**Pre-Award Assessment Questionnaire**

*This information is a requirement of the Federal and State Uniform Grant Guidance Regulations. We must capture this information to comply. Please answer accurately. Note that your responses will not qualify or disqualify your organization for consideration of grant funding.*

|  |  |
| --- | --- |
| Organization name: |  |
| Contact Name: |  |
| Contact Phone Number: |  |
| Contact Email: |  |
| Date Completed: |  |

1. For the purposes of this grant, what type of accounting system will be utilized?



Manual or Spreadsheet

Off the Shelf Software Package

Grant Management Accounting System

1. How will grants funds be maintained separately from other sources of funding?



Separate checking account only for those funds

Manually through spreadsheets

Individual Cost Centers within Accounting Software system

1. Who approves expenditures?

Only the person operating grant program

Grant manager with Secondary approval from another individual

Grant Board approval required for all expenditures

1. How often are accounts reconciled?



Monthly

Quarterly

Annually

1. How often are financials reviewed by the Board or governing body of the Organization?



Monthly

Quarterly

Annually

Never

1. When was the last independent financial audit conducted?



Within the last year

Within the last 2 years

Never

1. Has your organization been found out of compliance by any governing entity?



If so, have corrective actions been implemented within specified timelines?



1. Have there been, or do you anticipate key leadership changes that may impact the grant program?



1. Do you have written policies and procedures specific to the grant program?



1. Do you have a written Conflict of Interest policy?



1. If you have or will purchase a vehicle through grant funds, do you have policies and procedures to protect assets?



1. How many years of experience does your organization have with grants?

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