

## FORM C: INTERNAL CONTROLS QUESTIONNAIRE

Legal Business Name of Respondent:	
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### **SECTION I. FINANCIAL AND ADMINISTRATIVE REQUIREMENTS**

If awarded, Grantee shall comply with applicable cost principles, audit requirements, and administrative requirements in the **Exhibit M, HHS Uniform Terms and Conditions - Grant Version 3.3.**

### **SECTION II. ACCOUNTING SYSTEM**

The type of accounting system often depends on the size of the organization. Briefly describe the Applicant organization's accounting system including:

1. Is the accounting system computerized, manual or a combination of both?

Click here to enter text.

2. How are different types of transactions (e.g., cash disbursements, cash receipts, revenues, journal entries) recorded and posted to the general ledger?

Click here to enter text.

3. When do you close your general ledger (e.g., monthly by the 10<sup>th</sup> of the following month)?

Click here to enter text.

4. How are transactions organized, maintained, and summarized in financial reports? If the Applicant's accounting system is computerized, indicate the name/type.

Click here to enter text.

Answer each of the following questions with either a "yes" or "no" answer by checking the respective box.

- 5. Is the Applicant's accounting system organized to allow an auditor to trace financial report balances through the general ledger and other summary ledgers/journals to each detail accounting transaction and supporting source documentation?**

☐ YES ☐ NO

- 6. Does the Applicant's accounting system have the capability of identifying the receipt and expenditures of program funds for HHSC Grant Agreements?**

☐ YES ☐ NO

- 7. Does the Applicant's accounting system provide for the recording of expenditures for each HHSC Grant Agreement by the Budget cost categories shown in the proposed Budget?**

☐ YES ☐ NO

- 8. Does the Applicant's accounting system provide for the segregation of Direct Costs and Indirect Costs and the allocation of Indirect Costs?**

☐ YES ☐ NO

- 9. Are time records (e.g., time sheets) maintained for all employees where their actual time/effort is recorded and specifically identified to a particular cost objective?**

☐ YES ☐ NO

- 10. Is the employees' time/effort that is recorded on the time record the source/basis of the calculation of salary/wage costs recorded in the general ledger for each cost objective?**

☐ YES ☐ NO

### **SECTION III. GENERAL ADMINISTRATION & INTERNAL CONTROLS**

- 1. Is the staff who will be responsible for the financial management of the award generally familiar with the existing regulations and guidelines containing the cost principles and financial administrative requirements applicable to State and federal grants?**

☐ YES ☐ NO

**2. Does the Applicant organization have written accounting policies and procedures?**

☐ YES ☐ NO

**3. Are generally accepted accounting principles followed for separation of duties regarding receipts and deposit of funds and payment of goods and services?**

☐ YES ☐ NO

**4. Are procedures in place with adequate controls to ensure that receipts and disbursements are authorized and appropriately documented?**

☐ YES ☐ NO

**5. Are all disbursements approved prior to payment?**

☐ YES ☐ NO

**6. Is there any additional review or special approval required for checks exceeding a specific dollar amount?**

☐ YES ☐ NO

**7. Are there written procedures and internal controls established for the procurement of goods and services?**

☐ YES ☐ NO

**8. Do purchase orders/requisitions require specific approvals from authorized individuals in the requesting department?**

☐ YES ☐ NO

**9. Are supporting documents (invoices, receipts, approvals, receiving reports, cancelled checks, etc.) maintained for each disbursement and on file for easy location and retrieval?**

☐ YES ☐ NO

**10. Do supporting documents accompany checks for the check signer's signature?**

☐ YES ☐ NO

**11. Are supporting documents marked when paid to prevent reuse or duplication of payment?**

☐ YES ☐ NO

**12. Are invoices coded to identify allocation of payment by cost objective and sub-account?**

☐ YES ☐ NO

**13. Does the Applicant organization stay current with payments of its accounts payable, payroll taxes and other liabilities, loans, taxes, etc.?**

☐ YES ☐ NO

**14. Does the Applicant have written personnel policies?**

☐ YES ☐ NO

**15. Does the Applicant's policy require individual daily time and attendance records for personnel (part-time, full-time, and/or in-kind volunteers)?**

☐ YES ☐ NO

**16. Do procedures ensure that time and attendance reports can be specifically traced to costs recorded in the general ledger for each payroll period for each cost objective?**

☐ YES ☐ NO

**17. Does the Applicant have written job descriptions with set salary levels for each employee?**

☐ YES ☐ NO

- 18. Does the Applicant have on file authorizations covering rates of pay, withholding and deductions for each employee?**

☐ YES    ☐ NO

**SECTION IV. SIGNATURE**

**Form D, Internal Controls Questionnaire must be signed by an authorized person who has either completed or reviewed the form and can attest to the accuracy of the information provided.**

**Print Name:**

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**Signature (digital or written):**

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**Title:**

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