

FINANCIAL MANAGEMENT SURVEY (REVISED 01/2016)

The information collected by this survey will be used by the Connecticut Commission on Community Service primarily as a tool to assess the capacity of your organization to manage federal funds. Information from the survey 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 survey is required, but is independent from the competitive grant process. Responding organizations are advised to make sure that the person or persons completing this survey are those responsible for and knowledgeable of the organization's financial management functions.

Organization Name: _____

EIN: _____

DUNS: _____

INSTRUCTIONS: For this survey to be complete, please: 1) respond to all questions, 2) attach a copy of documents requested, and 3) provide comments/explanations, where applicable.

While section "A. General Information" can be completed by the executive officer of your organization, we recommend that sections "B. Funds Management" and "C. Internal Controls" be completed by your fiscal or accounting officer.

A. GENERAL INFORMATION

1. Is your organization incorporated as a nonprofit?

NO

YES In what state? _____

Please attach a copy of the most recently filed IRS Form 990.

2. Has your organization received a federal grant or cost-type contract award in the last two years?

YES NO

• If "Yes," please identify your federal cognizant/oversight agency:

Federal Agency: _____

Name of Contact: _____

Telephone: _____

• If "Yes," please provide the schedule showing the total federal dollars awarded to your organization by granting agency for each of the two most recently completed fiscal years.

3. Has your organization ever received Corporation for National and Community Service funding?

YES NO

If "Yes," specify grant number[s]: _____

4. Has your organization been audited by a Certified Public Accountant firm within the past two years?

YES NO

If "Yes," please provide a copy of the most recent audit.

5. Has your organization completed an OMB A-133 audit within the past two years?

YES NO N/A

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If "Yes," please provide a copy of most recent A-133 audit.

If "No," is one currently underway or scheduled?

Provide scheduled completion date: _____

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 policies as well as internal controls in place, as applicable, within 120 days of receiving any grant award from the Connecticut Commission on Community Service.

Please indicate whether the organization has written policies and procedures in the following areas. If yes, please attach document.

Table of Contents for Personnel/Employee Handbook/Manual	<input type="radio"/> YES	<input type="radio"/> NO
Table of Contents for Financial/Internal Controls Policy Manual	<input type="radio"/> YES	<input type="radio"/> NO
Delegations of Authority	<input type="radio"/> YES	<input type="radio"/> NO
Timekeeping Guide or Policy	<input type="radio"/> YES	<input type="radio"/> NO
Travel Guide or Policy	<input type="radio"/> YES	<input type="radio"/> NO
Procurement Guide or Policy	<input type="radio"/> YES	<input type="radio"/> NO
Staff Code of Conduct/Statement of Ethics	<input type="radio"/> YES	<input type="radio"/> NO
Document Retention Policy	<input type="radio"/> YES	<input type="radio"/> NO

B. FISCAL MANAGEMENT

1. What accounting system is used by your organization? _____

2. Check which of the following books of account are maintained by your organization:

General Ledger

Cash Receipts Journal

Cash Disbursements Journal

Payroll Journal

Income (Sales) Journal

Purchase Journal

General Journal

Other _____

3. How frequently do you post to the general ledger?

Daily Weekly Monthly Other

4. Does your accounting system track the receipt and disbursement of funds by each grant or funding source?

YES NO

5. Does your accounting system enable you to track and document disbursement of funds from original invoice through final payment?

YES NO

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6. Are common or indirect costs accumulated into cost pools for allocation to projects, contracts and grants?
 YES NO
7. Check the categories of costs your organization includes as an administrative cost:
 Salaries and expenses of executive officers
 General administration, including accounting, personnel, budget and planning
 Personnel administration
 Liability Insurance
 Depreciation or use allowances on buildings and equipment
 Costs of operating and maintaining facilities
 Management information systems
 Audit, Contracting, or Legal Services
 Other _____
8. Does your accounting system provide for the recording of actual grant/contract costs according to categories of your approved budget[s], and provide for current and complete disclosure?
 YES NO
9. Are personnel activity reports, i.e., timesheets, maintained by funding source and project for each employee to account for total actual hours [100%] devoted to your organization?
 YES NO
10. Does your organization have a federally approved indirect cost rate? If yes, please attach current documentation of approval.

C. INTERNAL CONTROLS

1. Are the duties of the accountant/bookkeeper/record keeper separate from cash functions (receipt or payment of cash)?
 YES NO NOT SURE
2. Are checks signed by individual[s] whose duties exclude recording cash received, approving vouchers for payment, and the preparation of payroll?
 YES NO NOT SURE
3. Are procurement methods documented and communicated?
 YES NO NOT SURE
4. Are accounting entries supported by appropriate documentation?
 YES NO NOT SURE
5. Are cash or in-kind matching funds supported by appropriate documentation?
 YES NO NOT SURE
6. Are employee's timesheets supported by appropriately documentation?
 YES NO NOT SURE

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Preparer's Comments and Explanations:

Attachments - The total number of attachments is _____ including:

- Audit(s)
- Approved Indirect Cost Rate Agreement
- Schedule of Federal Funds
- IRS Form 990, if Non-Profit

PREPARER CERTIFICATION:

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

SIGNATURE OF

PRIMARY PREPARER: _____

NAME(S) OF PREPARER(S): _____ DATE: _____

TITLE(S) OF PREPARER(S): _____

TELEPHONE: _____

E-MAIL: _____

FOR INTERNAL USE ONLY at the Connecticut Commission on Community Service

REVIEWED BY: _____ DATE: _____

COMMENTS & NEXT STEPS: