


## Financial Capability Questionnaire (Forest Service Form FS-1500-22)

	USDA Forest Service	OMB 0596-0217 FS-1500-22
<b>FINANCIAL CAPABILITY QUESTIONNAIRE</b>		
FISCAL YEAR:		
Adequate accounting systems should meet the following criteria as outlined in the Office of Management and Budget's (OMB) Circular of Uniform Administrative Requirements, Cost Principles, and Audit Requirements found in 2 CFR Part 200, as implemented by USDA regulations 2 CFR Part 400.		
(1) Accounting records should provide information needed to adequately identify the receipt of funds under each grant awarded and the expenditure of funds for each grant.		
(2) Entries in accounting records should refer to subsidiary records and/or documentation which support the <a href="#">entry</a> and which can be readily located.		
(3) The accounting system should provide accurate and current financial reporting information.		
(4) The accounting system should be integrated with an adequate system of internal controls to safeguard the funds and assets covered, check the accuracy and reliability of accounting data, promote operational efficiency, and encourage adherence to prescribed management policies.		
<b>APPLICANT ORGANIZATIONAL INFORMATION</b>		
1. Name of Organization and Address:		
2. Authorized Representative's Name and Title:		
3. Phone:     -     -     ext.	4. Fax:     -     -	5. Email:
6. Year Established:	7. Employer Identification Number (EIN):	8. DUNS Number:
	-	-
9. Type of Organization:		
10. Approximate Number of Employees:		Part Time (Paid):
Full Time (Paid):		Part Time (Volunteer):
Full Time (Volunteer):		
<b>FEDERAL AUDIT DATA</b>		
11. Have you been audited by a Federal <a href="#">agency</a> ? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please indicate the type:		
<input type="checkbox"/> OMB 2 CFR Part 400 Single Audit (required of institutions that annually expend over \$750,000 in federal funds)		
<input type="checkbox"/> Incurred Cost <input type="checkbox"/> Accounting System <input type="checkbox"/> Timekeeping		
12. Date of Last Federal Audit/Review (m/d/yyyy):		Audit Agency/Firm:
If findings are reported, explain:		
<b>FINANCIAL STATEMENT AUDIT DATA</b>		
13. Date of Last Financial Statement Audit:		Fiscal Period Audited:
Audit Firm:		
Auditor's Opinion on Financial Statement:	<input type="checkbox"/> Unqualified Opinion	<input type="checkbox"/> Qualified, Disclaimer or Adverse Opinions
If other than unqualified, state reason:		



If you have not had an audit completed in the last two years, please submit a copy of your most recent tax forms (990 for non-profits). If you do not have a current tax form, please explain:

#### ACCOUNTING SYSTEM

14. 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

15. If yes, provide name and address of Agency performing review:

**Attach a copy of the latest review and any subsequent correspondence, clearance documents, etc.**

16. Which of the following best describes your accounting system:

Manual  Automated  Combination

17. Does the accounting system identify the receipt and expenditure of program funds separately for each grant?

Yes  No  Not Sure

18. Does the accounting system provide for the recording of expenditures for each grant/contract by budget cost categories shown in the approved budget?

Yes  No  Not Sure

19. Does the accounting system provide for the recording of cost sharing or match for each grant? Can you ensure that documentation is available to support recorded match or cost share?

Yes  No  Not Sure

20. Are time distribution records maintained for each employee that specifically identify effort charged to a particular grant or cost objective?

Yes  No  Not Sure

21. Does the accounting/financial system include budgetary controls to preclude incurring obligations or costs in excess of total funds available for a grant?

Yes  No  Not Sure

22. Does the accounting/financial system include budgetary controls to preclude incurring obligations or costs in excess of total funds available for a budget cost category (e.g. Personnel, Travel, etc.)?

Yes  No  Not Sure

23. Is your organization generally familiar with the existing regulation and guidelines containing the Cost Principles and procedures for the determination and allowance of costs in connection with Federal grants?

Yes  No  Not Sure

#### FUNDS MANAGEMENT

24. Is a separate bank account maintained for Federal grant funds?

Yes  No

25. If a separate bank account is not maintained, can the Federal grant funds and related expenses be readily identified?

Yes  No

#### PROPERTY STANDARDS, PROCUREMENT STANDARDS, AND TRAVEL POLICIES

##### PROPERTY STANDARDS

26. Does your property management system(s) provide for maintaining: (1) a description of the equipment; (2) an identification number; (3) source of the property, including the award number; (4) where title vests; (5) acquisition date; (6) federal share of property cost; (7) location and condition of the property; (8) acquisition cost; & (9) ultimate disposition information?

Yes  No  Not Sure



27. Does your property management system(s) provide for a physical inventory and reconciliation of property at least every two years?	<input type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No <input type="checkbox"/> Not Sure
28. Does your property management system(s) provide controls to insure safeguards against loss, damage or theft of the property?	<input type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No <input type="checkbox"/> Not Sure
<b>PROCUREMENT STANDARDS</b>	
29. Does your organization maintain written procurement procedures which (1) avoid unnecessary purchases; (2) provide an analysis of lease and purchase alternatives; and (3) provide a process for soliciting goods and services?	<input type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No <input type="checkbox"/> Not Sure
30. Does your procurement system provide for the conduct to ensure selection on a competitive basis and documentation of cost or price analysis for each procurement action?	<input type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No <input type="checkbox"/> Not Sure
31. Does your procurement system include provisions for checking the "Excluded Parties List" system for suspended or debarred sub-grantees and contractors, prior to award? <a href="http://www.sam.gov">www.sam.gov</a>	<input type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No <input type="checkbox"/> Not Sure
<b>TRAVEL POLICY</b>	
32. Does your organization maintain a standard travel policy or, if no policy exists, does your organization adhere to rates and amounts established under 5 U.S.C. 5701-11, ("Travel and Subsistence Expenses; Mileage Allowances"), and policies under the Federal Acquisition Regulations at 48 CFR 31.205- 46(a)?	<input type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No <input type="checkbox"/> Not Sure
<b>SUBRECIPIENT MANAGEMENT</b>	
33. (For Pass-through entities only). Does your organization have controls in place to monitor activities of subrecipients, as necessary, to ensure that Federal awards are used for authorized purposes in compliance with laws, regulations, and the provisions of the award and that performance goals are achieved.	<input type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No <input type="checkbox"/> Not Sure
<b>INDIRECT COSTS</b>	
34. My organization has an established indirect cost rate	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
35. If my organization chooses to charge indirect costs to the Federal award or use indirect costs as a match, you understand that you must prepare an indirect cost rate proposal and submit it to your cognizant Federal agency for approval. Alternatively, you may use a <del>de</del> <u>minimum</u> rate of 10% of modified total direct costs (MTDC).	<input type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No <input type="checkbox"/> Not Sure
<b>STANDARDS FOR FINANCIAL MANAGEMENT SYSTEMS AND APPLICANT CERTIFICATION</b>	
I certify that the above information is complete and correct to the best of my knowledge.	
Signature:	
Name:	
Title:	

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