



Pre-Award Questionnaire

All applicants please complete the following questionnaire.

CONTACT INFORMATION

Organization:

Contact Person:

Phone:

Email:

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.
3. Does your organization have appropriate segregation of duties to prevent one individual from processing an entire financial transaction? Yes No
4. Does your organization have controls to prevent expenditure of funds in excess of what is approved in your project budget? Yes No
5. Does your organization have a conflict of interest policy? Yes No
6. How much unrestricted money does your organization raise annually?
7. Is there a Finance Committee of the board of directors, or does the Board make all financial decisions?
8. What are the Treasurer's duties?

CASH MANAGEMENT

9. Are grant funds accounted for through segregated accounts? Yes No
10. Are all disbursements properly documented with evidence of receipt of goods or performance of service? Yes No

PAYROLL

11. Does your organization have a time reporting system developed to determine and explain proper labor and overhead charges billed to the grant? Yes No
12. Have you developed procedures to ensure fair and competitive contracting? Yes No
13. 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.

14. Are detailed records of individual capital assets kept and periodically balanced with the general ledger accounts? Yes No
15. Are there effective procedures for authorizing and accounting for the disposal of property and equipment? Yes No

INDIRECT COSTS

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

COST SHARING

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

COMPLIANCE

20. Does your organization have a formal system for complying with the payment of prevailing wages? Yes No
21. 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

SIGN BELOW IF YOU ARE NOT RECEIVING FEDERAL FUNDS THROUGH THE CONSERVANCY GRANT

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

Name of person completing questionnaire:

Title:

Signature

Date

FEDERAL SUB-AWARD QUESTIONS

Complete this section only if you are receiving federal funds through the Conservancy grant.

A. Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (“Uniform Guidance”, 2 C.F.R. Section 200, et seq.)

1. Please provide your Data Universal Numbering System (**DUNS**) number for purposes of reporting federal grants:
2. What was the total dollar volume of Federal funds to your organization during the last fiscal year? \$

If this amount exceeds \$750,000 please attach your Single Audit.

3. If your organization receives a significant amount of federal funds, does your organization have a cognizant Federal agency for Uniform Guidance purposes?

Yes No

4. Does the organization have an indirect cost allocation plan or a negotiated indirect cost rate?

Yes No

If yes, please supply a copy of your cost allocation plan or the rate agreement.

5. Does the organization have procedures which assure that consistent treatment is applied in the distribution of charges to all grants?

Yes No

B. Federal Funding Accountability and Transparency Act Executive Compensation Information:

Please provide the information requested below **if both of the following are true:** (1) your organization received 80 percent or more of its annual gross revenues in Federal awards and \$25,000,000 or more in annual gross revenues from Federal awards; and (2) the public does not have access to information about the compensation of the senior executives of your organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (for publicly-traded corporations) or through IRS Form 990 filings (for non-profit organizations).

Provide the information required in the “TOTAL COMPENSATION FOR MOST RECENTLY COMPLETED FISCAL YEAR” appearing below to report the “Total Compensation” for the five (5) most highly compensated “Executives”, in rank order, in your organization. For purposes of this request, the following terms apply as defined in 2 CFR Ch. 1 Part 170 Appendix A.

TOTAL COMPENSATION FOR MOST RECENTLY COMPLETED FISCAL YEAR

Date of Fiscal Year Completion (mm/yyyy):

Rank from highest to lowest compensation.

1. Name (Last, First, MI):

Title:

Total compensation for most recently completed fiscal year: \$

2. Name (Last, First, MI):

Title:

Total compensation for most recently completed fiscal year: \$

3. Name (Last, First, MI):

Title:

Total compensation for most recently completed fiscal year: \$

4. Name (Last, First, MI):

Title:

Total compensation for most recently completed fiscal year: \$

5. Name (Last, First, MI):

Title:

Total compensation for most recently completed fiscal year: \$

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

Name of person completing questionnaire:

Title:

Signature

Date