

**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? Yes            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)?            Yes            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?            Yes            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	Yes    No	f. Travel
b. Purchasing	Yes    No	g. Code of Ethics
c. Payroll/Time/Attendance	Yes    No	h. Discrimination
d. Pay Rates/Benefits	Yes    No	i. Conflict of Interest
e. Procurement	Yes    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?	Manual	Automated	Combination
2. Does the accounting system identify the deposits and expenditures of program funds for each and every grant separately?	Yes	No	Not Sure
3. Are time studies conducted for an employee(s) who receives funding from multiple sources?	Yes	No	Not Sure
4. Is grant funding monitored so expenses do not exceed award amount?	Yes	No	Not Sure
5. If grant funds are mixed with other funds, can the grant expenses be easily identified?	Yes	No	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/?	Yes	No	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: _____	990	990 E-Z, etc.	Yes    No    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	<del>No</del>	
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
<b>SECTION D: LEGAL INFORMATION</b>			
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
<b>SECTION E: CERTIFICATION</b>			
I certify that the above information is complete and correct to the best of my knowledge.			
Signature:		Title:	Date:
Email:			
<b>SECTION F: DOH OFFICE USE ONLY</b>			
DOH Fiscal Signature:		Date:	
DOH Program Contact Name (Print):	Funding & Grant Source:	Grant Amount Requested: \$	