



**FLORIDA DEPARTMENT
OF CHILDREN AND FAMILIES**

MYFLFAMILIES.COM

**DOMESTIC VIOLENCE PROGRAM
FISCAL REVIEW QUESTIONNAIRE**

I. Organizational Data

Name of Organization:

Representative Name and Title:

Name of Accounting System:

Agency's Total Federal Awards:

Agency's Total State Awards:

II. Financial Statement / Independent Audit Data

Date of Last Audit/Financial
Statement Review:

Audit Agency/Firm:

Opinion:

Modified

Un-modified

If modified, state reason:

Date submitted:

Were findings reported?

Yes

No

If yes, please explain.

III. Board of Directors

1. What financial documents are provided to the Board of Directors?

2. How often are the financial statements presented to board?

a. Presented by whom?

3. What is the process for the financial statements to be reviewed as a board?

4. When was the last time the board received training on reading and analyzing financial statements?

a. Presented by whom?

IV. Fundraising

1. Please explain your centers fundraising events/efforts for this fiscal year.

2. Is there anything in particular the center is fundraising for this fiscal year (any special projects or improvements)?

3. What is your projected fundraising income for this fiscal year?

V. Travel

1. What is your center's policy on CEO/ED travel (approval, reimbursement, and check signing)?

VI. Cash Flow

1. Does your center have a cash flow projection statement?

a. If so, who prepares it and how often is it being reviewed?

b. If no, what is your policy on cash flow? How are you managing it?

2. Do you have any concerns with the centers cash flow?

a. If yes, what steps are you taking to address the concerns?

3. Does your center have reserves?

a. If yes, please describe.

b. If no, please explain your efforts in building your center's reserves/ how would you manage a financial crisis?

4. How often are you overspending budgeted line items?

a. If you are, why is that occurring and how is this being addressed?

b. If you have, did the overspending meet the requirements to be presented the board?

If the overspending was presented to the board, please provide a copy of the board minutes.

VII. Invoicing

1. How do you ensure you are not double billing?

2. Has your center requested expedited payment to meet any financial obligation(s)?

a. If yes, when was the request made and why?

VIII. Line of Credit

1. Does your center have a line of credit? Yes No

a. If yes, how many?

b. If yes, amount of line of credit?

c. If yes, available balance?

d. If yes, what is your center's general plan to repay?

e. If yes, how does your center secure the loan?

IX. Match

1. What is your source of match for the following?

Prevention:

DVTF:

FVPSA I:

FVPSA II:

CPI-VOCA:

EJ-VOCA:

LEGAL-IFP-VOCA:

Other Contracts:

2. How do you ensure you are not charging match to more than one funding source?

3. How do you reconcile all match requirements?

4. How often do you reconcile match?

5. If errors were found, how would they be corrected (please list all steps)?

I attest that I, the undersigned, have read the above statements and declarations and attest that the answers I provided are true, accurate, and complete to the best of my knowledge.

Name/Title:

Signature:

Date:

Please do not write below this line. For DVP staff only.

DVP Notes:

Contract Monitor:

Signature:

Date:
