



U.S. DEPARTMENT OF JUSTICE
OFFICE ON VIOLENCE AGAINST WOMEN (OVW)
APPLICANT FINANCIAL CAPABILITY QUESTIONNAIRE

SECTION A: PURPOSE

Federal agencies are required to review and evaluate the potential risks posed by applicants prior to awarding Federal funds (2 C.F.R. § 200.205). OVW considers a variety of factors and information in completing this risk assessment. OVW's evaluation may include the following: financial capability and/or stability of the applicant organization; quality of the organization's management and financial systems; history of past performance; and results of audits and/or reports.

Completion of this form is intended to assist OVW in evaluating the financial capability of the applicant organization. This form is to be completed by non-profit organizations applying for OVW programs that have not had a current/active award with OVW or the Office of Justice Programs (OJP) within the last three years.

SECTION B: ORGANIZATION INFORMATION

1. NAME OF APPLICANT ORGANIZATION:

2. NAME AND TITLE OF AUTHORIZED REPRESENTATIVE:

3. YEAR ORGANIZATION WAS FOUNDED/INCORPORATED:

6. PRIMARY ADDRESS OF THE ORGANIZATION:

4. EMPLOYER IDENTIFICATION NUMBER (EIN):

5. UNIQUE ENTITY IDENTIFIER (UEI):

7. DOES THE ORGANIZATION HAVE A CURRENT ORGANIZATIONAL CHART?
☐ YES ☐ NO (IF YES, PLEASE PROVIDE A COPY)

8. HAS YOUR ORGANIZATION RECEIVED FEDERAL ASSISTANCE FUNDS IN THE LAST 2 YEARS?
☐ YES ☐ NO

9. TOTAL OPERATING BUDGET IN THE PREVIOUS FISCAL YEAR:
\$

SECTION C: ACCOUNTING SYSTEM

1. 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

a. IF YES, PROVIDE NAME, AND ADDRESS OF AGENCY PERFORMING REVIEW:

b. ATTACH A COPY OF THE LATEST REVIEW AND ANY SUBSEQUENT CORRESPONDENCE, CLEARANCE DOCUMENTS, ETC.

2. WHICH OF THE FOLLOWING BEST DESCRIBES THE ORGANIZATION'S ACCOUNTING SYSTEM?

☐ MANUAL ☐ AUTOMATED ☐ COMBINATION

3. IS THE ORGANIZATION'S FINANCIAL MANAGEMENT PERFORMED IN-HOUSE (BY EMPLOYED STAFF) OR OUTSOURCED WITH CONTRACTED INDIVIDUALS? ☐ IN-HOUSE ☐ OUTSOURCED/CONTRACTED ☐ COMBINATION

4. DOES THE ORGANIZATION HAVE SUFFICIENT INTERNAL CONTROLS IN PLACE TO ESTABLISH PROPER SEGREGATION OF DUTIES? ☐ YES ☐ NO ☐ NOT SURE

5. DOES THE ORGANIZATION MAINTAIN TIMESHEETS (OR TIME AND ACTIVITY REPORTS) FOR EMPLOYEES THAT TRACK ACTUAL EFFORT BY PROJECT OR COST OBJECTIVE? ☐ YES ☐ NO ☐ NOT SURE

		SECTION D: HISTORY OF PERFORMANCE			
1. HAS THE ORGANIZATION EVER HAD A FEDERAL AWARD SUSPENDED OR TERMINATED FOR NON-COMPLIANCE? ☐ YES ☐ NO ☐ NOT SURE					
		SECTION E: FINANCIAL STATEMENTS			
1. DID THE ORGANIZATION HAVE A FINANCIAL STATEMENT AUDIT IN ITS MOST RECENT FISCAL YEAR? ☐ YES ☐ NO					
2. IF THE ORGANIZATION HAD AN AUDIT IN ITS MOST RECENT FISCAL YEAR, IS THE REPORT AVAILABLE PUBLICLY? ☐ YES ☐ NO IF YES, PLEASE PROVIDE LOCATION. EX. FEDERAL AUDIT CLEARINGHOUSE OR WEBSITE. IF NO, PLEASE PROVIDE A COPY.					
		SECTION F: ADDITIONAL INFORMATION			
1. USE THIS SPACE FOR ANY ADDITIONAL INFORMATION (INDICATE SECTION AND ITEM NUMBERS IF A CONTINUATION)					
		SECTION G: APPLICANT CERTIFICATION			
"I certify that the above information is complete and correct to the best of my knowledge." (The individual certifying this form should be familiar with the organization's management and financial systems.)					
1. NAME OF THE CERTIFYING OFFICIAL			b. SIGNATURE AND DATE		
a. TITLE					

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