



## DOMESTIC VIOLENCE PROGRAM Self-Evaluation and Attestation

Please respond to all statements by selecting "Yes" or "No". For those items that are not applicable to your center, select "N/A". If you need to provide additional information or cannot respond to a statement, please attach an explanation on a separate page.

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Center Name:

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### I. INTERNAL CONTROLS

1. The payroll is approved by upper management staff who is not responsible for the preparation (calculation of wages, taxes, etc.) of the payroll and is outside the payroll department.	Yes	No	N/A
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Please list names and titles of:

Approver(s):

Preparer(s):

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2. The preparer of the payroll is not the same person who signs the payroll checks.	Yes	No	N/A
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Please list names and titles of:

Preparer(s):

Signer(s):

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3. Check signing is limited to those authorized by the Board to make disbursements and whose duties exclude the posting and recording of disbursements.	Yes	No	N/A
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Please list names and titles of Authorized Signer(s):

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4. The same person is not handling all functions of the cash/ check handling process.	Yes	No	N/A
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Please list names and titles of persons responsible for:

Receiving/Opening Mail (cash/checks):

Preparer(s):

Posting of Deposit:

Depositor(s):

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5. The person who enters the payables or generates the checks is not the same person who signs the checks.	Yes	No	N/A
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Please list names and titles of:

Preparer(s):

Signer(s):

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6. The same person(s) generating checks is not handling all the purchasing functions (purchasing, receiving inventory, entering general ledger functions).	Yes	No	N/A
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7. The bank statements are received by the person reconciling the account after they have been reviewed for any anomalies such as missing checks and checks missing signatures.	Yes	No	N/A
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Please list names and titles of:

Reconciler(s):

Reviewer(s):

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## II. CASH

### A. Cash/Check Handling Procedures

1. All revenue is deposited into one operating account.                      Yes                      No                      N/A

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2. Deposits are made:    Daily                      Weekly                      Other

If other, please explain:

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3. The center maintains a cash receipts journal.                      Yes                      No                      N/A

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4. Revenue received that is not deposited on the same day it is received is stored in a locked and secure location.                      Yes                      No                      N/A

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5. Checks received in the mail are restrictively endorsed immediately upon opening the mail.                      Yes                      No                      N/A

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6. Cash received from fundraising events is controlled, accounted for, and reported.                      Yes                      No                      N/A

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7. Bank reconciliations are performed monthly, reviewed, and signed by the next level of management.                      Yes                      No                      N/A

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If No or N/A to any of the above, please explain:

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### B. Petty Cash

8. A specific employee is designated, in writing, as custodian.                      Yes                      No                      N/A

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9. Petty cash is not co-mingled with other funds and is used for small, emergency expenses.                      Yes                      No                      N/A

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10. The petty cash fund is kept in a locked, secure location.	Yes	No	N/A
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11. Payments are made through vouchers that are completely and accurately filled out.	Yes	No	N/A
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12. Payments are supported by invoices or receipts.	Yes	No	N/A
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13. Petty cash disbursements are disbursed according to center policy.	Yes	No	N/A
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14. Travel payments are not made from petty cash.	Yes	No	N/A
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15. Petty cash replenishment requests are supported by original documentation and the documentation is defaced.	Yes	No	N/A
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16. Unannounced audits of the petty cash fund are periodically performed and documented in writing.	Yes	No	N/A
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17. The size of the petty cash fund is adequate to meet emergency expenses.	Yes	No	N/A
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If No or N/A to any of the above, please explain:

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### III. ACCOUNTS RECEIVABLE

1. A detailed accounts receivable aging schedule is maintained by accounting.	Yes	No	N/A
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2. The accounts receivable aging schedule is reconciled to the general ledger monthly.	Yes	No	N/A
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3. The center has established accounts receivable write-off procedures that include:			
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a. Supporting documentation detailing the amount and reason for the write-off.	Yes	No	N/A
b. Approval by the Executive Director/Chief Executive Officer and/or the Chief Financial Officer.	Yes	No	N/A

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If No or N/A to any of the above, please explain:

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## IV. ACCOUNTS PAYABLE

### A. Disbursements

1. The center maintains an accounts payable ledger for its operating account.	Yes	No	N/A
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2. During the payment process, the following are verified by management:

a. Checks are issued in sequence.	Yes	No	N/A
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b. Voided checks are clearly marked "VOID" and documented in the accounting system. (The center marks "VOID" over the signature block or removes the signature block.)	Yes	No	N/A
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c. The center has a policy/procedure in place to prevent duplicate payments of the same invoice/receipt.	Yes	No	N/A
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d. The checks are accompanied by the original invoice(s)/ receipt(s).	Yes	No	N/A
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e. All disbursements have documented approval by the appropriate level of management.	Yes	No	N/A
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f. All invoices are defaced (marked "PAID") upon payment.	Yes	No	N/A
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g. The check and invoice amounts agree with one another.	Yes	No	N/A
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h. Invoices are timely paid by the due date stipulated on the invoice, and do not incur late fees.	Yes	No	N/A
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i. Dual signatures are on checks when required by Provider policy or when the check signer is also the payee.	Yes	No	N/A
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j. At what amount, if any, are dual signatures required?

k. For tax-exempt centers, sales tax is not being paid on purchases of goods or services.	Yes	No	N/A
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3. There are no amounts due to vendors, staff, umbrella organizations, etc. that are 120 days old or older. Yes No N/A

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If No or N/A to any of the above, please explain:

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**B. Employee Expense Transactions**

4. Expense reports/vouchers are utilized. Yes No N/A

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5. All expenses are supported with original receipts. Yes No N/A

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6. The business purpose of the expense is clearly stated. Yes No N/A

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7. All conference expenses are pre-authorized and supported with an agenda. Yes No N/A

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8. A mileage sheet and/or map is used to calculate and reimburse mileage expenses, which includes the purpose of the travel and verification of the distance traveled. Yes No N/A

.....  
9. All travel expenses reimbursed from state funding sources are paid in accordance with state rates (s. 112.061, F.S.). Yes No N/A

.....  
If No or N/A to any of the above, please explain:

.....  
**C. Credit Card Transactions**

10. The center maintains a listing of which staff have been issued credit cards and the corresponding credit card numbers. Yes No N/A

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11. The center performs monthly reconciliations of credit card statements. Yes No N/A

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12. The center has review procedures that are used to track and pay balances.	Yes	No	N/A
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13. The cardholder or designee is not permitted to make personal purchases.	Yes	No	N/A
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If No or N/A to any of the above, please explain:

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D. Tax Payments

14. 941s and RT-6s are completed, submitted, and paid in a timely manner.	Yes	No	N/A
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If No or N/A, please explain:

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**V. LINE OF CREDIT**

1. The center has a line(s) of credit.	Yes	No	N/A
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If yes, please list each creditor, amount of the loan, and the current percentage used:

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2. The center's line(s) of credit is a demand loan.	Yes	No	N/A
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If yes, please list each line(s) of credit that is a demand loan:

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**VI. FINANCIAL REPORTING**

1. The center maintains a current chard of accounts which:

a. Allows for fund accounting.	Yes	No	N/A
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b. Tracks administration as one of its program categories.	Yes	No	N/A
c. Has a methodology to allocate indirect costs, including administration.	Yes	No	N/A
.....			
2. The center performs a monthly closing.	Yes	No	N/A
.....			
3. Supporting documentation for all journal entries made is retained.	Yes	No	N/A
.....			
4. The center prepares/prints a complete set of accounting books (general ledger, accounts payable journal, accounts receivable journal, etc.).	Yes	No	N/A
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5. Monthly financial statements are prepared.	Yes	No	N/A
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6. Monthly financial statements include the following:			
a. Income/Expense Statement (Profit and Loss) for each fund.	Yes	No	N/A
b. A statement of financial condition/position (balance sheet).	Yes	No	N/A
c. Budget variance report.	Yes	No	N/A
.....			
7. Center management submits monthly financial statements to the Board of Directors.	Yes	No	N/A
.....			
8. The center has an operating budget that was approved by the Board of Directors.	Yes	No	N/A
.....			
9. An independent audit has been performed and the report was/will be submitted within 180 days from the center's fiscal year end or within 30 days of the center's receipt of the audit report, whichever occurs first.	Yes	No	N/A
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If No or N/A to any of the above, please explain.

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## VII. DOCUMENTATION

1. Documentation supporting the number of units and dollars claimed on corresponding invoices is kept by the center and is available for review and inspection.	Yes	No	N/A
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2. The provider collects, compiles, and submits a monthly record of all services provided. The record includes the gender, age, ethnicity, and, if applicable, all other information as required by contract, of the people served.	Yes	No	N/A
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3. Bus passes, car seats, booster seats, and gas cards are being inventoried and tracked documenting date of purchase, date of distribution, name of staff, staff signature, participant number, and purpose.	Yes	No	N/A
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4. The center has submitted written requests to the Contract Manager prior to incurring any expenditures that require modifications to the approved operating budget as a result of proposed additions and/or deletions to budget line items.	Yes	No	N/A
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If No or N/A to any of the above, please explain:

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## VIII. PROFESSIONAL AGREEMENTS

1. If the center subcontracts services, the written agreement is signed by persons who are properly authorized to bind the Center and its subcontractor.	Yes	No	N/A
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If yes, please list subcontractors:

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## IX. PAYROLL/PERSONNEL MANAGEMENT

1. Pay rates and changes are clearly documented and agree with the latest payroll register.	Yes	No	N/A
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2. Non-exempt employees receive time-and-a-half for all hours worked in excess of 40 hours per week.	Yes	No	N/A
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3. Any changes made to an employees' time sheet is acknowledged by the employee (initials or signature).

Yes

No

N/A

.....  
If No or N/A to any of the above, please explain:

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## **X. PERSONNEL REQUIREMENTS**

1. The center ensures employees and volunteers comply with policies and procedures for maintaining the safety, confidentiality, and privacy of persons receiving services and prohibit disclosure of any information about center participants and the shelter location as provided in Section 39.908, F.S.

Yes

No

N/A

.....  
2. Access to participant-identifying information is limited to staff members who have a legitimate interest in the case and have a need to know to carry out their job duties.

Yes

No

N/A

.....  
3. The center has ensured all employees and volunteers are aware of and understand their obligation to comply with Section 39.908, F.S., which prohibits the disclosure of the shelter location and any information regarding center participants without their express written, time-limited consent, except in limited circumstances described in that statute.

Yes

No

N/A

.....  
If No or N/A to any of the above, please explain:

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## **XI. PROFESSIONAL DEVELOPMENT**

1. The center has individuals or groups providing specialized services who are exempt from training and privilege registration.

Yes

No

N/A

If yes, please list individuals/groups:

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2. The center has and maintains a contract with exempted individuals or groups that includes provisions for survivor and shelter confidentiality, orientation to the centers services (and any policies and procedures relevant to the services being provided), and an agreement outlining services (including limitations) to be provided.	Yes	No	N/A
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## XII. INSURANCE

1. The center has comprehensive liability insurance.	Yes	No	N/A
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2. Insurance policies are current.	Yes	No	N/A
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3. DVP funds have not been used to buy policies for which the center is a beneficiary.	Yes	No	N/A
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If No or N/A to any of the above, please explain:

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## XIII. SPONSORSHIP/PUBLICITY

1. The center has complied with the sponsorship/publicity requirements in the DVS contract.	Yes	No	N/A
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2. The center received prior written consent, in each instance, when the Center and it's employees, agents, or representatives:

a. Used any state mark, the name of the states' mark, the name of State or any State affiliate, or an officer or employee of the State in advertising, publicity, or other promotional endeavor, if applicable.	Yes	No	N/A
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b. Represented, directly or indirectly, that any product or service provided by the center has been approved or endorsed by the State, if applicable.	Yes	No	N/A
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c. Referred to the existence of this contract in press releases, advertising, or other materials distributed by the center, if applicable.	Yes	No	N/A
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If No or N/A to any of the above, please explain:

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## XIV. DATA SECURITY

1. Does the center maintain an appropriate level of data security for any information the center is collecting or using for the performance of this contract?	Yes	No	N/A
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Name and Title of person responsible:

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2. Does the center ensure that user access to the data system or information is removed from all terminated employees?	Yes	No	N/A
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Name and Title of person responsible:

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3. Is it true that there has been no breach or potential breach of personal, confidential, or sensitive data?	Yes	No	N/A
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a. If no, was the breach or potential breach reported to the contract manager within 5 business days?	Yes	No	N/A
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If No or N/A to any of the above, please explain:

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## XV. OTHER PROVISIONS

1. The center, to the extent practicable, procures recycled products or materials to carry out the contract.	Yes	No	N/A
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2. The center has submitted all new and updated policies including, but not limited to: program, fiscal, administrative, Board of Directors, employee handbook, shelter/resident handbook, Auxiliary Aids Plan, Limited English Proficiency (LEP) Plan, Staff Training and Development Plan and Emergency Management/Disaster Preparedness Plan.	Yes	No	N/A
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3. The center has <b>not</b> represented itself as an officer or employee of the State of Florida.	Yes	No	N/A
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4. The center has disclosed any intellectual property, inventions, and/or written or electronically created materials arising in relation to the performance under the contract and the performance of all of its officers and agents in relation to this contract, if applicable.

Yes

No

N/A

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If No or N/A to any of the above, please explain:

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## XVI. NOTICE REQUIREMENTS

1. Does the center comply with and inform its employees of the mandatory reporting requirements as defined in CFOP 180-4?

Yes

No

N/A

If yes, how does the Center maintain compliance?

If yes, how are employees informed of the mandatory reporting requirements?

If No or N/A, please explain.

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## XVII. CENTER SERVICES

1. The center does **not** provide couples counseling in any form.

Yes

No

N/A

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2. The center does **not** provide family counseling that includes the presence of the alleged abuser.

Yes

No

N/A

.....  
3. The center's support groups are gender specific and not offered as mixed-gender groups (exceptions to this may be made for transgendered participants).

Yes

No

N/A

.....

4. The center does <b>not</b> charge participants for domestic violence services except for batterer intervention programs, transitional housing, visitation centers, and licensed child care.	Yes	No	N/A
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5. Disclosure of the shelter location is <b>not</b> automatic cause for unplanned exiting from the shelter.	Yes	No	N/A
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6. Disclosure of the shelter location is <b>not</b> automatic cause to disqualify a person from re-admission.	Yes	No	N/A
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7. The center provides transportation services for residents in shelter (shelter van, taxi, Uber/Lyft, other).	Yes	No	N/A
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If No or N/A to any of the above, please explain:

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## **XVIII. SHELTER FACILITIES**

1. The center facility meets all applicable county and municipal building code enforcement requirements.	Yes	No	N/A
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2. The center initiated new construction or renovations/alterations to its facility(s) on or after July 1, 2016.	Yes	No	N/A
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3. If yes, the construction or renovation/alterations are in compliance with the minimum requirements of the applicable state and local governing agencies	Yes	No	N/A
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**If yes, please provide applicable permits.**

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If No or N/A to any of the above, please explain:



4. Pursuant to F.A.C., 65H-1.014, describe the specific efforts the center makes to address the needs of underserved populations within the center's service area, including populations that are underserved because of disabilities, ethnicity, gender, race, language, or geographic isolation.

5. Has staff turnover occurred in key managerial positions during the past twelve months? If yes, what are the affected positions and reasons for the turnover? Please list the name, position, and date of departure for the previous employee. Please list the name, position, and date of hire for the new employee.

6. Have you had any vacancies that have remained open for 3 months or more during the past twelve months? If so, what are the affected positions and reasons for the vacancies? Did you notify your contract manager of the vacancies?

7. List any and all family relationships that exist between your Board of Directors, your center's principal officers, your Center's employees, and independent contractors, whether or not there are any supervisory relationships.

8. Provide a complete accounting of any and all transactions of business completed during the past twelve months between your center and other entities or businesses owned or controlled by members of the Board of Directors. Please provide copies of representative invoices for these transactions and describe what steps were taken to ensure that the amounts paid were reasonable and competitive.

9. Does any business or entity that has conducted any financial transactions with your center during the past twelve months employ any Board members? If so, please provide an accounting and copies of representative invoices for these transactions and also explain what steps were taken to assure that the amounts paid were reasonable.

10. List any legal actions (including mediated settlements) or civil rights complaints filed against your center. Include a statement as to the amount of each claim and whether such potential for loss is covered by insurance.

11. Are there any amounts or reports due to the Internal Revenue Service and any other taxing agency that have not been paid or filed? If so, specify the amounts, reports, and due dates.

12. List all persons and their titles currently authorized to sign contract(s) on behalf of your center.

13. List your CPA and their office address and telephone number.

14. Is your center or any component of your center accredited by any national accrediting organizations? If so, list the programs/modalities accredited, the name of the accrediting organization, and its contact person, address, phone number, date of most recent accreditation, and date of expiration. Also, state the type of accreditation (i.e. conditional, partial, provisional, one-year, three-year, accreditation watch, denied, with Type I recommendations, with commendation, having specific recommendations for improvement, etc.).

15. What is your centers investment policy?

*Per the standards, centers that receive endowed gifts shall establish policies that address investment philosophy, restrictions and risk tolerance for endowed gifts.*

16. What is your centers financial planning and budgeting policy?

*Per the standards, center shall have a policy that addresses the financial planning and budgeting of the center.*

17. What is your centers financial condition and activities policy?

*Per the standards, centers shall have a policy that addresses the financial condition and activities of the center.*

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**CERTIFICATION:**

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

**Print/Type Clearly: Name - Executive Director/CEO**

**Signature - Executive Director/CEO**

**Date**