



**NATIONAL SCIENCE FOUNDATION**  
**OFFICE OF BUDGET, FINANCE AND AWARD MANAGEMENT**  
**FINANCIAL MANAGEMENT SYSTEMS QUESTIONNAIRE**

**Section A: PURPOSE**

The financial responsibility of ALL NSF grantees must be such that the grantee can properly discharge the public trust which accompanies the authority to expend public funds. Adequate accounting systems (at a minimum) should meet the following criteria as outlined in 2 CFR §200, Subpart D – Post Award Requirements and Standards for Financial and Program Management:

- (1) Identification of all Federal awards received and expended and the Federal programs under which they were received;
- (2) Accurate, current and complete disclosure of the financial results of each Federal award (per 2 CFR §§200.327 and 200.328);
- (3) Records that identify adequately the source and application of funds for federally-funded activities;
- (4) Effective control over, and accountability for, all funds, property, and other assets;
- (5) Comparison of expenditures with budget amounts for each Federal award;
- (6) Written procedures to minimize the time elapsing between drawdown of funds and the use of those funds for program purposes (2 CFR §200.305);
- (7) Written procedures for determining the reasonableness, allocability, and allowability of costs; and
- (8) Maintenance of adequate documentation to support cost-sharing (must meet the criteria established in 2 CFR §200.306).

**Section B: GENERAL**

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

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Representative Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

**Month/Year Established:** \_\_\_\_\_ **Approximate Number of Employees:** Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

**Brief Description of Organization’s Service or Product:**  
 \_\_\_\_\_

**Type of Organization (select all that apply):** (if For-Profit, check appropriate boxes):

<input type="checkbox"/> State/Local Government or Agency	<input type="checkbox"/> Educational Institution	<input type="checkbox"/> Small Business
<input type="checkbox"/> Indian or Tribal Government	<input type="checkbox"/> Non-Profit	<input type="checkbox"/> Minority Business
<input type="checkbox"/> Hospital/Health Care Facility	<input type="checkbox"/> For-Profit (Commercial)	<input type="checkbox"/> Other (please specify): _____

If you are an educational institution, please list your accrediting body: \_\_\_\_\_

**Section C: AUDIT HISTORY**

1. Did your organization spend more than \$750,000 in federal grant funds last fiscal year?  Yes  No

a. If yes, was an audit performed in accordance with 2 CFR §200, Subpart F – Audit Requirements?  Yes  No

b. Audit Date (MM/YYYY): \_\_\_\_\_ c. Name of Auditing Firm: \_\_\_\_\_

2. Were any of the following conditions reported? If so, please explain (additional space for response is provided in Section J, if necessary):

Audit Findings  Qualified Opinion  Material Weakness  Significant Deficiency  Material Noncompliance

3. Is the organization subject to Defense Contract Auditing Agency (DCAA), Divisional Administrative Contracting Officer (DACO) or other external Federal audits?  Yes  No

a. If yes, when was this last audit conducted? (MM/YYYY): \_\_\_\_\_ b. Fiscal Year Ending: \_\_\_\_\_

c. If yes, which type of audit(s) was performed? (select all that apply):

Direct Cost  Incurred Cost  Accounting System  Timekeeping System  Other

d. If yes, were any findings reported? If so, please explain (additional space for response is provided in Section J, if necessary):  
 \_\_\_\_\_

Section D: FINANCIAL STATEMENTS	
1. Does your organization maintain audited financial statements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If yes, when was the last financial statement audit conducted? (MM/YYYY):	a. Fiscal Year Ending:
b. Name of Auditing Firm:	c. Qualified Opinion? <input type="checkbox"/> Yes <input type="checkbox"/> No
d. If a qualified opinion was given, please explain (additional space for response is provided in Section J, if necessary):	
e. If audited financial statements are not maintained, are unaudited statements prepared in accordance with Generally Accepted Accounting Principles (GAAP)?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Please provide audited financial statements for the organization's two most recent accounting years. In the absence of audited financial statements, please submit unaudited financial statements, along with Federal tax returns for the two most recent accounting years.	

Section E: ACCOUNTING SYSTEM	
1. Does the system use a cash-based or an accrual-based method of accounting?	<input type="checkbox"/> Cash <input type="checkbox"/> Accrual
2. What books of account are maintained (select all that apply):	
<input type="checkbox"/> General Ledger <input type="checkbox"/> Project Cost Ledger <input type="checkbox"/> Cash Disbursement Journal <input type="checkbox"/> Cash Receipts Journal <input type="checkbox"/> Payroll Journal	
3. If the organization proposes an indirect or overhead rate, does the accounting system provide for the segregation of direct and indirect expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
4. Does the accounting system identify the receipt and expenditure of funds separately for each grant or contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does the accounting system provide for the recording of grant and/or contract costs according to the line-item categories in the approved proposal budget?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. If your program requires cost sharing/matching, does the accounting system provide for the recording and proper documentation of all cost shares/matches?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
7. Does the accounting system provide for the recording of participant support costs as a separate cost category?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does the accounting/financial system include budgetary control to preclude incurring obligations in excess of:	
(a) Total funds available for a grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Total funds available for a budget cost category (e.g. Personnel, Travel, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are appropriate personnel familiar with 2 CFR §200, Subpart E – Cost Principles and able to determine whether costs in connection with Federal grants/contracts can be considered allocable, allowable, reasonable and necessary?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Please attach a sample and provide a brief description of the accounting system in place at your organization. Please also describe how the system segregates grant/contract expenditures from organizational expenditures. Additional space for response is provided in Section J, if necessary:	

Section F: FUNDS MANAGEMENT	
1. Is a separate bank account maintained for Federal grant/contract funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If a separate bank account is not maintained, can the Federal grant/contract funds and related expenses be readily identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does your organization have procedures in place to minimize the time elapsing between the transfer of funds to your organization by a Federal agency and your organization's expenditure of such funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section G: PURCHASING SYSTEM	
1. Does the organization maintain asset inventory records?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the organization have policies relating to buy/lease analysis and competitive purchases over \$150,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. What is the dollar threshold for the capitalization of equipment?	\$

**Section H: DOCUMENTATION OF PERSONNEL EXPENSES**

1. Does the organization maintain a system of internal controls to ensure that personnel costs incurred to Federal awards are accurate, allowable, and represents the actual work performed?  Yes  No
2. Does the organization maintain records that accurately reflect the work performed by each employee?  Yes  No
- 2a. If yes, are these records incorporated and maintained as part of the organization’s official records?  Yes  No
3. Does the organization maintain records that reflect the TOTAL activity for which the employee is compensated (100%)?  Yes  No
4. Does the organization maintain records that allow employee effort to be reported to multiple funding sources?  Yes  No

5. Provide a brief description of the entity’s methodology for documenting personnel expenses incurred under Federal awards. If the organization maintains formal, written policies for the documentation of personnel expenses, please provide a copy of these policies. Please also provide a sample of the record(s) the organization intends to use for documenting personnel expenses charged to Federal awards. Additional space for response is provided in Section J, if necessary:

**Section I: INDIRECT COST RATE**

1. Does your organization hold a formally negotiated indirect cost rate agreement with any Federal agency?  Yes  No

a. If yes, which agency? b. Date of Agreement:

2. If you are requesting indirect costs in your NSF proposal budget, please attach a copy of your most current rate agreement. If you do not hold a formally negotiated indirect cost rate and are requesting indirect costs in excess of the "de minimis" rate of 10% of modified total direct costs, please refer to the NSF Indirect Cost Rate Proposal Submission Procedures at: <http://www.nsf.gov/bfa/dias/caar/docs/idcsubmissions.pdf>.

**Section J: ADDITIONAL INFORMATION**

Use this space for any additional information (please indicate section if a continuation of a response). Additional sheets may be attached if necessary.

**Section K: APPLICANT CERTIFICATION**

I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete to the best of my knowledge. I understand that the willful provision of false information or concealing a material fact in this representation is a criminal offense under Title 18 U.S.C. Section 1001, False Statements, as well as Title 18 U.S.C. Section 287, False Claims, and may be punishable by fine and/or imprisonment under applicable law.

Prepared by (Name, please print):	Title:
Signature:	Date: