

Food Assistance Accounting System & Financial Capability Questionnaire

Purpose

Organization Information

Ensure agencies receiving federal or state funds have established adequate accounting systems that meet the federal criteria outlined in <u>2 CFR §200.302</u> Standards for Financial Management. The responses to this questionnaire are used to assist Washington State Department of Agriculture (WSDA) Food Assistance (FA) in the evaluation of your accounting system to ensure adequate, appropriate, and transparent use of awarded funds. In addition, this will be used to determine risk and monitoring protocols. Failure to comply may preclude your organization from receiving an award.

	Legal Organization Name:					
	Unique Entity ID (UEI #):					
Fina	ancial Stability and Quality of Management Systems					
Re	Requirement					
A.	Has your organization received a federal or state award within the past 3 years?	Yes No				
В.	If the answer to question A is yes, which source of funding was received?	Federal State Both				
C.	Does your organization utilize accounting software to manage your financial records?	Yes No				
D.	Does your accounting system identify the receipt and expenditure of program funds separately for each award?	Yes No				
E.	Does your organization have a dedicated individual responsible for monitoring organizational funds, such as an accountant or a finance manager?	Yes No				
F.	Does your organization separate the duties for staff handling the approval of transactions and the recording and payment of funds?	Yes No				

G.	Does your organization have the ability to specifically identify and allocate employee effort to an applicable program?	Yes	☐ No	
H.	Does your organization have a property/inventory management system in place to track location and value of equipment purchased under the award?	Yes	☐ No	
Auc	lit Reports and Findings			
Requirement				
1.	Has your organization been audited within the last 5 fiscal years? (If the answer is "Yes" please upload a copy or provide a link to the audit report in the hyperlink space below. If you are a current Lead Agency for CSFP, EFAP, EFAP-Tribal, or TEFAP, and WSDA Food Assistance has your most recent audit on file, then you are not obligated to submit with this form.)	Yes	No	
2.	If your organization has been audited within the last 5 fiscal years, was there a finding or adverse opinion?	Yes	☐ No	
	2A. If you answered yes to question 2, were these findings and/or adverse opinions resolved?	Yes	☐ No	
Hyperlink to audit if available:				
Additional information including expanding on responses in previous sections:				
Red	uired Certification			
I certify that the above information is complete and correct to the best of my knowledge.				
	Signature of Authorized Representative Date			
Name of Authorized Representative:				
Phone Number:				
Email:				