

FINANCIAL STATUS QUESTIONNAIRE

A. General Information

1. Does your organization have its financial statements reviewed by an independent public accounting firm?
 Yes No
If yes, please provide URL below or enclose a copy of the most recent financial statements for your organization, audited or unaudited.
2. Other than financial statements, has any aspect of your organization's activities been audited within the last two years by a government agency or independent public accountant?
 Yes No
If yes, please provide URL below or a copy of any recent external audit report.
3. Are duties separated so that no one individual has complete authority over an entire financial transaction?
 Yes No
4. Does your organization have controls to prevent expenditure of funds in excess of approved, budgeted amounts?
 Yes No
5. Does your organization maintain current, accurate information on the System for Award Management (SAM) website (<http://www.sam.gov/portal/SAM/>)?
 Yes No
If yes, what is the current registration date?

B. Cash Management

1. Are all disbursements properly documented with evidence of receipt of goods or performance of services?
 Yes No
2. Are all bank accounts reconciled monthly?
 Yes No

C. Payroll

1. Are payroll charges checked against program budgets?
 Yes No
2. What system does your organization use to control paid time, especially time charged to sponsored agreements?

D. Procurement

1. Are there procedures to ensure procurement at competitive prices?
 Yes No
2. Is there an effective system of authorization and approval of:
 - a. Capital equipment expenditures?
 Yes No
 - b. Travel expenditures?
 Yes No

E. Property Management

1. Are detailed records of individual capital assets kept and periodically balanced with the general ledger accounts?
 Yes No
2. Are there effective procedures for authorizing payments and accounting for the disposal of property and equipment?
 Yes No
3. Are detailed property records periodically checked by physical inventory?
 Yes No

4. Briefly describe the organization's policies concerning capitalization and depreciation:

F. Cost Transfers

1. How does the organization ensure that all cost transfers performed are legitimate and appropriate?

G. Indirect Cost / Fringe Benefits

1. Does the organization have an indirect cost allocation plan or a negotiated indirect cost rate?

Yes No

If yes, please provide URL below or copies of any negotiated indirect cost rates.

2. Does the organization have a negotiated fringe benefit agreement?

Yes No

If yes, please provide URL below or copies of any negotiated fringe benefit agreements.

3. If none exist, please describe the process for determining that your organization charges indirect cost and fringe benefit expenses at its most favorable rates:

4. Does the organization have procedures that provide assurance that consistent treatment is applied in the distribution of charges to all grants, contracts, and cooperative agreements?

Yes No

If yes, please summarize the procedures, or provide the URL below for these documents.

H. Cost Sharing

1. How does the organization determine that it has met cost sharing goals?

I. Compliance

1. Does your organization have a formal policy of nondiscrimination and a formal system for complying with United States Federal Civil Rights requirements?

Yes No

2. Does your organization have a cash forecasting process that will minimize the time elapsed between the drawing down of funds and the disbursements of those funds?

Yes No

3. If your organization enters into agreements for work or research to be performed outside of the United States, does it have systems in place to prevent and detect payments made to government officials to allow or procure work and research opportunities for or on behalf of your organization?

Yes No

J. Documents Provided

Recent Financial Statements, External Review of Audit Report

Attached, or URL:

Indirect Cost Rate Agreement

Attached, or URL:

Fringe Benefit Agreement

Attached, or URL:

Additional

Attached, or URL:

Signature of Authorized Official: _____

Print Name and Title: _____

Date: _____