

## GRANT PROGRAM ACCOUNTING SYSTEM & FINANCIAL CAPABILITY QUESTIONNAIRE

### PAPERWORK REDUCTION ACT

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 0584-XXXX. 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Services, Office of Policy Support, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302, ATTN: PRA (0584-XXXX). Do not return the completed form to this address.

### PURPOSE

Recipients of Federal funds must maintain adequate accounting systems that meet the criteria outlined in 2 CFR §200.302 [Standards for Financial and Program Management](#). The responses to this questionnaire are used to assist in the Food and Nutrition Service Agency's (FNS) 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 FNS' competitive and noncompetitive grant programs

### ORGANIZATION INFORMATION

Legal Organization Name: \_\_\_\_\_

D-U-Ns Number: \_\_\_\_\_

### FINANCIAL STABILITY AND QUALITY OF MANAGEMENT SYSTEMS

Requirement	Yes	No
1. Has your organization received a Federal award within the past 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your organization utilize accounting software to manage your financial records?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does your accounting system identify the receipt and expenditure of program funds separately for each grant?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does your organization have a dedicated individual responsible for monitoring organizational funds, such as an accountant or a finance manager?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does your organization separate the duties for staff handling the approval of transactions and the recording and payment of funds?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does your organization have the ability to specifically identify and allocate employee effort to an applicable program?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does your organization have a property/inventory management system in place to track location and value of equipment purchased under the award?	<input type="checkbox"/>	<input type="checkbox"/>

### AUDIT REPORTS AND FINDINGS

Requirement	Yes	No
1. Has your organization been audited within the last 5 fiscal years? (If the answer is "Yes" and this report was issued under the Single Audit Act please note this in the box below marked "Additional Information" and if not issued under the "Single Audit Act", please attach a copy or provide a link to the audit report in the Hyperlink space below).	<input type="checkbox"/>	<input type="checkbox"/>
2. If your organization has been audited within the last 5 fiscal years, was there a "Qualified Opinion" or an "Adverse Opinion"?	<input type="checkbox"/>	<input type="checkbox"/>
3. If your organization has been audited within the last 5 fiscal years, was there a "Material Weakness" disclosed?	<input type="checkbox"/>	<input type="checkbox"/>
4. If your organization has been audited within the last 5 fiscal years, was there a "Significant Deficiency" disclosed?	<input type="checkbox"/>	<input type="checkbox"/>

Hyperlink (if available): \_\_\_\_\_

Additional 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.

\_\_\_\_\_  
**Authorized Representative's Signature**

\_\_\_\_\_  
**Date**

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_