

EPA ADMINISTRATIVE AND FINANCIAL  
ONSITE REVIEW QUESTIONNAIRE

**I. Organization Policies and Procedures**

*A. General Information / Policies and Procedures.* Many of these questions have “Yes” or “No” answers. For “Yes” answers, please provide the specific-reference to your policies and procedures. Please explain all “No” and “Not Applicable” answers.

Thank you in advance for completing this questionnaire.

Note: 40 CFR 30 and OMB Circular A-122 (now codified as 2 CFR Part 230) references apply to Non Profits, Hospitals and Educational Institutions. 40 CFR 31 and OMB Circular A-87 (codified as 2 CFR 225) references apply to States, Local Governments and Indian Tribes. OMB Circular A-21 (codified as 2 CFR 220) references apply to Educational Institutions.

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| 1. Who or which office(s) in your organization is/are responsible for reviewing, approving and signing applications, awards and amendments? |
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| 2. Who or which office(s) in your organization is/are responsible for monitoring and overseeing assistance agreements once received from EPA? |
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| 3. Do you have a current Organizational Chart? Show or explain any non profit or for profit organization and/or entities your affiliated with. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
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| 4. How does your organization keep up-to-date on federal regulations, legal decisions, OMB Circulars, etc.? |
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| 5. Does your organization have provisions for seeking written prior approvals for specific revisions, from the awarding agency under certain conditions? (40 CFR 30.25 (c), 40 CFR 31.30) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
|   |

6. The Code of Federal Regulations (40), and OMB Circulars require organizations receiving federal assistance agreements to have written policies and procedures for the following areas. (40 CFR 30.21 and 30.22, 40 CFR 31.20 and 31.21) Do your policies and procedures address the items described below?

|  |                          |     |                          |    |                          |     |
|--|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <p>a. Personnel, including qualifications for each position, duties and responsibilities, salary ranges, EEO, annual performance appraisals, types and levels of fringe benefits, and standards of conduct governing duties and responsibilities including disciplinary actions for not adhering to the standards, for employees engaged in the award and administration of contracts. (OMB A-122 / 2 CFR Part 230, Appendix B, paragraph 8 and 40 CFR 30.42; OMB A 87 / 2 CFR Part 225, Appendix B, section 8 and 40 CFR 31.36 (b)(3); OMB A 21 / 2CFR Part 220, Appendix A, section J.10.)</p> | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
|  |                          |     |                          |    |                          |     |

|   |                          |     |                          |    |                          |     |
|---|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <p>b. Time reporting, tracked to each project; (OMB A 122 /2 CFR Part 230, Appendix B, paragraph 8.m; OMB A 87 / 2 CFR Part 225, Appendix B, Section 8.h; OMB A-21 / 2 CFR Part 220, Appendix A, section J.10 )</p> | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
|   |                          |     |                          |    |                          |     |

|  |                          |     |                          |    |                          |     |
|--|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <p>c. Redistributions (Chargeback's); (i.e., other organizational department costs; written, established rates required)</p> | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
|  |                          |     |                          |    |                          |     |

|  |                          |     |                          |    |                          |     |
|--|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <p>d. Payroll processing and internal controls; (OMB A 122 /2CFR Part 230, Appendix B, paragraph 8.m; OMB A 87 / 2CFR Part 225, Appendix B, Section 8.h; OMB A-21/ 2 CFR Part 220, Appendix A, section J.10)</p> | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
|  |                          |     |                          |    |                          |     |

|  |                          |     |                          |    |                          |     |
|--|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <p>e. Overtime (if allowed); (OMB A-122 / 2CFR Part 230, Appendix B, paragraph 8.f; OMB A-87 / 2CFR Part 225, Appendix B, section 8; OMB A-21 / 2 CFR 220, Appendix A, section J.10)</p> | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
|  |                          |     |                          |    |                          |     |

|   |                          |     |                          |    |                          |     |
|---|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <p>f. Vacation and Sick Leave (if offered by your organization); (OMB A 122 / 2 CFR Part 230, Appendix B, paragraph 8 g; OMB A 87 / 2 CFR Part 225, Appendix B, section 8.d; OMB A-21 / 2 CFR 220, Appendix A, Section J.10(f))</p> | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
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|---|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <p>g. Compensatory time (if allowed). (OMB A 122 / 2 CFR Part 230, Appendix B, paragraph 8.d)</p> | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
|   |                          |     |                          |    |                          |     |

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|---|------------------------------|-----------------------------|------------------------------|
| h. Equipment and property purchases including cost and price analysis, purchase, use of, inventory and disposition of at the end of the project; (40 CFR 30.34 and 30.44, 40 CFR 31.31, 31.32 & 31.36(f)) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
|   |                              |                             |                              |

(A cost analysis is the review and evaluation of each element of cost to determine reasonableness, allocability and allowability when you do not have other proposals to compare costs against. A price analysis may be accomplished in various ways, including the comparison of price quotations submitted, market prices and similar indicators, together with discounts)

|   |                              |                             |                              |
|---|------------------------------|-----------------------------|------------------------------|
| i. Electronic Funds Transfers (EFT) drawdowns from EPA's accounts. Does your policy address who is authorized to request payment from the federal government, what procedures are used to verify that the request are accurate, and when drawdown of funds will occur etc.; (40 CFR 30.21 (b)(5) and 30.22, 40 CFR 31.20(b)(7) and 31.21) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
|   |                              |                             |                              |

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|--|------------------------------|-----------------------------|------------------------------|
| j. Receipt and deposit of advanced payments (40 CFR 30.22(i)(2) and 40 CFR 31.21(c)&(e)) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
|  |                              |                             |                              |

|  |                              |                             |                              |
|--|------------------------------|-----------------------------|------------------------------|
| k. Records retention. (40 CFR 30.50 and 30.53, 40 CFR 31.42) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
|  |                              |                             |                              |

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|--|------------------------------|-----------------------------|------------------------------|
| l. Travel, authorizations, vouchering after the trip and, if required, trip reporting; (OMB A 122 / 2CFR Part 230, Appendix B, paragraph 51; OMB A 87 / 2CFR Part 225, Appendix B, section 43; OMB A-21 / 2 CFR 220, Appendix A, section J 53) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
|  |                              |                             |                              |

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|---|------------------------------|-----------------------------|------------------------------|
| m. Procurement Standards for supplies, expendable property, equipment, real property and services. Standards for contracting, purchasing, consultant agreements, sub-awards or grants (if applicable, especially for monitoring sub grantees) and other types of awards that transfer federal funds outside of your organization; (40 CFR 30.40 through 30.47, 40 CFR 30.5 & 30.51(a), 40 CFR 31.36, 40 CFR 31.37 and 31.40(a)) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
|   |                              |                             |                              |

|  |                              |                             |                              |
|--|------------------------------|-----------------------------|------------------------------|
| n. Provisions for utilizing Small Businesses, Minority Owned Firms, Women's Business Enterprises, and Labor Surplus Area Firms (where possible) (40 CFR 30.44(b), 40 CFR 31.36(e)) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
|  |                              |                             |                              |

|   |                          |     |                          |    |                          |     |
|---|--------------------------|-----|--------------------------|----|--------------------------|-----|
| o. Program income. Is it identified, authorized, accounted for, and are limitations placed on its use; (40 CFR 30.24, 40 CFR 31.25) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
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|---|--------------------------|-----|--------------------------|----|--------------------------|-----|
| p. Cost sharing, matching and In-Kind contributions. Is it identified, accounted for and reported; (40 CFR 30.23 and OMB A 122 / 2CFR Part 230, Appendix B, paragraph 12; 40 CFR 31.24 and OMB A 87 / 2CFR Part 225, Appendix B, section 12; OMB A-21 / 2 CFR 220, Appendix A, Section J.15(b)) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
|   |                          |     |                          |    |                          |     |

7. Do you have the following documents for each grant award:

|  |                          |     |                          |    |                          |     |
|--|--------------------------|-----|--------------------------|----|--------------------------|-----|
| a. Original application and certifications; (SF 424, 424A, et al.) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
|  |                          |     |                          |    |                          |     |

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|---|--------------------------|-----|--------------------------|----|--------------------------|-----|
| b. Work plans and/or statement of work; | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
|   |                          |     |                          |    |                          |     |

|   |                          |     |                          |    |                          |     |
|---|--------------------------|-----|--------------------------|----|--------------------------|-----|
| c. Initial award and all amendment documents; | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
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|--|--------------------------|-----|--------------------------|----|--------------------------|-----|
| d. Request for and approvals of scope and/or budget changes; (40 CFR 30.25 (b)&(c), 40 CFR 31.30 (a),(b) & (c)). | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
|  |                          |     |                          |    |                          |     |

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|---|--------------------------|-----|--------------------------|----|--------------------------|-----|
| e. Financial Status Reports and reimbursement requests, if applicable; (40 CFR 30.52 (a)(1), 40 CFR 31.41(b)) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
|   |                          |     |                          |    |                          |     |

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|--|--------------------------|-----|--------------------------|----|--------------------------|-----|
| f. Payment requests backed up by financial records to support the request; (40 CFR 30.21(a) and 30.21(b)(2), 40 CFR 31.20(a)(2)) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
|  |                          |     |                          |    |                          |     |

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|--|--------------------------|-----|--------------------------|----|--------------------------|-----|
| g. Progress reports; (40 CFR 30.51 (b), 40 CFR 31.40(b)) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
|  |                          |     |                          |    |                          |     |

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|---|---|
| h. Contracts / Subgrants; (40 CFR 30.46 and 30.47 and 40 CFR 31.37) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
|   |   |

|   |   |
|---|---|
| i. Purchases; (40 CFR 30.34 or 40 CFR 31.32 for equipment, 40 CFR 30.35 or 40 CFR 31.33 for supplies) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
|   |   |

|  |   |
|--|---|
| j. Consultant agreements; (40 CFR 30.27 (b) or 31.36(j)) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
|  |   |

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|--|---|
| k. Correspondence and approvals, including emails to and from EPA officials. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
|  |   |

**II. Accounting and Financial Management**

Many of these questions have “Yes” or “No” answers. For “Yes” answers, please provide the specific reference to your policies and procedures. Please explain all “No” and “Not Applicable” answers.

*A. Accounting*

|  |   |
|--|---|
| 1. Does your organization have an accounting manual? (40 CFR 30.21 (b) (5) & (6) or 40 CFR 31.20) The CFR requires certain accounting practices / procedures addressed in the questions below to be written. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
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|   |   |
|---|---|
| 2. Does your organization’s accounting and financial management system(s) follow Generally Accepted Accounting Principles (GAAP)? (OMB Circular A-122 /2CFR Part 230, Appendix A, paragraph A.2.e; OMB A 87 / 2CFR Part 225, Appendix B, section 8, OMB Circular A 21 / 2 CFR 220, Appendix A, section J) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
|   |   |

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|--|---|
| 3. Does your organization’s accounting and financial management system(s) provide accurate, current and complete disclosure of the financial results of each federally-sponsored project or program (i.e. each award is accounted for separately) (40 CFR 30.21 (b)(1) or 31.20(b)(1)), and produce financial reports in accordance with the requirements of 40 CFR 30.52 or 40 CFR 31.41? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
|  |   |

4. Does your organization's financial management system(s) provide records that adequately identify the source and application of funds for federally-sponsored activities, such as authorizations, obligations, unliquidated obligations, assets, outlays, income and interest? (40 CFR 30.21 & 30.22; 40 CFR 31.20,.21,&.22)  Yes  No  N/A

5. Does your organization's financial management system(s) provide effective control over, and accountability for all funds, property and other assets, including ensuring that all such assets are used solely for purposes authorized by the awards? (40 CFR 30.21 (b)(3); 40 CFR 31.20(b)(3)).  Yes  No  N/A

6. Does your organization have written policies and procedures to ensure that costs are reasonable, allocable and allowable? 40 CFR 30.21 (b)(6); 40 CFR 31.20(b)(5); OMB Circular A-122 / 2CFR Part 230, Appendix A, Section A, OMB Circular A-87 / 2CFR Part 225, Appendix A, Section C; OMB Circular A 21 / 2 CFR 220, Appendix A,, Section C)  Yes  No  N/A

7. Does your organization monitor allowable costs to ensure they are charged to the grant within the specified period. (40 CFR 30.28, 40 CFR 31.23)  Yes  No  N/A

8. Does your financial management system(s) report and provide for a comparison of outlays or grant project expenditures, with budget amounts for each grant project/award or have the capability to do so? (40 CFR 30.21 (b)(4); 40 CFR 31.20(b)(4)).  Yes  No  N/A

9. Does your organization have budgetary controls to preclude incurring excess expenditures? (40 CFR 30.21(b)(3) and (4); 40 CFR 31.20(b)(4)).  Yes  No  N/A

10. Does your accounting system have provisions for reviewing and monitoring project budgets and program plans, and reporting and rectifying deviations that may occur in them? (40 CFR 30.25 (b); 40 CFR 31.20(b)(4) and 31.30).  Yes  No  N/A

11. Do you have a current audit? (40 CFR 30.26 (a) or 40 CFR 31.26).  Yes  No  N/A

|  |                              |                             |                              |
|--|------------------------------|-----------------------------|------------------------------|
| 12. If your organization expended more than \$500,000 of Federal funds in the most recent fiscal year, did you obtain an audit in accordance with OMB Circular A-133? (40 CFR 30.26 (a), 40 CFR 31.26(a)). | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
|  |                              |                             |                              |

|  |                              |                             |                              |
|--|------------------------------|-----------------------------|------------------------------|
| 13. If your organization had an A-133 Audit performed, were there any findings, material weaknesses or reportable conditions identified? If there were, briefly explain or provide a copy of the findings section and your corrective actions taken. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
|  |                              |                             |                              |

|  |                              |                             |                              |
|--|------------------------------|-----------------------------|------------------------------|
| 14. If your organization requests reimbursement for indirect costs under the grant award, does your organization have an approved indirect cost rate? (OMB Circular A-122 / 2CFR Part 230, Appendix A, Section C and D; OMB Circular A-87 / 2CFR Part 225, Appendix E or OMB Circular A 21 / 2 CFR 220, Appendix A., Section G). | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
|  |                              |                             |                              |

|   |                              |                             |                              |
|---|------------------------------|-----------------------------|------------------------------|
| 15. Does your organization have written procedures for drawing grant funds and issuing payments? 40 CFR 30.21 (b)(5) and 30.22 (b); 40 CFR 31.20(b)(7) and 31.21 (b) and (c) Note: Payment requests should be restricted to immediate needs, i.e. drawing down funds 3 to 5 working days in advance of disbursements. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
|   |                              |                             |                              |

|  |                              |                             |                              |
|--|------------------------------|-----------------------------|------------------------------|
| 16. What type of accounting and financial management system(s) does your organization use? Name of automated system(s) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
|  |                              |                             |                              |

|   |                              |                             |                              |
|---|------------------------------|-----------------------------|------------------------------|
| 17. Are accounting records supported by source documentation (40 CFR 30.21 (b)(7); 40 CFR 31.20(b) (6)) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
|   |                              |                             |                              |

**B. Personnel/Timekeeping** (Ref: OMB Circular A-122 / 2CFR Part 230, Appendix B, section 8, OMB Circular A-87 / 2CFR Part 225, Appendix B, section 8 or OMB Circular A 21 / 2 CFR 220, Appendix A, section J, paragraph 10)

Many of these questions have “Yes” or “No” answers. For “Yes” answers, please provide the specific reference to your policies and procedures. Please explain all “No” and “Not Applicable” answers.

|   |                              |                             |                              |
|---|------------------------------|-----------------------------|------------------------------|
| 1. Does your organization have written payroll policies and procedures? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
|   |                              |                             |                              |

|  |                          |     |                          |    |                          |     |
|--|--------------------------|-----|--------------------------|----|--------------------------|-----|
| 2. Do your employees record: actual hours worked directly on all projects, indirect or administrative time not charged directly to a project, and leave taken? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
|  |                          |     |                          |    |                          |     |

|   |                          |     |                          |    |                          |     |
|---|--------------------------|-----|--------------------------|----|--------------------------|-----|
| 3. For those employees required to work away from the office, are actual hours worked documented? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
|   |                          |     |                          |    |                          |     |

|   |                          |     |                          |    |                          |     |
|---|--------------------------|-----|--------------------------|----|--------------------------|-----|
| 4. Do payroll registers and reports match up with costs for each employee whose compensation is charged to an assistance agreement? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
|   |                          |     |                          |    |                          |     |

|  |                          |     |                          |    |                          |     |
|--|--------------------------|-----|--------------------------|----|--------------------------|-----|
| 5. Are timesheets required to be signed by the individual or supervisor? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
|  |                          |     |                          |    |                          |     |

*C. Personnel/Payroll*

Many of these questions have “Yes” or “No” answers. For “Yes” answers, please provide the specific reference to your policies and procedures. Please explain all “No” and “Not Applicable” answers.

Does your organization’s written policies and procedures provide for the following controls for the payroll function?

|   |                          |     |                          |    |                          |     |
|---|--------------------------|-----|--------------------------|----|--------------------------|-----|
| 1. Does the policy provide adequate separation of duties? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
|   |                          |     |                          |    |                          |     |

|  |                          |     |                          |    |                          |     |
|--|--------------------------|-----|--------------------------|----|--------------------------|-----|
| 2. Are salaries and wage rates established, authorized and approved in your organization to ensure equity? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
|  |                          |     |                          |    |                          |     |

|  |                          |     |                          |    |                          |     |
|--|--------------------------|-----|--------------------------|----|--------------------------|-----|
| 3. Does your payroll process ensure that all deductions from employee’s salaries are authorized by the employee, and proper? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
|  |                          |     |                          |    |                          |     |

|                                  |                          |     |                          |               |                          |      |
|----------------------------------|--------------------------|-----|--------------------------|---------------|--------------------------|------|
| 4. How are payrolls distributed? | <input type="checkbox"/> | EFT | <input type="checkbox"/> | Manual Checks | <input type="checkbox"/> | Both |
|                                  |                          |     |                          |               |                          |      |



|   |   |
|---|---|
| 5. If checks are distributed manually, are there sufficient controls to ensure that payroll checks are distributed to the correct employee? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
|   |   |

*D. Travel* (Ref: OMB Circular A-122 / 2CFR Part 230, Appendix B, sections 51, OMB Circular A-87/ 2 CFR 225, Appendix B, section 43 or OMB Circular A 21 / 2 CFR 220, Appendix A, Section J, para 53 )

Many of these questions have “Yes” or “No” answers. For “Yes” answers, please provide the specific reference to your policies and procedures. Please explain all “No” and “Not Applicable” answers.

|  |   |
|--|---|
| 1. Does your organization have written travel policies and procedures? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
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|   |   |
|---|---|
| 2. Are internal controls in place to ensure that employees follow your organization’s travel policy, i.e. levels of review prior to authorizing payment and that the travel was associated with the specific grant project? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
|   |   |

|   |   |
|---|---|
| 3. Are internal controls in place to ensure that travel and time reporting support the employee’s activities while on travel? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
|   |   |

|  |   |
|--|---|
| 4. Do the policies and procedures include provisions to ensure that travel costs are allowable, allocable and reasonable | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
|  |   |

*E. Matching, Cost Sharing, In-Kind Contributions and Program Income*

40 CFR Part 30.23 (a) to (i) and 40 CFR 31.24 (a) to (e) provides criteria on the acceptability, purpose, and types of contributions made in relation to cost sharing or matching purposes, and the support for such. 40 CFR 30.24 and 31.25 addresses the accounting for Program Income related to Federally funded projects.

Many of the questions below have “Yes” or “No” answers. For “Yes” answers, please provide the specific reference to your policies and procedures. Please explain all “No” and “Not Applicable” answers.

|   |   |
|---|---|
| 1. Does your organization currently have any Matching, Cost Sharing and/or In-Kind costs included in any active awards or anticipate any of these types of costs in the foreseeable future? No _____ (Skip this entire section) Yes _____ Please complete the rest of this section. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
|   |   |

|   |   |
|---|---|
| 2. Do any of the matching costs come from another federal grant(s)? (If Yes, it must be authorized in the terms and conditions of the assistance agreement) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
|   |   |

|   |   |
|---|---|
| 3. Are these costs identified in the approved grant project budget? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
|   |   |

|   |   |
|---|---|
| 4. Does your organization track, record, report and verify these costs? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
|   |   |

|   |   |
|---|---|
| 5. Are all matching costs verifiable from accounting records and valued according to applicable OMB Circular cost principles? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
|   |   |

40 CFR Part 30.24 or Part 31.25 OMB Circular A-122 /2CFR Part 230, Appendix B, paragraphs 8 & 12; OMB Circular A-87 / 2CFR Part 225, Appendix B, paragraphs 8 & 12 or OMB Circular A 21 / 2 CFR 220, Appendix A, section J paragraph 15 refer to donations, contributions and program income.

|  |   |
|--|---|
| 6. Has any program income been used to satisfy the recipient’s contribution for any current award or added to the funds committed for the project? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
|  |   |

|   |   |
|---|---|
| 7. Is there a term and condition in the award that permits the use of program income for match requirements or for adding it to the funds committed to the project? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
|   |   |

|   |   |
|---|---|
| 8. If there is no term and condition, has the program income been deducted from the total allowable project cost? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
|   |   |

**F. Procurement/Contracts/Subagreements**

Many of these questions have “Yes” or “No” answers. For “Yes” answers, please provide the specific reference to your policies and procedures. Please explain all “No” and “Not Applicable” answers.

|   |   |
|---|---|
| 1. Does your organization have written procurement policies and procedures? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
|   |   |

2. Has your organization awarded contracts or subagreements under any of the award agreements being reviewed? (Agreements refer to subgrant(s). Subgrant(s) mean an award of financial assistance in the form of money, or property in lieu of money, made under a grant by a grantee to an eligible subgrantee, subrecipient or by a subrecipient to a lower tier subrecipient. This includes financial assistance when provided by contractual legal agreement, but does not include procurement purchases of goods and services.) (40 CFR 30.2(ff) or 40 CFR 31.3)  Yes  No  N/A

3. Were contracts awarded in accordance with your organization's contracting policy and does this policy comply with 40 CFR Part 30.40 to 30.48 or Part 31.36 & .37, as described below:

a) Contains a written code of conduct that addresses conflict of interests and disciplinary actions (40 CFR 30.42; 40 CFR 31.36(b)(3))  Yes  No  N/A

b) Provides for competing transactions in a free and open manner. (40 CFR 30.43; 40 CFR 31.36(c))  Yes  No  N/A

c) Provides for: a review to avoid unnecessary purchases, a review of lease vs. purchase alternatives (when appropriate), conducting solicitations with a clear scope of work and bidder requirements, conserving natural resources, and utilizing small, MBE and WBE firms when possible. (40 CFR 30.44; 40 CFR 31.36(c)(3))  Yes  No  N/A

d) Requires performing and documenting a cost analysis for sole source procurements. (A cost analysis is the review and evaluation of each element of cost to determine reasonableness, allocability and allowability when you do not have other proposals to compare costs against.) (40 CFR 30.45; 40 CFR 31.36(f))  Yes  No  N/A

e) Requires performing and documenting a price analysis for competitive bidding and small purchase procurement actions. (A price analysis may be accomplished in various ways, including the comparison of price quotations submitted, market prices and similar indicia, together with discounts.) (40 CFR 30.45; 40 CFR 31.36(f))  Yes  No  N/A

|   |                              |                             |                              |
|---|------------------------------|-----------------------------|------------------------------|
| f) Requires documenting the basis for all procurement selections, justifying a lack of competition and basis for award cost and price. (40 CFR 30.46; 40 CFR 31.36(b)(9)) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
|   |                              |                             |                              |

|  |                              |                             |                              |
|--|------------------------------|-----------------------------|------------------------------|
| g) Provides for the Grantor's pre award review of the procurement when the award or contract modification exceeds \$100,000, is not competed, or only one bid is received. (40 CFR 30.44(e); 40 CFR 31.36(g)(2)) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
|  |                              |                             |                              |

|  |                              |                             |                              |
|--|------------------------------|-----------------------------|------------------------------|
| h) Discusses purchase/agreement /contract cost thresholds (small purchases vs. major procurements) and personnel required to approve procurements. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
|  |                              |                             |                              |

|  |                              |                             |                              |
|--|------------------------------|-----------------------------|------------------------------|
| i) Has provisions that no contract or sub award will be entered into with parties that are debarred, suspended or excluded from Federal assistance programs.(40 CFR 30.13; 40 CFR 31.35) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
|  |                              |                             |                              |

|  |                              |                             |                              |
|--|------------------------------|-----------------------------|------------------------------|
| 4. Do any of your organization's contracts for grant projects exceed the Federal Small Purchases threshold, (\$100,000)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
|  |                              |                             |                              |

|   |                              |                             |                              |
|---|------------------------------|-----------------------------|------------------------------|
| 5. If Yes, did EPA request to review the contract prior to award? (40 CFR 0.44(e); 40 CFR 31.36(g)(2)). | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
|   |                              |                             |                              |

|  |                              |                             |                              |
|--|------------------------------|-----------------------------|------------------------------|
| 6. If Yes, did EPA provide written comments? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
|  |                              |                             |                              |

|   |                              |                             |                              |
|---|------------------------------|-----------------------------|------------------------------|
| 7. Does your organization use a pre-qualified list of persons, firms or products to acquire goods and services? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
|   |                              |                             |                              |

|   |                              |                             |                              |
|---|------------------------------|-----------------------------|------------------------------|
| 8. Did your organization follow its procurement policies to place and update vendors on the list? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
|   |                              |                             |                              |

|   |                          |     |                          |    |                          |     |
|---|--------------------------|-----|--------------------------|----|--------------------------|-----|
| 9. Has your organization established an affirmative procurement system for recycled materials and compliance with environmental statutes? (40 CFR 30.16; 40 CFR 31.13). | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
|   |                          |     |                          |    |                          |     |

|   |                          |     |                          |    |                          |     |
|---|--------------------------|-----|--------------------------|----|--------------------------|-----|
| 10. Does your organization have internal control processes to ensure that only required goods and services are acquired in quantities needed? (40 CFR 30.44(a)(1); 40 CFR 31.36(b)(4)). | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
|   |                          |     |                          |    |                          |     |

|   |                          |     |                          |    |                          |     |
|---|--------------------------|-----|--------------------------|----|--------------------------|-----|
| 11. Does your organization have internal control processes to ensure that only acceptable goods and services are paid for by the accounting/finance department? (40 CFR 30.21(b)(6)); 40 CFR 31.20(b)(5)) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
|   |                          |     |                          |    |                          |     |

|  |                          |     |                          |    |                          |     |
|--|--------------------------|-----|--------------------------|----|--------------------------|-----|
| 12. Does your organization have guidelines for documenting its contract files? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
|  |                          |     |                          |    |                          |     |

|   |                          |     |                          |    |                          |     |
|---|--------------------------|-----|--------------------------|----|--------------------------|-----|
| 13. Has your organization awarded contracts to consultants under current assistance agreements? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
|   |                          |     |                          |    |                          |     |

|  |                          |     |                          |    |                          |     |
|--|--------------------------|-----|--------------------------|----|--------------------------|-----|
| 14. Are internal controls for consulting agreements in place to ensure that your organization does not charge EPA assistance agreements more than the authorized direct salary cap? (40 CFR 30.27(b); 40 CFR 31.36(j)) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
|  |                          |     |                          |    |                          |     |

|  |                          |     |                          |    |                          |     |
|--|--------------------------|-----|--------------------------|----|--------------------------|-----|
| 15. Do your consulting agreements specify the services to be provided, engagement duration, reporting requirements, work location and pay rates including base rate, fringe benefits and overhead? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
|  |                          |     |                          |    |                          |     |

G. *Small Businesses, Minority Owned Firms, Women’ Business Enterprises and Labor Surplus Area Firms, (Where applicable).* (40 CFR 30.44(b), 40 CFR 31.36(e))  
 For “Yes” answers, please provide the specific reference to your policies and procedures. Please explain all “No” and “Not Applicable” answers.

|   |   |
|---|---|
| 1. Does your organization submit timely reports (MBE/WBE Reports) to EPA, on business activities with these types of firms? | <input type="checkbox"/> Yes, date of the last submittal to EPA <input type="text"/> Date <input type="checkbox"/> No, Please Explain |
|   |   |

**H. Property Management** (40 CFR 30.30 through 30.37, 40 CFR 31.31 & 40 CFR 31.32)

Many of these questions have “Yes” or “No” answers. For “Yes” answers, please provide the specific reference to your policies and procedures. Please explain all “No” and “Not Applicable” answers.

|   |   |
|---|---|
| 1. Does your organization have written property management policies and procedures? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
|   |   |

|  |   |
|--|---|
| 2. Has your organization purchased capital equipment on any of its active assistance agreements? ) Yes ___ (Please complete this section) No ___ (Go to Section I) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
|  |   |

Equipment, under the Federal Guidelines, is equipment that is considered tangible items with a useful life greater than one year and greater than \$5,000 in value. Grantees may have limits that are different than the Federal Guidelines. That is acceptable as long as the limits are not greater than the Federal Guidelines.

|  |   |
|--|---|
| 3. Does your organization have an inventory control system? (40 CFR 30.34; 40 CFR 31.32) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
|  |   |

|  |   |
|--|---|
| 4. Does your organization maintain property records that identify equipment purchased, either entirely or partially, with Federal funds? (40 CFR 30.34(f); 40 CFR 31.32(d)). | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
|  |   |

|  |   |
|--|---|
| 5. Does your organization perform a property inventory at least every two years? Date of last inventory: | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
|  |   |

|  |   |
|--|---|
| 6. Does your organization maintain records of property dispositions? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
|  |   |

*I. Internal Controls*

Many of these questions have “Yes” or “No” answers. For “Yes” answers, please provide the specific reference to your policies and procedures. Please explain all “No” and “Not Applicable” answers.

|   |                          |     |                          |    |                          |     |
|---|--------------------------|-----|--------------------------|----|--------------------------|-----|
| 1. Does your organization have policies and procedures to ensure compliance with the cash management requirements in 40 CFR Part 30.21 (b)(3) and 40 CFR 31.20(b)(3)? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
|   |                          |     |                          |    |                          |     |

|  |                          |     |                          |    |                          |     |
|--|--------------------------|-----|--------------------------|----|--------------------------|-----|
| a. Does your organization have an internal auditor, audit staff or someone on the Board of Directors that provides for an independent review of the accounting and financial management process, cash receipts and payments, and safeguarding of assets? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
|  |                          |     |                          |    |                          |     |

|   |                          |     |                          |    |                          |     |
|---|--------------------------|-----|--------------------------|----|--------------------------|-----|
| 2. Does your organization have policies and procedure to ensure compliance with closing out assistance awards after the performance and budget periods. (40 CFR 30.71 and 40 CFR 31.50) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
|   |                          |     |                          |    |                          |     |

3. Does your organization have a process in place to ensure compliance with the Programmatic Term and Conditions in the following areas:

|  |                          |     |                          |    |                          |     |
|--|--------------------------|-----|--------------------------|----|--------------------------|-----|
| a. Submitting programmatic progress reports; | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
|  |                          |     |                          |    |                          |     |

|   |                          |     |                          |    |                          |     |
|---|--------------------------|-----|--------------------------|----|--------------------------|-----|
| b. Establishing and obtaining approval of a Quality Action Plan, if required; | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
|   |                          |     |                          |    |                          |     |

|   |                          |     |                          |    |                          |     |
|---|--------------------------|-----|--------------------------|----|--------------------------|-----|
| c. Establishing a process to track, monitor and report on Environmental Results | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
|   |                          |     |                          |    |                          |     |

The annual public reporting and recordkeeping burden for this collection of information is estimated to average 30 hours per respondent. If you wish to comment on the Agency’s need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including the use of automated collection techniques, send them to US EPA, Collections Strategies Division (2822T), 1200 Pennsylvania Ave. NW, Washington, DC 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

EPA form number 6600-01