**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

|  |  |
| --- | --- |
| **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** |