ARKANSAS DEPARMTNET OF FINANCE AND ADMINISTRATION

VICTIM JUSTICE AND ASSISTANCE PROGRAM

STOP and VOCA RECOVERY PROGRAMS

ATTACHMENT A: FINANCIAL OVERVIEW

APPLICANT NAME: _____

PROJECT TITLE: _____

A. Please answer the following questions:		**YES**	**NO**	**EXPLAIN**
1	**Does the organization utilize computerized double entry accounting system in accounting for funds?**	☐ Ch	☐ Ch	
2	**Does the organization's accounting records identify receipt and expenditure of program funds separately for each grant/ funding source?**	☐ Ch	☐ Ch	
3	**Does the organization maintain timesheets, signed by the employee and supervisor for each employee assigned to the proposed project?**	☐ Ch	☐ Ch	
4	**Does organization maintain backup documentation (receipts, deposit coupons, canceled checks, invoices, etc) to substantiate payments for withholding tax, purchases and to verify other claimed expenditures?**	☐ Ch	☐ Ch	
5	**Does the organization expend more than $500,000 annually in federal funds? *If yes, when was the agency's most recent A-133 audit completed.***	☐ Ch	☐ Ch	

APPLICATION DEADLINE: MAY 1, 2009 at 4:30 P.M.

Applications received after the 4:30 pm deadline will not be considered

ARKANSAS DEPARMTNET OF FINANCE AND ADMINISTRATION

VICTIM JUSTICE AND ASSISTANCE PROGRAM

STOP and VOCA RECOVERY PROGRAMS

ATTACHMENT A: FINANCIAL OVERVIEW

APPLICANT NAME: _____

PROJECT TITLE: _____

B. Please provide a financial overview of your organization, listing all revenue sources and amounts received/anticipated for the proposed project fiscal year. For governmental entities, please provide a listing of revenues for the department under which the proposed project would operate.

Name of Funding Source	Amount Received	Amount Anticipated	If anticipated, please explain why (i.e. applied for ABC grant 01/06/07)
TOTAL	**$0.00**	**$0.00**	

APPLICATION DEADLINE: MAY 1, 2009 at 4:30 P.M.

Applications received after the 4:30 pm deadline will not be considered