



Food Assistance (FA) Financial Capability Questionnaire (FCQ)

Purpose

To ensure organizations receiving state or federal funds from any governmental source (not only WSDA FA), have adequate internal controls and systems in place to meet all federal or state regulations regarding the financial management of awards.

Responses provided in this questionnaire will be used by WSDA FA to assess the organization's ability to provide adequate, appropriate, and transparent use of awarded funds. In addition, the responses will be used by WSDA FA to establish and evaluate an organization's risk rating and monitoring protocols.

The misrepresentation of facts may disqualify an organization from participating in current and future WSDA FA awards, regardless of the funding source.

Organization Information

Organization's Legal Name: _____

As applicable: Unique Entity ID (UEI #): _____

As applicable: Unified Business Identifier (UBI) _____

Financial Stability and Quality of Management Systems

Funding			
1. Has the organization received federal or state funding within the past 3 years? (If No, then skip to the Accounting System section.) ☐ Yes ☐ No			
2. Check the box of which funding source was received. (If the organization received both state and federal funding, check both boxes.) ☐ Federal ☐ State			
3. Please provide the name of the Agency(ies) the organization received federal and/ or state funding from below. ☐ WSDA funding only Provide a list of the three (3) highest value awards received in the past three (3) years. If you received only WSDA FA funding, you do not need to list this information just check the WSDA FA funding only box. Not enough space? Include a separate document including the information with your submission.			
Name of Federal Awarding Agency(ies):	Name of Program(s):	Funding Amount(s):	Agreement Period(s):
Name of State Awarding Agency(ies):	Name of Program(s):	Funding Amount(s):	Agreement Period(s):

4. During the past three (3) years, if the agency received state or federal funds, were there any ongoing performance issues? Examples include: late submission of invoice vouchers for reimbursement (later than 30 days), erroneous charges to the award, and lack of supporting documentation including noncompliance with reimbursement requirements.	☐ Yes ☐ No
5. Were there any ongoing noncompliance issues with any program requirements for any state or federal awards during the past three (3) years?	☐ Yes ☐ No
6. In the past three (3) years, has the organization previously been awarded funding and did not complete the project or had to return funds?	☐ Yes ☐ No
Accounting System	
1. Does the organization have and use accounting software to manage its financial records?	☐ Yes ☐ No
2. Does the organization's accounting software track the receipt of revenue and expenditure of program funds separately for each award?	☐ Yes ☐ No ☐ N/A
3. If the organization does not have accounting software to manage its financial records, does the organization have a manual process in place to track revenue and expenditures?	☐ Yes ☐ No ☐ NA
4. Does the organization have a dedicated individual who is responsible for monitoring program funds, such as an accountant, finance manager or treasurer?	☐ Yes ☐ No
5. Does the organization have internal controls in place such as separation of duties? Example: someone who approves payments and another person who processes them.	☐ Yes ☐ No
6. Does the organization have the ability to specifically identify and allocate employee effort (time) to applicable programs?	☐ Yes ☐ No
Management and Staff	
1. Does the organization have effective processes and procedures in place to detect errors and internal controls to limit the risk of fraud?	☐ Yes ☐ No
2. Has the organization had changes in key management personnel within the last year?	☐ Yes ☐ No
3. Has the organization had changes in long term operational program staff within the last year?	☐ Yes ☐ No
4. Do the majority of program staff have more than 2 years' experience with WSDA FA program requirements?	☐ Yes ☐ No
Legal Assessment	
1. Is the organization currently or has the organization previously been involved in a legal action brought against them for causing financial loss or injury within the past five (5) years?	☐ Yes ☐ No
2. Was there a judgement issued against the organization?	☐ Yes ☐ No ☐ N/A
Suspension and Debarment	
1. Is the organization currently suspended or debarred in any state or federal program?	☐ Yes ☐ No
2. Has the organization previously been suspended or debarred in any state or federal program?	☐ Yes ☐ No

Capitalized Equipment	
1. Has the organization purchased any capitalized equipment or equipment repairs costing \$10,000 or more paid with WSDA FA funds in the past 3 years?	☐ Yes ☐ No
2. Does the organization have a fixed asset/inventory management system in place to track capitalized equipment purchased with WSDA FA funds?	☐ Yes ☐ No ☐ N/A
Organizational Audits and Findings	
1. Is the organization required to have any type of audit?	☐ Yes ☐ No
2. What type of audit? Select all that apply. ☐ Single Audit based on federal threshold of \$1 million dollars received in federal funding (which includes the value of federal food). ☐ Financial Audit based on audit requirements of other funders/grantors. ☐ Financial Audit required by organization's own bylaws, Board of Directors, internal policies and/or obtains audit for its own purposes.	
3. Were there any audit findings or negative audit opinions in the most recent audit?	☐ Yes ☐ No ☐ N/A
4. Has the organization provided a Corrective Action Plan to the Auditor?	☐ Yes ☐ No ☐ N/A
5. In the case when no audit is required, has the organization completed the four (4) part Public Funding Leadership Series training as required by WSDA FA and provided by Washington Food Coalition?	☐ Yes ☐ No ☐ N/A (Audit Required)
6. If the organization is required to have an audit and has not yet had an audit, please explain why below.	

Additional Information

Provide additional information including expanding on any responses provided in previous sections:

Required 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: _____