**Appendix C-3 – rfp financial survey**

**RFP/CONTRACT NUMBER: HSS-20-050**

**PROGRAM/SERVICES: Comprehensive Substance Abuse Prevention Services**

**NAME OF APPLICANT AGENCY:** Click here to enter text.

**Organization Information**

1. Nature of Business

1. Organization type:

For-profit  Non-profit  Not-for-profit

1. IRS tax-exempt status:

Non-exempt Exempt – Under IRS Code Section: Click here to enter text.

2. Corporation Data:

Are the following documents up to date?

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Document Description** | **YES** | **NO** |
| a. | Corporate Documentation (i.e., Certificate(s) of Incorporation; By-laws; Policy & Procedures as requested herein) |  |  |
| b. | Fidelity Bond |  |  |
| c. | Insurance Policies for property: | | |
| Liability |  |  |
| Vehicle |  |  |
| d. | Malpractice/Liability insurance to protect agency/staff against lawsuits brought by recipients of services |  |  |
| e. | IRS Form 501C – Tax Exempt Status |  |  |
| f. | IRS Form 4029 – Application for Exemption form Social Security and Medicare Taxes and Waiver of Benefits |  |  |
| g. | IRS Form 990 – Return of Organization Exempt from Income Tax |  |  |
| h. | IRS Form 941 – Employer’s Quarterly Federal Tax Return |  |  |
| i. | Delaware Annual Franchise Tax Report |  |  |
| j. | Delaware Forms (VCE - UC8A) W1-W3 Report of State Withholding |  |  |
| k. | Contracts for Purchased Services (i.e., Rent, etc.) |  |  |
| l.. | Delaware Business License |  |  |

**Finance, Accounting, and Internal Controls**

3. Basis of accounting system:  Cash  Accrual

4. Does the firm engage an independent auditor to conduct an annual audit of financial statements?  Yes  No

1. If yes, select type of audit:  Federal Single Audit  Financial Audit; Last fiscal year audited: \_\_\_\_\_\_
2. If no, is an Independent CPA Review performed?  Yes  No; Last fiscal year reviewed: \_\_\_\_\_\_

5. Provide, a listing of the firm’s Chart of Accounts (COA), including both the numeric code and description of each account in the accounting system.

Click here to enter text.

6. The firm must maintain a complete set of accounting records, or books of account for original and secondary entries, in which all financial information of firm are recorded and maintained, including journals, ledgers, and supporting documentation.

Has your firm maintained a complete set of accounting records?  Yes  No

(**Note**: If selected as a contract agency, these records may be audited by Division representatives at any time.

7. Internal Controls

**Reference:** The Committee of Sponsoring Organizations (COSO) of the Treadway Commission Internal Control Integrated Framework (COSO Framework) for Organizations to use in the assessment of internal control as adapted by the Government Accountability Office (GAO*) Standards for Internal Control in the Federal Government* issued Sep 2014.

1. Have deficiencies or material weaknesses in internal controls been found during an audit?  Yes  No
2. Does your firm maintain written financial practice policies and procedures?  Yes  No

(If yes, please provide a copy to the Division in a labeled attachment to this survey)

1. Are Financial Policies and Procedures regularly reviewed and revised as necessary?  Yes  No

1. If not present in the attached policies and procedures, explain the internal management mechanisms in place for safeguarding the assets of the organization, and for preventing and detecting errors, fraud, waste and abuse. Specifically describe the following financial management areas under marked sub-headings:

* Separation of functional responsibilities and duties;
* Petty cash procedures (include uses, forms, maximum balance maintained, limits on transactions, procedures for reconciliation and replenishment);
* Receipts (describe flow of receipt, recording, and deposit);
* Disbursements (approvals, safeguarding blank checks, check issuance, required check signatories, maintenance of supporting documents)
* Bank statement (both process and timing of opening, review, reconciliation and approval of statement)

8. Billing Clients for Services

1. Does the firm maintain a schedule of fees?  Yes  No

Summarize, the procedures for determining fees due from client, include information about how a client is informed about the fee schedule, determination of client’s ability to pay, the procedures for billing clients, and how the receipt of client fees is documented.

Click here to enter text.

1. Explain the procedures for billing third-party payers? Click here to enter text.

**Program**

9. Does the firm maintain a summary of total program funding and a breakdown of approximate funding by source?

Yes  No

Briefly describe: Click here to enter text.

10. Does the program have person(s) responsible for the preparation and review of the program budget?  Yes  No

Describe the procedures for preparing the overall program budget, estimating the projected income, and for the periodic budget review and adjustments.

11. Indirect (Facilities and Administration) Costs

1. Describe the agency’s development of its indirect cost pool(s), and the method of distributing indirect (F&A) charges across programs.

(Please provide a copy of the policy to the Division in a labeled attachment)

1. Does the organization have a Federally-approved indirect cost rate?  Yes  No

Indirect Cost Rate: \_\_\_\_\_% Type of rate (predetermined, provisional, final, de minimis, etc.: \_\_\_\_\_\_\_\_\_\_\_\_\_

Allocation (distribution) basis: \_\_\_\_\_\_\_\_\_\_\_\_\_ Federal cognizant agency for indirect costs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Procurement**

12. What are the organization’s procedures for procurement? Include description of:

1. Solicitation and bids process for service, and
2. Receipt and inspection of goods.

(Please provide a copy of the policies to the Division in a labeled attachment)

***NOTE:*** *When procuring property and services under a Federal award, non-Federal entities that are not states, must follow Uniform Guidance procurement standards found at 2 CFR 200, §200.318 through §200.326.*

**Property Management**

13. Describe the following elements of the firm’s property management process.

1. Does the firm maintain an inventory (listing) of furnishings, office equipment, and other capital property?

Yes  No

1. The inventory record includes (check all that apply; otherwise, write N/A for not applicable):

|  |  |
| --- | --- |
| **Property Inventory Data** | **Applicable** |
| Property description |  |
| Identification number of item (serial number, model) |  |
| Purchase or acquisition date |  |
| Purchase Price |  |
| Source of funds for purchase |  |
| % of Federal Participation in Property Costs (if applicable) |  |
| Condition of item |  |
| Location of item |  |
| Date of loss, destruction, or disposition of item |  |
| Fair Value of Property at loss, destruction, or disposition |  |

1. Is the inventory kept up-to-date?  Yes  No; How often is the inventory updated? \_\_\_\_\_\_\_\_\_\_\_\_\_

1. Identify the party responsible for maintaining the inventory? Name/Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant Agency Signoff**

14. Survey Completed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Printed or Typed Name)

Title/Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_