**Attachment 2 – Non-Profit Organization Pre-Award Questionnaire**

“Nonprofit organization” means a nonprofit corporation qualified to do business in California and qualified under Section 501(c)(3) of the Internal Revenue Code. All nonprofit organizations must complete this questionnaire and include it in their application.

**CONTACT INFO**

|  |  |
| --- | --- |
| **Organization** |  |
| **Contact Person** |  | **Email** |  |
| **Phone** |  | **Fax** |  |

**GENERAL INFORMATION**

1. Please attach a copy of your most recent financial reports with your response to this questionnaire.
2. Have you had a financial audit within the last three years by an independent auditor?

 Yes [ ]  No [ ]
If yes, please provide a copy of the audit report.

1. Does your organization have appropriate segregation of duties to prevent one
individual from processing an entire financial transaction? Yes [ ]  No [ ]
2. Does your organization have controls to prevent expenditure of funds in
excess of what is approved in your project budget? Yes [ ]  No [ ]
3. Does your organization have a conflict of interest policy? Yes [ ]  No [ ]
4. How much unrestricted money does your organization raise annually?
5. Is there a Finance Committee of the board of directors, or does the Board make all financial decisions?
6. 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 and overhead 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 [ ]
2. Are there effective procedures for authorizing and accounting for the disposal of
property and equipment? Yes [ ]  No [ ]

**INDIRECT COSTS**

1. Does the organization have an established methodology for calculating indirect
costs or overhead? Yes [ ]  No [ ]
2. Is this used consistently for all grants and contracts? Yes [ ]  No [ ]

**COST SHARING**

1. Does the organization have a means to determine and document that it has met
cost-sharing goals for each project? Yes [ ]  No [ ]
2. Do your financial records identify the receipt and expenditure of funds separately
for each grant or contract? Yes [ ]  No [ ]

**COMPLIANCE**

1. Does your organization have a formal system for complying with the payment
of prevailing wages? Yes [ ]  No [ ]
2. 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 [ ]

***I certify that the above information accurately represents the organization of which I am a representative.***

**Name and title of person completing questionnaire:**

|  |
| --- |
| **NAME:**  |
| **SIGNATURE: DATE:** |