Coastal Conservancy

Non Profit Organization Pre-Award Questionnaire

The Coastal Conservancy requires that all nonprofit organizations complete a pre-award questionnaire every two years. The purpose of this questionnaire is to help ensure that the non-profit organizations have adequate fiscal controls to receive and manage state grant funds. The Conservancy seeks to identify potential issues prior to awarding a grant to ensure our grantees have procedures in place at the start of a grant project. If your organization has submitted the questionnaire within 24 months, you may indicate that in your application.

CONTACT INFO

Organization			
Contact Person		**Email**	
Phone		**Tax ID #**	

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 a calculated indirect cost rate?
If yes, what methodology was used to calculate the rate? 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 ☐

I certify that the above information accurately represent 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**