**SUBRECIPIENT PRE-AWARD QUESTIONNAIRE**

*(for REMOTE use when unable to conduct an in-person assessment)*

This questionnaire must be completed and signed by the prospective subrecipient, and returned to Counterpart with requested attachments, no later than *<insert date>*. Please note that incomplete or unsigned questionnaires cannot be accepted.

***Send to:*** *<insert name and title of designated POC, as well as submission instructions (e.g. mail, email or fax)>*

**------------------------------------------------------------------------------------------------------------------------------------------------------------------**

# SECTION A: Contact information

|  |  |  |
| --- | --- | --- |
| **Please complete this section to provide contact information for your organization.** | | |
| **1.** | Legal name of organization *(this will be the name that will be reflected in any subaward agreement and the legal entity that will accept responsibility for grant funds, if awarded)* | |
| *Organization Name:* | |
| **2.** | Name(s) of individual(s) legally authorized to sign on behalf of the organization: | *List Signatory Names:* |
| **3.** | Organization address: | *Street Address:*  *City:*  *Country:*  *Postal Code:* |
| **4.** | Website URL: | *http.* |
| **5.** | Phone number (include country and city codes): | *#* |
| **6.** | D-U-N-S number\*: | *#* |
| **7.** | Federal Tax Identification/Employer Identification Number (EIN) | *(For U.S. organizations only)*  *#* |
| **8.** | Authorized Contact Name/Title: | *Name:*  *Title:*  *Email:*  *Skype:* |

*\* The Federal Funding Accountability and Transparency Act (FFATA) requires to Counterpart to report subaward information using the FFATA Subaward Reporting System (FSRS). Subrecipients are required to have a valid Dun & Bradstreet (D&B) Data Universal Numbering System (DUNS) Number to meet reporting requirements.*

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Leadership & Strategic Management

# SECTION B: Legal Status, Registration & Organizational Governance

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| --- | --- | --- |
| **Please complete this section to provide general information about your organization.** | | |
| **1.** | Is your organization incorporated or legally registered? | *Yes*  *No* |
| **2.** | When and where was your organization incorporated or registered? | *Date:*  *Location:* |
| **3.** | How is the organization classified in its registration (e.g. for-profit, non-profit, university, charity, etc.)? | *Type:* |
| **4.** | Is your organization required to pay taxes on revenue or income? | *Yes (required) or*  *No (it is tax exempt)* |
| **5.** | Are documents regularly filed in compliance with tax statutes and laws (e.g. tax returns, annual reports, etc.)? | *Yes*  *No* |
| **6.** | Does your organization have by-laws, a charter, constitution or other foundational/operational documents that supports its missions, goals and governance? | *Yes*  *No* |
| **7.** | Does your organization have a Board of Directors? | *Yes*  *No* |
| **7a.** If yes, please list the names of the members of the Board of Directors or Board of Trustees and their position titles (Chairman, Secretary, Treasurer, regular member, etc.) and contact information: | | |

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| --- | --- | --- |
| **Name** | **Position Title** | **Contact Information**  *(email address or telephone #)* |
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| **8.** | Does your organization have documents that clearly outline the roles and responsibilities of the Board of Directors? | *Yes*  *No* |
| **8a.** | If yes, do the documents also outline the responsibilities of the Directors related to integrity, ethical behavior, disclosure and transparency? | *Yes*  *No* |
| **9.** | Are any members of the staff and/or Board of Directors/Trustees related to each other? | *Yes*  *No* |
| **9a**. If yes, identify and state relationship (spouse, child, parent, sibling, cousin, etc.) | | |

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| --- | --- | --- | --- |
| **Name** | **Position title** | **Name of relative** | **Relationship** |
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| **10.** Please list the names of the top three (3) highest ranking principal officers of your organization. |

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| --- | --- | --- |
| **Name** | | **Position Title & Years of Employment** |
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| **10.** | What are your organization’s current projects and sources of funding?  *List current funders (including contact information), funding amounts and project dates or attach supplemental document:* | |
| **11.** | What were your organizations projects and sources of funding over the past three (3) years?  *List current funders (including contact information), funding amounts and project dates or attach supplemental document:* | |

**Section B - Attachments:**

Please provide a copy of your organization's incorporation or registration certificate.

Please provide a copy of your organization’s tax exemption certificate (e.g. 501(c)(3) letter, other tax exempt letter).

Please provide copies of any materials that describe your organization, its mission and history (e.g. Annual Report, Organizational Strategic Plan, Organizational Chart, Constitution, Articles of Association, Organizational Bylaws).

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Accounting & Financial Management

**SECTION C: Internal Controls, Procurement, Inventory and General Information**

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| **Internal controls are your procedures which ensure that: 1) expenses are approved by an authorized person as required by laws, regulations, and your organization’s policies, 2) money and equipment are kept safely, and 3) accounting records are complete, accurate and kept on a regular basis. Please complete the following questions concerning your organization's internal controls.** | | |
| **1.** | Does your organization have policies, procedures, practices in place regarding segregation of duties to ensure that no single individual has complete control over an entire transaction (i.e. preparation of payment voucher and supporting documentation, review of transaction, approval of transaction, and disbursement of payment)? | *Yes*  *No* |
| **1a.** | If yes, list the names and titles of the individuals responsible for the following duties:  *Cash: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Bank Accounts: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Equipment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Maintaining accounting records: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Approving expenses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Checking expenses to make sure they are allowable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Maintaining invoices and other documentation for expenses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Signing checks or authorizing bank transfers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Reconciling bank statements to accounting records: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Preparing financial reports: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | |
| **2.** | Does your organization have policies, procedures, practices in place to ensure that funds are spent according to approved budgets? | *Yes*  *No* |
| **3.** | Does your organization have policies, procedures, practices in place to ensure that costs are fairly and consistently distributed across all funding sources? | *Yes*  *No* |
| **4.** | Does your organization have a written procurement policy and/or manual? | *Yes*  *No* |
| **4a.** | If yes, does your organization have requirements in place to require competitive procedures for procurement of goods and services? | *Yes*  *No* |
| **5.** | Does your organization keep inventory records for equipment and non-expendable supplies? | *Yes*  *No* |
| **5a.** | If yes, how often are inventory records compared to the actual equipment and supplies? | *Indicate frequency:* |
| **6.** | Has any donor suspended, cancelled, or terminated funding to your organization in the past 3 years? | *Yes*  *No* |
| **7.** | Has your organization received grants, contracts or cooperative agreements as a prime recipient and/or as a subrecipient from any U.S. Government agency (e.g. USAID, DOS, USDA)? | *Yes (Prime recipient)*  *Yes (Subrecipient)*  *No* |
| **7a.** | If yes, is your organization knowledgeable of the regulations that define cost allowability and the requirements pertaining to charging costs to US grants (2 CFR 200 Subpart E "Cost Principles for Nonprofit Organizations")? | *Yes*  *No* |
| **8.** | Does your organization have a written travel policy and/or manual? | *Yes*  *No* |
| **8a.** | If yes, does it require documentation of written prior authorization before an employee can undertake travel for business purposes? | *Yes*  *No* |
| **9.** | Does your organization have a written policy, procedures and/or manual for cost sharing? | *Yes*  *No* |
| **10.** | Does your organization have an established policy and/or procedure for ensuring funds are not provided to terrorists or entities/individuals that are barred or suspended from receiving USG funds? | *Yes*  *No* |
| **11.** | Has your organization previously received grant funding from Counterpart? | *Yes*  *No* |

**Section C - Attachments:**

Please provide a copy of your organization's procurement policy and/or manual.

Please provide a copy of your organization's travel policy and/or manual.

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**SECTION D: Accounting System, Records Management, Reporting & Reconciliation**

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| **Accounting systems are comprised of manual or computerized records of financial transactions for the purpose of recording, categorizing, analyzing and reporting timely financial management information. Funds provided to a subrecipient from Counterpart must be properly authorized, used for the intended purpose and recorded in an organized and accessible manner.** | | |
| **1.** | What are the beginning and ending dates of your organization's fiscal (financial) year? | Begins:  Ends: |
| **2.** | Does your organization have written accounting policies and procedures? | *Yes*  *No* |
| **3.** | Does your organization have an accounting/bookkeeping system in which financial transactions are entered into the system on a consistent basis in accordance with standardized practices? | *Yes*  *No* |
| **3a.** | If yes, provide more information about your accounting system, by checking all boxes that apply:  *Manual / hand-written ledgers* *Computerized accounting system*  *Double-entry accounting* *Chart of Accounts*  *General Ledger* *Other subsidiary ledgers* | |
| **4.** | How frequently are financial transactions recorded in your organization’s accounting system? | *Indicate frequency:* |
| **5** | Can your accounting records keep separate the receipts and payments of a Counterpart subgrant from the receipts and payments of other activities? | *Yes*  *No* |
| **6** | Can your accounting records summarize costs for the Counterpart subgrant according to different budget categories such as salaries, travel, equipment, contractual, other costs? | *Yes*  *No* |
| **7** | Does your organization maintain supporting documentation for all accounting entries and payments (e.g. journal vouchers, payment vouchers, receipts, invoices, and timesheets) | *Yes*  *No* |
| **8** | Are there any circumstances in which invoices, vouchers and timesheets cannot or would not be obtained for payments from Counterpart subgrant funds?  *If yes, please explain:* | *Yes*  *No* |
| **8** | Does your organization have policies, procedures and/or practices in place to ensure proper filing and management of financial records and their ease of access? | *Yes*  *No* |
| **10** | Would your organization be able to keep accounting records including invoices, vouchers and timesheets for at least three years after the final financial report is submitted to Counterpart? | *Yes*  *No* |
| **11.** | Does your organization have a Negotiated Indirect Cost Rate Agreement (NICRA) approved by a US Government agency? | *Yes*  *No* |
| **12.** | How often are financial reports prepared? | *Indicate frequency:* |
| **13.** | Are financial reports prepared on a cash or accrual basis? | *Cash*  *Accrual* |
| **14.** | Are financial reports reviewed by your organization’s management? | *Yes*  *No* |

**Section D - Attachments:**

Please provide a copy of your organization's accounting policy, procedures and/or manual.

Please provide a copy of your organization's policies, procedures and/or practices related to filing and management of financial records.

Please provide a copy of your organization’s approved NICRA, if applicable.

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**SECTION E: Cash Management**

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| **Subrecipients that receive advances from Counterpart must maintain a separate bank account in the name of the organization. Only Counterpart subgrant funds can be kept in that bank account, and access to the account must be limited to authorized representatives of your organization.** | | |
| **1.** | Can a separate bank account, registered in the name of your organization, be established for Counterpart subgrant funds only? | *Yes*  *No* |
| **2.** | Will funds in the designated bank account be held in U.S. Dollars or another currency? | *U.S. Dollars*  *Other*  *Indicate currency:* |
| **3.** | Are all bank account and check signers authorized by your Board of Directors or Trustees? | *Yes*  *No* |
| **4.** | How often are bank accounts reconciled? | *Indicate frequency:* |
| **5.** | How will payments for subgrant expenses be made under this project (check all that apply)? | *Checks*  *Bank transfers*  *Cash transactions*  *Other (please specify)* |
| **6.** | Does your organization’s accounting policy, procedures and/or other manual describe procedures and controls related to cash management, petty cash, cash receipts and cash disbursements (check all that apply)? | *Cash management*  *Petty cash*  *Cash receipts*  *Cash disbursements* |
| **6a.** | Does your organization’s accounting policy, procedures and/or other manual impose limitations on amounts or types of payments that can be made from petty cash? | *Yes*  *No* |
| **7.** | Will any cash from Counterpart subgrant funds be kept outside the bank? | *Yes*  *No* |
| **7a.** | If yes, please indicate the amount of funds to be kept outside the bank, the position title of the person responsible for the cash, and how cash will be safeguarded. | *Amount:*  *Position:*  *How is cash secured:* |
| **8.** | If Counterpart subgrant funds will be held in a non-US bank, please answer questions 8a through 8d to provide additional information about government regulation of the banking system and the financial institution. | |
| **8a.** | Are bank deposits insured by the government? | *Yes*  *No* |
| **8b.** | Are there any government restrictions on the number of bank accounts an organization may have? | *Yes*  *No* |
| **8c.** | Are there any government or bank restrictions, taxes or other fees that will be placed on the bank account? (*If yes, please explain)* | *Yes*  *No* |
| **8d.** | Are there any taxes, exchange requirements, or other charges that you will have to pay if converting US dollars to local currency? | *Yes*  *No* |

**Section E - Attachments:**

☐ If not already provided as part of the accounting manual, please provide a copy of your organization's written procedures related to cash management, petty cash, cash receipts and cash disbursements.

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**SECTION F: Fraud Prevention, Mitigation & Management**

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| **Fraud prevention, mitigation and management refers to the systems that an organization has in place to (1) reduce fraud, waste and abuse of its resources; (2) identify instances of fraud or mismanagement if they occur; and (3) manage the review, investigation and resolution of allegations and/or instances of fraud or mismanagement.** | | |
| **1.** | Does your organization regularly provide fraud prevention training for its staff? If so, how often? | *Yes*  *No* |
| **2.** | How does your organization screen its grantees, partners, beneficiaries, and employees Are references contacted and security/background checks conducted?  *Response:* | |
| **3.** | How does your organization handle allegations of fraud? Do your organization have a procedure for internal assessments?  *Response:* | |
| **4.** | Has your organization experienced fraud or a case of misuse of resources in the last 3 years? If yes please attach a written summary describing the situation. | *Yes*  *No* |

**Section F – Attachments:**

Please provide a description of any cases of fraud or misuse of resources that your organization experienced in the last 3 years, if applicable.

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**SECTION G: Audit**

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| **An audit is a review of an organization’s financial records, accounts, business transactions, accounting practices, and internal controls by an independent auditor. "Independent" refers to the fact that the auditor/CPA is not an employee of the organization that is being audited, but instead is retained through a contract for services. An audit report contains your financial statements as well as an opinion by the auditor stating whether or not the financial statements fairly present the financial position of the organization.** | | |
| **1.** | Does your organization have regular organization-wide audits conducted by an independent auditor and paid for by your organization? | *Yes*  *No* |
| If your organization does have regular audits, please answer questions 1a through 1d to provide additional information about the audits performed. | | |
| **1a.** | Please provide the name of the auditor/audit firm that performs your organization’s audits. | *Auditor:* |
| **1b.** | What type(s) of audits are performed? | *Financial*  *Program-specific*  *Single Audit (e.g. A-133)*  *Other* |
| **1c.** | How often are audits performed? | *Annual*  *Every 2 years*  *Other* |
| **1d.** | If your organization receives a subaward from Counterpart, will these funds be included as a distinct line item in your organization’s audit? | *Yes*  *No* |
| **2.** | If your organization does not have a recent audit, are you able to provide a copy of your organization’s *Balance Sheet* and *Revenue and Expense Statement* for the prior fiscal year? | *Yes*  *No* |
| **3.** | Are there any reasons (local conditions, laws, or institutional circumstances) that would prevent an independent accountant from performing an audit of your organization? | *Yes*  *No* |
| **4.** | *For non-U.S. organizations*  Did your organization expend a combined total of $300,000 or more in all Federal funds (received directly or indirectly as a subrecipient) in the previous fiscal year? | *Yes*  *No* |
| **4a.** | If yes, did your organization have an annual audit conducted in accordance with the "Guidelines for Financial Audits Contracted by Foreign Recipients" issued  by the USAID Inspector General? | *Yes*  *No* |
| **5.** | *For U.S. organizations*  Did your organization expend USD $750,000 or more in all USAID funds (received directly or indirectly as a subrecipient) in the previous fiscal year? | *Yes*  *No* |
| **5a.** | If yes, did your organization have an audit compliant with the Single Audit Act (e.g. A-133 or 2 CFR 200 Subpart F) conducted? | *Yes*  *No* |

**Section G - Attachments:**

Please provide a copy of your organization's most recent audit report, including any findings and your organization’s Management Response to findings.

If an audit report cannot be provided, please provide a copy of your organization's *Balance Sheet* and *Revenue and Expense Statement* for the prior fiscal year.

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Human & Material Resources

**SECTION H: Human & Material Resources**

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| **Human and material resources are required in an organization in order to implement services and activities. The following questions assess the resources in place at your organization and the systems that outline how personnel and material resources are managed.** | | |
| **1.** | List the number of employees in your organization: | *Full-Time:*  *Part-time:*  *Consultants:*  *Volunteers:* |

|  |  |  |  |
| --- | --- | --- | --- |
| **2.** Please list all staff members who have financial or accounting responsibility, including budgeting, financial reporting and banking. If one or more of these positions does not exist in your organization, please leave it blank. | | | |
| **Position** | **Name** | **Paid position** | **Volunteer position** |
| President |  |  |  |
| Secretary-General |  |  |  |
| Executive Director |  |  |  |
| Chief Financial Officer |  |  |  |
| Accountant |  |  |  |
| Bookkeeper |  |  |  |
| Accounting Firm |  |  |  |
| Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |

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| --- | --- | --- |
| **3.** | Does your organization issue employment agreements for all employees? | *Yes*  *No* |
| **3a.** | If yes, are employees issued a single and comprehensive agreement that outlines all terms of remuneration for all hours worked by the employee? | *Yes*  *No* |
| **4.** | Does your organization have a human resources manual? Has it been drafted in accordance with an assessment of local labor law? | *Yes*  *No* |
| **5.** | Does your organization maintain individual personnel files for every employee that includes original records of employment, rates and authorized deductions? | *Yes*  *No* |
| **6.** | Are time sheets kept for tracking an employee’s work hours? | *Yes*  *No* |
| **6a.** | Does your organization’s time-keeping system (e.g. time sheets) reflect their actual time spent on all projects during a pay period? | *Yes*  *No* |
| **6b.** | Are time sheets signed by the employee and approved by the employee’s supervisor? | *Yes*  *No* |
| **7.** | How are salary payments transacted by your organization (e.g. check, bank wire transfer, cash, other)? | *Transaction type:* |
| **8.** | Has your organization fully complied with local tax obligations and tax of staff salaries? | *Yes*  *No* |

**Section H - Attachments:**

Please provide a copy of your organization's human resources manual.

Please provide a copy of your organization's time sheet template.

**CHECKLIST AND SIGNATURE PAGE**

Counterpart requests that your organization submit available documents, as noted at the end of each section, with the completed questionnaire. Complete this page to ensure that all requested information has been included.

**Place an X in the box next to each of the documents that will be provided:**

Copy of your organization's incorporation or registration certificate

Copy of your organization’s tax exemption status (e.g. tax exempt letter from tax authority)

Materials that describe your organization, its mission and history (e.g. Annual Report, Organizational Strategic Plan, Organizational Chart, Constitution, Articles of Association, Organizational Bylaws)

Copy of your organization's timesheet template

Copy of your organization's procurement policy and/or manual

Copy of your organization's travel policy and/or manual

Copy of your organization's accounting policy, procedures and/or manual

Copy of your organization's policies, procedures and/or practices related to filing and management of financial records

Copy of your organization’s procedures related to cash management, petty cash, cash receipts and cash disbursements *(if not already provided in the accounting manual)*

Copy of your organization’s approved NICRA, if applicable

☐ Written description of any cases of fraud or misuse of resources that your organization experienced in the last 3 years, if applicable

☐Copy of your organization's most recent audit report, including any findings and your organizations Management Response to findings

☐ If an audit report cannot be provided, provide a copy of your organization's *Balance Sheet* and *Revenue and Expense Statement* for the prior fiscal year

Copy of your organization's human resources manual

**2. Signature and Attestation:**

*As an authorized representative, I certify that the information included in this questionnaire is accurate and complete. I understand that false information may result in termination of the Subaward and disclosure of any irregularities to the Counterpart’s funder.*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_