**SECTION A: General Information**

Please complete this section which provides general information on your organization.

**Legal Name of Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(if different)

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# Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other (Email) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is your organization type (profit, non-profit, private volunteer organization, university, etc.)?

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Is your organization incorporated or registered?

# Yes: 🞎 No: 🞎

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. When and where was your organization incorporated or registered?

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Please provide a copy of your organization’s incorporation or registration certificate.

Enclosed: 🞎 Not enclosed (Explain): 🞎

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. What is your organization’s tax status?

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Please provide a copy of any information which describes your organization, its mission and history:

Enclosed: 🞎 Not enclosed (Explain): 🞎

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Is your organization affiliated with any other organization:

Yes: 🞎 No: 🞎

If yes, please provide details:

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Please list the names of the following individuals:

President/Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secretary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chief Financial Officer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Controller/Accountant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. List the number of employees of your organization:

Full-Time Employees: \_\_\_\_ Part-Time Employees: \_\_\_\_ Consultants: \_\_\_\_\_

1. Enter the beginning and ending dates of your organization’s fiscal year:

From (Month, Day) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ To (Month, Day) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Financial Information. Please complete the requested information and provide a copy of your most recent financial reports.

Current year information (indicate period) \_\_\_\_\_\_\_\_\_\_

Revenues: U.S.D. $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Local Currency : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expenses: U.S.D. $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Local Currency : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assets U.S.D. $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Local Currency : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Liabilities: U.S.D. $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Local Currency : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exchange Rate: \_\_\_\_\_\_\_\_\_\_\_\_ per $1 U.S.D.

Prior year information (indicate period) \_\_\_\_\_\_\_\_\_\_\_\_\_

Revenues: U.S.D. $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Local Currency : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expenses: U.S.D. $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Local Currency : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exchange Rate: \_\_\_\_\_\_\_\_\_\_\_\_ per $1 U.S.D.

1. Will your organization have other sources of U.S.Government funds during the period of the IFES subaward

Yes: 🞎 No: 🞎

If Yes, what is the estimated value of U.S. Government funding that your organization receives per year?

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SECTION B: Internal Controls

Internal controls are procedures which ensure that: 1) financial transactions are approved by an authorized individual and are consistent with laws, regulations, and the organization’s policies, 2) assets are maintained safely and controlled, and 3) accounting records are complete, accurate, and are maintained on a consistent basis.

Please complete the following questions concerning your internal controls:

1. List the name and position title for the following area(s):

* + Responsible for cash, bank accounts, or equipment.

Cash: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank Account: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Equipment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Responsible for reviewing expenditures to make sure they are allowable.

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Responsible for keeping all receipts and other documentation to support expenses charged to this grant.

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Responsible for signing checks.

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Responsible for maintaining the accounting records.

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Responsible for reconciling bank statements to the accounting records.

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Responsible for preparing financial and narrative reports.

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Describe the types of reconciliations performed, and how frequently they are performed.

Type of reconciliation Frequency

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are timesheets maintained for each employee who is paid?

Yes: 🞎 No: 🞎

1. Is each employee’s salary documented in an employment letter or contract?

Yes: 🞎 No: 🞎

1. Do you maintain inventory records?

Yes: 🞎 No: 🞎 (if no, explain)

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. How often do you check inventory records to the actual inventory?

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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SECTION C: Accounting system

**The purpose of an accounting system is to: 1) accurately record all financial transactions, and 2) ensure** **that financial transactions are supported by invoices,** **timesheets or other documentation. The type of** **accounting system often depends upon the size of an organization. Some organizations may have computerized** **accounting systems while others use a manual system to record each transaction in a ledger.**

**In all cases,** **IFES’ subaward** **funds must be properly authorized, used for the intended purpose** **and recorded in an organized and consistent manner.**

1. **Briefly describe your organization's accounting system. At a minimum, describe: a) any manual ledgers used to record transactions (general ledger, cash disbursements ledger, accounts payable ledger, etc);** **b) any computerized accounting system used (please indicate the type);** **c) how recorded transactions are summarized for** **financial reporting purposes, and** **d) the frequency of financial reports.**

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Do you have written accounting policies and procedures?

Yes: 🞎 No: 🞎

1. Are your financial reports prepared on a:

Cash basis: 🞎 Accrual basis: 🞎

1. Can the accounting records identify the receipts and payments of an IFES grant from the receipts and payments of other activities?

Yes: 🞎 No: 🞎

1. Can the accounting records summarize payments by budget category?

Yes: 🞎 No: 🞎

1. How will you ensure that line item and overall budget limits for the IFES subaward will not be exceeded?

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Do you maintain invoices, vouchers, and timesheets for all payments made from subaward funds?

Yes: 🞎 No: 🞎

1. Are there any circumstances in which invoices, vouchers, and timesheets cannot or will not be obtained?

Yes: 🞎 (explain) No: 🞎

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Briefly describe your organization’s system for filing and maintaining supporting documentation.

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1. Will you be able to maintain accounting records including invoices, vouchers, and timesheets for at least three years after the final financial report is submitted?

Yes: 🞎 No: 🞎 (explain)

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Do you have an audited indirect cost rate?

Yes: 🞎 (enclose approved rates) No: 🞎

SECTION D: Funds Control

**IFES’** **subrecipients receiving advances of subaward funds must maintain a separate bank account for** **IFES’ funds. Access to the bank account should be limited to authorized individuals. Bank balances should be reconciled periodically to the accounting records. If cash cannot be maintained in a bank, it is very important to have strict controls over its maintenance and disbursement.**

1. **Can a separate bank account be established just for IFES’ subaward funds?**

Yes: 🞎 No: 🞎

1. **Will any cash from IFES funds be maintained outside the bank (in petty cash form, etc.)?**

Yes: 🞎 No: 🞎

**If yes, please explain the amount of funds to be maintained, the purpose and person responsible for safeguarding these funds.**

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1. **If you don’t have a bank account, what do you do to make sure that cash is maintained safely?**

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1. **If IFE’S subaward funds will be held in a non-U.S. bank, please answer the following:**
   1. Are bank deposits insured by the government?

Yes: 🞎 No: 🞎

* 1. Do you intend to convert U.S. currency to foreign currency?

Yes: 🞎 No: 🞎

* 1. Are there any government restrictions on the number of bank accounts a single organization may maintain?

Yes: 🞎 No: 🞎

* 1. Are there any government or bank restrictions on the use of checks for making payments or withdrawals? (Please explain.)

Yes: 🞎 No: 🞎

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* 1. Are checks usually accepted by vendors?

Yes: 🞎 No: 🞎

* 1. Will it be possible for you to establish a bank account in U.S. dollars?

Yes: 🞎 No: 🞎

* 1. Are there any government or bank restrictions, taxes, or other charges that will be placed on U.S. dollar bank accounts? (Please explain.)

Yes: 🞎 No: 🞎

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* 1. Are there any taxes or other charges when converting U.S. dollars to local currency? (Please explain).

Yes: 🞎 No: 🞎

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SECTION E: Audit

IFES’ subaward provisions may require an audit to be performed of your accounting records. Please provide the following information on prior audits of your organization.

1. Have external accountants ever performed an audit of your organization’s financial statements?

Yes: 🞎 No: 🞎

1. If an audit was performed, please provide this office with a copy of your most recent report.

Enclosed: 🞎

1. Does your organization have regular audits?

Yes: 🞎 No: 🞎

1. If yes, who performs the audit and how frequently is it performed?

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1. If you receive an IFES’ subaward, will IFES’ subaward funds be included in such an audit?

Yes: 🞎 No: 🞎 N/A (not applicable): 🞎

1. If yes, would it appear as a separate project?

Yes: 🞎 No: 🞎 N/A: 🞎

1. Would the report be prepared in, or translated into English?

Yes: 🞎 No: 🞎 N/A: 🞎

1. Are there any reasons (local condition, laws, or institutional circumstances) that would prevent an independent accountant from performing an audit of your organization?

Yes: 🞎 No: 🞎

If yes, please provide details:

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Printed Name Signature

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Please include any additional comments here: