

****

**Applicant Operational and Financial Management Survey**

OMB Control Number 3045-0102 Expiration: 9/30/2024

This survey is intended to collect information about the capacity of applicants to manage federal grant funds. ServeNebraska 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 may be used to support future monitoring activities, should the applicant receive federal funds from AmeriCorps. In completing this form, each question requires a response unless otherwise specified. Refer to the applicable Notice of Funding Opportunity for instructions on how to submit all application materials

NOTE: An organization must complete a separate Operational and Financial Management Survey form for each application it submits under the applicable Notice of Funding Opportunity.

**General Information**

|  |  |
| --- | --- |
| **Organization Legal Name** |  |
| **EIN** |  |
| **City and State associated with EIN** |  |
| **UEI** (Unique Entity Identified) |  |
| **Assistance Listing Number Associated with Funding Opportunity** |  |
| **Application Identification Number** |  |

**Operational Management**

The policies identified below address some of the most critical elements for administration of a federal grants. 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 AmeriCorps, full copies of the policies and procedures may be required for monitoring purposes.

1. **Personnel/Employee Handbook**

[ ] Yes

[ ] No

1. **Financial/Internal Controls**

[ ] Yes

[ ] No

1. **Sub-award and/or Service Site Monitoring and Oversight**

[ ] Yes

[ ] No

[ ] N/A

1. **Timekeeping**

[ ] Yes

[ ] No

1. **Travel Guidance, including purchase/travel credit card use**

[ ] Yes

[ ] No

1. **Procurement**

[ ] Yes

[ ] No

1. **Standards for use of Federal Funds**

[ ] Yes

[ ] No

1. **Code(s) of Conduct/Ethics, appliable to employment/purchasing**

[ ] Yes

[ ] No

1. **Document Retention**

[ ] Yes

[ ] No

**Please indicate below which trainings your organization provides to employees.**

1. **Personnel/HR Issues**

[ ] Yes

[ ] No

1. **Financial Accounting**

[ ] Yes

[ ] No

1. **Risk Management**

[ ] Yes

[ ] No

1. **Cyber Security**

[ ] Yes

[ ] No

1. **Fraud, Waste and Abuse**

[ ] Yes

[ ] No

**Financial Management**

1. **Are financial reports (profit and loss, budget vs. actual, etc.) provided to and reviewed by leadership level staff, at least quarterly?**

[ ] Yes

[ ] No

1. **Does the organization utilize an automated accounting system?**

[ ] Yes

[ ] No

1. **Can the organization’s accounting system separate the receipts and payments of a federal grant from the receipts and payments of the organizations other activities supported by separate funding streams?**

[ ] Yes

[ ] No

1. **Can the organization’s accounting system summarize expenditures from a federal grant according to different budget categories such as salaries, rent, supplies, and equipment?**

[ ] Yes

[ ] No

1. **How often does the organization post transactions to the accounting system ledger(s)?**

[ ] Daily

[ ] Weekly

[ ] Monthly

[ ] Quarterly

[ ] Annually

[ ] Other If other, provide additional information here.

1. **Does the organization use an automated payroll system?**

[ ] Yes

[ ] No

**Financial Management - Approvals**

**Please indicate whether organizational leadership approval is required for any of the following financial transactions.**

1. **Opening/Closing Bank Accounts**

[ ] Yes

[ ] No

1. **Opening lines of credit**

[ ] Yes

[ ] No

1. **Assigning credit cards**

[ ] Yes

[ ] No

1. **Buying/Selling property**

[ ] Yes

[ ] No

[ ] N/A

1. **Financial Investment/Divestment**

[ ] Yes

[ ] No

[ ] N/A

1. **Has the organization issued loans to an employee or officer of the organization or forgiven/written off any loans or debts in the past year?**

[ ] Yes

[ ] No

[ ] N/A

1. **Please identify who is authorized to write off any debt owed to the organization as a bad debt**

[ ] Accountant

[ ] Chief Financial Officer

[ ] CEO/Executive Director

[ ] Board Committee

[ ] Board Chair

1. **Has the organization experienced cash flow deficits at any point in the previous 2 years?**

[ ] Yes

[ ] No

[ ] N/A

**Compliance**

1. **Has the organization received federal funds for similar programs or projects?**

[ ] Yes

[ ] No

1. **If yes, has your organization met federal program requirements for similar programs?**

[ ] Yes

[ ] No

[ ] N/A

1. **Has an audit been performed on the organization’s financial accounts?**

[ ] Yes

[ ] No

1. **If yes, what was the audit opinion?**

[ ] Modified

[ ] Unmodified

[ ] Adverse

[ ] N/A

1. **If applicable, has the organization addressed any outstanding deficiencies identified in the most recent audit?**

[ ] Yes

[ ] No

[ ] N/A

1. **Optional, please provide any clarifications or similar remarks/information below.**

Optional: Click to enter clarifications/additional information here

**Certification of Completion (to be completed by preparer):**

|  |  |
| --- | --- |
| **Completed by: (First and Last Name)** |  |
| **Email Address:** |  |
| **Position Title:** |  |
| **I certify that the information provided is complete and correct to the best of my knowledge and ability** | [ ] I Certify[ ] I Do Not Certify |
| **Date of certification** | Click or tap to enter a date. |