

Grant Number:

150430-02

Arizona Department of Homeland Security Financial Systems Survey

Name of Organization:

Person completing survey:

Date:

email:

PLEASE ANSWER EVERY QUESTION BY CHECKING THE APPROPRIATE BOX. ATTACH MATERIALS AND

As stewards of federal and state funds, the Arizona Department of Homeland Security (AZDOHS) prefers to

This survey will be used primarily for initial monitoring of the organization. This survey may also be used in evaluating the financial capability of the organization in the award process. Deficiencies should be addressed for corrective action and the organization should consider procuring technical assistance in correcting identified problems.

A. GENERAL INFORMATION

1. Has your organization received a Federal or State Grant within the last two years?

2. Has your organization received funding from the Arizona Department of Homeland Security within the past two

3. Has your organization been audited by an independent Certified Public Accountant within the past two years?

Yes No

4. Has your organization completed an A-133 Single Audit within the past two years?

Yes No

5. Has your organization been granted tax-exempt status by the Internal Revenue Service?

Yes No

6. If you answered YES to question #5 under what section of the IRS code?

Yes No

7. Does your organization have established policies related to salary scales, fringe benefits, travel reimbursement and personnel policies?

Yes No

B. FUNDS MANAGEMENT

8. Which of the following describes your organization's accounting system?

Manual Automated Combination

9. How frequently do you post to the General Ledger?

Daily Weekly Monthly Other

10. Does the accounting system completely and accurately track the receipt and disbursements of funds by each

Yes No

Yes No

11. Does the accounting system provide for the recording of actual costs compared to budgeted costs for each budget line item?

Yes No

12. Are time and effort distribution reports maintained for employees working fully or partially on state or federal

Yes No

13. Is your organization familiar with Federal Cost Principles (i.e. OMB Circular A-87, A-122 or A-21)?

Yes No

C. INTERNAL CONTROLS

14. Are duties of the bookkeeper/accountant segregated from the duties of cash receipt or cash disbursement?

Yes No

15. Are checks signed by individuals whose duties exclude recording cash received, approving vouchers for

Yes No

16. Are all accounting entries and payments supported by source documentation?

Yes No

17. Are cash or in-kind matching funds supported by source documentation?

Yes No

18. Are employee time sheets supported by appropriately approved/signed documents?

Yes No

19. Does the organization maintain policies which include procedures for assuring compliance with applicable Code

Yes No

D. PROCUREMENT

20. Does the organization maintain written codes of conduct for employees involved in awarding or administering

Yes No

21. Does the organization conduct purchases in a manner that encourages open and free competition among

Yes No

22. Does the organization complete some level of cost or price analysis for every purchase?

Yes No

23. Does the organization maintain files and other source documentation sufficient to detail the history of each

Yes No

24. Does the organization maintain a system of contract administration to ensure contractor conformance with the

Yes No

25. Does the organization maintain written procurement policies and procedures?

Yes No

Arizona Department of Homeland Security Standard Data Collection Form

A. Agency Information

Project Title:	FFY 2015 Operation Stonegarden Grant Program (OPSG)
Agency:	City of San Luis Police Department
Amount Awarded:	\$8,306
Project Description (Overtime or Equipment)	OPSG Equipment

Address:	1030 E. Union St. <small>(Address Line 1)</small>			
	P.O. Box 3720 <small>(Address Line 2)</small>	San Luis <small>(City)</small>	AZ <small>(State)</small>	85349 <small>(Zip code)</small>
County:	Yuma			

Authorized Individual:

Name:	Andrea <small>(First Name)</small>	Moreno <small>(Last Name)</small>
Position / Title:	Police Administrator	
Email:	928-341-2420	
Phone:	928-341-2420	Ext. 2235
Fax:	382-627-5436	

IRS Employer Identification Number (EIN):	Municipality
Agency Classification :	Municipality

Have you previously conducted business with the State using this Employer Identification Number? Yes

If No, Please go to the following website to download and complete the State of Arizona Substitute W-9 form. Please be sure to submit this form with your application. <https://gao.az.gov/>

In which Congressional (Federal) District is your agency headquartered? Enter District #:

<http://www.azredistricting.org> (click on Final Maps)

In which Legislative (State) District is your agency headquartered? Enter District # :

<http://www.azredistricting.org> (click on Final Maps)

Approximately how much FEDERAL funding will your organization expend in your current fiscal year?

What is your organization's fiscal year-end date?

Does your organization undergo an annual independent audit in accordance with OMB Circular A-133? Yes

Please provide contact information of the audit firm conducting your audit:

Agency:	Lumbard & Associates, P.L.L.C			
Address:	4143 N. 12th Street, Suite 100 <small>(Address Line 1)</small>			
	<small>(Address Line 2)</small>	Phoenix <small>(City)</small>	AZ <small>(State)</small>	85014 <small>(Zip code)</small>
Phone Number:	602-274-9966			
Fax:	602-265-0021			

B. Contact Information (Please copy this portion as many times as needed.)

Program Agency - Indicates person with primary contact with the Arizona Department of Homeland Security and is directly responsible for ensuring that the program plan is implemented. All future program correspondence will be sent to this person.

Fiscal Agency - Indicates person responsible for financial matters pertaining to this grant.

Collaborator - Indicates all persons/agencies that have been identified as a collaborator, partner, or host site as a requirement of this grant.

Agency Contact Type :

Agency:
Address:
(Address Line 1)

(Address Line 2) (City) (State) (Zip code)

County:

Contact Person:
(First Name) (Last Name)

Position/Title:
Email:
Phone Number: Ext.
Fax:

Agency Contact Type :

Agency:
Address:
(Address Line 1)

(Address Line 2) (City) (State) (Zip code)

County:

Contact Person:
(First Name) (Last Name)

Position/Title:
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Contact Person:
(First Name) (Last Name)

Position/Title:
Email:
Phone Number: Ext.
Fax:

Arizona Department of Homeland Security Federal Funding Accountability and Transparency Act (FFATA)

Grant Number	150430-02	
Name of Agency Receiving Award	City of San Luis Police Department	
OPSG Grant Type (Overtime or Equipment)	OPSG Equipment	
Awarded Amount	\$ 8,306.00	
DUNS Number (Contact your Finance Department for more information)	87-9102684	
10 Digit Zip Code + 4 (XXXXX-XXXX)	85349-1170	
Is 80% or more of your annual gross revenues from Federal awards?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Do you receive \$25 million or more annually from Federal awards?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
If you answered "YES" to BOTH questions, you are required to complete the following:		
Names and Total Compensation of Top Five paid executives:		
		\$
		\$
		\$
		\$
		\$