

FINANCIAL MANAGEMENT SYSTEMS QUESTIONNAIRE							
Organizational Data							
Name of Organization:							
Address:							
Representative Name and Title:							
Phone:	Fax:		Email:				
Year Established:	Employer Id # (EIN):		DUNS Number:				
Organization Type:	,						
Approx. Number of Employees:	Full Time:		Part Time:				
	Federal Audit Data						
Prior Audits/Reviews: (Check all relevant	OMB A-133		Incurred Cost				
types)	Accounting System		Timekeeping				
Date of Last Federal Audit/Review:	/ toodanting system		титексерия				
Audit Agency/Firm:							
If Findings reported, explain:							
ii i iiidiiigs reported, explaiii.	State Audit Data						
State Audit Data							
Prior Audits/Reviews: (Audit Report title)  Date of Last State Audit/Review:							
Audit Agency:							
If Findings reported, explain:	5: 16: 1						
	Financial Statement Audit	t Data					
Most Recent Financial Statement Audit							
Date:							
Fiscal Period Audited:							
Audit Firm:							
If Auditor's opinion on Financial							
Statements was qualified, state the							
reason(s):							
Accounting System Data							
What books of account are maintained? (Check all relevant types)					1		
General Ledger	Cash Receipts Journal		Cash Disbursements	Journal			
Project Cost Ledger	Payroll Journal						
Does the accounting system provide for the					NO		
according to categories of the approved budget?							
Does the system identify the receipt and expenditure of funds			YES		NO		
separately for each contract?							
Does the system provide for the recording of cost sharing/matching for each			YES		NO		
project, and ensure that documentation is available to support recorded cost							
sharing/matching?							
Does the system provide for the recording of participant support costs as a separate			YES		NO		
cost category?							
	Timekeeping System D	ata					
Are time distribution records maintained for each employee to account for his/her			YES		NO		
TOTAL effort (100%)?							
Attach a sample timesheet and procedures for completing timesheets and for allocating salary and wage charges to State aw				te awards.			
Is your organization familiar with the time and effort reporting requirements related			YES		NO		
to State awards made to your type organization?							
Purchasing System							
Are asset inventory records maintained?					NO		
Does your organization have policies relating to buy/lease analysis and competitive			YES YES		NO		
purchases over \$25,000?	_ ,. ,. ,	•					
What is the dollar threshold for capitalization	on of equipment?						

Funds Management					
Is a separate bank account maintained for State contract funds?		YES	NO		
If a separate bank account is not maintained, can the State		YES	NO		
contract funds and related expenses be read					
Does your organization have procedures in place to address cash flow issue for		YES	NO		
the time elapsing between incurrence of cos					
reimbursement of funds by the State?					
Signature					
Prepared by:	Signature	Date:			

I understand that this signed questionnaire is part of the WSIP and that false and/or inaccurate representations in this questionnaire may result in loss of all funds awarded to the applicant for its project, withhold disbursement of project funds, and/or pursue any other applicable legal remedy.