

IV. FISCAL ASSESSMENTS AND TECHNICAL ASSISTANCE

- New Applicant – No history of funding.
- Satisfactory previous year Fiscal Assessment
- Satisfactory current year Fiscal Assessment
- Unsatisfactory (compliances) issues have been corrected. If not, why?

- Recommendations from assessments and technical assistance have been implemented
- Did the applicant comply with the reporting requirements? If not, why?

WEAKNESSES

STIPULATIONS

| <u>Pre</u> | <u>Contract</u> | |
|------------|-----------------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
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| _____ | _____ | _____ |
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| _____ | _____ | _____ |
| _____ | _____ | _____ |

Reviewed By:

_____ Finance Manager

_____ Date