

Unique ID#:

**NEBRASKA CRIME COMMISSION**  
**Federal Grants and Programs Division**  
**ORGANIZATIONAL QUESTIONNAIRE**

Agency:

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☐

Applicant Agency or Direct Recipient

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Applicant Sub-Awardee or Sub-Recipient

Program(s):

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Programmatic Point  
of Contact:

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Financial Point of  
Contact:

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1) Is the agency receiving this grant for the first time?

☐ Yes

☐ No

2) Please list all state and/or federal funding sources along with length of time the agency has been in receipt of funding source:

3) Does the agency retain the equivalent of 3 months of funds to support the program without a cash advance?

☐ Yes

☐ No

4) Which accounting method does the agency use?

☐

Cash

☐

Accrual

5) Which of the following best describes the agency's accounting system?

☐ Manual

☐ Automatic

☐ Combination

6a) Does the agency's accounting system identify and track funds (receipts and expenditures) separately for each funding source (i.e., federal, state and other funding sources)?

☐ Yes

☐ No

6b) If not, does the agency have a system through which it can readily identify this grant and its related costs and expenses?

☐ Yes

☐ No

☐ N/A

7) Does the agency's accounting system identify and track funds (receipts and expenditures) separately for each program?

☐ Yes

☐ No

8) Does the agency's accounting system identify and track funds (receipts and expenditures) separately, by component, for each cost category shown in the proposed/approved budget?

☐ Yes

☐ No

9) Does the agency's accounting system include budgetary controls to preclude incurring obligations in excess of total funds available for the grant?

☐ Yes

☐ No

10) Does the agency's accounting system include budgetary controls to preclude incurring obligations in excess of total funds available for each budget cost category (i.e., personnel, travel, etc.)?

☐ Yes

☐ No

11) Does the agency's accounting system provide for segregation of direct and indirect expenses?

☐ Yes

☐ No

12) Does the agency have a current federally approved indirect cost rate?

☐ Yes

☐ No

13) Does the agency have a system or process in place to record, document and certify employee (paid staff and volunteers, if applicable) hours specifically by grant and other funding sources?

☐ Yes

☐ No

14) Does the agency have policies and procedures in place regarding retention of this documentation (i.e., time sheets, pay stubs)?

☐ Yes

☐ No

15) Does the agency have a system in place to track, account for and retain documentation related to acquired equipment and supplies?

☐ Yes

☐ No

16) Does the agency have a system in place to track, account for and retain documentation related to travel costs?

☐ Yes

☐ No

17a) Has an independent CPA examined the agency's financial statements within the last two years?

☐ Yes

☐ No

*If yes, please attach a copy of the latest audit report and any management letters issued.*

17b) If yes, did they test federal funding sources in relation to existing requirements under the federal regulation and guidelines?

☐ Yes ☐ No ☐ N/A

17c) If no audit report was released, please provide a detailed explanation:

18a) Has the agency undergone an external review within the last two years (i.e., monitoring activities conducted by a state or federal entity)?

☐ Yes ☐ No

18b) If yes, please provide the name of the agency that performed the review:

19a) Is the agency currently or has it previously been suspended or debarred?

☐ Yes ☐ No

19b) If yes, please provide date and length of time of suspension or debarment:

20) Is this a new program(s) for the agency (managed for less than 3 years)?

☐ Yes ☐ No

21) Has the agency experienced high management and/or leadership staff turnover (greater than 10% per year) or an agency reorganization that would affect this program(s)?

☐ Yes ☐ No

22) Does the agency have written policies and procedures for employees and clients to file grievances?

☐ Yes ☐ No

23) Does the agency have systems in place to track and record performance against the objectives stated in its application?

☐ Yes ☐ No

24) Does the agency have systems in place to record client feedback (i.e., satisfaction with services)?

☐ Yes ☐ No

Financial Point of Contact Name & Title:

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FPOC Signature:

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Date:

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***Please submit completed form and any attachments to this form as part of your agency's application.***

Print