



**U.S. DEPARTMENT OF JUSTICE
 OFFICE ON VIOLENCE AGAINST WOMEN (OVW)
 APPLICANT FINANCIAL CAPABILITY QUESTIONNAIRE**

SECTION A: PURPOSE

Federal agencies are required to review and evaluate the potential risks posed by applicants prior to awarding Federal funds (2 C.F.R. § 200.205). OVW considers a variety of factors and information in completing this risk assessment. OVW's evaluation may include the following: financial capability and/or stability of the applicant organization; quality of the organization's management and financial systems; history of past performance; and results of audits and/or reports.

Completion of this form is intended to assist OVW in evaluating the financial capability of the applicant organization. This form is to be completed by non-profit organizations applying for OVW programs that have not had a current/active award with OVW or the Office of Justice Programs (OJP) within the last three years.

SECTION B: ORGANIZATION INFORMATION

1. NAME OF APPLICANT ORGANIZATION:

2. NAME AND TITLE OF AUTHORIZED REPRESENTATIVE:

3. YEAR ORGANIZATION WAS FOUNDED/INCORPORATED:

6. PRIMARY ADDRESS OF THE ORGANIZATION:

4. EMPLOYER IDENTIFICATION NUMBER (EIN):

5. DUNS NUMBER:

7. DOES THE ORGANIZATION HAVE A CURRENT ORGANIZATIONAL CHART?
 YES NO (IF YES, PLEASE PROVIDE A COPY)

8. HAS YOUR ORGANIZATION RECEIVED FEDERAL ASSISTANCE FUNDS IN THE LAST 2 YEARS?
 YES NO

9. TOTAL OPERATING BUDGET IN THE PREVIOUS FISCAL YEAR:
 \$

SECTION C: ACCOUNTING SYSTEM

1. HAS ANY GOVERNMENT AGENCY RENDERED AN OFFICIAL WRITTEN OPINION CONCERNING THE ADEQUACY OF THE ACCOUNTING SYSTEM FOR THE COLLECTION, IDENTIFICATION AND ALLOCATION OF COSTS UNDER FEDERAL CONTRACTS/GRANTS? YES NO

a. IF YES, PROVIDE NAME, AND ADDRESS OF AGENCY PERFORMING REVIEW:

b. ATTACH A COPY OF THE LATEST REVIEW AND ANY SUBSEQUENT CORRESPONDENCE, CLEARANCE DOCUMENTS, ETC.

2. WHICH OF THE FOLLOWING BEST DESCRIBES THE ORGANIZATION'S ACCOUNTING SYSTEM?

MANUAL AUTOMATED COMBINATION

3. IS THE ORGANIZATION'S FINANCIAL MANAGEMENT PERFORMED IN-HOUSE (BY EMPLOYED STAFF) OR OUTSOURCED WITH CONTRACTED INDIVIDUALS? IN-HOUSE OUTSOURCED/CONTRACTED COMBINATION

4. DOES THE ORGANIZATION HAVE SUFFICIENT INTERNAL CONTROLS IN PLACE TO ESTABLISH PROPER SEGREGATION OF DUTIES? YES NO NOT SURE

5. DOES THE ORGANIZATION MAINTAIN TIMESHEETS (OR TIME AND ACTIVITY REPORTS) FOR EMPLOYEES THAT TRACK ACTUAL EFFORT BY PROJECT OR COST OBJECTIVE? YES NO NOT SURE

6. DOES THE ORGANIZATION HAVE A CURRENT AND APPROVED INDIRECT COST RATE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NOT SURE
7. DOES THE ACCOUNTING/FINANCIAL SYSTEM INCLUDE CONTROLS TO PREVENT INCURRING OBLIGATIONS IN EXCESS OF:			
a. TOTAL FUNDS AVAILABLE FOR A GRANT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NOT SURE
b. TOTAL FUNDS AVAILABLE FOR A BUDGET COST CATEGORY (e.g. Personnel, Fringe Benefits, etc)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NOT SURE
8. ARE THE INDIVIDUALS RESPONSIBLE FOR ADMINISTERING GRANT FUNDS FAMILIAR WITH THE CURRENT REGULATIONS AND GUIDELINES ON ADMINISTRATION, COST PRINCIPLES AND AUDIT REQUIREMENTS FOR FEDERAL GRANTS (INCLUDING 2 C.F.R. 200)?			
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NOT SURE	

	SECTION D: HISTORY OF PERFORMANCE	
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1. HAS THE ORGANIZATION EVER HAD A FEDERAL AWARD SUSPENDED OR TERMINATED FOR NON-COMPLIANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE		
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	SECTION E: FINANCIAL STATEMENTS	
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1. DID THE ORGANIZATION HAVE A FINANCIAL STATEMENT AUDIT IN ITS MOST RECENT FISCAL YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO		
2. IF THE ORGANIZATION HAD AN AUDIT IN ITS MOST RECENT FISCAL YEAR, IS THE REPORT AVAILABLE PUBLICLY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE PROVIDE LOCATION. EX. FEDERAL AUDIT CLEARINGHOUSE OR WEBSITE. IF NO, PLEASE PROVIDE A COPY.		

	SECTION F: ADDITIONAL INFORMATION	
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1. USE THIS SPACE FOR ANY ADDITIONAL INFORMATION <i>(INDICATE SECTION AND ITEM NUMBERS IF A CONTINUATION)</i>		
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	SECTION G: APPLICANT CERTIFICATION	
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"I certify that the above information is complete and correct to the best of my knowledge." (The individual certifying this form should be familiar with the organization's management and financial systems.)	
1. NAME OF THE CERTIFYING OFFICIAL	b. SIGNATURE AND DATE
a. TITLE	

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