

**South Dakota Department of Health
Accounting System and Financial Capacity Questionnaire**

SECTION A: ENTITY INFORMATION

1. Entity's Name, DBA, Address and Zip +4 for Primary Place of performance.	2. Employer Identification Number (EIN #):	3. Number of Employees. Full Time: Part Time:
	4. DUNS/Unique Entity Identifier Number	5. Registered and searchable in Sam.gov? <input type="radio"/> Yes <input type="radio"/> No
6. When did the applicant receive its 501(c) 3 status (MM/DD/YYYY):		

7a. Is the applicant affiliated with or managed by any other organizations (Ex. regional or national offices)? <input type="radio"/> Yes <input type="radio"/> No If "Yes," provide details:	8a. Total revenue in most recent accounting period (12 months).
7b. Does the applicant receive management or financial assistance from any other organizations? <input type="radio"/> Yes <input type="radio"/> No If "Yes," provide details:	8b. How many different funding sources does the total revenue come from (please give a number)?

9. Does the applicant have written policies and procedures for the following business processes? If yes please attach a copy of the table of contents or full document.

a. Accounting <input type="radio"/> Yes <input type="radio"/> No	f. Travel <input type="radio"/> Yes <input type="radio"/> No
b. Purchasing <input type="radio"/> Yes <input type="radio"/> No	g. Code of Ethics <input type="radio"/> Yes <input type="radio"/> No
c. Payroll/Time/Attendance <input type="radio"/> Yes <input type="radio"/> No	h. Discrimination <input type="radio"/> Yes <input type="radio"/> No
d. Pay Rates/Benefits <input type="radio"/> Yes <input type="radio"/> No	i. Conflict of Interest <input type="radio"/> Yes <input type="radio"/> No
e. Procurement <input type="radio"/> Yes <input type="radio"/> No	

10. Enter Start and End Date of Fiscal Year for Entity:

SECTION B: ACCOUNTING SYSTEM

1. Which of the following best describes the accounting system?	<input type="checkbox"/> Manual	<input type="checkbox"/> Automated	<input type="checkbox"/> Combination
2. Does the accounting system identify the deposits and expenditures of program funds for each and every grant separately?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure		
3. Are time studies conducted for an employee(s) who receives funding from multiple sources?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure		
4. Is grant funding monitored so expenses do not exceed award amount?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure		
5. If grant funds are mixed with other funds, can the grant expenses be easily identified?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure		

SECTION C: FINANCIAL INFORMATION

1. Did an independent certified public accountant (CPA) ever examine the organization's financial statements? If yes, for what year/?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Sure
2. Is the entity required to file an IRS Form 990? If yes, please check what type of form and indicate the date filed. Date Filed: _____	<input type="checkbox"/> 990	<input type="checkbox"/> 990 E-Z, etc.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure

3. Per 2 CFR Chapter I, Chapter II, Part 200 et. al. Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards; Final Rule, Subpart F Audit Requirements was your entity required to have a single audit or program-specific audit? Yes No Not Sure

4. Does your entity have a federally approved indirect cost rate?
If so, what is your approved rate? Yes No

5. What is the current amount of unrestricted funds?

6. Has the organization incurred any large or unusual debt in the last 6 months? Yes No Not Sure

7. What was the reason for the new debt?

8. What is the funding source for paying back the new debt?

Does the new debt have a plan for repayment? Yes No Not Sure

SECTION D: LEGAL INFORMATION

1. Are there any current or pending lawsuits against the organization? Yes No Not Sure

2. If so, would there be an impact on the organization's financial position? Yes No Not Sure

3. Has the organization lost any funding due to accountability issues, misuse, or fraud? Yes No Not Sure

4. Are the officials of the organization bonded or indemnified by insurance? Yes No Not Sure

SECTION E: CERTIFICATION

I certify that the above information is complete and correct to the best of my knowledge.

Signature:	Title:	Date:
Email:		

SECTION F: DOH OFFICE USE ONLY

DOH Fiscal Signature:	Date:
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DOH Program Contact Name (Print):	Funding & Grant Source:	Grant Amount Requested: \$
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