**Fiscal Questionnaire**

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| --- | --- | --- | --- | --- |
| Is the agency a not-for-profit or a for-profit entity? | | | Not-for-profit | For Profit |
| Is the agency subject to the A-133 Single Audit requirement (Federal funding of $750,000 or more effective with fiscal years starting January 1, 2015 and forward)? | | | Yes | No |
| Does the agency do its own accounting? If no, indicate the name and address of the accounting firm below. | | | Yes | No |
| Name: |  | | | |
| Address: |  | | | |
| Contact Person: |  | | | |
| Phone Number: |  | | | |
|  | | | | |
| If the agency does its own accounting, what accounting software does it utilize? | | |  | |
| Does the agency have a current financial procedures manual? | | | Yes | No |
| If yes, how often is it reviewed and updated? | | |  |  |
| Does the agency have a written cost allocation plan? If yes, please submit | | | Yes | No |
| If yes, what allocation methodology is used? | | |  | |
| Does the agency have an approved Indirect Cost Rate by a cognizant agency? If yes, please submit | | | Yes | No |
| Does the agency have a conflict of interest policy? If yes, please submit | | | Yes | No |
| Does the agency have the ability to issue paychecks and take out taxes? | | | Yes | No |
|  | | | | |
| How often is a trial balance prepared? | |  | | |
|  | | | | |
| Accounting System Disbursements/Reconciliation | | | | |
| Are all disbursements made by check? | | | Yes | No |
| Are all checks pre-numbered? | | | Yes | No |
| Who is authorized to sign checks? Please indicate name and title(s). | |  | | |
| How often is the bank reconciliation prepared? | |  | | |
|  | | | | |
| Please provide the name, address and phone number of the agency’s auditing firm below. | | | | |
| Name: |  | | | |
| Address: |  | | | |
| Contact Person: |  | | | |
| Phone Number: |  | | | |