



## Financial Management Survey

This survey is intended to collect information about the capacity of organizations to manage federal grant funds. Information from the survey will be used to assess an organization's structure and capacity-building needs and identify any appropriate technical assistance and/or resources to strengthen operations. Completion of this survey is required, but is independent from the competitive grant process. Responding organizations are advised to ensure that the person or persons completing this form are those responsible for, and with sufficient knowledge of, the organization's financial management functions.

*Please complete all items on this report.*

**Organization Name:** \_\_\_\_\_

**EIN:** \_\_\_\_\_ **DUNS Number:** \_\_\_\_\_

### I. Documents, Policies and Procedures

#### **Instructions for Part I:**

- *Provide copies of the most recent versions of the requested documents; check boxes if documents are attached.*
- *If any listed documents are not available please explain; attach additional sheets if necessary.*
- *Note, some additional documents are identified and requested in other parts of this survey.*

#### **A. Public Disclosure Documents**

- IRS Determination letter, and any amendments, reflecting approval or denial of tax-exempt status
- Internal Revenue Service Form 990 "Return of Organization Exempt from Income Tax" including all applicable schedules and attachments; if Form 990 filing can be downloaded, provide the website address:  
\_\_\_\_\_
- Audited financial statements including auditor's Management Letter (A-133 audit, or other audits if not subject to OMB Circular A-133)
- List of federal grants, contracts, and subgrants/sub-contracts using federal funds awarded to the organization in the last two years including the contract numbers, amounts and awarding agencies

#### **B. Governance**

- Articles of Incorporation and By-Laws
- Roster(s) of the Board of Directors, including professional titles, officers and committee membership
- Organizational Chart identifying key staff by title

**Public reporting burden** -- Estimated time to complete this form, including time for reviewing instructions and gathering and providing the information needed to complete the form is 1 hour 45 minutes. Send comments regarding this burden or the content of this form to: Corporation for National and Community Service (CNCS), Director, OGM, 1201 New York Avenue, NW, Washington, DC 20525. CNCS informs the potential persons who are to respond to this collection of information that such persons are not required to respond to the collection of information unless it displays a currently valid OMB control number on this page of the form (see 5 CFR 1320.5(b)(2)(1))

**C. Organizational Policies and Procedures**

*The list of policies below is designed to identify some of the most critical policies for administration of a federal grant. Your organization may not yet have these and other appropriate policies in place if you are a first-time recipient of federal funds. You will be required to have a full complement of financial, programmatic, and administrative polices, as well as internal controls in place, as applicable, within 60 days of receiving any grant award from the Corporation for National and Community Service.*

**Please indicate whether the organization has written policies and procedures in the following areas. If yes, attach the document and report the date it was implemented or most recently updated.**

<u>Availability</u>		<u>Item</u>	<u>As of Date</u>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Table of Contents for Personnel/Employee Handbook/Manual	_____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Table of Contents for Financial/Internal Controls Policy Manual	_____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Delegations of Authority	_____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Timekeeping Guide or Policy	_____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Travel Guide or Policy	_____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Procurement Guide or Policy	_____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Standards for Use of Federal Funds Policy	_____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Staff Code of Conduct / Statement of Ethics	_____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Document Retention Policy	_____

**II. General Information**

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1. What year was the organization established? \_\_\_\_\_

2. What year did the organization receive its first federal grant or contact? \_\_\_\_\_

3. How many employees work for the organization (in full-time equivalents)?

- |  |                                  |                                |
|--|----------------------------------|--------------------------------|
| <input type="checkbox"/> Fewer than 10 | <input type="checkbox"/> 10-49   | <input type="checkbox"/> 50-99 |
| <input type="checkbox"/> 100-249       | <input type="checkbox"/> 250-500 | <input type="checkbox"/> > 500 |

4. What was the organization's total budget for the last completed fiscal year?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0 - \$499,000     | <input type="checkbox"/> \$500,000 - \$999,999 | <input type="checkbox"/> \$1 M - \$4,999,999 |
| <input type="checkbox"/> \$5 M - \$9,999,999 | <input type="checkbox"/> \$10 M - \$24,999,999 | <input type="checkbox"/> \$25 M or more      |

5. What percentage of the total budget for the last completed fiscal year came from federal and state grants and contracts?

- |                                   |                                   |                                      |
|-----------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> 0 - 10%  | <input type="checkbox"/> 11 - 20% | <input type="checkbox"/> 21 - 30%    |
| <input type="checkbox"/> 31 - 40% | <input type="checkbox"/> 41 - 50% | <input type="checkbox"/> 51 - 60%    |
| <input type="checkbox"/> 61 - 70% | <input type="checkbox"/> 71 - 80% | <input type="checkbox"/> 81% or more |

**III. Financial Management**

6. **Indicate whether the Board has the following committees, and whether they are permanent (per By-Laws) or ad-hoc.**

- |  |                                    |                                 |
|--|------------------------------------|---------------------------------|
| <input type="checkbox"/> Executive Committee     | <input type="checkbox"/> Permanent | <input type="checkbox"/> Ad-Hoc |
| <input type="checkbox"/> Finance Committee       | <input type="checkbox"/> Permanent | <input type="checkbox"/> Ad-Hoc |
| <input type="checkbox"/> Audit Committee         | <input type="checkbox"/> Permanent | <input type="checkbox"/> Ad-Hoc |
| <input type="checkbox"/> Other – Please Specify: |                                    |                                 |
| _____  | <input type="checkbox"/> Permanent | <input type="checkbox"/> Ad-Hoc |
| _____  | <input type="checkbox"/> Permanent | <input type="checkbox"/> Ad-Hoc |
| _____  | <input type="checkbox"/> Permanent | <input type="checkbox"/> Ad-Hoc |

7. **Do any paid employees serve as voting members of the Board of Directors?**

- Yes       No

8. **Do position descriptions exist for key financial management positions?**

- Yes       No

9. **Describe the background education, and years of experience in financial management, for key staff identified below. Also, provide copies of their position descriptions, indicating if attached Yes or No:**

<u>Position</u>	<u>Education</u>	<u>Years Experience</u>	<u>Position Description Attached?</u>
8a. Chief Financial Officer or equivalent	_____	_____	_____
8b. Bookkeeper / Accountant or equivalent	_____	_____	_____
8c. Other key financial staff positions, list below:			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. **Who is responsible for approving / accepting the annual independent audit? (Check all that apply)**

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Audit Committee         | <input type="checkbox"/> Board Chair       | <input type="checkbox"/> Board of Directors     | <input type="checkbox"/> Chief Executive |
| <input type="checkbox"/> Chief Financial Officer | <input type="checkbox"/> Finance Committee | <input type="checkbox"/> Other (Specify): _____ |  |

11. **How often are financial reports prepared for executive staff?**

- Quarterly    Monthly    Weekly    Daily    Other specify: \_\_\_\_\_

12. **How often does the Board of Directors or a committee of the Board compare financial reports or other updates against budget projections and/or cash flow projections?**

- Quarterly    Monthly    Weekly    Daily    Other specify: \_\_\_\_\_

13. **Did the Board of Directors vote to adopt the current annual operating budget?**

Yes  No

14. **Does the Board of Directors approve an annual fundraising plan?**

Yes  No

**IV. Financial Controls**

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15. **Does the organization maintain a chart of accounts?**

Yes  No

*If yes, please attach a copy of chart of accounts.*

16. **Does the organization perform job cost center accounting?**  Yes  No

*(A job cost accounting system allows you to record budgets, revenues and expenses by cost centers, jobs, grants, and activities)*

17. **How often do you post transactions to the general ledger?**

Daily  Weekly  Monthly  Annually  Other: \_\_\_\_\_

18. **Are at least two original signatures required on checks greater than dollar threshold (determined by the organization) from any bank account(s) that are used for the receipt and/or disbursement of organizational funds, including those from federal sources?**

Yes  No

*If yes, what is the dollar threshold?* \_\_\_\_\_

19. **Are different staff members responsible for the distinct functions of reconciling cash receipts and cash disbursement?**  Yes  No

20. **Do distinct staff members authorize and maintain records of financial transactions?**  Yes  No

21. **Does the organization use an automated payroll system?**  Yes  No

22. **Does the organization follow a review and approval procedure when disbursing payroll?**  Yes  No

23. **Is there a maximum amount that can be withdrawn from petty cash?**  Yes  No

24. **Are receipts required for petty cash expenditures?**  Yes  No

25. **Is Board approval required for any of the following financial transactions?**

Opening / Closing Bank Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Buying / Selling Property	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Opening Lines of Credit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Financial Investment / Divestment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Assigning Credit Cards	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other specify: _____		

26. **Has the organization issued any loans to an employee or officer of the organization, or forgiven or written-off any loans or debts of any type in the past 12 months?**  Yes  No

27. **Who is authorized to write-off any debt owed the organization as a bad debt?**

- Accountant  Chief Financial Officer  CEO/Executive Director  Board Committee  
 Board Chair  Other, specify: \_\_\_\_\_

28. **How often does the organization experience cash flow deficits?**  Yes  No

- Weekly  Monthly  Quarterly  Annually  None in last 2 years

**V. Organizational Policies and Procedures**

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29. **How are the organization's policies and procedures shared with employees? (Check all that apply)**

- e-mail  Memorandum  Employee Handbook  Management Informs  
 Orientation and training  Intranet  Staff meeting  Other: \_\_\_\_\_  
 There is no existing procedure

30. **When has training for relevant staff been provided in the following areas?**

<u>Subject Area</u>	<u>Within 1 year</u>	<u>Within 2 years</u>	<u>Within 3 years</u>	<u>&gt; 3 years ago</u>	<u>Never</u>
<input type="checkbox"/> Financial/Accounting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fundraising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Personnel/HR Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Risk Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31. **What would increase the financial capacity and expertise of the organization? (Check all that apply)**

- Additional Staff  Computerized Accounting System  Financial Training  Professional Certifications  
 Other, specify: \_\_\_\_\_

32. **What training and technical assistance do you believe would benefit your organization and enhance its ability to administer federal grant awards? (Check all that apply)**

- CNCS Regulations  
 Basic federal grant administration requirements, including OMB Circulars  
 Programmatic performance metrics and management  
 Budget development and execution  
 Federal cash management  
 Documenting in-kind and matching contributions  
 Avoiding common audit findings

**Preparer's Comments/Explanations:** *Please present any clarifications or similar remarks/information here:*

**The total number of attachments is \_\_\_\_\_.** *Please number attachments in sequence.*

**Preparer Certification**

*By my signature below, I certify that the above information is complete and correct to the best of my knowledge and ability.*

\_\_\_\_\_  
Signature of Preparer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed Name of Preparer

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email

On the lines below, identify anyone else involved in the preparation of this survey by name and position title.

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

**Privacy Statement** -- In compliance with the Privacy Act of 1974, the following information is provided: The collection of this information is authorized by the provisions of the National and Community Service Act of 1990, by the National and Community Service Trust Act of 1993, and the Serve America Act of 2009. The primary purpose of the information is to determine if appropriate systems are in place to manage federal grant funds or, if not, to identify training and technical assistance a new grantee may need to develop and implement appropriate systems. CNCS requires new grantees which have never before received CNCS funds to complete the form. Completion of this survey is required as an element of CNCS' risk assessment process. The information provided will be maintained and treated confidentially. However, appropriate federal, state, and local law enforcement entities may request and obtain this information under certain circumstances. Otherwise, the information provided will not be disclosed without express written permission.