**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 [ ]  NO1. 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 [ ]  NO1. 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 [ ]  NO1. Checks drawn to “cash” and advance signing of checks are prohibited. [ ]  YES [ ]  NO
2. Multiple signatures are required on checks. [ ]  YES [ ]  NO
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| 1. Are individuals of trust required to take leave and delegate their duties to others while on leave?
	* YES NO
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| **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
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| 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
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| 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 DatePrinted Name & Title |

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