

Unique ID#:

**NEBRASKA VICTIM ASSISTANCE DIVISION
ORGANIZATIONAL QUESTIONNAIRE**

Agency: _____

- Applicant Agency or Direct Recipient Applicant Sub-Awardee or Sub-Recipient

Program(s): _____

Programmatic Point of Contact: _____

Financial Point of Contact: _____

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

Name & Title:

Signature:

Date:

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