APPENDIX D: FNS -906 Grant Program Accounting System & Financial Capability Questionnaire

PURPOSE

Recipients of Federal funds must maintain adequate accounting systems that meet the criteria outlined in 2 CFR §200.302 Standards for Financial and Program Management. The responses to this questionnaire are used to assist in the Food and Nutrition Service Agency's (FNS) evaluation of your accounting system to ensure the adequate, appropriate, and transparent use of Federal funds. Failure to comply with the criteria outlined in the regulations above may preclude your organization from receiving an award. This form applies to FNS' competitive and noncompetitive grant programs. Please submit this questionnaire along with your application package.

ORGANIZATION INFORMATION

Legal Organization Name:

UEI Number:

FINANCIAL STABILITY AND QUALITY OF MANAGEMENT SYSTEMS

Requirement	Yes	No
A. Has your organization received a Federal award within the past 3 years?	☐	☐
B. Does your organization utilize accounting software to manage your financial records?	☐	☐
C. Does your accounting system identify the receipt and expenditure of program funds separately for each grant?	☐	☐
D. Does your organization have a dedicated individual responsible for monitoring organizational funds, such as an accountant or a finance manager?	☐	☐
E. Does your organization separate the duties for staff handling the approval of transactions and the recording and payment of funds?	☐	☐
F. Does your organization have the ability to specifically identify and allocate employee effort to an applicable program?	☐	☐

G. Does your organization have a property /inventory management system in place to track location and value of equipment purchased under the award?	☐	☐

AUDIT REPORTS AND FINDINGS

Requirement	Yes	No
• Has your organization been audited within the last 5 fiscal years? *(If the answer is "Yes" and this report was issued under the Single Audit Act please note this in the box below marked "Additional Information" and if not issued under the* "Single Audit Act", *please attach a copy or provide a link to the audit report in the Hyperlink space below).*	☐	☐
• If your organization has been audited within the last 5 fiscal years, was there a "Qualified Opinion" or an "Adverse Opinion"?	☐	☐
• If your organization has been audited within the last 5 fiscal years, was there a "Material Weakness" disclosed?	☐	☐
• If your organization has been audited within the last 5 fiscal years, was there a "Significant Deficiency" disclosed?	☐	☐

Hyperlink (if available):	
Additional information including expanding on responses in previous sections:	

APPLICANT CERTIFICATION

I certify that the above information is complete and correct to the best of my knowledge.

_____ _____

Signature of Authorized Representative Date

Name of Authorized Representative: _____

Phone Number: _____

Email: _____