

SUBMITTAL TO THE BOARD OF SUPERVISORS  
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA



ITEM: 3.45  
(ID # 28957)

**MEETING DATE:**  
Tuesday, October 21, 2025

**FROM :** DISTRICT ATTORNEY

**SUBJECT:** DISTRICT ATTORNEY: Approve and Authorize the District Attorney, or Designee, to Submit Online Grant Application and Related Documents for the U.S. Department of Justice (DOJ), Office of Justice Programs (OJP), Bureau of Justice Assistance (BJA) for the BJA FY25 National Sexual Assault Kit Initiative (SAKI). All Districts. [\$0].

**RECOMMENDED MOTION:** That the Board of Supervisors:

1. Approve submission of the online grant application and related documents for the Bureau of Justice Assistance BJA FY25 National Sexual Assault Kit Initiative (SAKI), including Application for Federal Assistance standard form (SF-424) OMB Form Number 4040-0004, Disclosure of Lobbying Activities (SF-LLL) OMB Form Number 4040-0013, Certification by Applicant Government, and web-based forms regarding Financial Management and System of Internal Controls Questionnaire (F1-36), and authorize the District Attorney, or designee, to electronically submit the same on behalf of the County, within the exercise of the governmental functions of the District Attorney's Office;
2. Authorize the Chairman of the Board to make the certifications in OMB Form Number 4040-0004 (SF-424) on behalf of the County and execute the same and authorize the Chair of the Board to sign the OMB Form Number 4040-0013 (SF-LLL); and

Continued on Page 2

**ACTION:Policy**


  
Jared Haringsma 9/25/2025

---

**MINUTES OF THE BOARD OF SUPERVISORS**

On motion of Supervisor Washington, seconded by Supervisor Perez and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Medina, Spiegel, Washington, Perez, and Gutierrez  
Nays: None  
Absent: None  
Date: October 21, 2025  
xc: DA

Kimberly A. Rector  
Clerk of the Board  
By:   
Deputy

**SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE,  
STATE OF CALIFORNIA**

**RECOMMENDED MOTION:** That the Board of Supervisors:

3. Authorize the District Attorney, on behalf of the District Attorney’s Office, to make certifications by Applicant Government on behalf of the County and execute the same, and designee to complete and certify Form F1-36. This authority shall be limited to the exercise of the governmental functions of the District Attorney’s Office and does not extend to the exercise of the governmental functions of other County departments, agencies, or employees.

<b>FINANCIAL DATA</b>	<b>Current Fiscal Year:</b>	<b>Next Fiscal Year:</b>	<b>Total Cost:</b>	<b>Ongoing Cost</b>
<b>COST</b>	\$ 0	\$ 0	\$ 0	\$ 0
<b>NET COUNTY COST</b>	\$ 0	\$ 0	\$ 0	\$ 0
<b>SOURCE OF FUNDS:</b> N/A			<b>Budget Adjustment:</b> No	
			<b>For Fiscal Year:</b> 25/26 – 28/29	

**C.E.O. RECOMMENDATION:** Approve

**BACKGROUND:**

**Summary**

The National Sexual Assault Kit Initiative (SAKI) provides funding to reduce sexual assault and violent crime, hold violent offenders accountable, and deliver support and justice for victims resulting from significant backlogs of unsubmitted and partially tested sexual assault kits (SAKs). The funding will provide resources and support to criminal justice agencies in their efforts to improve their jurisdictional response to sexually motivated crimes. Approximately \$38,459,239 is available for funding, with each project being awarded up to \$2,500,000. The grant award performance period is 36 months, beginning October 1, 2025 and ending September 30, 2028.

Award documents will be submitted to the Board for approval once the grant funds are awarded. Upon final award, the financial data portion of this form will be completed.

County Counsel has reviewed and approved the attached Application for Federal Assistance standard form (SF-424) OMB Form Number 4040-0004, Certification by the Applicant Government, Disclosure of Lobbying Activities (SF-LLL) OMB Form Number 4040-0013, and Financial Management and System of Internal Controls web-based Questionnaire (F1-36) as to form. Prior to December 31, 2023, the Department of Justice utilized a paper format of the Financial Management and System of Internal Controls OMB Form Number 1121-0329. Effective January 01, 2024, OMB form Number 1121-0329 has been transitioned by DOJ into a web-based questionnaire (F1-36) but the content remains the same.

The District Attorney is requesting delegated authority to sign the Certification located in Appendix 1 of the Application(s) for Federal Assistance. The District Attorney's signature and certification is limited to the exercise of the governmental functions of the Riverside County District Attorney's Office. The District Attorney's requested delegated authority and certifications

**SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE,  
STATE OF CALIFORNIA**

regarding the same do not extend to the exercise of the governmental functions of other County departments, agencies, or employees. With regard to the references to 8 U.S.C. §§ 1373(a) & (b) and 1644 contained within Appendix 1 of the Application(s) for Federal Assistance, the District Attorney's signature and certification is consistent with the holding of United States v. California (9th Cir. 2019) 921 F.3d 865 [Cal. Gov. Code § 7284.6 does not conflict with 8 U.S.C. §§ 1373(a) & (b) and 1644] as well as the plain language of Cal. Gov. Code section 7284.6, subd. (e). This Certification is also consistent with Riverside County Board Resolution No. 2025-055, which "shall not be construed to prohibit any County department's assistance or cooperations with federal authorities if required by state and/or federal laws" and "shall not be construed to affect the independent and constitutionally designated investigative prosecutorial functions of the Sheriff and District Attorney as provided in Government Code section 25303".

**Impact on Residents and Businesses**

The funding will provide resources and support to criminal justice agencies in their efforts to improve their jurisdictional response to sexually motivated crimes.

**ATTACHMENTS:**

- Application for Federal Assistance standard form (SF-424) OMB Form Number 4040-0004
- Disclosure of Lobbying Activities (SF-LLL) OMB Form Number 4040-0013
- Certification by the Applicant Government
- Screen Images of the instructions for the web-based Financial Management and System of Internal Controls Questionnaire (F1-36)

  
Ryan Yabko 10/7/2025

  
Aaron Gettis, Chief of Deputy County Counsel 10/7/2025

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____  * Other (Specify): _____
* 3. Date Received: _____	4. Applicant Identifier: _____	
5a. Federal Entity Identifier: F88DAAN239B9	5b. Federal Award Identifier: _____	
<b>State Use Only:</b>		
6. Date Received by State: _____	7. State Application Identifier: _____	
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: County Of Riverside		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 956000930	* c. UEI: F88DAAN239B9	
<b>d. Address:</b>		
* Street1: 3960 Orange Street	Street2: _____	
* City: Riverside	County/Parish: _____	
* State: CA: California	Province: _____	
* Country: USA: UNITED STATES	* Zip / Postal Code: 92501-3643	
<b>e. Organizational Unit:</b>		
Department Name: District Attorney	Division Name: Public Safety	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: Ms.	* First Name: Esther	
Middle Name: _____	* Last Name: Tino	
Suffix: _____	Title: Administrative Services Officer	
Organizational Affiliation: _____		
* Telephone Number: 951-955-5944	Fax Number: _____	
* Email: EstherTino@rivcoda.org		

OCT 21 2025 3.45

**Application for Federal Assistance SF-424**

**\* 9. Type of Applicant 1: Select Applicant Type:**

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

**\* 10. Name of Federal Agency:**

Department Of Justice (DOJ), Bureau of Justice Assistance (BJA)

**11. Assistance Listing Number:**

16.833

Assistance Listing Title:

**\* 12. Funding Opportunity Number:**

O-BJA-2025-172462

\* Title:

BJA FY25 National Sexual Assault Kit Initiative (SAKI)

**13. Competition Identification Number:**

Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

Add Attachment

Delete Attachment

View Attachment

**\* 15. Descriptive Title of Applicant's Project:**

BJA FY25 National Sexual Assault Kit Initiative (SAKI)

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="1,500,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="1,500,000.00"/>

**\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

**\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

Yes  No

If "Yes", provide explanation and attach

**21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)**

\*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**Authorized Representative:**

Prefix:

\* First Name:

**ATTEST:**  
**KIMBERLY A. RECTOR, Clerk**

Middle Name:

\* Last Name:

By   
**DEPUTY**


Suffix:

\* Title:

\* Telephone Number:

Fax Number:

\* Email:

\* Signature of Authorized Representative: 

\* Date Signed:

FORM APPROVED COUNTY COUNSEL

BY   DATE

OCT 21 2025

3.45

# DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

OMB Number: 4040-0013  
Expiration Date: 06/30/2028

<b>1. * Type of Federal Action:</b> <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. * Status of Federal Action:</b> <input checked="" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. * Report Type:</b> <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> SubAwardee * Name: <input type="text" value="County of Riverside"/> * Street 1: <input type="text" value="3960 Orange Street"/> Street 2: <input type="text"/> * City: <input type="text" value="Riverside"/> State: <input type="text" value="CA: California"/> Zip: <input type="text" value="92501"/> Congressional District, if known: <input type="text"/>		
<b>5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:</b> <div style="border: 1px solid black; height: 100px;"></div>		
<b>6. * Federal Department/Agency:</b> <input type="text" value="DOJ/OJP/BJA"/>	<b>7. * Federal Program Name/Description:</b> <input type="text" value="BJA FY25 National Sexual Assault Kit Initiative (SAKI)"/> Assistance Listing Number, if applicable: <input type="text" value="16.833"/>	
<b>8. Federal Action Number, if known:</b> <input type="text"/>	<b>9. Award Amount, if known:</b> \$ <input type="text"/>	
<b>10. a. Name and Address of Lobbying Registrant:</b> Prefix <input type="text"/> * First Name <input type="text" value="NONE"/> Middle Name <input type="text"/> * Last Name <input type="text" value="NONE"/> Suffix <input type="text"/> * Street 1 <input type="text"/> Street 2 <input type="text"/> * City <input type="text"/> State <input type="text"/> Zip <input type="text"/>		
<b>b. Individual Performing Services</b> (including address if different from No. 10a) Prefix <input type="text"/> * First Name <input type="text" value="NONE"/> Middle Name <input type="text"/> * Last Name <input type="text" value="NONE"/> Suffix <input type="text"/> * Street 1 <input type="text"/> Street 2 <input type="text"/> * City <input type="text"/> State <input type="text"/> Zip <input type="text"/>		
<b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.		
* Signature: * Name: Prefix <input type="text"/> * First Name <input type="text" value="Manuel"/> Middle Name <input type="text" value="Victor"/> * Last Name <input type="text" value="Perez"/> Suffix <input type="text"/>		
Title: <input type="text" value="Chair, Riverside County Board of Supervisors"/> Telephone No.: <input type="text" value="951-955-1040"/> Date: <input type="text" value="OCT 21 2025"/>		
<b>Federal Use Only:</b>		Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)

FORM APPROVED COUNTY COUNSEL  
 BY: RYAN D. YABKO  
 DATE: 10/7/25

ATTEST  
KIMBERLY A. RECTOR, Clerk  
 By: DEPUTY

## Appendix 1


### U.S. DEPARTMENT OF JUSTICE, OFFICE OF JUSTICE PROGRAMS

#### Certification by the Chief Executive Officer (or senior official) of the Applicant Government

On behalf of the applicant named below, and in support of its application, I certify under penalty of perjury to the Office of Justice Programs ("OJP"), U.S. Department of Justice ("USDOJ"), that all of the following are true and correct:

- (1) I am the chief executive officer of the State or local government ("the jurisdiction") of which the applicant entity named below is a part (or a senior official of the jurisdiction, with the legal authority to bind the same), I have received appropriate legal advice as to this certification, and I have the authority to make this certification on my own behalf as chief executive officer (or senior official) and on behalf of the jurisdiction and the applicant entity. I understand that OJP will rely upon this certification as a material representation in any decision to make an award to the applicant entity.
- (2) I have carefully reviewed (or have received pertinent legal advice concerning) 8 U.S.C. §§ 1373(a) & (b) and 1644, including the prohibitions on certain actions by State and local government entities, agencies, and officials regarding information on citizenship and immigration status.
- (3) I (and the applicant entity) understand that, for purposes of this certification, the term "program or activity" means what it means under title VI of the Civil Rights Act of 1964 (*see* 42 U.S.C. § 2000d-4a), and that terms used in this certification that are defined in 8 U.S.C. § 1101 mean what they mean under that section 1101, except that the term "State" also shall include American Samoa (*cf.* 42 U.S.C. § 901(a)(2)).
- (4) I (and the applicant entity) assure that the applicant entity (and its officials and other personnel) will comply with 8 U.S.C. §§ 1373 and 1644 in any "program or activity" receiving federal financial assistance under any award made by OJP pursuant to this application. I further certify that any subrecipient (at any tier) of such federal financial assistance (and its officials and other personnel) will also comply with 8 U.S.C. §§ 1373 and 1644.

I acknowledge that a materially false, fictitious, or fraudulent statement (or concealment or omission of a material fact) in this certification, or in the application that it supports, may be the subject of criminal prosecution (including under 34 U.S.C. § 10271 or under 18 U.S.C. § 1001 or 1621, and may subject me and the applicant entity to civil penalties and administrative remedies for false claims or otherwise (including under 31 U.S.C. §§ 3729–3730 and §§ 3801–3812). I also acknowledge that OJP awards, including certifications provided in connection with such awards, are subject to review by USDOJ, including by OJP and by the USDOJ Office of the Inspector General.

	10.21.25
Signature of Chief Executive Officer (or senior official) of the Applicant Government	Date of Certification
Michael A. Hestrin on behalf of the District Attorney's Office	District Attorney
Printed Name of Chief Executive Officer (or senior official)	Title of Chief Executive Officer (or senior official)
Riverside County District Attorney's Office	
Name of Applicant Government Entity	

# APPENDIX 1

## U.S. DEPARTMENT OF JUSTICE, OFFICE OF JUSTICE PROGRAMS

### Certification by the Chief Executive Officer (or senior official) of the Applicant Government

On behalf of the applicant named below, and in support of its application, I certify under penalty of perjury to the Office of Justice Programs ("OJP"), U.S. Department of Justice ("USDOJ"), that all of the following are true and correct:

- (1) I am the chief executive officer of the State or local government ("the jurisdiction") of which the applicant entity named below is a part (or a senior official of the jurisdiction, with the legal authority to bind the same), I have received appropriate legal advice as to this certification, and I have the authority to make this certification on my own behalf as chief executive officer (or senior official) and on behalf of the jurisdiction and the applicant entity. I understand that OJP will rely upon this certification as a material representation in any decision to make an award to the applicant entity.
- (2) I have carefully reviewed (or have received pertinent legal advice concerning) 8 U.S.C. §§ 1373(a) & (b) and 1644, including the prohibitions on certain actions by State and local government entities, agencies, and officials regarding information on citizenship and immigration status.
- (3) I (and the applicant entity) understand that, for purposes of this certification, the term "program or activity" means what it means under title VI of the Civil Rights Act of 1964 (*see* 42 U.S.C. § 2000d-4a), and that terms used in this certification that are defined in 8 U.S.C. § 1101 mean what they mean under that section 1101, except that the term "State" also shall include American Samoa (*cf.* 42 U.S.C. § 901(a)(2)).
- (4) I (and the applicant entity) assure that the applicant entity (and its officials and other personnel) will comply with 8 U.S.C. §§ 1373 and 1644 in any "program or activity" receiving federal financial assistance under any award made by OJP pursuant to this application. I further certify that any subrecipient (at any tier) of such federal financial assistance (and its officials and other personnel) will also comply with 8 U.S.C. §§ 1373 and 1644.

I acknowledge that a materially false, fictitious, or fraudulent statement (or concealment or omission of a material fact) in this certification, or in the application that it supports, may be the subject of criminal prosecution (including under 34 U.S.C. § 10271 or under 18 U.S.C. § 1001 or 1621, and may subject me and the applicant entity to civil penalties and administrative remedies for false claims or otherwise (including under 31 U.S.C. §§ 3729-3730 and §§ 3801-3812). I also acknowledge that OJP awards, including certifications provided in connection with such awards, are subject to review by USDOJ, including by OJP and by the USDOJ Office of the Inspector General.

FORM APPROVED COUNTY COUNSEL  
BY [Signature] 10/17/25  
DATE  
RYAN D YABKO

Signature of Chief Executive Officer (or senior official) of the Applicant Government

Michael A. Hestrin

Printed Name of Chief Executive Officer (or senior official)

County Of Riverside

Name of Applicant Government Entity

Date of Certification

District Attorney

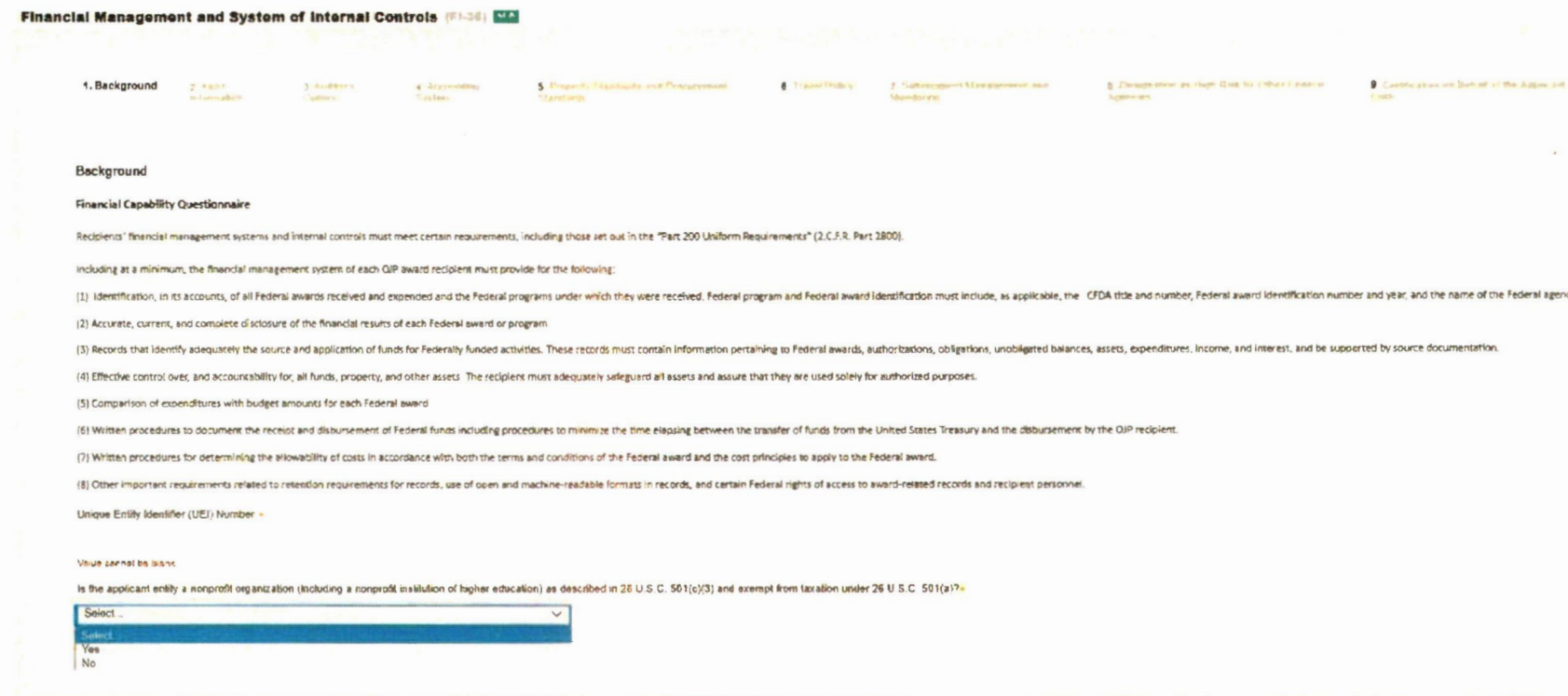
Title of Chief Executive Officer (or senior official)

WHEN DOCUMENT IS FULLY EXECUTED RETURN  
CLERK'S COPY  
to Riverside County Clerk of the Board, Stop 1010  
Post Office Box 1147, Riverside, Ca 92502-1147  
Thank you.

# Financial Management and System of Internal Controls Questionnaire (including Applicant Disclosure of High Risk Status)

Beginning in FY 2024, every OJP applicant (other than an individual applying in his or her personal capacity) is required to complete the web-based OJP Financial Management and System of Internal Controls Questionnaire form in JustGrants<sup>1</sup>. Following are screen images of the JustGrants instructions and questions to familiarize users with the web-based form.

## 1. Background



<sup>1</sup> For a limited number of solicitations, applicants will be instructed in the solicitation to attach a completed PDF form for the Financial Management and System of Internal Controls Questionnaire, instead of completing the web-based form. Those applicants should download, complete, and submit the **OJP Financial Management and System of Internal Controls Questionnaire—ARCHIVED**, located at <https://www.ojp.gov/funding/apply/forms>.

# Financial Management and System of Internal Controls Questionnaire (including Applicant Disclosure of High Risk Status)

If Yes to nonprofit question, then:

## 2. Audit Information

### Financial Management and System of Internal Controls (F-38) NEW

- 1 Background
- 2 Audit Information
- 3 Auditor's Opinion
- 4 Accounting System
- 5 Budget, Standards, and Measurement
- 6 Fiscal Status
- 7 Subsequent Management and Monitoring
- 8 Designation as High Risk or Other Financial Appraisal
- 9 Identification of Risk(s) of the Applicant

#### Audit Information

Does the applicant nonprofit organization maintain offshore accounts for the purpose of avoiding paying the tax described in 26 U.S.C. 511(a)? \*

Select...

value cannot be blank

Select...  
Select  
Yes  
No

If the answer to the question below is "Yes", refer to "Additional Attachments" under "What An Application Should Include" in the OJP solicitation (or application guidance) under which the applicant is submitting its application. If the solicitation/guidance describes the "Disclosure of Process related to Executive Compensation," the applicant nonprofit organization must provide – as an attachment to its application – a disclosure that satisfies the minimum requirements as described by OJP.

With respect to the most recent year in which the applicant nonprofit organization was required to file a tax return, does the applicant nonprofit organization believe (or assert) that it satisfies the requirements of 26 C.F.R. 53.4958-6 (which relate to the reasonableness of compensation of certain individuals)? \*

Select...

value cannot be blank

For purposes of this questionnaire, an "audit" is conducted by an independent, external auditor using generally accepted auditing standards (GAAS) or Generally Governmental Auditing Standards (GAGAS), and results in an audit report with an opinion.

Has the applicant entity undergone any of the following types of audit(s)? Please check all that apply.

Select All

\*Single Audit\* under OMB A-133 or Subpart F of 2 C.F.R. Part 200

Financial Statement Audit

Defense Contract Agency Audit (DCAA)

Other Audit and Agency

None

Most Recent Audit Report Issued: \*

Select...

Name of Audit Agency/Firm: \*

Select...  
Select  
Yes  
No

Select...  
Select  
Within the last 12 months  
Within the last 2 years  
Over 2 years ago  
N/A

Financial Management and System of Internal Controls Questionnaire (including Applicant Disclosure of High Risk Status)

If No to nonprofit question, then:

**Audit Information**

**Financial Management and System of Internal Controls (FI-35)**

- 1 Background
- 2. Audit Information
- 3 Auditors Opinion
- 4 Accounting System
- 5 Property Standards and Procurement Standards
- 6 Travel Policy
- 7 Subrecipient Management and Monitoring
- 8 Designation as High-Risk by Either Federal Agencies

**Audit Information**

For purposes of this questionnaire, an "audit" is conducted by an independent, external auditor using generally accepted auditing standards (GAAS) or Generally Governmental Auditing Standards (GAGAS), and results in an audit report with an opinion.

Has the applicant entity undergone any of the following types of audit(s)? Please check all that apply

- Select All
- "Single Audit" under OMB A-133 or Subpart F of 2 C.F.R. Part 200
- Financial Statement Audit
- Defense Contract Agency Audit (DCAA)
- Other Audit and Agency
- None

Most Recent Audit Report issued:

Select...

Select...  
Select  
Within the last 12 months  
Within the last 2 years  
Over 2 years ago  
N/A

Name of Audit Agency/Firm:

3. Auditor's Opinion

Financial Management and System of Internal Controls (FI-36) W A

- 1 Background
- 2 Audit Information
- 3. Auditor's Opinion
- 4 Accounting System
- 5 Property Standards and Procurement Standards
- 6 Travel Policy
- 7 Subsequent Management and Monitoring

Auditor's Opinion

On the most recent audit, what was the auditor's opinion? \*

Select...

Select...

- Select
- Unqualified Opinion
- Qualified Opinion
- Disclaimer, Going Concern, or Adverse Opinions
- N/A. No audits as described above

Enter the number of findings (if none, enter "0"): \*

Enter the dollar amount of questioned costs (if none, enter "0"): \*

Select...

- Select
- Yes
- No

Were material weaknesses noted in the report or opinion? \*

Select...

### 4. Accounting System

**Financial Management and System of Internal Controls (FI-08)**

- 1 Background
- 2 Audit Information
- 3 Auditor's Opinion
- 4. Accounting System**
- 5 Property, Plant, and Equipment
- 6 Travel Policy
- 7 Information Management and Monitoring
- 8 Information on High Risk or Other Federal Awards
- 9 Information on Status of the Applicant

**Accounting System**

Which of the following best describes the applicant entity's accounting system?

Manual

Select...  
Manual  
Automated  
Combination of manual and automated

Does the applicant entity's accounting system have the capability to identify the receipt and expenditure of award funds separately for each Federal award?

No

Does the applicant entity's accounting system have the capability to record expenditures for each Federal award by the budget cost categories shown in the approved budget?

Yes

Does the applicant entity's accounting system have the capability to record cost sharing ("match") separately for each Federal award and maintain documentation to support recorded match or cost share?

No

Does the applicant entity's accounting system have the capability to accurately track employees actual time spent performing work for each federal award and to accurately allocate charges for employee salaries and wages for each federal award and maintain records to support the actual time spent and specific allocation of charges associated with each applicant employee?

No

Does the applicant entity's accounting system include budgetary controls to preclude the applicant entity from incurring obligations or costs that exceed the amount of funds available under a federal award (the total amount of the award as well as the amount available in each budget cost category)?

Yes

Is applicant entity familiar with the "cost principles" that apply to recent and future federal awards, including the general and specific principles set out in 2 C.F.R. Part 200?

Yes

Select...  
Yes  
No  
Not Sure

### 5. Property Standards and Procurement Standards

#### Financial Management and System of Internal Controls (FI-36) 4/2/23

- 1. Background
- 2. Audit Information
- 3. Auditor's Opinion
- 4. Accounting System
- 5. Property Standards and Procurement Standards**
- 6. Travel Policy
- 7. Equipment Management and Maintenance
- 8. Designation as High Risk by Office of Federal Assets
- 9. Certification on Behalf of the Applicant

##### Property Standards and Procurement Standards

Does the applicant entity's property management system(s) maintain the following information on property purchased with federal award fund: (1) a description of the property; (2) an identification number; (3) the source of funding for the property, including the award number; (4) who holds title; (5) acquisition date; (6) acquisition cost; (7) federal share of the acquisition cost; (8) location and condition of the property; (9) ultimate disposition information? \*

Select...

Does the applicant entity maintain written policies and procedures for procurement transactions that -- (1) are designed to avoid unnecessary or duplicative purchases; (2) provide for analysis of lease versus purchase alternatives; (3) set out a process for soliciting goods and services; and (4) include standards of conduct that address conflicts of interest? \*

Select...

Are the applicant entity's procurement policies and procedures designed to ensure that procurements are conducted in a manner that provides full and open competition to the extent practicable, and to avoid practices that restrict competition? \*

Select...

Do the applicant entity's procurement policies and procedures require documentation of the history of a procurement, including the rationale for the method procurement, selection of contract type, selection or rejection of contractors, and basis for the contract price? \*

Select...

Does the applicant entity have written policies and procedures designed to prevent the applicant entity from entering into a procurement contract under a federal award with any entity/individual that is suspended/debarred from such contracts, including provisions for checking the "Excluded Parties List" system (www.sam.gov) for suspended/debarred sub-grantees and contractors prior to award? \*

Select...

Select...  
Select  
Yes  
No  
Not Sure

6. Travel Policy

**Financial Management and System of Internal Controls (FI-36)** NEW

- ✓ 1. Background
- ✓ 2. Audit Information
- ✓ 3. Auditor's Opinion
- ✓ 4. Accounting System
- ✓ 5. Property Standards and Procurement Standards

**Travel Policy**

Does the applicant entity maintain a standard travel policy? \*

Select... ▼

Select

Yes

No

Select... ▼

Does the applicant entity adhere to the Federal Travel Regulation (FTR)? \*

Select... ▼

Financial Management and System of Internal Controls Questionnaire (including Applicant Disclosure of High Risk Status)

7. Subrecipient Management and Monitoring

Financial Management and System of Internal Controls (FI-36)

- 1. Background
- 2. Audit Information
- 3. Auditor's Opinion
- 4. Accounting System
- 5. Property Standards and Procurement Standards
- 6. Travel Policy
- 7. Subrecipient Management and Monitoring**
- 8. Designation as High Risk or Other Appropriate
- 9. Written Policy or Standard of the Applicant Entity

Subrecipient Management and Monitoring

Does the applicant entity have written policies, procedures, and/or guidance designed to ensure that any subawards made by the applicant entity under a federal award – (1) clearly document applicable federal requirements, (2) are appropriately monitored by the applicant, and (3) comply with the requirements in 2 CFR Part 200 (see 2 CFR 200.331)?

Select. [Dropdown arrow]

Is the applicant entity aware of the differences between subawards under federal awards and procurement contracts under federal awards, including the different roles and responsibilities associated with each?

Select. [Dropdown arrow]

Does the applicant entity have written policies and procedures designed to prevent the applicant entity from making a subaward under a federal award to any entity or individual is suspended or debarred from such subawards?

Select. [Dropdown arrow]

Select.. [Dropdown arrow]

- Select
- Yes
- No
- Not Sure
- N/A - Applicant does not make subawards under any OJP awards

8. Designation as High Risk by Other Federal Agencies

Financial Management and System of Internal Controls (FI-36) ▼

- ✓ 1. Background
- ✓ 2. Audit Information
- ✓ 3. Auditor's Opinion
- ✓ 4. Accounting System
- ✓ 5. Property Standards and Procurement Standards
- ✓ 6. Travel Policy
- ✓ 7. Subrecipient Management and Monitoring
- 8. Designation as High Risk by Other Federal Agencies**

Designation as High Risk by Other Federal Agencies

Is the applicant entity designated "high risk" by a federal grant-making agency outside of DOJ?

Select...  
Select  
Yes  
No  
Not Sure

Financial Management and System of Internal Controls Questionnaire (including Applicant Disclosure of High Risk Status)

If **yes** to “high risk” designation, then:

**8. Designation as High Risk by Other Federal Agencies**

**Financial Management and System of Internal Controls (FI-36)**

1 Background   2 Audit Information   3 Auditor's Opinion   4 Accounting System   5 Property Standards and Procurement Standards   6 Travel Policy   7 Subrecipient Management and Monitoring   **8. Designation as High Risk by Other Federal Agencies**

**Designation as High Risk by Other Federal Agencies**

Is the applicant entity designated "high risk" by a federal grant-making agency outside of DOJ? \*

Yes

Name(s) of the federal awarding agency: \*

Date(s) the agency notified the applicant entity of the "high risk" designation: \*

Name: \*

Phone: \*

Email: \*

Reason for "high risk" status as set out by the federal agency: \*

Financial Management and System of Internal Controls Questionnaire (including Applicant Disclosure of High Risk Status)

9. Certification on Behalf of the Applicant Entity

Financial Management and System of Internal Controls (FI-36) **NEW**

- ✓ 1. Background
- ✓ 2. Audit Information
- ✓ 3. Auditor's Opinion
- ✓ 4. Accounting System
- ✓ 5. Property Standards and Procurement Standards
- ✓ 6. Travel Policy
- ✓ 7. Subrecipient Management and Monitoring
- ✓ 8. Designated Agencies

Certification on Behalf of the Applicant Entity

This certification must be made by the chief executive, executive director, chief financial officer, designated authorized representative ("AOR"), or other official with the requisite knowledge and authority.

On behalf of the applicant entity, I certify to the U.S. Department of Justice that the information provided above is complete and correct to the best of my knowledge. I have the requisite authority to make this certification on behalf of the applicant entity.

Name: \*

Date: \*

Title: \*

Select...

Phone: \*

The Name and Title fields should reflect the person who provided the data to complete this form electronically.

- Select...
- Select
- Executive Director
- Chief Financial Officer
- Chairman
- Other

FORM APPROVED COUNTY COUNSEL

BY Ryan D Yabko 3/26/24  
RYAN D YABKO DATE