**AGENCY SELF-ASSESSMENT**

This questionnaire is used for monitoring fiscal and program compliance requirements as well as determining risk of our subrecipients. Please complete and include in your STOP/SASP application packet.

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| **Section A: GENERAL INFORMATION** | |
| Organization Name |  |
| Fiscal Point of Contact | Name: Title:  Address:  Phone: Email: Fax: |
| Program Point of Contact | Name: Title:  Address:  Phone: Email: Fax: |
| Organization Info | DUNS #: EIN #: URL:  State Vendor #: # of Employees:  Registered with SAM.gov?  YES  NO Expiration Date:  Is your organization or its principles presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from transactions by any federal department or agency?  YES  NO  (If yes, please skip the rest of questionnaire, sign and return) |
| 1. Type of Organization (check all that apply): | |
| University  Foundation  Private, Non-Profit  Private, For-Profit  Government Entity – City  Government Entity – District  Government Entity – County  Government Entity – State  Other: | |
| 2. Organizational Fiscal Year (Month and Year): | |
| 3. Name of Cognizant Federal Agency (if applicable): Approved Indirect Rate: | |
| 4. Approximate total organization-wide annual operating budget: | |
| Previous Fiscal Year Current Fiscal Year Federal Funds $ $  Non-Federal Funds $ \_ $ | |
| 5. Did your organization expend more than $750,000 in Federal funds combined?  YES  NO | |
| 1. Has your organization annual financial statements been audited by an independent audit Firm?   YES  NO | |

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| 7. Has your organization received funds for activities which are similar to, or the same as the currently proposed subgrant award?  YES  NO |
| 8. Has your organization managed federal or state funds in the last 5 years?  YES  NO |
| 9. Organization Director has been in place for: |
| Less than 1 year  1-2 years  3-5 years  5+ years |
| 10. Fiscal key personnel have been in place for: |
| Less than 1 year  1-2 years  3-5 years  5+ years |
| 11. Program key personnel have been in place for: |
| Less than 1 year  1-2 years  3-5 years  5+ years |
| 12. Certify that checked policies and procedures exist within your organization: |
| Personnel (including Time and Attendance, Pay Rate & Benefits, Time and Effort, Discipline and Conflict of Interest)  Travel  Financial Management (including Purchasing, Receivables, and Payables)  Internal Controls  Equipment & Inventory  All National Policy Regulations (i.e., Civil Rights, Disability etc.) |
| **Section B: BUDGET FORMATION & ADMINISTRATION** |
| 1. Does the organization have an operating budget for each of its grants? (UG §200.302)  YES  NO |
| 2. Who are the people responsible for developing and reviewing the budget(s) for your organization? |
| Names and titles: |
| 3. Does the organization have fiscal controls that result in (UG §200.303): |
| 1. Control of expenditures within the approved operating budget?  YES  NO 2. Management review and approval prior to issuing budget amendments or incurring obligations or expenditures that deviate from the operating budget?  YES  NO |
| 4. Is there timely, periodic financial reporting to management that permits (UG §200.308): |
| 1. Comparison of actual expenditures with the budget for the same period?  YES  NO 2. Comparison of revenue estimates with actual revenue (including program income, if applicable) for the same period?  YES  NO |
| 5. Is the responsibility for maintain budget control established at all appropriate levels?  YES  NO |
| 6. What steps are taken if projected revenues were insufficient to cover actual expenditures? |
| Describe: |
| **Section C: INTERNAL CONTROLS** |
| 1. Describe your organization-wide segregation of responsibilities in context of checks and balances and advise where they reside within your policies or procedures regarding segregation of responsibilities: |
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| 1. Are specific officials designated to approve payrolls and financial transactions at various dollar levels?   YES  NO |
| 3. Do the procedures for cash receipts and disbursements include the following safeguards? |
| 1. Receipts are promptly logged, restrictively endorsed and deposited in an insured bank account.   YES  NO   1. Bank statements are promptly reconciled to the accounting records and are reconciled by someone other than the individuals handling cash, disbursements and maintaining accounting records.   YES  NO   1. All disbursements (except petty cash and electronic disbursements) are made with pre-numbered checks.  YES  NO |

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| 1. Supporting documents (e.g., purchase orders, invoices, etc.) accompany the checks submitted for signature, and are marked paid or otherwise prominently noted after payments are made.   YES  NO   1. Checks drawn to “cash” and advance signing of checks are prohibited.  YES  NO 2. Multiple signatures are required on checks.  YES  NO |
| 1. Are individuals of trust required to take leave and delegate their duties to others while on leave?    * YES NO |
| **Section D: ACCOUNTING** |
| 1. Does the organization have written accounting policies and procedures to assure uniform practice in the following areas? |
| 1. Procurement  YES  NO 2. Contract Administration  YES  NO 3. Payroll  YES  NO 4. Records to justify costs of salaries and wages  YES  NO 5. Inventory  YES  NO 6. Vendor payments  YES  NO 7. Federal draws  YES  NO 8. Grants budgeting and accounting  YES  NO 9. Cash management  YES  NO 10. Audit resolution  YES  NO 11. Cash receipts  YES  NO 12. Disbursements  YES  NO 13. Records retention  YES  NO |
| 2. Does the organization use the same policies and procedures for accounting for, and expending federal funds as it does for its organization funds?  YES  NO |
| 3. Are all appropriate accounting staff trained on current federal policies, procedures and instructions on accounting for, and expending, federal funds?  YES  NO |
| 4. What accounting system does your organization use (e.g. QuickBooks, Peachtree, Socrates Media or custom)? |
| Describe:  How long has it been in use: |
| 5. Which accounting basis is used by your organization?  Cash basis  Accrual basis  Modified Accrual |
| 6. Are grant funds accounting for separately in your financial management system?  YES  NO |
| Describe. |
| 7. Does your organization use a chart of accounts and accounting manual?  YES  NO |
| 8. For each grant, does the accounting system provide the following information? |
| 1. Authorizations  YES  NO 2. Obligations  YES  NO 3. Funds received  YES  NO 4. Program income  YES  NO 5. Subawards  YES  NO 6. Outlays  YES  NO 7. Unobligated balances  YES  NO |
| 9. Are obligations records by: |
| 1. Funding source  YES  NO 2. Object codes  YES  NO |
| 10. Are accounting records supported by source documentation (e.g. canceled checks, paid bills, payrolls, contract and subaward documents, etc.)  YES  NO |

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| 11. Are purchasing and payment functions separate?  YES  NO |
| 12. Do accounting staff review the following items prior to entry into the system: |
| 1. Authorizations  YES  NO 2. Purchase Orders  YES  NO 3. Payments  YES  NO |
| 13. Are there controls to preclude: |
| 1. Over-obligation  YES  NO 2. Under-or overstatement of unliquidated obligations  YES  NO 3. Duplicate payments  YES  NO 4. Inappropriate charges to grants  YES  NO |
| 14. Does the organization have effective control over, and accountability for, all funds, property and other assets? The organization must adequately safeguard all assets and assure they are used solely for authorized purposes (UG §200.302)  YES  NO |
| 15. Does the organization reconcile bank statements (at least) monthly?  YES  NO |
| 16. Are vouchers or supporting documents identified by grant, number, date and expense classifications?  YES  NO |
| 17. Are checks submitted for signature accompanied by supporting documents?  YES  NO |
| 18. Are invoices and vouchers approved in advance by authorized officials, prior to payment?  YES  NO |
| 19. For credit cards: |
| 1. Does the bank provide the subrecipient with a list of credit-card users?  YES  NO 2. Are the balances of credit cards capped?  YES  NO 3. Are credit card purchases used for business purposes only?  YES  NO |

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| **Organization Authorized Representative** |
| By signing below, the authorized representative certifies, all information submitted on this form is accurate and complete. |
| Signature Date  Printed Name & Title |

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| **For OAG Use Only** |
| Notes: |
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