**Grantee Applicant Self-Assessment Form**

Per ADS 303.3.9., Pre-Award Risk Assessment, prior to awarding a grant, Chemonics must assess the adequacy of the financial and accounting systems of a prospective grantee to ensure accountability and to evaluate the risks posed by the potential grantee. In filling out the questionnaire, each question should be answered as completely as possible, using extra pages if necessary. Please return your completed questionnaire to Chemonics**.** Chemonics will use this information in combination with a pre-award risk assessment checklist in advance of awarding a grant.

APPLICANT INFORMATION

Name of Organization:

Activity Title:

Name, Title, Contact Information of Individual Completing Questionnaire:

SECTION A: INTERNAL CONTROLS

Internal controls are procedures that ensure:

1. financial transactions are approved by an authorized individual and follow laws, regulations and the organization's policies,
2. assets are kept safely,
3. accounting records are complete, accurate and kept on a regular basis.

Please complete the following questions concerning your organization's internal controls:

1. List the name, position/title, and telephone number for the individual responsible for checking expenditures to make sure they are allowable:

2. Who is responsible for maintaining accounting records:

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

3. Who is responsible for preparing financial reports:

4. Who is responsible for preparing narrative reports:

5. Are timesheets kept for each paid employee? Yes: \_\_ No: \_\_

6. Is your organization familiar with U.S. government regulations concerning costs which can be charged to U.S. grants (2 CFR 200 Subpart E)?

Yes: \_\_ No: \_\_

SECTION B: ACCOUNTING SYSTEM

The purpose of an accounting system is to 1) accurately record all financial transactions, and 2) ensure that all financial transactions are supported by invoices, timesheets and other documentation. The type of accounting system often depends on the size of the organization. Some organizations may have computerized accounting systems, while others use a manual system to record each transaction in a ledger. In either case, Chemonics grant funds must be properly authorized, used for the intended purpose and recorded in an organized and regular manner.

1. Briefly describe your organization's accounting system including: a) any manual ledgers used to record transactions (general ledger, cash disbursements ledger, suppliers ledger etc.); b) any computerized accounting system used (please indicate the name); and c) how transactions are summarized in financial reports, (by the period, project, cost categories)?

2. Does your organization have written accounting policies and procedures?

Yes: \_\_ No: \_\_

3. Are your financial reports prepared on a:

Cash basis: \_\_ Accrual basis: \_\_ (*Accrual - bill for costs before they are incurred*)

4. Can your accounting records separate the receipts and payments of the Chemonics grant from the receipts and payments of your organization's other activities?

Yes: \_\_ No: \_\_

5. Can your accounting records summarize expenditures from the Chemonics grant according to different budget categories such as salaries, rent, supplies and equipment?

Yes: \_\_ No: \_\_

6. How do you allocate costs that are “shared” by different funding sources, such as rent, utilities, etc.?

7. How often are financial reports prepared?

Monthly: \_\_ Quarterly: \_\_ Annually: \_\_ Not Prepared: \_\_ (*explain*)

8. How often do you input entries into the financial system?

Daily: \_\_ Weekly: \_\_ Monthly: \_\_ Ad hoc/as needed: \_\_

9. How often do you do a cash reconciliation?

Daily: \_\_ Weekly: \_\_ Monthly: \_\_ By Accountant’s Decision: \_\_

10. Do you keep invoices, vouchers and timesheets for all payments made from grant funds?

Yes: \_\_ No: \_\_

SECTION C: FUNDS CONTROL

CHEMONICS grantees and recipients who receive advances of grant funds must maintain a separate bank account registered in the name of the organization for the purpose of keeping only Chemonics grant funds. The bank account must be in local currency. Chemonics normally pays grantees monthly by bank transfer to the separate account. Access to the bank account must be limited to authorized individuals. Bank balances should be compared each month with your accounting records. For petty cash, it is very important to keep the cash in a strong safe and have strict controls over cash maintenance and disbursement.

1. Do you have a bank account registered in the name of your organization?

Yes: \_\_ No: \_\_

2. Will the bank account draw interest?

Yes: \_\_ No: \_\_

3. Are all bank accounts and check signers authorized by the organization's Board of Directors or Trustees or other authorized persons?

Yes: \_\_ No: \_\_

4. Will any cash from Chemonics grant funds be kept outside the bank account (in petty cash funds, etc.)?

Yes: \_\_ No: \_\_

4.a. If yes, please explain the amount of funds to be kept and the name and position/title of the person responsible for safeguarding cash.

SECTION D: AUDIT

Chemonics may require an audit of your organization's accounting records. An audit is a review of your accounting records by an independent accountant who works for an accounting firm. An audit report contains your financial statements as well as an opinion by the accountant that your financial statements are correct. Please provide the following information on prior audits of your organization.

1. Does your organization have regular independent audits that you contract and pay for?

Yes: \_\_ (*please provide the most recent copy*) No audits performed: \_\_

2. If yes, who performs the audit?

3. How often are audits performed?

Quarterly: \_\_ Yearly: \_\_ Every 2 years: \_\_ Other: \_\_ (*explain*)

4. If your organization does not have a current audit of its financial statements, please provide a copy of the following financial information, if available:

a. A "Balance Sheet" for your prior fiscal or calendar year; and

b. A "Revenue and Expense Statement" for your prior fiscal or calendar year.

5. Are there any reasons (local conditions, laws, or institutional circumstances) that would prevent an independent accountant from performing an audit of your organization?

Yes: \_\_ No: \_\_

If yes, please explain:

CHECKLIST AND SIGNATURE PAGE

Chemonics requests that your organization submit a number of documents along with this completed questionnaire. Complete this page to ensure that all requested information has been included.

Please complete the checklist below, then sign and return the questionnaire and any other requested documents to Chemonics.

1. Complete the checklist:

\_\_\_\_Incorporation Papers or Certificate of Registration and Statute have been provided to Chemonics

\_\_\_\_Organizational chart, if available, has been provided to Chemonics (if applicable).

\_\_\_\_Copy of your organization's most recent audit has been provided to Chemonics (If no recent audit, a "Balance Sheet" and "Revenue and Expense Statement" for the prior fiscal year).

\_\_\_\_All questions have been fully answered.

\_\_\_\_An authorized individual has signed and dated this page.

The Accounting Questionnaire must be signed and dated by an authorized person who has either completed or reviewed the form.

Approved by:

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

Print Name Signature

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

Title Date