

# Organizational Control Environment Questionnaire

## For Grants to Non-US Organizations with Simplified Cost Reimbursement Grants (SiG) with anticipated award to be up to \$250,000 or Fixed Amount Awards

RTI International uses this questionnaire to verify whether applicants have the capacity or potential capacity to adequately perform in accordance with the principles established by the US Government and other donors. The information provided assists RTI in determining whether your organization's accounting, recordkeeping and overall financial management procedures and practices meet applicable standards and if your system of internal controls is reasonable.

Legal name of applicant organization: \_\_\_\_\_

Name and title of individual completing  
this questionnaire: \_\_\_\_\_

Signature of Individual Completing: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Unique Entity Identifier \_\_\_\_\_

### A. General Information

1. Type of Organization: (Check one)

- Nongovernmental organization (NGO)  
(Please check as appropriate below)
- Non-Profit
  - Educational
  - For-Profit/Commercial
  - Other (please describe): \_\_\_\_\_
- Governmental or host government (HG) institution\*  
(List Department or Ministry: \_\_\_\_\_)

*\*An HG institution or a subdivision of it is an organization that functions as a governing body and in which the host government owns at least a 50 percent share or receives at least 50 percent of its financial support from the host government. Examples of HG entities are ministries, districts, or local or state governments or agencies.*

2 Is your organization incorporated or legally registered?

- Yes  
 No

3. City and country of incorporation or legal registration: \_\_\_\_\_

4. Date of incorporation or legal registration: \_\_\_\_\_

5. Is your organization required to pay taxes on revenue/income, or is it exempt from such taxes?

- Required to pay taxes on revenue/income  
 Exempt from taxes on revenue/income

6. Please list the number of employees of your organization:

\_\_\_\_\_ Full-time employees  
\_\_\_\_\_ Part-time employees or Volunteers

7. Has your organization received funding from any agency of the US Government (e.g. US Agency for International Development (USAID), Department of State, Centers for Disease Control and Prevention, President's Emergency Plan for AIDS Relief (PEPFAR), Office of US Foreign Disaster Assistance) in the last 3 years directly from the agency itself or as a subpartner to another organization?

- Yes  
 No

*If yes, please identify the source(s) and specify the amount(s) received from each source, by year below:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. What is your organization's fiscal year?  
\_\_\_\_\_

9. Has the organization ever been audited locally?

- Yes  
 No

If so, covering what period? \_\_\_\_\_

What was the auditor's opinion? (Please circle one)

Unqualified Approval / Qualified Approval / No opinion rendered

10. Do you anticipate expending \$750,000 or more in funds received directly or indirectly from the U.S. Agency for International Development during your fiscal year?

- Yes  
 No

## **B. Indirect/Overhead Rates**

1. Does your organization have a Negotiated Indirect Cost Rate Agreement (NICRA) with the U.S. Government?

- Yes  
 No

If YES, please attach a copy to this Questionnaire and go to the next section.

If NO, does your organization plan to recover administrative costs or overheads (rent, utilities, phone costs etc.) by including those costs in the budget of the grant agreement?

- Yes  
 No

If YES, please describe how your organization recovers administrative or overhead costs.

2. Has the indirect rate been audited?

- Yes  
 No

If YES, please provide a copy of an audit report with the audited indirect rate and an explanation of the indirect rate costs.

3. Is the indirect rate charged equally to all funders of your organization?

- Yes  
 No

If NO, please explain.

## C. Financial Management

1. Is your accounting system [ ] manual or [ ] automated? If automated, what accounting software program are you using? Specify.

2. Do you have documented policies and procedures for processing financial transactions in accordance with laws, regulations, or management policy? If you answer yes, you also agree to make these documents available for inspection.

- Yes  
 No

3. Is your accounting system capable of accurate, current, and complete reporting of the utilization of grant funds for all types of costs (including but not limited to labor, travel, materials, and equipment)?

- Yes  
 No

4. Do you use a documented chart of accounts containing a description of each account and are journal entries prepared, reviewed, compared with supporting details where necessary, and approved each accounting period?

- Yes  
 No

5. Is your accounting system capable of tracking and documenting separately the utilization (see above) of grant funds by source?

- Yes  
 No

6. Are the liquid assets (cash) of your organization kept in an interest-bearing bank account?

- Yes  
 No

7. What is the name of your organization's bank? \_\_\_\_\_

8. Does your organization utilize mobile money / electronic payment platforms to transfer funds to participants or vendors?

- Yes  
 No

If YES, please indicate the platform(s) used by your organization.

#### **D. Personnel:**

1. Does your organization utilize an electronic timesheets system in accordance with United States Government regulations?

- Yes  
 No

2. Does your organization have a timekeeping policy requiring employees to submit timesheets at least once a month?

- Yes  
 No

If the answers to the prior questions have been negative, please explain how do you record the hours worked for the assign project/activity?

#### **E. Procurement and Property Management System**

1. Does your organization have a documented procurement procedures or policy?

- Yes  
 No

2. Do you always solicit quotations from vendors before making a purchase over the local currency equivalent of \$3,000?

- Yes  
 No

3. Do you have a property management manual?

- Yes  
 No