



Pre -Award Assessment

USIP conducts a survey to assess whether a partner organization can manage the award and comply with its requirements and applicable regulations.

Instructions: A designated representative of a partner’s organization must complete and sign the following questionnaire and include necessary attachments, as required.

PART I. General Information

Organization Name:
Type of Organization:
Employer Identification Number:
DUNS #:
Address:
Telephone #:
Fax Number:
Website:
Authorized Representative:
Name:
Title:
Telephone #:
Email Address:

PART II. Internal Controls

1. Identify the key personnel responsible for performing the following duties:

Table with 4 columns: Responsibilities, Name, Position Title, Note. Rows include: Performing cash and bank reconciliation, Preparing financial reports, Signing checks*, Approving expenses.

Tracking and keeping financial documentation including invoices and receipts			
Maintaining accounting records			

**Note: Good internal controls suggest two signatures on checks.*

2. Does your organization's financial controls segregate responsibilities so that no single individual has complete authority over an entire transaction? Yes No
3. Are personnel charges supported by timesheet reports and signed by employee and supervisor? Yes No. If not, can the partner maintain timesheet to fulfill USIP requirements? Yes No
4. Do you keep inventory records for equipment? Yes No. If yes, how often do you conduct physical inventory count? _____
5. Are procurement records appropriately maintained relative to each type of procurement? Yes No

PART III. Policies and Procedures

1. Does your organization have written policies and procedures on the following?
 - a) Accounting and Financial Yes No
 - b) Procurment Yes No
 - c) Property Management Yes No
 - d) Human Resources Yes No
 - e) Code Conduct and Ethics Yes No
 - f) Travel Yes No

PART IV. Financial Management System

1. What basis of financial reporting does your organization use? Cash basis Accrual basis
2. As part of the financial management systems, does your organization maintain the following?
 - a) General Ledger Yes No
 - b) Chart of Accounts Yes No
 - c) Cash Receipt Journal Yes No
 - d) Cash Disbursement Journal Yes No
 - e) General Journal Yes No
 - f) Computerized Accounting System Yes No
 - g) Briefly describe your organization's accounting system in the space provided below.
3. Does your accounting system produce the following financial reports?
 - a) Income statement Yes No

- b) Balance Sheet Yes No
- c) Accounts payable and receivable Yes No
- d) List of fixed assets Yes No

4. Does your organization's accounting system have the capacity to do the following:
- a) Track receipts, payments and expenditures from various donor sources and project activities?
 Yes No
 - b) Summarize expenditures according to budget line items such as salaries, supplies, travel, etc.?
 Yes No

PART V. Banking and Audits

1. Does your organization have audits performed by either an independent audit firm or a Certified Public Accountant? Yes No. If yes,
- a) provide the name and contact information of the audit firm or accountant.

 - b) what type of audit was performed? Financial A-133/Single Other _____
 - c) how often are audits performed? Quarterly Semi-annually Annually
 Other _____
2. Does your organization have a bank account registered under its name? Yes No
 If not, how is cash kept safely? _____

PART VI. Human Resource

- 1. Does your organization have written job descriptions? Yes No
- 2. Do you issue an employment letter or contract which includes the employee's salary, terms of contract, etc.? Yes No
- 3. Does your organization keep timesheets or other attendance records for each paid employee that tracks actual hours worked? Yes No
- 4. Has your organization implemented payroll system that regularly disperses salary to employees?
 Yes No

PART VII. Attachments

Attach the following documents to this questionnaire, as applicable.

- Certificate of Incorporation and/or active license (Certificate of Good Standing)
- Evidence for tax status
- Copy of recent audited financial statement
- If your organization does not have a recent audit, a "Balance sheet" and "Revenue and Expense" statement for prior fiscal year.
- Written policies and procedures checked in PART III of this questionnaire

Certification

I certify that the information included in and attached to this questionnaire is accurate and complete. I understand that false or intentionally misleading certification may result in actions up to termination of the resulting award. I further understand that USIP reserves the right to request further documentation and/or inspect the organization's financial records and books, procedures, or other documents related to the resulting award and its administration.

Name:

Title:

Signature:

Date: