DEPARTMENT OF STATE

FINANCIAL MANAGEMENT SURVEY

LEGAL NAME OF ORGANIZATION: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

Please answer every question, attaching materials & providing comments/explanations.

A. GENERAL INFORMATION

1. Have you read and are familiar with the applicable Federal Regulations pertaining to Federal assistance awards:

   ○ 2 CFR 200 UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR FEDERAL AWARDS

2. Has your organization received a Federal grant award or cost-type contract award in the last 2 years?
   ○ YES ○ NO

   If yes, what is your Federal cognizant/oversight agency?
   Agency:_____
   Name of Contact:_____
   Telephone:_____

   Please **attach** a schedule showing the total Federal dollars awarded to your organization by granting agency for the two most recently completed fiscal years.

3. Does your organization have a Federally approved Indirect Cost Rate?
   ○ YES ○ NO

If yes, what type:
○ Provisional
○ Final
○ Predetermined

Please **attach** a copy
If no, When do you plan to establish a rate in accordance with Federal cost principles requirements?

4. Has your organization ever received Department of State funding?
   ○ YES ○ NO

   If yes, please specify the award number[s]:

5. Indicate whether your organization is:
   - ○ a non-profit educational institution
   - ○ a non-profit organization
   - ○ a Tribe
   - ○ a Territory
   - ○ other, please specify _____

6. Has your organization been audited by a Certified Public Accounting firm within the past two years?
   - ○ YES ○ NO

   If yes, please **attach** copy.

7. Has your organization completed a recent OMB A-133 audit?
   - ○ YES ○ NO

   If yes, please **attach** most recent copy.

   If no, is one currently underway or scheduled?
   - ○ YES ○ NO

   Give completion date where applicable. _____

8. Has your organization been granted tax-exempt status by the IRS?
   - ○ YES ○ NO ○ N/A

9. Under which section of the IRS Code?
   - ○ 501(c)(3)
   - ○ 501(c)(4)
   - ○ 501(c)(5)
   - ○ 501(c)(6)
   - ○other, specify _____

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

10. Does your organization have established policies relating to salary scales, fringe benefits, travel reimbursement and personnel policies?

    ○ YES ○ NO

B. FUNDS MANAGEMENT

1. Are you using a job cost system?
   ○ YES ○ NO

2. Which of the following best describes your organization's accounting system?
   ○ Manual ○ Automated ○ Combination

3. How frequently do you post to the general ledger?
   ○ daily ○ weekly ○ monthly ○ other

4. Does the accounting system completely and accurately track the receipt and disbursement of funds by each grant or funding source?
   ○ YES ○ NO

5. Are common or indirect costs accumulated into cost pools for allocation to projects, contracts and grants?
   ○ YES ○ NO

6. Are the following books of account maintained?

General Ledger	○ YES	○ NO
Cash Receipts Journal	○ YES	○ NO
Cash Disbursements Journal	○ YES	○ NO
Payroll Journal	○ YES	○ NO
Income (Sales) Journal	○ YES	○ NO
Purchase Journal	○ YES	○ NO
General Journal	○ YES	○ NO
Other	○ YES	○ NO

   Describe: _____

7. Does the 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

8. Are time and activity distribution records maintained by funding source and project for each employee to account for total hours [100%] devoted to your organization?

O YES O NO

9. Is your organization familiar with Federal cost principles?
   O YES O NO

10. Is your organization familiar with procedures for the determination and allowance of costs in connection with Federal grants and contracts?
   O YES O NO

11. If a first time recipient whose accounting system has not been subjected to a re-award or final audit under OMB Circular 1-133 Audits of State, Local Governments, and Non-Profit Organizations or 2 CFR 200 Section F, would you agree to maintain a separate bank account in accordance with 2 CFR 200?
   (NOTE: Once your system has been audited, a separate account may no longer be required)
   O YES O NO

C. INTERNAL CONTROLS

1. Are the duties of the bookkeeper/record keeper separate from cash functions (receipt or payment or cash)?
   O YES O NO

2. Are checks signed by individual[s] whose duties exclude recording cash received, approving vouchers for payment and the preparation of payroll?
   O YES O NO

3. Are purchase approval methods documented and communicated?
   O YES O NO

4. Are accounting entries supported by appropriate documentation?
   O YES O NO

5. Are cash, cost sharing or in-kind matching funds supported by appropriate documentation?
   O YES O NO

6. Are employee time sheets supported by appropriately signed documentation?

○ YES ○ NO

7. Are employees who handle funds bonded against loss by reasons of fraud or dishonesty?
   ○ YES ○ NO

8. Are there procedures documented for complying with the applicable cost principles and the conditions of the award?
   ○ YES ○ NO

COMMENTS/EXPLANATIONS:	**The total number of attachments is**:_____
	including: Audit[s] ○ Schedule ○ IRS Form 990 ○
Attach **numbered** sheets as necessary.	

CERTIFICATION

THE INFORMATION DISCLOSED IN THE ATTACHED FINANCIAL MANAGEMENT SURVEY IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE OF PREPARER: _____

NAME OF PREPARER: _____ DATE: _____

TITLE OF PREPARER: _____

TELEPHONE: _____ FAX: _____

E-MAIL: _____

FOR INTERNAL USE ONLY AT Department of State

REVIEWED BY:

DATE:

COMMENTS: