



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
AOR		
Project Director		
Financial Point of Contact		

FINANCIAL MANAGEMENT SYSTEM AND INTERNAL CONTROLS

Requirement	Yes	No
Is there a dedicated accountant or finance manager responsible for monitoring organizational funds?	<input type="checkbox"/>	<input type="checkbox"/>
Does your organization have written accounting policies and procedures that meet the requirements associated with 2 CFR §200.302 ? <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"/>
Hyperlink (if available):		
Does your organization have a written account of its internal controls as required by 2 CFR §200.303 ? <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"/>
Hyperlink (if available):		

AUDIT FINANCIAL AND REPORTS

Requirement	Yes	No
Does your organization issue annual financial reports and/or plans?	<input type="checkbox"/>	<input type="checkbox"/>
Has your organization been audited within the last 5 fiscal years? <i>If yes, provide a copy of or a hyperlink to the audit report.</i>	<input type="checkbox"/>	<input type="checkbox"/>
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:

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