

Applicant Organizational Information

Instructions: The Applicant Organizational Information template should be filled out in its entirety. Please note that the response “Not Applicable,” or “N/A,” is generally not acceptable. Instead, a sufficient explanation should be provided to explain why an item is not applicable.

GENERAL INFORMATION

1. Organization Name:						
2. Type of Organization <i>(check all that apply)</i>	Overseas:	<input type="checkbox"/>	Non-Profit:	<input type="checkbox"/>	Non-Governmental:	<input type="checkbox"/>
	Domestic:	<input type="checkbox"/>	For-Profit: (Commercial)	<input type="checkbox"/>	Educational Institution:	<input type="checkbox"/>
3. Is your Organization incorporated, registered, or licensed as a legal entity: <input type="checkbox"/> Yes <input type="checkbox"/> No						
<i>If Yes:</i>	Place of Incorporation or Registration (State/County):					
	Incorporation or Registration Date (MM/DD/YYYY):					
<i>If No:</i>	List parent company or organization name and address OR explain status below:					
4. Program Director <i>(The person who will oversee the day to day activities of the grant):</i>						
Program Director Name:			Program Director Title:			
Email Address:			Telephone Number:			
Address:						
5. Financial or Business Official <i>(The person who is responsible for the financial components of the grant.):</i>						
Budget Officer Name:			Budget Officer Title:			
Email Address:			Telephone Number			
Address:						

ORGANIZATION STRUCTURE

1. Is your organization governed by Board of Directors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. How many employees are employed by your organization?	
3. Is your organization registered with Duns and Bradstreet and the System for Award Management (SAM)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If No, please explain why</i>	

FINANCIAL AND ACCOUNTING MANAGEMENT

1. What is the ending date of your organization's fiscal year (MM/DD/YYYY)?		
2. Does your organization have an automated accounting system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.1: If Yes, respond to the questions below:		
2.1a Does the accounting system account for costs by individual projects?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If No, please explain:</i>		
2.1b Can the accounting system generate reports that show costs incurred for individual awards?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If No, please explain:</i>		
2.1c Does the accounting system allow for reporting of Cash and In-kind contributions (from non-federal sources) i.e., cost share?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If No, please explain:</i>		
2.2: If No, please explain below:		
3. Which of the following best describes your organization's accounting system? <i>(check the appropriate response)</i>	Manual: <input type="checkbox"/>	Automated: <input type="checkbox"/>
	Combination: <input type="checkbox"/>	Other: <input type="checkbox"/>
4. How frequently do you post to the general ledger? <i>(check the appropriate response)</i>	Daily: <input type="checkbox"/>	Weekly: <input type="checkbox"/>
	Monthly: <input type="checkbox"/>	Other: <input type="checkbox"/>

5. Does your accounting system accurately and completely track receipt and disbursement of funds by each grant and/or funding source?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If No, please explain:</i>	
6. Does your accounting system provide for recording of actual expenditures for each grant/contract by budget cost categories reflected in the approved budget?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If No, please explain:</i>	

BUSINESS MANAGEMENT SYSTEMS

1. Does the organization have a working knowledge of the following U.S. Government, Office of Management and Budget (OMB) Circulars? <i>(check the appropriate response)</i>	
Uniform Administrative Requirements (OMB Circular A-110):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
Cost Principles (OMB Circular A-21 or Circular A-122):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
Audit Requirements (OMB Circular A-133):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
2. Does your organization have written policies and procedures for the business management areas below? <i>(check the appropriate response)</i>	
Personnel Policies and Procedures:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
Procurement Policies and Procedures:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
Cash Management Policies and Procedures:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
Sub-Grant Monitoring and Management:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
Property Policies and Procedures:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
Travel Policies and Procedures:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
<i>If No (to any above), please explain:</i>	
3. Are time and activity records maintained by funding source and project for each employee to account for total level of effort (100%) devoted to each project?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If No, please explain:</i>	

4. Does your organization have a written budgetary process and controls to preclude incurring obligations in excess of the grant amount of individual cost categories?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<i>If No, please explain:</i>	
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5. Are appropriate duties separated to ensure one individual (i.e., project or financial) is not controlling all aspects of a transaction/process?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<i>If No, please explain:</i>	
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6. Does your organization have a current A-133 audit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<i>If Yes:</i>	Has your organization received any adverse findings in any A-133 audit in the past three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<i>If Yes, please explain</i>	
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7. Has your organization received Federal grant funds before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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7.1 Please provide the following information on awards or funding received in the last five years. Please specifically note if funds are U.S. Government (USG) funds.

<u>Name of Donor</u>	<u>Amount</u>	<u>Period</u>	<u>Place of Implementation</u>