ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street SW, Washington, D.C. 20201 | www.acf.hhs.gov

ACF Enhanced Financial Review

Policy Review Level

Scoping Memo

Grantee: _____

Purpose: To understand the applicability of certain business practices at <Grantee>.

Instructions to preparer: Please answer the following questions related to your organization's business practices ***specific to ACF financial assistance awards (i.e. grants and/or cooperative agreements)***. Please direct any questions, and return the completed responses, to [insert GMS name and contact info] at ACF no later than close of business (COB), XX/XX/XXXX.

Question	Review Area	Yes	No
Does your organization obtain any good/services through vendors/contractors as part of its ACF award(s)?	Procurement	☐	☐
Does your organization require the acquisition of any of the following property types as part of its ACF award(s)? • Real Property	Property Management	☐	☐
• Equipment	Property Management	☐	☐
• Supplies	Property Management	☐	☐
Does your organization currently generate, or plan to generate, any intangible property or copyrights?	Property Management	☐	☐
Does your organization issue subawards to subrecipients/subgrantees for any ACF awards?	Subrecipients	☐	☐

Prepared By (Name, Title): _____
Date: _____

information (Title 2, Code of Federal Regulations (CFR), Part 200, Subsection 300, "Statutory and National Policy Requirements" [also codified at Title 45, CFR, Part 75, Subsection 300]). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0558 and the expiration date is 11/30/2023. If you have any comments on this collection of information, please contact OGM at OGM-Financial@acf.hhs.gov.