**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:** |