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Nita M. Lowey 21st Century Community Learning Centers Pre-Screening Checklist

# Purpose

By completing this checklist, applicants can determine if their fiscal and program management systems and experience may ensure that they will be able to provide a quality program under the Nita M. Lowey 21st Century Community Learning Center (21st CCLC).

**Directions:** Please complete this checklist and submit by **Monday, October 16, 2023**, through the official account RA-21stCCLC@pa.gov.

**Name of Organization:**

**Name and Title of Authorized Representative:**

**For Community Based Organizations ONLY:**

**Year Organization was Founded/Incorporated:**

**Primary Address of the Organization:**

**Does Your Agency Has Employer Identification Number (EIN)?**

[ ]  **YES** [ ]  **NO Please Provide Number:**

**Does Your Agency Has SAMS NUMBER:**

[ ]  **YES** [ ]  **NO Please Provide Number:**

**Does Your Agency Has Vendor Number:**

[ ]  **YES** [ ]  **NO Please Provide Number:**

**Does this organization have a current organizational chart?**

[ ]  **YES** [ ]  **NO (if yes, please provide a copy)**

**Has your organization received federal grants in the last two years?**

[ ]  **YES** [ ]  **NO**

**After reviewing the RFP, do you feel your organization** has the financial stability and capability to perform contract requirements when the grant agreement is a reimbursement grant?

[ ]  **YES** [ ]  **NO**

# Accounting Systems

Is the organization’s financial management performed in-house or outsourced with duties?

[ ]  **YES** [ ]  **NO** [ ]  Not Sure

Does the organization maintain timesheets (time and effort reports) for employees that track actual effort by the project or cost objective?

[ ]  **YES** [ ]  **NO** [ ]  Not Sure

Are the individuals responsible for administering grant funds familiar with the current regulations and guidelines on administration cost principles and audit requirements for a federal grantee (including 2. C.F.R. 200)?

[ ]  **YES** [ ]  **NO** [ ]  Not Sure

Does the organization have a written procurement policy?

[ ]  **YES** [ ]  **NO**

Does the organization have a written travel policy?

[ ]  **YES** [ ]  **NO**

# History of Performance

Has the organization ever had a federal award suspended or terminated for non-compliance?

[ ]  **YES** [ ]  **NO** [ ]  Not Sure

Does the organization have at least two years’ experience operating Out-of-School-Time (OST) programs?

[ ]  **YES** [ ]  **NO**

Has the organization ever held a 21st Century Community Learning grant?

If so, when?

If you currently have a 21st CCLC grant or have had a 21st CCLC grant in the past, have you consistently met the student attendance requirements?

[ ]  **YES** [ ]  **NO** [ ]  Not Sure

Does the organization hold similar Out- of -School-Time programs (OST)?

[ ]  **YES** [ ]  **NO**

If so, please explain.

# Financial Statements

Did the organization have a financial statement audit in its recent fiscal year?

[ ]  **YES** [ ]  **NO**

# Applicant Certification

“I certify that the above information is complete and correct to the best of my knowledge.” (The individual certifying this form should be familiar with the organization’s management and financial systems.)

**Name of Certifying Official:**

**Title:**

**Signature and Date:**