



**U.S. DEPARTMENT OF JUSTICE  
OFFICE OF JUSTICE PROGRAMS**

OMB Number: 1121-0329  
Expiration Date: 12/31/2018

**FINANCIAL MANAGEMENT AND SYSTEM OF INTERNAL CONTROLS QUESTIONNAIRE**

The financial management system of each non-Federal entity must provide for the following

- Retention requirements for records
- Requests for transfer of records
- Methods for collection, transmission and storage of information
- Access to records
- Restrictions on public access to records

- (1) Identification, in its accounts, of all Federal awards received and expended and the Federal programs under which they were received. Federal program and Federal award identification must include, as applicable, the CFDA title and number, Federal award identification number and year, name of the Federal agency, and name of the pass-through entity, if any.
- (2) Accurate, current, and complete disclosure of the financial results of each Federal award or program.
- (3) Records that identify adequately the source and application of funds for federally-funded activities. These records must contain information pertaining to Federal awards, authorizations, obligations, unobligated balances, assets, expenditures, income and interest and be supported by source documentation.
- (4) Effective control over, and accountability for, all funds, property, and other assets. The non-Federal entity must adequately safeguard all assets and assure that they are used solely for authorized purposes.
- (5) Comparison of expenditures with budget amounts for each Federal award.
- (6) Written procedures to document the receipt and disbursement of Federal funds including procedures to minimize the time elapsing between the transfer of funds from the United States Treasury or the pass-through entity and the disbursement by the non-Federal entity whether the payment is made by electronic funds transfer, or issuance or redemption of checks, warrants, or payment by other means.
- (7) Written procedures for determining the allowability of costs.

**APPLICANT ORGANIZATIONAL INFORMATION**

1. Name of Organization and Address:

Organization Name:

Street1:

Street2:

City:

State:

Zip Code:

2. Authorized Representative's Name and Title:

Prefix:  First Name:  Middle Name:

Last Name:  Suffix:

Title:

3. Phone:  4. Fax:

5. Email:

6. Year Established: <input type="text"/>	7. Employer Identification Number (EIN): <input type="text"/>	8. DUNS Number: <input type="text"/>
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9. Type of Organization:

State  
  Municipality  
  Non-Profit  
  Higher Education  
  Tribal  
  For-Profit  
 Other:



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**AUDIT INFORMATION**

An audit is conducted using generally accepted auditing standards (GAAS) or Generally Accepted Governmental Auditing Standards (GAGAS) and results in an audit report with an opinion.

10. The organization has undergone the following types of audit(s)(Please check all that apply):

- OMB A-133 Single Audit
- Financial Statement Audit
- Defense Contract Agency Audit (DCAA)
- None
- Programmatic Audit & Agency:

- Other Audit & Agency:

11. Most Recent Audit:                      Within the past 12 months      Within the past two years      More than two years

Name of Audit Agency/Firm:

**AUDITOR'S OPINION:**

12. On the most recent audit, what was the auditor's opinion?

- Unqualified Opinion       Qualified Opinion       Disclaimer, Going Concern or Adverse Opinions

Please enter the number of findings:

Please enter the amount of questioned costs:

Were material weaknesses noted in either the Financial Statement or Single Audit?     Yes       No

**ACCOUNTING SYSTEM**

13. Which of the following best describes your accounting system:

- Manual     Automated     Combination

14. Does the accounting system identify the receipt and expenditure of program funds separately for each grant?

- Yes     No     Not Sure

15. Does the accounting system provide for the recording of expenditures for each grant/contract by budget cost categories shown in the approved budget?

- Yes     No     Not Sure

16. Does your accounting system have the capability to document the recording of cost sharing or match for each grant? Can you determine if documentation is available to support recorded match or cost share?

- Yes     No     Not Sure

17. Are time distribution records maintained for each employee that specifically identify effort charged to a particular grant or cost objective?

- Yes     No     Not Sure

18. Does the accounting/financial system include budgetary controls to preclude incurring obligations or costs in excess of total funds available or by budget cost category (e.g. Personnel, Travel, etc.)?

- Yes     No     Not Sure

19. Is the organization familiar with the existing Federal regulation and guidelines containing the Cost Principles and procedures for the determination and allowance of costs in connection with Federal grants?

- Yes     No     Not Sure



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**PROPERTY STANDARDS, PROCUREMENT STANDARDS, AND TRAVEL POLICIES**

**PROPERTY STANDARDS**

20. Does your property management system(s) provide for maintaining: (1) a description of the equipment; (2) an identification number; (3) source of the property, including the award number; (4) where title vests; (5) acquisition date; (6) federal share of property cost; (7) location and condition of the property; (8) acquisition cost; & (9) ultimate disposition information?

Yes  No  Not Sure

**PROCUREMENT STANDARDS**

21. Does your organization maintain written procurement procedures which (1) avoid unnecessary purchases; (2) provide an analysis of lease and purchase alternatives; and (3) provide a process for soliciting goods and services?

Yes  No  Not Sure

22. Does your procurement system provide for the conduct to determine selection on a competitive basis and documentation of cost or price analysis for each procurement action?

Yes  No  Not Sure

23. Does your procurement system include provisions for checking the "Excluded Parties List" system for suspended or debarred sub-grantees and contractors, prior to award? Please visit [www.sam.gov](http://www.sam.gov).

Yes  No  Not Sure

**TRAVEL POLICY**

24. Does your organization:

(a) maintain a standard travel policy?

Yes  No

(b) adhere to the Federal Travel Regulation? (FTR)

Yes  No

**SUBRECIPIENT MANAGEMENT AND MONITORING**

25. (For Pass-through entities only). Does your organization have controls in place to monitor activities of subrecipients, as necessary, to determine that Federal awards are used for authorized purposes in compliance with laws, regulations, and the provisions of the award and that performance goals are achieved (2 CFR200)?

Yes  No  Not Sure  
 N/A (Your organization does not make subawards.)

**STANDARDS FOR FINANCIAL MANAGEMENT SYSTEMS AND APPLICANT CERTIFICATION**

I certify that the above information is complete and correct to the best of my knowledge. This document must be certified by the organization's Authorized Representative, Executive Director, Chief Financial Officer, Chairman of the Board of Directors, or similar position.

Name:

[Redacted Name Field]

Date:

[Redacted Date Field]

Title:

Executive Director  Chief Financial Officer  Chairman  
 Other [Redacted Other Field]

Phone:

[Redacted Phone Field]