

**United States Institute of Peace**

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**Pre -Award Assessment**

USIP conducts a survey to assess whether a partner organization can manage the award and comply with its requirements and applicable regulations.

*Instructions*: A designated representative of a partner’s organization must complete and sign the following questionnaire and include necessary attachments, as required.

**PART I. General Information**

|  |  |
| --- | --- |
| Organization Name: |  |
| Type of Organization: | [ ]  University [ ]  For Profit [ ]  Non-profit [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Employer Identification Number: *(US organizations only*) | UEI #: (*If registered in SAM*) |
| Address: | Telephone #:  |
| Fax Number: |
| Website:  |
| Authorized Representative: | Name: | Telephone #: |
| Title: | Email Address: |

**PART II. Internal Controls**

1. Identify the key personnel responsible for performing the following duties:

|  |  |  |  |
| --- | --- | --- | --- |
| **Responsibilities** | **Name** | **Position Title** | **Note** |
| Performing cash and bank reconciliation |  |  |  |
| Preparing financial reports |  |  |  |
| Signing checks\* |  |  |  |
| Approving expenses |  |  |  |
| Tracking and keeping financial documentation including invoices and receipts  |  |  |  |
| Maintaining accounting records |  |  |  |

\**Note: Good internal controls suggest two signatures on checks.*

1. Does your organization’s financial controls segregate responsibilities so that no single individual has complete authority over an entire transaction? [ ]  Yes [ ]  No
2. Are personnel charges supported by timesheet reports and signed by employee and supervisor?

[ ]  Yes [ ]  No. If not, can the partner maintain timesheet to fulfill USIP requirements? [ ]  Yes [ ]  No

1. Do you keep inventory records for equipment? [ ]  Yes [ ]  No. If yes, how often do you conduct physical inventory count? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Are procurement records appropriately maintained relative to each type of procurement? [ ]  Yes [ ]  No

**PART III. Policies and Procedures**

1. Does your organization have written policies and procedures on the following?
2. Accounting and Financial [ ]  Yes [ ]  No
3. Procurment [ ]  Yes [ ]  No
4. Property Management [ ]  Yes [ ]  No
5. Human Resources [ ]  Yes [ ]  No
6. Code Conduct and Ethics [ ]  Yes [ ]  No
7. Travel [ ]  Yes [ ]  No

**PART IV. Financial Management System**

1. What basis of financial reporting does your organization use? [ ]  Cash basis [ ]  Accrual basis
2. As part of the financial management systems, does your organization maintain the following?
3. General Ledger [ ]  Yes [ ]  No
4. Chart of Accounts [ ]  Yes [ ]  No
5. Cash Receipt Journal [ ]  Yes [ ]  No
6. Cash Disbursement Journal [ ]  Yes [ ]  No
7. General Journal [ ]  Yes [ ]  No
8. Computerized Accounting System [ ]  Yes [ ]  No
9. Briefly describe your organization’s accounting system in the space provided below.
10. Does your accounting system produce the following financial reports?
11. Income statement [ ]  Yes [ ]  No
12. Balance Sheet [ ]  Yes [ ]  No
13. Accounts payable and receivable [ ]  Yes [ ]  No
14. List of fixed assets [ ]  Yes [ ]  No
15. Does your organization’s accounting system have the capacity to do the following:
16. Track receipts, payments and expenditures from various donor sources and project activities? [ ]  Yes [ ]  No
17. Summarize expenditures according to budget line items such as salaries, supplies, travel, etc.? [ ]  Yes [ ]  No

**PART V. Banking and Audits**

1. Does your organization have audits performed by either an independent audit firm or a Certified Public Accountant? [ ]  Yes [ ]  No. If yes,
2. provide the name and contact information of the audit firm or accountant.

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1. what type of audit was performed? [ ]  Financial [ ]  A-133/Single [ ]  Other \_\_\_\_\_\_\_\_\_
2. how often are audits performed? [ ]  Quarterly [ ]  Semi-annually [ ]  Annually [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Does your organization have a bank account registered under its name? [ ]  Yes [ ]  No

If not, how is cash kept safely? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART VI. Human Resource**

1. Does your organization have written job descriptions? [ ]  Yes [ ]  No
2. Do you issue an employment letter or contract which includes the employee’s salary, terms of contract, etc.? [ ]  Yes [ ]  No
3. Does your organization keep timesheets or other attendance records for each paid employee that tracks actual hours worked? [ ]  Yes [ ]  No
4. Has your organization implemented payroll system that regularly disperses salary to employees? [ ]  Yes [ ]  No

**PART VII. Attachments**

 Attach the following documents to this questionnaire, as applicable.

 [ ]  Certificate of Incorporation and/or active license (Certificate of Good Standing)

 [ ]  Evidence for tax status

 [ ]  Copy of recent audited financial statement

 [ ]  If your organization does not have a recent audit, a “Balance sheet” and “Revenue and Expense” statement for prior fiscal year.

 [ ]  Written policies and procedures checked in PART III of this questionnaire

**Certification**

|  |
| --- |
| I certify that the information included in and attached to this questionnaire is accurate and complete. I understand that false or intentionally misleading certification may result in actions up to termination of the resulting award. I further understand that USIP reserves the right to request further documentation and/or inspect the organization’s financial records and books, procedures, or other documents related to the resulting award and its administration. |
| Name: | Title: |
| Signature: | Date: |