



Financial Management Survey

This survey is intended to collect information about the capacity of organizations to manage federal grant funds. Information from the report will be used to assess an organization's structure and capacity-building needs and identify any appropriate technical assistance and/or resources to strengthen operations. Completion of this report is required, but is independent from the competitive grant process. Responding organizations are advised to make sure that the person or persons completing this form are those responsible for and knowledgeable of the organization's financial management functions.

Please complete all items on this report.

Organization Name: _____

EIN: _____ **DUNS Number:** _____

I. Documents, Policies and Procedures

Instructions for Part I:

- *Provide copies of the most recent versions of the requested documents; check boxes if documents are attached.*
- *If any listed documents are not available please explain; attach additional sheets if necessary.*
- *Note, some additional documents are identified and requested in other parts of this survey.*

A. Public Disclosure Documents

- IRS Determination letter, and any amendments, reflecting approval or denial of tax-exempt status
- Internal Revenue Service Form 990 "Return of Organization Exempt from Income Tax" including all applicable schedules and attachments; if Form 990 filing can be downloaded, provide the website address:

- Schedule of federal awards (check if provided separately or within A-133 or other audit below)
- Audited financial statements including auditor's Management Letter (A-133 audit, or other audits if not subject to OMB Circular A-133)
- List of federal grants, contracts, and subgrants/sub-contracts using federal funds awarded to the organization in the last two years including the contract numbers, amounts and awarding agencies

B. Governance

- Articles of Incorporation and By-Laws
- Roster(s) of the Board of Directors, including professional titles, officers and committee membership
- Organizational Chart identifying key staff by title

C. Organizational Policies and Procedures

The list of policies below is designed to identify some of the most critical policies for administration of a federal grant. Your organization may not yet have these and other appropriate policies in place if you are a first-time recipient of federal funds. You will be required to have a full complement of financial, programmatic, and administrative polices as well as internal controls in place, as applicable, within 60 days of receiving any grant award from the Corporation.

Please indicate whether the organization has written policies and procedures in the following areas. If yes, attach the document and report the date it was implemented or most recently updated.

<u>Availability</u>		<u>Item</u>	<u>As of Date</u>		
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Table of Contents for Personnel/Employee Handbook/Manual	_____
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Table of Contents for Financial/Internal Controls Policy Manual	_____
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Delegations of Authority	_____
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Timekeeping Guide or Policy	_____
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Travel Guide or Policy	_____
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Procurement Guide or Policy	_____
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Standards for Use of Federal Funds Policy	_____
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Staff Code of Conduct / Statement of Ethics	_____
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Document Retention Policy	_____

II. General Information

1. What year was the organization established? _____

2. What year did the organization receive its first federal grant or contact? _____

3. How many employees work for the organization (in full-time equivalents)?

<input type="checkbox"/>	Fewer than 10	<input type="checkbox"/>	10-49	<input type="checkbox"/>	50-99
<input type="checkbox"/>	100-249	<input type="checkbox"/>	250-500	<input type="checkbox"/>	> 500

4. What was the organization's total budget for the last completed fiscal year?

<input type="checkbox"/>	\$0 - \$499,000	<input type="checkbox"/>	\$500,000 - \$999,999	<input type="checkbox"/>	\$1 M - \$4,999,999
<input type="checkbox"/>	\$5 M - \$9,999,999	<input type="checkbox"/>	\$10 M - \$24,999,999	<input type="checkbox"/>	\$25 M or more

5. What percentage of the total budget for the last completed fiscal year came from federal and state grants and contracts?

<input type="checkbox"/>	0 - 10%	<input type="checkbox"/>	11 - 20%	<input type="checkbox"/>	21 - 30%
<input type="checkbox"/>	31 - 40%	<input type="checkbox"/>	41 - 50%	<input type="checkbox"/>	51 - 60%
<input type="checkbox"/>	61 - 70%	<input type="checkbox"/>	71 - 80%	<input type="checkbox"/>	81% or more

III. Financial Management

6. **Indicate whether the Board has the following committees, and whether they are permanent (per By-Laws) or ad-hoc.**

- | | | |
|--|------------------------------------|---------------------------------|
| <input type="checkbox"/> Executive Committee | <input type="checkbox"/> Permanent | <input type="checkbox"/> Ad-Hoc |
| <input type="checkbox"/> Finance Committee | <input type="checkbox"/> Permanent | <input type="checkbox"/> Ad-Hoc |
| <input type="checkbox"/> Audit Committee | <input type="checkbox"/> Permanent | <input type="checkbox"/> Ad-Hoc |
| <input type="checkbox"/> Other – Please Specify: | | |
| _____ | <input type="checkbox"/> Permanent | <input type="checkbox"/> Ad-Hoc |
| _____ | <input type="checkbox"/> Permanent | <input type="checkbox"/> Ad-Hoc |
| _____ | <input type="checkbox"/> Permanent | <input type="checkbox"/> Ad-Hoc |

7. **Do any paid employees serve as voting members of the Board of Directors?**

- Yes No

8. **Do position descriptions exist for key financial management positions?**

- Yes No

9. **Describe the background education, and years of experience in financial management, for key staff identified below. Also, provide copies of their position descriptions, indicating if attached Yes or No:**

<u>Position</u>	<u>Education</u>	<u>Years Experience</u>	<u>Position Description Attached?</u>
8a. Chief Financial Officer or equivalent	_____	_____	_____
8b. Bookkeeper / Accountant or equivalent	_____	_____	_____
8c. Other key financial staff positions, list below:			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. **Who is responsible for approving / accepting the annual independent audit? (Check all that apply)**

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Audit Committee | <input type="checkbox"/> Board Chair | <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Chief Executive |
| <input type="checkbox"/> Chief Financial Officer | <input type="checkbox"/> Finance Committee | <input type="checkbox"/> Other (Specify): | |

11. **How often are financial reports prepared for executive staff?**

- Quarterly Monthly Weekly Daily Other specify: _____

12. **How often does the Board of Directors or a committee of the Board compare financial reports or other updates against budget projections and/or cash flow projections?**

- Quarterly Monthly Weekly Daily Other specify: _____

13. Did the Board of Directors vote to adopt the current annual operating budget?

Yes No

14. Does the board approve an annual fundraising plan?

Yes No

IV. Financial Controls

15. Does the organization maintain a chart of accounts?

Yes No
 Copy of chart of accounts is attached.

16. Does the organization perform job cost center accounting? Yes No

(A job cost accounting system allows you to record budgets, revenues and expenses by cost centers, jobs, grants, and activities)

17. How often do you post transactions to the general ledger?

Daily Weekly Monthly Annually Other: _____

18. Are at least two original signatures required on checks written above a dollar threshold (determined by the organization) from any bank account(s) that are used for the receipt and/or disbursement of organizational funds, including those from federal sources?

Yes No

If yes, what is the dollar threshold? _____

19. Are different staff members responsible for the distinct functions of reconciling cash receipts and cash disbursement? Yes No

20. Do distinct staff members authorize and maintain records of financial transactions? Yes No

21. Does the organization use an automated payroll system? Yes No

22. Does the organization follow a review and approval procedure when disbursing payroll? Yes No

23. Is there a maximum amount that can be withdrawn from petty cash? Yes No

24. Are receipts required for petty cash expenditures? Yes No

25. Is Board approval required for any of the following financial transactions?

Opening / Closing Bank Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Buying / Selling Property	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Opening Lines of Credit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Financial Investment / Divestment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Assigning Credit Cards	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other specify: _____		

26. Has the organization issued any loans to an employee or officer of the organization, or forgiven or written-off any loans or debts of any type in the past 12 months? Yes No

27. Who is authorized to write-off any debt owed the organization as a bad debt?

- Accountant Chief Financial Officer CEO/Executive Director Board Committee
 Board Chair Other, specify: _____

28. How often does the organization experience cash flow deficits? Yes No

- Weekly Monthly Quarterly Annually None in last 2 years

VI. Organizational Policies and Procedures

29. How are the organization's policies and procedures shared with employees? (Check all that apply)

- e-mail Memorandum Employee Handbook Management Informs
 Orientation and training Intranet Staff meeting Other: _____
 There is no existing procedure

30. When has training for relevant staff been provided in the following areas?

Subject Area	Within 1 year	Within 2 years	Within 3 years	> 3 years ago	Never	Financial/Accounting
<input type="checkbox"/> Fundraising	<input type="checkbox"/>					
<input type="checkbox"/> Personnel/HR Issues	<input type="checkbox"/>					
<input type="checkbox"/> Risk Management	<input type="checkbox"/>					
<input type="checkbox"/> Other: _____	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31. What would increase the financial capacity and expertise of the organization? (Check all that apply)

- Additional Staff Computerized Accounting System Financial Training Professional Certifications
 Other, specify: _____

32. What training and technical assistance do you believe would benefit your organization and enhance its ability to administer federal grant awards? (Check all that apply)

- OMB Circulars and Corporation Regulations
 Basic federal grant administration requirements
 Programmatic performance metrics and management
 Budget development and execution
 Federal cash management
 Documenting in-kind and matching contributions
 Avoiding common audit findings

Preparer's Comments/Explanations: *Please present any clarifications or similar remarks/information here:*

The total number of attachments is _____. *Please number attachments in sequence.*

Preparer Certification

By my signature below, I certify that the above information is complete and correct to the best of my knowledge and ability.

SIGNATURE OF

PREPARER: _____

NAME OF PREPARER: _____

DATE: _____

TITLE OF PREPARER: _____

TELEPHONE: _____

E-MAIL: _____

IDENTIFY ANYONE ELSE
INVOLVED IN THE PREPARATION
OF THIS SURVEY BY NAME AND
POSITION TITLE: _____

Corporation receipt record:

RECEIVED ON: _____
DATE

RECEIVED/LOGGED BY: _____
NAME/TITLE OF CORPORATION STAFF

