

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?

- | | |
|------------------------------|------------------------------------|
| <input type="checkbox"/> Yes | Manual or Spreadsheet |
| <input type="checkbox"/> Yes | Off the Shelf Software Package |
| <input type="checkbox"/> Yes | Grant Management Accounting System |

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

- | | |
|------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Yes | Separate checking account only for those funds |
| <input type="checkbox"/> Yes | Manually through spreadsheets |
| <input type="checkbox"/> Yes | Individual Cost Centers within Accounting Software system |

3. Who approves expenditures?

- | | |
|------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Yes | Only the person operating grant program |
| <input type="checkbox"/> Yes | Grant manager with Secondary approval from another individual |
| <input type="checkbox"/> Yes | Grant Board approval required for all expenditures |

4. How often are accounts reconciled?

<input type="checkbox"/> Yes	Monthly
<input type="checkbox"/> Yes	Quarterly
<input type="checkbox"/> Yes	Annually

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

<input type="checkbox"/> Yes	Monthly
<input type="checkbox"/> Yes	Quarterly
<input type="checkbox"/> Yes	Annually
<input type="checkbox"/> Yes	Never

6. When was the last independent financial audit conducted?

<input type="checkbox"/> Yes	Within the last year
<input type="checkbox"/> Yes	Within the last 2 years
<input type="checkbox"/> Yes	Never

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

<input type="checkbox"/> Yes
<input type="checkbox"/> No

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

<input type="checkbox"/> Yes
<input type="checkbox"/> No

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

<input type="checkbox"/> Yes
<input type="checkbox"/> No

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

<input type="checkbox"/> Yes
<input type="checkbox"/> No

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

<input type="checkbox"/> Yes
<input type="checkbox"/> No

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

<input type="checkbox"/> Yes
<input type="checkbox"/> No

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

<input type="checkbox"/> 5+ years
<input type="checkbox"/> One to 5
<input type="checkbox"/> None