Alianza Coachella Valley seeks one individual for the position of Accounting Manager.

PROJECT BACKGROUND AND DESCRIPTION
Alianza is a collaborative partnership of nonprofit and public sector organizations, residents, community groups, and youth working together to improve the quality of life in the Eastern Coachella Valley and build a vibrant, healthy, and thriving Coachella Valley for all.

Alianza works to transform socio-economic conditions so that people in all communities have opportunities to prosper. We:

I. **Shape** systems to remove barriers to economic and physical health

II. **Elevate** local resident leadership to create opportunities for civic engagement

III. **Advocate** through resident-led, issue-based campaigns that foster new leaders and collective impact

IV. **Lead** strategy for comprehensive policy solutions for our region

ROLE
The Accounting Manager manages and oversees the day-to-day financial activities at Alianza Coachella Valley, including month and year-end financial statement preparation, accounts payable, billing and accounts receivable, payroll, year-end audit, and budgeting (including cash flow projections).

This position reports directly to the Executive Director.

The primary work location is at the Alianza office in Coachella, CA. This is a full time, exempt position with benefits.

*During periods of high transmission rates of COVID-19 team members might work remotely.*

**ESSENTIAL DUTIES AND RESPONSIBILITIES**

- **Establish and enforce proper accounting methods, policies, and principles.**
- **Maintain accurate accounting records.**
- **Maintain appropriate grant management activities – ensure proper matching of expenses and prepare accurate billings and financial reports.**
• Prepare accurate accrual and standard journal entries for month-end closing.
• Prepare accurate bi-weekly payroll for approval by (management) and maintain payroll records.
• Prepare monthly financial statements for review and approval by management.
• Prepare monthly bank and investment reconciliations for review and approval by management.
• Assist/prepare financial packages for meetings of management and the Board of Directors.
• Review and approve accounts payable invoices for proper coding.
• Review checks for signature by management.
• Prepare billings and control accounts receivable for Las Palmas Medical Plaza.
• Assist with year-end audit by preparing “Provided By Client” schedules and confirmations.
• Maintain an accurate chart of accounts.
• Prepare the annual budget in coordination with management.
• Maintain employee benefits – 403(b) Plan, medical, (other insurances).

Other duties may be assigned. The duties listed here are typical examples of the work performed; not all duties assigned are included, nor is it expected that all similar positions will be assigned every duty.

MINIMUM QUALIFICATIONS

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Education

• A Bachelor’s degree from an accredited institution, or the equivalent; degree in Business Administration, Accounting or a similar area of study is preferred.

Professional Experience

• Five (5) years of accounting experience; experience in the non-profit sector is preferred.

Language Skills

• The ability to read, analyze, and interpret general business periodicals, professional journals, technical procedures, or governmental regulations.
• The ability to write reports and business correspondence.
• The ability to effectively present information and respond to questions from groups of managers, internal and external stakeholders, and the general public.

Mathematical Skills

• Ability to add, subtract, multiply, and divide in all units of measure, using whole numbers, common fractions, and decimals.
• Ability to compute rate, ratio, and percent and to draw and interpret graphs.
Reasoning Ability

- Ability to solve practical problems and deal with a variety of concrete variables where only limited standardization exists.
- Ability to interpret a variety of instructions furnished in written, oral, diagram, or schedule form.

Computer Skills

- Solid experience with computer skills in email and calendaring applications, and in using word processing, spreadsheets, presentation, and database software.

Other Skills and Qualifications

- Proficiency in working with accounting software.
- Ability to manage and prioritize multiple tasks and projects according to established organization criteria and protocols.
- Strong organizational and time management skills.
- Strong interpersonal skills and the ability to work in a diverse work environment.

Certificates, Licenses, and Registrations

None.

Travel Requirements

- This position does not require travel.
- Access to reliable transportation.

Physical Demands

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodation may be made to enable individuals with disabilities to perform the essential functions.

- The employee will sit, talk, hear, and use hands up to 2/3 of the time. The employee will stand and walk up to 1/3 of the time. The employee is routinely required to carry and/or lift up to 25 pounds.

Work Environment

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

- The work environment is usually active.

**SUPERVISORY RESPONSIBILITIES**

Office Manager (accounts payable)
**SALARY**

The Accounting Manager is a full-time, exempt position. Salary ranges between $55,000 to $70,000 annually based on experience. Benefits include paid vacation & sick days, medical insurance and dental. Employer match up to 5% is available for employees who participate in our retirement plan. Employees are eligible for benefits after they complete a whole 30 days of service in the calendar month.

**HOW TO APPLY**

**CLOSING DATE:** Applications may be reviewed on a rolling basis until the position is filled. Only qualified candidates will be asked to interview.

**TO APPLY:** Send application, cover letter, resume, and list of three references to: Marisa Aceves at marisa@alianzacv.org with subject header Accounting Manager.
PERSONAL DATA

Date __________ Last Name __________ First Name __________ Middle Initial __________

Present Address ______________________________________________________________________

Number & Street __________ City __________ State __________ Zip Code __________

(____) __________________ (____) __________________ __________
Home Phone Mobile Phone E-Mail Address

EMPLOYMENT DESIRED

Position Applying For: ____________________________ FT ________ PT ________ Temp ________

Are you available to for work on: Weekends ________ Holidays ________ Overtime ________

If hired, what date can you start work?: ____________ Are you at least 18 years old? Yes __ No __

Salary Desired: ____________________________

PERSONAL INFORMATION

Have you ever applied to or worked for our organization? Yes ___ No ___

If yes, when? ______________________________________________________________________

Do you have any friends or relatives working for the organization? Yes ___ No ___

If yes, state name(s) and relationships:

Name ____________________________ Relationship ____________________________

Name ____________________________ Relationship ____________________________

If hired would you have a reliable means of transportation to and from work? Yes ___ No ___

If hired, can you present evidence of your legal right to work in this country? Yes ___ No ___
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation  
Yes ___  No ___

If no, describe the function(s) that cannot be performed: ___________________________________________  

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**EDUCATION, TRAINING AND EXPERIENCE**

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Answer the following questions if you are applying for a professional position:

Do you hold any licenses/certificates for the job applied for?  Yes ___  No ___

Name of license/certification: ___________________________________________
License/Certification number: ___________________________________________

Has your license/certification ever been revoked or suspended?  Yes ___  No ___

If yes, please state reason(s), date of revocation or suspension, and date of reinstatement: ___________________________________________

Do you have any other experience, training, qualifications, or skills that you feel make you especially suitable for work at our organization? If so, please explain: ___________________________________________

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**COMPUTER SKILLS**

___  MS Word  Years of experience: ___ ___  GoogleApps  Years of experience: ___ ___
___  Excel  Years of experience: ___ ___  PowerPoint  Years of experience: ___ ___
REFERENCES – Please list below three persons not related to you who have knowledge of your work performance within the last five years.

Name | Occupation | Telephone & Email | Number of Years Acquainted


EMPLOYMENT HISTORY
Please list below all present and past employers starting with your most recent employer. Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer | Telephone Number

Type of Business | Your Supervisor’s Name

Address and Street | City | State | Zip Code

Dates of Employment: From To

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes ____ No ____

EMPLOYMENT HISTORY

Name of Employer | Telephone Number

Type of Business | Your Supervisor’s Name

Address and Street | City | State | Zip Code

Dates of Employment:
Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes ____ No ____

EMPLOYMENT HISTORY (Continued)

Name of Employer

Telephone Number

Type of Business

Your Supervisor’s Name

Address and Street

City State Zip Code

Dates of Employment: From ________ To ________

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes ____ No ____

If not addressed, have you ever been fired or asked to resign from a job? Yes ____ No ____
If yes, please explain: ________________________________________________________________

Please explain any gaps in your employment other than those due to personal illness, injury, or disability.

________________________________________________________________________________

________________________________________________________________________________
ACknowledgment

Please Read Carefully, Initial Each Paragraph and Sign/Date Below

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize the company to investigate my references, work record, education, and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships, and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that the company may require applicants for employment to take a urinalysis for drug and alcohol screening as part of the selection process, and that any offer of employment with the company is contingent upon the results of these tests being satisfactory. I understand that if I am employed with the company, it may require that I submit to a drug and/or alcohol screen if I am involved in an on-the-job accident or if the company has reasonable suspicion that I am under the influence of drugs or alcohol; and I hereby authorize the release of these drugs screen results to the company.

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or B and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company’s designated representative.

Applicant’s Signature

Date