**Non-Profit Organization Pre-Application Questionnaire and Eligibility Self Screening**

The California Ocean Protection Council (OPC) 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 OPC 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.

# CONTACT INFORMATION

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| --- | --- | --- | --- |
| **Organization** |  | | |
| **Contact Person** |  | **Phone** |  |
| **Email** |  | **Fax** |  |

# 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? If yes, please provide a copy of the audit report.

Yes  No

1. Does your organization have appropriate segregation of duties to prevent one individual from processing an entire financial transaction?

Yes  No

1. Does your organization have controls to prevent expenditure of funds in excess of what is approved in your project budget?

Yes  No

1. Does your organization have a conflict-of-interest policy?

Yes  No

1. How much unrestricted money does your organization raise annually? $
2. Is there a Finance Committee of the board of directors, or does the Board make all financial decisions?

Finance Committee of the board of directors

Board makes all financial decisions

1. What are the Treasurer’s duties?

# CASH MANAGEMENT

1. Are grant funds accounted for through segregated accounts?

Yes  No

1. Are all disbursements properly documented with evidence of receipt of goods or performance of service?

Yes  No

# PAYROLL

1. Does your organization have a time reporting system developed to determine and explain proper labor and overhead charges billed to the grant?

Yes  No

1. Have you developed procedures to ensure fair and competitive contracting?

Yes  No

1. 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)*

1. Are detailed records of individual capital assets kept and periodically balanced with the general ledger accounts?

Yes  No

1. Are there effective procedures for authorizing and accounting for the disposal of property and equipment?

Yes  No

# INDIRECT COSTS

1. Does the organization have an established methodology for calculating indirect costs or overhead?

Yes  No

1. Is this used consistently for all grants and contracts?

Yes  No

# COST SHARING

1. Does the organization have a means to determine and document that it has met cost-sharing goals for each project?

Yes  No

1. Do your financial records identify the receipt and expenditure of funds separately for each grant or contract?

Yes  No

# COMPLIANCE

1. Does your organization have a formal system for complying with the payment of prevailing wages?

Yes  No

1. 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 represents the organization of which I am a representative.***

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| --- | --- | --- |
|  |  |  |
| **Name of person completing questionnaire** |  | **Title** |
|  |  |  |
| **Signature** |  | **Date** |