



# Grant Program Accounting System & Financial Capability Questionnaire

**PURPOSE**

Recipients of Federal funds must maintain adequate accounting systems that meet the criteria outlined in 2 CFR §200's [Standards for Financial and Program Management](#). The responses to this questionnaire are used to assist in the Agricultural Marketing Service's (AMS) evaluation of your accounting system to ensure the adequate, appropriate, and transparent use of Federal funds. Failure to comply with the criteria outlined in the regulations above may preclude your organization from receiving an award. This form applies to AMS' competitive grant programs.

**ORGANIZATION INFORMATION**

**Organization Name:** Enter the Legal Name of the Organization

**Employer Identification Number:** Enter Organization's EIN

**Authorized Organization Representative (AOR):** Enter the Name of Individual Authorized to Sign this Document

**Year the Organization was established:** Enter Calendar Year

**Number of Employees:** Enter Number of Employees

**GRANT STAFF INFORMATION**

Provide the name of the project staff and number of years that they have been employed by the applicant organization.

Staff Member	Name	Number of Years
<b>AOR</b>		
<b>Project Director</b>		
<b>Financial Point of Contact</b>		

**FINANCIAL MANAGEMENT SYSTEM AND INTERNAL CONTROLS**

Requirement	Yes	No
<b>Is there a dedicated accountant or finance manager responsible for monitoring organizational funds?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Does your organization have written accounting policies and procedures that meet the requirements associated with <a href="#">2 CFR §200.302</a>?</b> <i>If yes, provide a copy of or a hyperlink to your organization's written accounting policies and procedures (e.g., payment procedures and budgeting process).</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Hyperlink (if available):</b>		
<b>Does your organization have a written account of its internal controls as required by <a href="#">2 CFR §200.303</a>?</b> <i>If yes, provide a copy of or a hyperlink to your organization's written internal controls for Federal awards (e.g., segregation of duties).</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Hyperlink (if available):</b>		

**AUDIT FINANCIAL AND REPORTS**

Requirement	Yes	No
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Does your organization issue annual financial reports and/or plans?

Has your organization been audited within the last 5 fiscal years?

*If yes, provide a copy of or a hyperlink to the audit report.*

Hyperlink (if available):

## ADDITIONAL INFORMATION

Additional financial information including expanding on responses in previous sections

## APPLICANT CERTIFICATION

I certify that the above information is complete and correct to the best of my knowledge.

**AOR Signature and Date**

**Phone:**

**Email:**

*According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0581-0240. The time required to complete this information collection is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.*

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- 1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;
- 2) fax: (202) 690-7442; or
- 3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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