

***This is a view only version of the Applicant Operational and Financial Management Survey (OFMS). Applicants should submit their OFMS via the link in the NOFO. Applicants should NOT download this and attempt to submit via email. Thank you.***

AmeriCorps

# Applicant Operational and Financial Management Survey

OMB Control Number 3045-0102

Expiration: 09/30/2024

This survey is intended to collect information about the capacity of applicants to manage federal grant funds. Per 2 CFR §200.206, AmeriCorps 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. Refer to the applicable Notice of Funding Opportunity for instructions on how to submit all application materials.

\* Required

Public reporting burden -- Estimated time to complete this form, including time for reviewing instructions and gathering and providing the information needed to complete the form is 2 hours. Send comments regarding this burden or the content of this form to: AmeriCorps, Office of Grants Administration, 250 E Street, SW, Washington, DC 20525.

AmeriCorps informs the potential persons who are to respond to this collection of information that such persons are not required to respond to the collection of information unless it displays a currently valid OMB control number on this page of the form (see 5 CFR 1320.5(b)(2)(1)).

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. Please also note that the final 'Submit' button must be clicked for your form to be submitted.

## General Information

1. **Organization Legal Name:** \*

2. **EIN** \*

3. **City, State Associated with EIN** \*

4. **UEI** (Unique Entity Identifier) \*

5. **Assistance Listing Number Associated with Funding Opportunity** \*

6. **Application Identification Number** \*

## Operational Management

The policies identified below address some of the most critical elements for administration of a federal grant. 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 requested for monitoring purposes.

### 7. Personnel/Employee Handbook \*

Yes

No

### 8. Financial/Internal Controls \*

Yes

No

### 9. Sub-award and/or Service Site Monitoring and Oversight \*

Yes

No

N/A

10. **Timekeeping** \*

Yes

No

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

Yes

No

12. **Procurement** \*

Yes

No

13. **Standards for Use of Federal Funds** \*

Yes

No

14. **Code(s) of Conduct/Ethics, applicable to employment/purchasing** \*

Yes

No

15. **Document Retention** \*

Yes

No

## Operational Management

Please indicate the training areas below that are provided to employees by the organization (select Yes or No)

16. **Personnel/HR Issues** \*

Yes

No

17. **Financial Accounting** \*

Yes

No

18. **Risk Management** \*

Yes

No

19. **Cyber-security** \*

Yes

No



20. **Fraud, Waste, and Abuse** \*

Yes

No

## Financial Management

21. **Are financial reports (profit and loss, budget vs. actual, etc.) provided to and reviewed by leadership level staff, at least quarterly? \***
- Yes
- No
22. **Does the organization utilize an automated accounting system? \***
- Yes
- No
23. **Can the organization's accounting system separate the receipts and payments of a federal grant from the receipts and payments of the organization's other activities supported by separate funding streams? \***
- Yes
- No
24. **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

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

Daily

Weekly

Monthly

Quarterly

Annually

Other

26. **Does the organization use an automated payroll system? \***

Yes

No

## Financial Management

Please indicate whether organizational leadership approval is required for any of the following financial transactions (select Yes or No):

27. **Opening/Closing Bank Accounts \***

Yes

No

28. **Opening Lines of Credit \***

Yes

No

29. **Assigning Credit Cards \***

Yes

No

30. **Buying/Selling Property \***

Yes

No

N/A

31. **Financial Investment/Divestment** \*

- Yes
- No
- N/A

32. **Has the organization issued loans to an employee or officer of the organization or forgiven/written-off any loans or debts in the last year?** \*

- Yes
- No
- N/A

33. **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

34. **Has the organization experienced cash flow deficits an any point in the previous 2 years? \***

Yes

No

## Compliance

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

Yes

No

36. **If so, has your organization met federal program requirements for similar programs? \***

Yes

No

N/A

37. **Has an audit been performed on the organization's financial accounts? \***

Yes

No

38. **If so, what was the audit opinion?**

Modified

Unmodified

Adverse

N/A

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

- Yes
- No
- N/A

40. **Please provide any clarifications or similar remarks/information in the section below (optional):**



## Preparer's Certification

41. **Preparer's Name (First, Last) \***

42. **Preparer's Email \***

43. **Preparer's Position Title \***

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

I Certify

I Do Not Certify

45. **Date of Certification \***

Please input date (M/d/yyyy)



Privacy Statement -- In compliance with the Privacy Act of 1974, the following information is provided: The collection of this information is authorized by the provisions of the National and Community Service Act of 1990, by the National and Community Service Trust Act of 1993, and the Serve America Act of 2009. The primary purpose of the information is to determine if appropriate systems are in place to manage federal grant funds or, if not, to identify training and technical assistance a grantee may need to develop or enhance appropriate systems. Completion of this survey is required as an element of CNCS' pre-award risk assessment process. The information provided will be maintained and treated confidentially. However, appropriate federal, state, and local law enforcement entities may request and obtain this information under certain circumstances. Otherwise, the information provided will not be disclosed without express written permission.

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