Maryland
GOVERNOR'S OFFICE OF CRIME PREVENTION AND POLICY

Organizational Capacity Questionnaire (OCQ)

Instructions:
The Governor's Office of Crime Prevention and Policy (GOCPP) Organizational Capacity Questionnaire (OCQ) is a pre-award assessment tool used to determine risk level and monitoring requirements throughout the life cycle of a grant. The OCQ serves as a structured review of an applicant's organizational stability, financial management practices, internal controls, and programmatic operations.

The OCQ must be completed and certified by the applicant entity's Chief Executive Officer or Chief Financial Officer and submitted by the application due date.

The OCQ is required once per fiscal year per applicant agency. An applicant agency submitting multiple applications within the same fiscal year is not required to complete multiple OCQs, unless specifically requested by GOCPP due to material changes in organizational or financial status.

Applicant vs. Implementing Agency Requirements
If the applicant agency is also the implementing agency, the applicant must complete all sections of the OCQ based on its own organizational, financial, and operational capacity.

If the proposed project will be implemented by a different agency or organizational unit other than the applicant (legal entity), the OCQ must reflect information from both entities as follows:

- **Section 1: Organization Information** – Applicant agency (legal entity)
- **Section 2: Organizational Capacity** – Implementing agency
- **Section 3: Financial Capacity** – Implementing agency
- **Section 4: Audit Reporting** – Applicant agency (legal entity)
- **Section 5: Suspension and Debarment Verification** – Both the applicant agency and implementing agency (if different)

If the implementing agency's financial management systems, internal controls, or written policies and procedures differ from those of the applicant (legal entity), the

implementing agency must submit its own OCQ reflecting its distinct policies and procedures.

For technical assistance with completing the questionnaire in Qualtrics, please review our Help Video or contact dlmsac.gocpyvs@maryland.gov. For questions regarding questionnaire content or requirements, please contact the points of contact listed in the Notice of Funding Availability (NOFA).

Section 1: Organization Information

1) Organization Contact Information

- ○ Full Legal Organization/Business Name (Applicant):
_____
- ○ Implementing Organization:
_____
- ○ Physical Address:
_____
- ○ Website: _____
- ○ Federal Employer Identifier Number (FEIN):
_____
- ○ State of Business Filing:
_____
- ○ Number of Employees:
_____
- ○ Unique Entity Identification Number (UEI):
_____
- ○ SAM.gov Expiration Date (mm/dd/yyyy):
_____
- ○ Name of Person Completing the Form:
_____
- ○ Email Address: _____
- ○ Phone Number: _____
- ○ Date of Form Completion (mm/dd/yyyy):
_____

Organization Primary Purpose/Focus (Select all that apply)

- [ ] Victim Services
- [ ] Youth
- [ ] Criminal Justice

2) Chief Executive/Authorized Official Contact Information

- Name: _____
- Title: _____
- Email address: _____

3) Finance Director/CFO Contact Information

- Name: _____
- Title: _____
- Email address: _____

4) Is this the organization's first time applying for funding from the Governor's Office of Crime Prevention and Policy (GOCPP)?

- Yes
- No

Section 2: Organizational Capacity

5) Indicate the level of turnover among key leadership and program staff within the past 12 months:

Minor Changes: Changes in support staff or a change in key staff members.

Significant Changes: Changes in key personnel.

- ○ No Changes
- ○ Minor Changes
- ○ Significant Changes

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6) Has the organization been formally identified as high-risk by any federal, state, or local funding agency within the past 3 years?

If so, provide the names(s) of the awarding agency, the date(s) the agency notified the applicant entity of the high-risk designation, contact information for the high risk point of contact at the agency, and the reason for the high risk status, as set out by the agency.

- ○ Yes _____
- ○ No

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7) Does the organization have sufficient and appropriately qualified financial and programmatic staff to comply with the terms and conditions of GOCPP funding?

- ○ Yes
- ○ No

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8) Does the organization have a current Negotiated Indirect Cost Rate Agreement (NICRA)?

- ○ Yes
- ○ No

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9) Which of the following written policies and procedures does your organization have in your Standard Operating Procedures? (Select all that apply)

- ☐ Personnel and Payroll Policy
- ☐ Procurement/Purchasing Policy
- ☐ Equipment and Disposition Policy
- ☐ Record Retention Policy
- ☐ Time and Effort Policy
- ☐ Conflict of Interest Policy
- ☐ Capitalization/Depreciation Policy
- ☐ Financial/Cash Management Procedures
- ☐ Standard Programmatic Operating Procedure
- ☐ Data Breach Policy
- ☐ All policies and procedures noted above exist

Section 3: Financial Capacity

10a) Please indicate your organization's total annual operating budget for the most recently completed fiscal year: (Do not include $ sign)

_____

10b) What percentage of your organization's total operating budget from the most recent fiscal year was supported by GOCPP funding?

- ○ Less than 20%
- ○ 21% - 40%
- ○ 41% - 60%
- ○ 61% - 100%

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11) Is your financial management system capable of identifying receipts and expenditures of federal/state program funds separately for each subaward?

- ○ Yes
- ○ No

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12) Is your financial management system capable of identifying receipts and expenditures of federal/state program funds on a monthly or quarterly basis?

- ○ Yes
- ○ No

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13) Does your organization have a record retention policy that satisfies 2 C.F.R. 200.334 with documented evidence of receipts of goods or performance of services (e.g., invoices, delivery slips, signed contracts)?

- ○ Yes
- ○ No

14a) Does your organization have the financial capacity to await financial reimbursement following each reporting period (monthly or quarterly)?

- ○ Yes
- ○ No

14b) Does your organization plan to request reimbursements on a monthly or quarterly basis if your application is selected for funding?

- ○ Quarterly
- ○ Monthly

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15) Is your financial management system capable of allocating grant-funded personnel for "time and effort" reporting requirements pursuant to 2 C.F.R. 200.430? If yes, please explain.

- ○ Yes _____
- ○ No

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16) Does your organization have procedures for handling the purchase and disposal of property and equipment purchased with grant funds? (Please see, 2 C.F.R. 200.310-316)

- ○ Yes
- ○ No
- ○ N/A

Section 4: Audit Reporting

17) Single Audit: If the Organization spent $1,000,000 or more in Federal funding, was a Single Audit completed for the most recent fiscal year? (Please see 2 C.F.R 200.501)

- ○ Yes
- ○ No
- ○ N/A

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18) If a Single Audit was completed, how many audit or financial statement findings were identified?

- ○ No Findings/ Not Applicable
- ○ One Finding
- ○ Between 2-4 findings
- ○ More than 5 findings

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19) If there were findings, how many were directly related to GOCPP-funded awards?

- ○ One Finding
- ○ Not Applicable
- ○ Two Findings
- ○ Three or More Findings

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20) Other Audit: Was the Organization a subject of a Maryland Office of Legislative Audits (OLA) or Office of the Inspector General (OIG) Audit?

- ○ Yes
- ○ No

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21) If an OLA or OIG audit was completed, were there one or more relevant findings that may affect this award?

- ○ Yes
- ○ No or N/A

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22) Federal Monitoring: Was the Entity audited by the Federal Government in the prior year(s)? (Please see, 2 C.F.R. 200 subpart F)

- ○ Yes
- ○ No or N/A

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23) If the Entity was audited by the Federal government in the prior year, did the federal audit result in one or more audit finding?

- ○ Yes
- ○ No
- ○ N/A

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24) Is your organization currently under any corrective action plan as a result of previous audit findings?

- ○ Yes
- ○ No

Section 5: Suspension and Debarment Verification

25a) Is your Organization, or any of the named officers on the grant, on the federal debarment System for Award Management (SAM) Exclusions List? (2 C.F.R. SAM.gov Exclusions)

- ○ Yes
- ○ No

25b) Is your Applicant Entity on the federal debarment System for Award Management (SAM) Exclusions List? (2 C.F.R. SAM.gov Exclusions)

- ○ Yes
- ○ No

25c) Is your Authorized Official on the federal debarment System for Award Management (SAM) Exclusions List? (2 C.F.R. SAM.gov Exclusions)

- ○ Yes
- ○ No

25d) Is your Project Director and/or Fiscal Officer on the federal debarment System for Award Management (SAM) Exclusions List? (2 C.F.R. SAM.gov Exclusions)

- ○ Yes
- ○ No

26) Is your organization in good standing with the Maryland Department of Assessment and Taxation?

- ○ Yes
- ○ No

27) Is your organization actively debarred in Maryland? (active State list)

- ○ Yes
- ○ No

Attestation

As the authorized signatory for my organization, I hereby certify and attest to the accuracy of the above responses and all corresponding information attached.

- ○ Name _____
- ○ Title _____
