

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. Assessment Completed By:				Title:		
3. Type of Organization <i>(check all that apply)</i>	Non-U.S. Based:	☐	Non-Profit:	☐	Non-Governmental:	☐
	U.S. Based:	☐	For-Profit: (Commercial)	☐	Educational Institution:	☐
4. Is your organization incorporated, registered, or licensed as a legal entity: ☐ Yes ☐ 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:					
5. Program Director <i>(The person who will oversee the day to day activities of the award):</i>						
Program Director Name:			Program Director Title:			
Email Address:			Telephone Number:			
Address:						
6. Financial or Business Official <i>(The person who is responsible for the financial components of the award):</i>						
Budget Officer Name:			Budget Officer Title:			
Email Address:			Telephone Number:			

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Address:			
ORGANIZATION STRUCTURE			
1. Is your organization governed by Board of Directors?			☐ Yes ☐ No
<i>If Yes:</i>	Has your Board authorized your organization to enter into this grant/cooperative agreement?		☐ Yes ☐ No
<i>If Yes:</i>	Provide documentation indicating Board approval.		
2. How many employees are employed by your organization?			
3. Is your organization registered with the System for Award Management (SAM)?			☐ Yes ☐ No
<i>If No, please explain:</i>			
<i>If Yes, please provide your Unique Entity Identifier (UEI) Number:</i>			
4. List all individuals authorized to sign award and amendment documents on behalf of your organization:			
Name:		Title:	
Name:		Title:	
Name:		Title:	
Name:		Title:	

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?	☐ Yes ☐ No
2.1: If Yes, respond to the questions below:	
2.1a Does the accounting system account for costs by individual projects?	☐ Yes ☐ No
<i>If No, please explain:</i>	

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2.1b Can the accounting system generate reports that show costs incurred for individual awards?				☐ Yes ☐ 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?				☐ Yes ☐ No	
<i>If No, please explain:</i>					
3. Which of the following best describes your organization's accounting system? <i>(check the appropriate response)</i>	Manual:	☐	Automated:	☐	
	Combination:	☐	Other:	☐	
4. How frequently do you post to the general ledger? <i>(check the appropriate response)</i>	Daily:	☐	Weekly:	☐	
	Monthly:	☐	Other:	☐	
5. Does your accounting system accurately and completely track receipt and disbursement of funds by each grant and/or funding source?				☐ Yes ☐ 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?				☐ Yes ☐ No	
<i>If No, please explain:</i>					
7. Does your organization have a NICRA (Negotiated Indirect Cost Rate Agreement)?				☐ Yes ☐ No	
8. List all individuals authorized to sign payment requests and financial reporting on behalf of your organization:					
Name:		Title:			
Name:		Title:			
Name:		Title:			
Name:		Title:			

REPRESENTATION REGARDING TAX LIABILITY OR CRIMINAL CONVICTION

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1. Has your organization been convicted of a felony criminal violation under a Federal law within the preceding 24 months?	☐ Yes ☐ No
2. Does your organization have any unpaid Federal tax liability that has been assessed for which all judicial and administrative remedies have been exhausted or have lapsed, and that is not being paid in a timely manner pursuant to an agreement with the authority responsible for collecting the tax liability?	☐ Yes ☐ No

BUSINESS MANAGEMENT SYSTEMS	
1. Does the organization have a working knowledge of the following U.S. Government, Office of Management and Budget (OMB) Requirements? <i>(check the appropriate response)</i>	
2 CFR 200 Uniform Administrative Requirements, Costs Principles, and Audit Requirements for Federal Awards:	☐ Yes ☐ No ☐ 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:	☐ Yes ☐ No ☐ Not Sure
Procurement Policies and Procedures:	☐ Yes ☐ No ☐ Not Sure
Cash Management Policies and Procedures:	☐ Yes ☐ No ☐ Not Sure
Sub-Grant Monitoring and Management:	☐ Yes ☐ No ☐ Not Sure
Property Policies and Procedures:	☐ Yes ☐ No ☐ Not Sure
Travel Policies and Procedures:	☐ Yes ☐ No ☐ Not Sure
Anti-Nepotism Policy:	☐ Yes ☐ No ☐ Not Sure
Trafficking in Persons Compliance Plan (only required for awards over \$500k):	Yes No 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?	☐ Yes ☐ No
<i>If No, please explain:</i>	
4. Does your organization have a written budgetary process and controls to prevent incurring obligations in excess of the grant amount for individual cost categories?	☐ Yes ☐ No
<i>If No, please explain:</i>	
5. Are appropriate duties separated to ensure one individual (i.e., project or financial) is not controlling all aspects of a transaction/process?	☐ Yes ☐ No

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<i>If No, please explain:</i>			
6. Has your organization ever undergone an audit?			☐ Yes ☐ No
<i>If Yes:</i>	Give the date of your last audit:		
	What type of audit was it? (<i>check the appropriate response</i>)		
	☐ Program-specific Audit – an audit of a Federal award program ☐ Single Audit – an audit that includes both the organization’s financial statements and the Federal Awards to be conducted ☐ If it was another type of audit, please explain: ☐ Not Sure		
	Has your organization received any adverse findings in any audit in the past three years?	☐ Yes ☐ No	
	<i>If Yes, please explain:</i>		
7. Has your organization received grant funds before?			☐ Yes ☐ No
<i>If Yes:</i>	Did your organization expend \$1 million or more in U.S. Government funds in the previous year?	☐ Yes ☐ No	
<i>7.1 Please provide the information requested below on all awards or funding received in the last five years, specifically note if funds are U.S. Government (USG) funds.</i>			
<u>Name of Donor</u>	<u>Amount</u>	<u>Period</u>	<u>Place of Implementation</u>

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***By signing this application, I certify that the statements herein are true, complete and accurate to the best of my knowledge.**

Name of Authorized Representative:

Signature:

Title:

Date: