FORM D

FINANCIAL MANAGEMENT AND ADMINISTRATIVE

**QUESTIONNAIRE**

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| **Legal Business Name of Applicant:** |  |
| **Region:** |  |

**Introduction**

By accepting an award from the Health and Human Services Commission (HHSC) your organization and the Board of Directors or other oversight authority accept responsibility for complying with the management and administration of programmatic, financial, and reporting requirements of the award. Communication and coordination between the organization’s program implementation and financial staff are essential for the success of the project being funded by the award. It is critical that staff responsible for the programmatic and accounting functions is aware of the financial and administrative requirements applicable to grants and subgrants. Key personnel within the organization should be identified and assigned responsibilities for the programmatic, financial, and administrative requirements applicable to the HHSC award.

All HHSC contractors are required to have a financial management system in place that meets federal and state standards for expending and accounting for the funds received under the award. Documents and records must be maintained that identify the receipt and expenditure of funds separately for each HHSC Contract. The system must be able to capture and report expenditures by the budget cost categories for each HHSC Contract. This requires establishing within the chart of accounts and general ledger, a separate set of accounts for each HHSC Contract. All financial reports should be prepared with information that comes directly from the organization’s accounting system. There should be a reconciliation of the information that is reported to amounts recorded in the accounting system. In order to ensure the fiscal integrity of accounting records, the contractor must use an accounting system that does not permit overwriting or erasure of transactions posted to the general ledger.

**SECTION I. FINANCIAL AND ADMINISTRATIVE REQUIREMENTS**

All Grantees must comply with applicable cost principles, audit requirements, and administrative requirements in the **Exhibit B,** **HHS Uniform Terms and Conditions – Grant v3.5**.

Additional information on requirements pertaining to accounting and financial management systems can be found in the Code of Federal Regulations (CFR), [2 CFR Part 200 Subpart D – Post Federal Award Requirements](https://www.ecfr.gov/current/title-2/part-200/subpart-D).

**SECTION II. ACCOUNTING SYSTEM**

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

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

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

c) When do you close your general ledger (e.g., monthly by the 10th of the following month); and

d) How are transactions organized, maintained, and summarized in financial reports? If your accounting system is computerized, indicate the name/type.

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

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| **1.** | **Is your 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?** | | | | | | |
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|  |  |  | **YES** |  | **NO** |  |  |
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| **2.** | **Does your accounting system have the capability of identifying the receipt and expenditures of program funds and program income separately for each HHSC Contract/Program Attachment?** | | | | | | |
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|  |  |  | **YES** |  | **NO** |  |  |
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| **3.** | **Does your accounting system provide for the recording of expenditures for each HHSC Contract/Program Attachment by the budget cost categories shown in the proposed budget?** | | | | | | |
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|  |  |  | **YES** |  | **NO** |  |  |
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| **4.** | **Does your accounting system provide for the segregation of direct and indirect expenses and the allocation of indirect costs?** | | | | | | |
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|  |  |  | **YES** |  | **NO** |  |  |
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| **5.** | **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?** | | | | | | |
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|  |  |  | **YES** |  | **NO** |  |  |
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| **6.** | **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?** | | | | | | |
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|  |  |  | **YES** |  | **NO** |  |  |
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**SECTION III. GENERAL ADMINISTRATION & INTERNAL CONTROLS**

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| **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 contracts/grants?** | | | | | | |
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|  |  |  | **YES** |  | **NO** |  |  |
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| **2.** | **Does your organization have written accounting policies and procedures?** | | | | | | |
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|  |  |  | **YES** |  | **NO** |  |  |
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| **3.** | **Are generally accepted accounting principles followed for separation of duties regarding receipts and deposit of funds and payment of goods and services?** | | | | | | |
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|  |  |  | **YES** |  | **NO** |  |  |
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| **4.** | **Are procedures in place with adequate controls to ensure that receipts and disbursements are authorized and appropriately documented?** | | | | | | |
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|  |  |  | **YES** |  | **NO** |  |  |
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| **5.** | **Are all disbursements approved prior to payment?** | | | | | | |
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|  |  |  | **YES** |  | **NO** |  |  |
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| **6.** | **Is there any additional review or special approval required for checks exceeding a specific dollar amount?** | | | | | | |
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|  |  |  | **YES** |  | **NO** |  |  |
|  |  | | | | | | |
| **7** | **Are there written procedures and internal controls established for the procurement of goods and services?** | | | | | | |
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|  |  |  | **YES** |  | **NO** |  |  |
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| **8.** | **Do purchase orders/requisitions require specific approvals from authorized individuals in the requesting department?** | | | | | | |
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|  |  |  | **YES** |  | **NO** |  |  |
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| **9.** | **Are supporting documents (invoices, receipts, approvals, receiving reports, canceled checks, etc.) maintained for each disbursement and on file for easy location and retrieval?** | | | | | | |
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|  |  |  | **YES** |  | **NO** |  |  |
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| **10.** | **Do supporting documents accompany checks for the check signer’s signature?** | | | | | | |
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|  |  |  | **YES** |  | **NO** |  |  |
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| **11.** | **Are supporting documents marked when paid to prevent reuse or duplication of payment?** | | | | | | |
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|  |  |  | **YES** |  | **NO** |  |  |
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| **12.** | **Are invoices coded to identify the allocation of payment by cost objective and sub-account?** | | | | | | |
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|  |  |  | **YES** |  | **NO** |  |  |
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| **13.** | **Does your organization stay current with payments of its accounts payable, payroll taxes, and other liabilities, loans, taxes, etc.?** | | | | | | |
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|  |  |  | **YES** |  | **NO** |  |  |
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| **14.** | **As program income is to be used for program purposes, are there procedures and controls to ensure proper use, accountability, and allocation?** | | | | | | |
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|  |  |  | **YES** |  | **NO** |  |  |
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| **15.** | **Do you have written personnel policies?** | | | | | | |
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|  |  |  | **YES** |  | **NO** |  |  |
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| **16.** | **Does your policy require individual daily time and attendance records for personnel (part-time, full-time, and/or in-kind volunteers)?** | | | | | | |
|  |  | | | | | | |
|  |  |  | **YES** |  | **NO** |  |  |
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| **17.** | **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?** | | | | | | |
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|  |  |  | **YES** |  | **NO** |  |  |
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| **18.** | **Do you have written job descriptions with set salary levels for each employee?** | | | | | | |
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|  |  |  | **YES** |  | **NO** |  |  |
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| **19.** | **Do you have on file authorizations covering rates of pay, withholding, and deductions for each employee?** | | | | | | |
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|  |  |  | **YES** |  | **NO** |  |  |
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**SECTION IV. SIGNATURE**

**The Financial Management and Administrative 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.**

**Approved by:**

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**