**NON-PROFIT QUESTIONNAIRE**

All non-profit applicants must complete the following questionnaire.

**ORGANIZATION NAME:**

**GENERAL INFORMATION**

1. Does your organization have appropriate segregation of duties to prevent one

individual from processing an entire financial transaction? Yes No

1. Does your organization have controls to prevent expenditure of funds in

excess of what is approved in your project budget? Yes No

1. Does your organization have a conflict of interest policy? Yes No
2. How much unrestricted money does your organization raise annually?
3. Does the Board of Directors have a separate Finance Committee, or does the Board make all financial decisions?
4. What are the Treasurer’s duties?

**CASH MANAGEMENT**

1. Are grant funds accounted for through segregated accounts? Yes No
2. Are all disbursements properly documented with evidence of receipt of goods

or performance of service? Yes No

**PAYROLL**

1. Does your organization have a time reporting system developed to determine and explain proper labor charges billed to the grant? Yes No
2. Have you developed procedures to ensure fair and competitive contracting? Yes No
3. Is there an effective system of identifying expenditures for time, travel and

purchase of supplies to determine relevancy to individual grant projects? Yes No

**PROPERTY MANAGEMENT**

Complete this section if State grants will be used to purchase physical assets.

1. Are detailed records of individual capital assets kept and periodically balanced

with the general ledger accounts? Yes No

1. Are there effective procedures for authorizing and accounting for the disposal of property and equipment? Yes No

**COMPLIANCE**

1. Does your organization have a formal system for complying with the payment

of prevailing wages? Yes No

1. 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

**Name of person completing questionnaire: Title:**

**Signature Date**