



## ACF Enhanced Financial Review

### Policy Review Level

### Scoping Memo

**Grantee:** [REDACTED]

**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	<input type="checkbox"/>	<input type="checkbox"/>
Does your organization require the acquisition of any of the following property types as part of its ACF award(s)? <ul style="list-style-type: none"><li>Real Property</li></ul>	Property Management	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>Equipment</li></ul>	Property Management	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>Supplies</li></ul>	Property Management	<input type="checkbox"/>	<input type="checkbox"/>
Does your organization currently generate, or plan to generate, any intangible property or copyrights?	Property Management	<input type="checkbox"/>	<input type="checkbox"/>
Does your organization issue subawards to subrecipients/subgrantees for any ACF awards?	Subrecipients	<input type="checkbox"/>	<input type="checkbox"/>

**Prepared By (Name, Title):** [REDACTED]

**Date:** [REDACTED]



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330 C Street SW, Washington, D.C. 20201 | [www.acf.hhs.gov](http://www.acf.hhs.gov)

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