# Applicant Operational and Financial Management Survey

This survey is intended to collect information about the capacity of applicants to manage federal grant funds. Per 2 CFR §200.205, the Corporation for National and Community Service must evaluate the degree of risk posed by an applicant. Information from the survey will be used to assess an organization's operational and financial management capabilities prior to receiving a federal award. 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 from CNCS. In completing this form, each question requires a response. Please include the completed form within the application materials that are submitted to the Corporation for National and Community Service. Refer to the applicable Notice of Funding Opportunity for instructions on how to submit all application materials.

> Public reporting burden -- Estimated time to complete this form, including time for reviewing instructions and gathering and providing the information needed to complete the form is 2 hours. Send comments regarding this burden or the content of this form to: Corporation for National and Community Service, Office of Grants Management, 250 E Street, SW, Washington, DC 20525. CNCS informs the potential persons who are to respond to this collection of information that such persons are not required to respond to the collection of information unless it displays a currently valid OMB control number on this page of the form (see 5 CFR 1320.5(b)(2)(1)).

| General Information | |
| --- | --- |
| Organization Legal Name | [Organization Legal Name] |
| EIN | [EIN] |
| City, State Associated with EIN | [City, State Associated with EIN] |
| DUNS Number | [DUNS Number] |
| CFDA Number Associated with Funding Opportunity | [CFDA Number Associated with Application] |
| **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 from CNCS, full copies of the policies and procedures may be requested for monitoring purposes.<br><br>Please indicate whether the organization has current written policies and procedures in the following areas (select Yes or No): | |
| Personnel/Employee Handbook | [P&P: Personnel/Employee Handbook] |
| Financial/Internal Controls | [P&P: Financial/Internal Controls] |
| Sub-award Monitoring and Oversight | [P&P: Sub-award Monitoring and Oversight] |
| Timekeeping | [P&P: Timekeeping] |
| Travel Guidance, including purchase/travel credit card use | [P&P: Travel Guidance, Credit Card Use] |
| Procurement | [P&P: Procurement] |
| Standards for Use of Federal Funds | [P&P: Standards for Use of Federal Funds] |
| Code(s) of Conduct/Ethics, applicable to employment/purchasing | [P&P: Code of Conduct/Ethics] |
| Document Retention | [P&P: Document Retention] |
| Please indicate the training areas below that are provided to employees by the organization (select Yes or No) | |
| Personnel/HR Issues | [Training: Personnel/HR Issues] |
| Financial Accounting | [Training: Financial/Accounting] |
| Risk Management | [Training: Risk Management] |
| Cyber-security | [Training: Cyber-security] |
| Fraud, Waste, and Abuse | [Training: 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? | [Financial: Reports Reviewed Quarterly] |
| Does the organization utilize an automated accounting system? | [Financial: 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? | [Financial: Ability to Separate Multi-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? | [Financial: Ability to Summarize Budget Categories per Grant] |

| How often does the organization post transactions to the accounting system ledger(s)? | [Financial: Frequency of Transaction Posting] |
|---|---|
| Does the organization use an automated payroll system? | [Financial: Automated Payroll System] |
| Please indicate whether organizational leadership approval is required for any of the following financial transactions (select Yes or No): | |
| Opening/Closing Bank Accounts | [Financial: Leadership Approval Opening/Closing Bank Accounts] |
| Opening Lines of Credit | [Financial: Leadership Approval Opening Lines of Credit] |
| Assigning Credit Cards | [Financial: Leadership Approval Assigning Credit Cards] |
| Buying/Selling Property | [Financial: Leadership Approval Buying/Selling Property] |
| Financial Investment/Divestment | [Financial: Leadership Approval 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? | [Financial: Loans to Employees/Debt Write Offs] |
| Please identify who is authorized to write-off any debt owed to the organization as a bad debt. | [Financial: Staff Authorized to Write-off Debt] |
| Has the organization experienced cash flow deficits an any point in the previous 2 years? | [Financial: Cash Flow Deficit] |
| **Compliance** | |
| Has the organization received federal funds for similar programs or projects? | [Compliance: Recipient of Similar Federal Funding] |
| If so, has your organization met federal program requirements for similar programs? | [Compliance: Met Requirements for Similar Program] |
| Has an audit been performed on the organization's financial accounts? | [Compliance: Audit Performed on Financial Accounts] |
| If so, what was the audit opinion? | [Compliance: Audit Opinion] |
| If applicable, has the organization addressed any outstanding deficiencies identified in the most recent audit? | [Compliance: Outstanding Audit Deficiencies Addressed] |
| Please provide any clarifications or similar remarks/information in the section below (optional): | |
| [Preparer Comments] | |
| **Preparer's Certification** | |
| Preparer's Name (First, Last) | [Preparer Name] |
| Preparer's Position Title | [Preparer Position Title] |
| I certify that the above information is complete and correct to the best of my knowledge and ability. | [Preparer Certification] |
| Date of Certification | [Preparer Certification Date] |