



Organizational Capacity Assessment

Section A: Proposal Information

Proposal Name: _____

Section B: Applicant Eligibility

Is your organization or your organization's principals presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any federal department or agency?

Yes No

If yes, please skip the rest of the questionnaire.

Section D: Applicant Organization Information

Please fill out the information below, as appropriate.

1. Complete address and contact information:

Applicant Organization: _____

URL: _____

DUNS Number: _____

EIN: _____

Person Completing Form

Name: _____

Phone: _____ Email: _____

2. Type of organization (check all that apply):

Non-Profit Organization

Government

University

State

Foundation

For-Profit Organization

Other: _____

3. Organization classification (if applicable):

Large Business	Small Business
Historically Black College / University	Small Disadvantaged Business
Historically Underutilized Business Zone	Woman-Owned
Minority Institution / Owned	Individual
Tribal	Veteran-Owned
Other: _____	

4. Do policies and/or procedures exist that address:

a. Pay Rates and Benefits?	Yes	No
b. Time and Attendance?	Yes	No
c. Record Retention?	Yes	No
d. Travel?	Yes	No
e. Procurement/Purchasing?	Yes	No
f. Conflict of Interest?	Yes	No

5. Does organization currently or previously administer other awards (i.e.grants, contracts)? **Yes** **No**
If Yes, complete section below.

Please indicate the type of funding:

Local State Federal Private Other

Describe the method the organization uses to separately track award revenue and expenditures including methods and systems used for recording, reporting, and invoicing.

Describe the controls that are in place for preventing overspending and unallowable cost.

Describe the method by which labor and fringe benefits are calculated and recorded on awards.

Describe the method by which you maintain fixed assets purchased with government funding.

6. Is the applicant's financial management system in accordance with generally accepted accounting principles?
YES NO
Check all that apply.

The applicant's accounting system provides records that can identify the source and use of funds for award-supported activities.

The applicant's accounting system provides for the control and accountability of award funds, property, and other assets.

The applicant maintains internal controls to ensure that it is managing awards in compliance with applicable laws, statutory requirements, regulations, and the provisions of contracts and grants.

The applicant complies with applicable laws and regulations.

The applicant can prepare appropriate financial statements.

There are no outstanding audit findings which would impact project costs.

7. Have annual financial statements been audited by an independent audit firm? YES NO
If yes, provide a copy of the statements for the most current fiscal year.

8. Is the applicant required to comply with OMB Uniform Guidance Subpart F – Single Audit Requirements:
YES NO

Audit Contact Name and Title: _____

Email: _____

Auditee Name Filed Under: _____

EIN Filed Under: _____

9. Has your organization received any audit findings or have any material weaknesses been identified in either of the two preceding fiscal years? YES NO

If yes, please provide a copy of your audit report and management letter.

10. Award Objectives

Describe the systems that are in place to ensure that grant objectives are being met?

11. Authorized Organizational Official:

The information, certification, and representations above have been read, signed, and made by an authorized official of the subrecipient named herein. The appropriate programmatic and administrative personnel involved in this application are aware of these policies.

Name: _____ Title: _____

Signature: _____ Date: _____