Applicant Operational and Financial Management Survey

This survey is intended to collect information about the capacity of applicants to manage federal grant funds. Completion of this survey is required but is independent from the competitive grant process. Responding organizations are advised to ensure that the person or persons preparing this form are those responsible for, and with sufficient knowledge of, the organization's operational and financial management functions. The information provided will be used to support future monitoring activities, should the applicant receive federal funds. In completing this form, each question requires a response. Please include the completed form within the application materials that are submitted to Community Care Corps through SMApply. Refer to the applicable Notice of Funding Opportunity for instructions on how to submit all application materials.

General Information	
Organization Legal Name	
EIN	
City, State Associated with EIN	
Unique Entity ID Number	
CFDA Number Associated with Funding Opportunity	93.048

Operational Management

The policies identified below address some of the most critical elements for administration of a federal grant. As a recipient of federal funds, organizations are required to have a full complement of programmatic, financial, and administrative policies, as well as internal controls in place, as applicable. Policies and procedures should be reviewed and refined, as applicable, at least once every two years. Should the applicant receive federal funding, full copies of the policies and procedures may be requested for monitoring purposes.

Please indicate whether the organization has current written policies and procedures in the following areas (select Yes or No):

	YES	NO
Personnel/Employee Handbook	☐	☐
Financial/Internal Controls	☐	☐
Sub-award Monitoring and Oversight	☐	☐
Timekeeping	☐	☐
Travel Guidance, including purchase/travel credit card use	☐	☐
Procurement	☐	☐
Standards for Use of Federal Funds	☐	☐
Code(s) of Conduct/Ethics, applicable to employment/purchasing	☐	☐
Document Retention	☐	☐
Please indicate the training areas below that are provided to employees by the organization (select Yes or No)		
Personnel/HR Issues	☐	☐
Financial Accounting	☐	☐
Risk Management	☐	☐
Cyber-security	☐	☐
Fraud, Waste, and Abuse	☐	☐

Financial Management	
Are financial reports (profit and loss, budget vs. actual, etc.) provided to and reviewed by leadership level staff, at least quarterly?	
Does the organization utilize an automated accounting system?	
Can the organization's accounting system separate the receipts and payments of a federal grant from the receipts and payments of the organization's other activities supported by separate funding streams?	
Can the organization's accounting system summarize expenditures from a federal grant according to different budget categories such as salaries, rent, supplies, and equipment?	

How often does the organization post transactions to the accounting system ledger(s)?		
Does the organization use an automated payroll system?		
Please indicate whether organizational leadership approval is required for any of the following financial transactions (select Yes or No):	**YES**	**NO**
Opening/Closing Bank Accounts	☐	☐
Opening Lines of Credit	☐	☐
Assigning Credit Cards	☐	☐
Buying/Selling Property	☐	☐
Financial Investment/Divestment	☐	☐
Has the organization issued loans to an employee or officer of the organization or forgiven/written-off any loans or debts in the last year?		
Please identify who is authorized to write-off any debt owed to the organization as a bad debt.		
Has the organization experienced cash flow deficits an any point in the previous 2 years?		
Compliance		
Has the organization received federal funds for similar programs or projects? If so, has your organization met federal program requirements for similar programs?		
Has an audit been performed on the organization's financial accounts? If so, what was the audit opinion? If applicable, has the organization addressed any outstanding deficiencies identified in the most recent audit?		
Please provide any clarifications or similar remarks/information in the section below (optional):		
Preparer's Certification		
Preparer's Name (First, Last)		
Preparer's Position Title		
I certify that the above information is complete and correct to the best of my knowledge and ability.		
Date of Certification		

Privacy Statement -- The primary purpose of the information is to determine if appropriate systems are in place to manage federal grant funds or, if not, to identify training and technical assistance a grantee may need to develop or enhance appropriate systems. Completion of this survey is required as an element of the pre-award risk assessment process. The information provided will be maintained and treated confidentially. However, appropriate federal, state, and local law enforcement entities may request and obtain this information under certain circumstances. Otherwise, the information provided will not be disclosed without express written permission.

This project #90CCDG0002 is supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $15,644,280.00 with 75 percent funded by ACL/HHS and $5,218,517.21 or 25 percent funded by non-government source(s). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the U.S. Government.