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| **AUDIT CERTIFICATION AND FINANCIAL STATUS QUESTIONNAIRE** |

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| **For Subrecipient Name:** |  |

**This Audit Certification and Financial Status Questionnaire Form is to be completed by Subrecipient.**

**This Audit Certification is for Subrecipient's Most Recently Completed Fiscal Year Ending \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**(Please respond to A or B, below, as applicable):**

1. External independent audits of my organization/company have been completed for my organization’s most recently completed Fiscal Year: (state your organization’s/company's fiscal year: from MM/DD/YYYY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to MM/DD/YYYY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_). **Provided is the URL link to our true, complete and most current audit report \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**OR**

1. My organization/company has not been audited by a U.S. Government audit agency or by an independent CPA firm for the most recently completed Fiscal Year (state organization's/company's fiscal year from MM/DD/YYYY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to MM/DD/YYYY:

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| **AUTHORIZED SUBRECIPENT OFFICIAL** |  |  |
|  |  |  |
| **Name/Title** |  | **Department** |
|  |  |  |
| **Address** |  | **City, State, Zip** |
|  |  |  |
| **Phone** |  | **Email** |
|  |  |  |
| **Signature** |  | **Date** |

**I have completed this Audit Certification and Financial Status Questionnaire (4 pages) in its entirety. True and correct information concerning my organization's finances and fiscal policies have been provided in this Audit Certification and Financial Status Questionnaire and in any attached financial statements covering the fiscal year noted above.**

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| **General Information** | | | |
| Y | N | 1. | Does your organization have its financial statements reviewed by an independent public accounting firm? **(Please enclose a copy of the most recent financial statements for your organization, audited or unaudited.)** |
| Y | N | 2. | Are duties separated so that no one individual has complete authority over an entire financial transaction? |
| Y | N | 3. | Does your organization have controls to prevent expenditure of funds in excess of approved, budgeted amounts? |
| Y | N | 4. | Other than financial statements, has any aspect of your organization’s activities been audited within the last two years by a governmental agency or independent public accountant? Explain. **(Please provide a copy of any recent external audit report.)** |
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| Y | N | 5. | Does your organization maintain current, accurate information on the Central Contractor Registration (CCR) website (http://www.ccr.gov)? |

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| **Cash Management** | | | |
| Y | N | 1. | Are all disbursements properly documented with evidence of receipt of goods or performance of services? |
| Y | N | 2. | Are all bank accounts reconciled monthly? |
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| Payroll | | | |
| Y | N | 1. | Are payroll charges checked against program budgets? |
|  |  | 2. | What system does your organization use to control paid time, especially time charged to sponsored agreements? |
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| **Procurement** | | | |
| Y | N | 1. | Are there procedures to ensure procurement at competitive prices? |
|  |  | 2. | Is there an effective system of authorization and approval of: |
| Y | N |  | 1. capital equipment expenditures? |
| Y | N |  | 1. travel expenditures? |
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| **Property Management** | | | |
| Y | N | 1. | Are detailed records of individual capital assets kept and periodically balanced with the general ledger accounts? |
| Y | N | 2. | Are there effective procedures for authorizing payment and accounting for the disposal of property and equipment? |
| Y | N | 3. | Are detailed property records periodically checked by physical inventory? |
| Y | N | 4. | Briefly describe the organization’s policies concerning capitalization and depreciation. |
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| **Cost Transfers** | | |
|  | 1. | How does the organization ensure that all cost transfers are legitimate and appropriate? |
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| **Indirect Costs** | | | |
| Y | N | 1. | Does the organization have an indirect cost allocation plan or a negotiated indirect cost rate? Explain. **(Please provide a copy of any negotiated indirect cost rate agreement.)** |
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| Y | N | 2. | Does the organization have procedures which provide assurance that consistent treatment is applied in the distribution of charges to all grants, contracts and cooperative agreements? Explain. |
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| **Cost Sharing** | | |
|  | 1. | How does the organization determine that it has met cost sharing commitments? |
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| **Compliance** | | | |
| Y | N | 1. | Does your organization have a formal policy of nondiscrimination and a formal system for complying with Federal civil rights requirements? |
| Y | N | 2. | Does your organization have a cash forecasting process which will minimize the time elapsed between the drawing down of funds and the disbursement of those funds? |
| Y | N | 3. | **Please provide a list of recent grants, contracts or cooperative agreements your organization has received from Seton Hall University.** |
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| **Attachments** | | | |
| Y | N |  | Recent Financial Statements External Review or Audit Report |
| Y | N |  | Financial Statements, Audited or Unaudited |
| Y | N |  | Indirect Cost Rate Agreement |