|  |
| --- |
| **Agency Information and Fiscal Capacity** |

1. **Lead / Fiscal Agency**

|  |  |
| --- | --- |
| Legal Name |  |
| Contact Person |  |
| Street Address |  |
| Mailing Address |  |
| City / State / Zip |  |
| Phone/Fax |  |
| Email |  |

1. **Type of Agency (mark those that apply)**

|  |  |  |  |
| --- | --- | --- | --- |
| Private Non-Profit |  |  |  |
| 501c3 |  |  |  |
| Other |  |  |  |  |
| Government |  |  |  |
| Other |  | Define: |  |

|  |  |
| --- | --- |
| Number of years of operation |  |

1. **Key Personnel**

Agency Director:

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Address |  |
| City / State / Zip |  |
| Phone/Fax |  |
| Email |  |

Project Coordinator:

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Address |  |
| City / State / Zip |  |
| Phone/Fax |  |
| Email |  |

Accounting/Finance Person:

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Address |  |
| City / State / Zip |  |

|  |  |  |
| --- | --- | --- |
| Phone/Fax |  | |
| Email |  | |
|  |  | |
| Governing Board members regularly meet on: | |  |
| Number of current members: | |  |

Board Chair:

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| City / State / Zip |  |
| Phone/Fax |  |
| Email |  |

1. **Accounting System**

|  |  |
| --- | --- |
| Cash: A basis of accounting under which revenue / expenses are recorded when cash is received or disbursed. |  |
| Modified Accrual: A basis of accounting under which revenues are recorded when they are received and expenses are recorded when they result in liabilities for benefits received (not when they are paid). |  |
| Accrual: A basis for accounting under which revenues are recorded when they are earned (not when they are received) and expenses are recorded when they result in liabilities for benefits received (not when they are paid). |  |

|  |  |  |
| --- | --- | --- |
| Double-entry Accounting System |  |  |
| Single-entry Accounting System |  |  |
|  | | |
| The formal accounting system contains: | Yes | No |
| General Ledger |  |  |
| General Journal |  |  |
| Cash Receipt Journal |  |  |
| Cash Disbursement Journal |  |  |

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Is an up-to-date chart of accounts maintained? |  |  |
| Is there an up-to-date accounting policies and procedures manual which includes a complete description of the financial management functions? |  |  |
| Are contract funds accounted for by separate fund accounts identified within the accounting system? |  |  |
| Does the system adequately identify receipts and expenditures for each grant, contract or sub-contractor from each fund? |  |  |
| Does the system require that all accounting entries be supported by adequate documentation? |  |  |
| Are bank accounts reconciled monthly and copies of bank reconciliation kept on file? |  |  |
| Are financial statements prepared periodically in sufficient detail to disclose significant variations in any category of revenue and expenses? |  |  |
| Is a trial balance prepated monthly to ensure accounting records are posted correctly and the book (general ledger) is balanced? |  |  |
| Does the proposer have a written inventory control procedure? |  |  |
| Are duties and responsibilities separated (segregated) so no one employee has sole control over cash receipts, disbursements and reconciliation of bank accounts? |  |  |
| Was a certified audit conducted within the last year? Attach a copy of the last audit report if the proposer is not a current Title III provider for the service areas specified in this RFP. |  |  |

If a position is paid with multiple funding sources how is the time allocated to each funding source determined? Indicate method and describe in space provided.

|  |  |  |
| --- | --- | --- |
| Time Study |  |  |
| Timesheet |  |
| Other (specify) |  |