ORGANIZATIONAL CONTROL ENVIRONMENT QUESTIONNAIRE

1. Legal name of applicant organization: ________________________________

2. Name and title of individual completing this questionnaire: ________________________________

3. Signature of Individual Completing: ________________________________

4. DUNS Number: ________________________________

GENERAL INFORMATION

1. Type of Organization: (Check either NGO or HG)

☐ Nongovernmental (NGO)
☐ Governmental (or host government [HG] institution)*

* 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, or local or state governments or agencies.

(Check one below)

☐ Non-Profit
☐ Educational
☐ For-Profit
☐ Other: ________________________________

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

7. Has your organization received funding from any agency of the U.S. Government in the last 3 years?

☐ Yes  ☐ No

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

8. What is your organization’s fiscal year?

____________________________________________________________________

9. Do you anticipate expending $300,000 or more in funds received directly or indirectly from the U.S. Agency for International Development during your fiscal year?

☐ Yes  ☐ No

10. Has the organization ever been audited in accordance with United States Federal Guidelines such as A-133 or ADS 591?

☐ Yes  ☐ No

If so, covering what period? ________________________________ What was the auditor’s opinion? (Circle One)

Unqualified Approval / Qualified Approval / No opinion rendered

11. Is your organization currently or has ever been formally excluded (debarred or suspended) from receiving US Government funding?

☐ Yes  ☐ No
INDIRECT/OVERHEAD RATES

1. Does your organization have a Negotiated Indirect 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 charge an indirect or overhead rate to the budget of the grant agreement?
   - [ ] Yes
   - [ ] No

   If YES, please describe the basis upon how the indirect rate was determined.

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.

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 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 written 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 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. Do you agree to make all financial records relating to the utilization of grant funds available for audit?

☐ Yes  
☐ No

9. Are duties and/or authorities separated so that no one individual has complete authority over an entire financial transaction?

☐ Yes  
☐ No

10. Are transactions approved by persons having the authority to do so in accordance with established policies and procedures?

☐ Yes  
☐ No
11. Are key records matched before a transaction is approved (i.e., matching purchase order, receiving report, and vendor invoice before the invoice is approved for payment)?

☐ Yes
☐ No

12. Are calculations, extensions, additions, and accounting classifications independently reviewed?

☐ Yes
☐ No

13. Who (name/title/position) reviews requests for payments by the organization?

________________________________________________________________________

14. Who (name/title/position) approves payments made by the organization?

________________________________________________________________________

15. Who (name/title/position) signs on checks issued as payment by the organization?

________________________________________________________________________

16. Is it your policy and practice that the person receiving cash does not have the authority to sign checks and reconcile bank accounts and does not have access to accounting records other than cash receipts?

☐ Yes
☐ No

17. Is it your policy and practice that different persons prepare checks, sign checks, reconcile bank accounts, and have access to cash receipts?

☐ Yes
☐ No

18. Do you use pre-numbered forms to record all of your financial transactions and account for the sequence of all numbers used?

19. Is it your policy and practice that receiving reports, inspection documents, etc., are matched with billing notices or other documents used to record delivered orders and related liabilities to provide assurance that only valid transactions are recorded?

☐ Yes
☐ No
20. Are vendor invoices and shipping documents date stamped and tracked to ensure they are recorded on a timely basis?
   - [ ] Yes
   - [ ] No

21. Are your source documents canceled after processing to provide assurance that the same documents will not be reused and will not result in recording transactions more than once (i.e., only original documents are used to process transactions)?
   - [ ] Yes
   - [ ] No

22. Are your financial statements prepared by authorized personnel having sufficient experience and expertise to ensure compliance with applicable accounting principles?
   - [ ] Yes
   - [ ] No

23. Who (name/title/position) prepares the financial reports for the organization?

24. How frequently does the organization prepare financial statements?
   - [ ] Monthly
   - [ ] Quarterly
   - [ ] Annually

25. What financial monitoring systems are in place to ensure that activity budgets are not exceeded?

26. Are operating costs compared with approved budgets and variances explained?

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?

PROCUREMENT AND PROPERTY MANAGEMENT SYSTEM

1. Does your organization have a written procurement manual?
   - [ ] 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

4. Are incoming and outgoing assets counted, inspected, and received or given up on the basis of proper authorization in accordance with established procedures?
   - [ ] Yes
   - [ ] No

5. Are assets on hand periodically inspected and counted, and the results compared with asset records?
   - [ ] Yes
   - [ ] No

6. Are there different individuals responsible for purchasing merchandise or services, receiving merchandise or services, and approving vouchers?
   - [ ] Yes
   - [ ] No

REPORTS AND RECORDS

1. Are cash receipt totals recorded before cash is transmitted for deposit?
   - [ ] Yes
   - [ ] No
2. Are secured facilities used when appropriate, and access to critical forms and equipment limited to authorized personnel?
   □ Yes
   □ No

3. Is access to programs and data files restricted to authorized personnel only?
   □ Yes
   □ No

4. Are assets and records protected against physical harm?
   □ Yes
   □ No

5. Are the sources of summarized data compared with the underlying subsidiary records and/or documents before the data are accepted for inclusion in summarized records and reports?
   □ Yes
   □ No

6. Are procedures followed to check the completeness and accuracy of data summarization, and exceptions reviewed and resolved by authorized persons?
   □ Yes
   □ No

**Insurance**

Does the organization maintain any of the following types of insurance? Copies of current insurance certifications (or insurance policy) should be available for review.

Worker's Compensation: □ Yes □ No

Amount of Coverage:

Name of Carrier:

Property Insurance: □ Yes □ No

Amount of Coverage:

Name of Carrier:

General Liability Insurance: □ Yes □ No
Amount of Coverage: 

Name of Carrier: 

Other (please explain): 

Amount of Coverage: 

Name of Carrier: