NONPROFIT QUESTIONNAIRE

All nonprofit applicants must complete the following questionnaire.

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| **General Information** | | | |
| 1. | Does your organization have appropriate segregation of duties to prevent one individual from processing an entire financial transaction? | | Yes  No |
| 2. | Does your organization have a conflict-of-interest policy? | | Yes  No |
| 3. | How much unrestricted money does your organization raise annually? | | $ |
| 4. | Does your organization have controls to prevent expenditure of funds in excess of what is approved in your project budget? | | Yes  No |
| 5. | Does the Board of Directors have a separate Finance Committee, or does the Board make all financial decisions? | | Yes  No |
| 6. | What are the Treasurer’s duties? |  | |

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| **Cash Management** | | |
| 7. | Are grant funds accounted for through segregated accounts? | Yes  No |
| 8. | Are all disbursements properly documented with evidence of receipt of goods or performance of service? | Yes  No |

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| **Payroll** | | |
| 9. | Does your organization have a time reporting system developed to determine and explain proper labor charges billed to the grant? | Yes  No |
| 10. | Have you developed procedures to ensure fair and competitive contracting? | Yes  No |
| 11. | Is there an effective system of identifying expenditures for time, travel, and purchase of supplies to determine relevancy to individual grant projects? | Yes  No |

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| **Property Management** (Complete if State grants will be used to purchase physical assets) | | |
| 12. | Are detailed records of individual capital assets kept and periodically balanced with the general ledger accounts? | Yes  No |
| 13. | Are there effective procedures for authorizing and accounting for the disposal of property and equipment? | Yes  No |

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| **Compliance** | | | | |
| 14. | Does your organization have a formal system for complying with the payment of prevailing wages? | | | Yes  No |
| 15. | Does your organization have a system in place to ensure it does not use contractors who may be suspended or debarred from receiving federal or state contracts? | | | Yes  No |
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| **Name of Person Completing Questionnaire** | |  | **Title** | |
|  | |  |  | |
| **Signature** | |  | **Date** | |