How To	Complete FMS (Financial Management Self-Assessment) Report					
All TxCDBG Gra	nt Recipients must demonstrate sound financial management to receive and manage the grant.					
To complete this rep	ort, the most current annual audit should be on hand. Sections to be completed is determined by the age of the annual audit and resposes to questions.					
Step						
	Direct Deposit: <u>Upload current Direct Deposit form</u> . <u>t payments in lieu of direct deposit</u> , upload form 74-176 marked "Warrant Only"					
✓ Forms	Authorization for Direct Deposit					
 Performance R 	Poport Drag Files Here TDA Use Only: Updated Direct Deposit form provided					
Financial Management Self-Assessment						
	Direct Deposit: Updated Form only if banking instructions are updated during the grant period.					
Status Options Submit Report Tools Landing Page						
	swer <u>Yes/No</u> . of the most recent annual audit, upload the most recent audit and upload any audit findings or material noncompliance within the te the information highlighted in blue .					
 Forms Performance Report Financial Management System Self. 	Does the Grant Recipient have an annual audit (Comprehensive Annual Financial Report) for the fiscal year eriding on or after 9/30/2023? see TxCDBG Project Implementation Manual for audit requirements. Yes Fiscal year end date of most recent annual Most recent annual audit audit:					
Assessment audit: Status Options Drag Files Here						
Submit Report	Disclose all audit findings or material noncompliance within the last five years. Leave empty if not applicable.					
✓ Tools	Audit (Ex: single audit 2023, CAFER 2018, etc.) Description of Findings Schedule of Findings					
Landing Page	Browse Drag Files Here					
Federal, sta	ered NO to Annual Audit: te, or program policy: Accounting Systems: Provide more information about your local Accounting Systems and upload any edures from your locality.					
	Federal, state, or program policy: Accounting Systems					
✓ Forms	Name of Accounting Software					
Performar	Type of local ledger system					
Financial Manage Self-Assessment	Note: A separate ledger must be maintained for the grant project, including grant fund, matching funds, and any additional funds required to complete the project.					
💙 Status C						
Submit Report	Written financial procedures for obligations, costs, and payments Drag Files Large Large					
✓ Tools	Here					
	<u>ered NO to Annual Audit:</u> te or Program policy: Personal Ethics and Fraud Prevention training: Answer Yes/No.					

	. Performance	ce	Federal, sta	te, or program polic	y: Persor	al Ethics and	l Fraud	Prevention Trainin	g
	Report		Grant Recipient requi	res mandatory personnel ethics traini	ng required for a	Il staff with access to loo	cal funds.		~
	Financial Management		Grant Recipient requi	res mandatory fraud prevention train	ing required for a	ill staff with access to lo	cal funds.		~
	System Self-	o			0.0112000000000000000000000000000000000	1449193 (A140640	*******		
Fe	ederal, state or prog	jam polio	cy: Controls and	safeguards to prevent fra	ud, abuse a	and waste: Answ	/er Yes/N	ю.	
	Performance	Federa	al, state, or program	m policy: Controls and safe	guards to p	event fraud, abu	se, and w	aste	
	Report	Grant Re	Recipient requires fidelity bond or employee dishonesty coverage in place for staff with access to project						
	inancial Management	funds. Grant Re	cipient requires local gove	ming body (city Council, or County Co	mmissioner's Co	urt) approval of	1		
	System Self-	disburse	ments.				-	**	
Α	-		Local Governing E	Body Approval: ne and job title of the indivi	dual(e) reen	onsible for oversi	ight of pe	preon(s) that handle local t	funde o
	a daily basis.	onsionit			ddal(3) i C3p		ight of po		
-	✓ Forms		Grant Recipient requires disbursements.	local governing body (City Council, or	County Commiss	ioners Court) approval o	f	No	•
	✓ Performanc Report	ce	Oversight Responsibilit	Ŋ		Name		Job Title	
	Financial		Name of individual res local funds on a daily b	ponsible for oversight of person(s)	that handle				
	Management								
	ederal, state or prograted sted. Use the + icon to			of Duties: Local staff and or ditional signatories.	officers who	have the accoun	iting resp	onsibility to sign checks s	should
3	✓ Forms	Fede	eral, state, or p	rogram policy: Segreg	gation of	Duties			
	Performance	Account	ting Responsibility		Name of Indiv	dual Staff/Official	Title		
	Report	Sign cho					-		
		Signicile	ecks (at least two signatu	res required)					
	Financial Management		ecks (at least two signatu]			
N S	Management O	Sign che	ecks (at least two signatu	res required)]		+	
D	Management O	Sign che	ecks (at least two signatu		d job title o	f individual resp	onsible	for identifcation of recei	ipt of
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8	SUBMIT: The certifier of the FMS report will click the Submit Report button on the left navigation bar.								
	Financial Management System Self- Assessment	Description of Document		Upload Document					
	Submit Report								
	✔ Tools	Certified By	Title	Date					
	OPTIONAL: Additiona	I Documentation: Upload	any additional rele	evant documentation regard	ing your financial management practices.				
	Performance Report	Additional Documentation							
	Financial Management System (Self-Assessment	Description of Document		Browse Drag Files Here	+				
	Status Options								