**Attachment : Financial Form**

|  |  |
| --- | --- |
| **Organization’s Name** |  |
| **Date Established** | (Use N/A if under fiscal sponsorship) |
| **Physical Address** | Street Address: |
| City, State, Zip Code: |
| **Mailing Address (if different)** | Street Address: |
| City, State, Zip Code: |
| **Contact Person**  **(Financial)** | Name: |
| Phone: |
| Email: |
| **UEI (formerly DUNS) number\*** | (Use N/A if unknown) |
| **FEIN number\*** | (Use N/A if unknown) |

\*UEI: [Unique Entity Identifier](https://www.grants.gov/help/html/help/Register/ObtainDUNSNumber.htm)

\*FEIN: [Federal Employer Identification Number](https://www.irs.gov/businesses/small-businesses-self-employed/employer-id-numbers)

**BUDGET & FUNDING**

1. **Please list your current and previous year organizational budget:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization Budget**  (Current Year, in USD) |  | **Organization Budget**  (Last Year, in USD) |  |

**2. Please list the organization’s major sources of funding for the current year and the past two years, including the percentage comprised of federal funding:**

|  |  |
| --- | --- |
| **3. Does your organization itself make grants or donations to other entities?** | **No  Yes** |

**INTERNAL CONTROLS**

**4. List all individuals who are responsible for accounting, including budgeting and banking.**

|  |  |  |
| --- | --- | --- |
| Name | Position Title | Staff, Consultant, or Volunteer? |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**5. Identify the individual(s) responsible for the following tasks:**

|  |  |  |
| --- | --- | --- |
| Task | Name | Position Title |
| Managing cash |  |  |
| Maintaining bank accounts |  |  |
| Approving expenses |  |  |
| Keeping all invoices and expense documentation |  |  |
| Signing checks |  |  |
| Maintaining accounting records |  |  |
| Reconciling bank statements to the accounting records |  |  |
| Preparing financial reports |  |  |

**6. Are any members of the staff, board members or consultants related?** Yes:  No:

If yes, identify and state relationship (spouse, child, parent, sibling, cousin, etc.)

|  |  |  |
| --- | --- | --- |
| Name | Name of relative | Relationship |
|  |  |  |
|  |  |  |
|  |  |  |

**7. Are timesheets, a record of working hours of full-time and part-time employees, maintained for each paid employee?**

Yes:  No:

**8. Do you issue an employment letter or contract which includes the employee’s salary?**

Yes:  No:

**9. Do you have a written procurement policy?**

Yes:  No:

**10. Do you keep inventory records for equipment?**

Yes:  No:

**ACCOUNTING SYSTEM**

1. **Does your organization have written accounting policies and procedures?**

Yes:  No:

1. **Complete the following information concerning the person who will maintain your accounting records:**

a. How many years of experience does this person have? \_\_     \_\_\_\_\_\_\_\_\_

b. How many years has this person been with your organization? \_\_     \_\_\_\_\_\_\_

**13. Does your accounting system have the capacity to separate all receipts and payments for a API-GBV grant from the receipts and payments for activities funded by other funding sources?**

Yes:  No:

**14. Do you keep invoices, vouchers and receipts for all payments made from grant funds?**

Yes:  No:

**15. Are there any circumstances in which invoices, vouchers, receipts and timesheets cannot be obtained?**

No:  Yes:  (explain)

|  |
| --- |
|  |

**16.** **Does your organization keep accounting records including invoices, vouchers, receipts and timesheets for at least 3 years per 45 CFR 75.361 (retention requirements for records)?**

|  |
| --- |
|  |

**BANKING & AUDITS**

**17. Can you open or do you already have an organization bank account?**

Yes:  No:

**If not, why?**

**18. Does your organization have external audits (performed by an audit firm or a certified public accountant)?**

Yes:  No:

**19. How often are audits performed?**

Yearly:  Every 2 years:  Other:  (explain)

**20. What year was your most recent audit conducted?**

**21. Enter the beginning and ending dates of your organization's fiscal (financial) year:**

|  |  |  |  |
| --- | --- | --- | --- |
| From: (Month, Day) |  | To: (Month, Day) |  |

Note: API-GBV may request a copy of your most recent audit report or, if not available, organizational financial statements.

**23. Please list the name, title and contact information of the person authorized to sign agreements on behalf of the organization.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title (***(Dr / Prof / Mr. / Ms. etc.* | **Full Name** | **Position/Title** | **Address** | **Contact info**  (phone, e-mail, etc.) |
|  |  |  |  |  |

**All questions have been answered to the best of the organization’s knowledge. Document not valid without name, title, signature and date**

The following officer of the applicant organization affirms that all the information in this application is true, complete and accurate:

**Name and Title**

**Signature** **Date**