



United States Institute of Peace

Pre -Award Assessment

USIP conducts a survey to assess whether a partner organization can manage the award and comply with its requirements and applicable regulations.

Instructions: A designated representative of a partner's organization must complete and sign the following questionnaire and include necessary attachments, as required.

PART I. General Information

Organization Name:			
Type of Organization:	<input type="checkbox"/> University <input type="checkbox"/> For Profit <input type="checkbox"/> Non-profit <input type="checkbox"/> Other _____		
Employer Identification Number: <i>(US organizations only)</i>	<input type="text"/>	DUNS #: <i>(If registered in SAM)</i>	<input type="text"/>
Address:	Telephone #:		
	Fax Number:		
	Website:		
Authorized Representative:	Name:	Telephone #:	
	Title:	Email Address:	

PART II. Internal Controls

1. Identify the key personnel responsible for performing the following duties:

Responsibilities	Name	Position Title	Note
Performing cash and bank reconciliation			
Preparing financial reports			
Signing checks*			
Approving expenses			
Tracking and keeping financial documentation including invoices and receipts			
Maintaining accounting records			

**Note: Good internal controls suggest two signatures on checks.*

2. Does your organization's financial controls segregate responsibilities so that no single individual has complete authority over an entire transaction? ☐ Yes ☐ No
3. Are personnel charges supported by timesheet reports and signed by employee and supervisor?
☐ Yes ☐ No. If not, can the partner maintain timesheet to fulfill USIP requirements? ☐ Yes ☐ No
4. Do you keep inventory records for equipment? ☐ Yes ☐ No. If yes, how often do you conduct physical inventory count? _____
5. Are procurement records appropriately maintained relative to each type of procurement? ☐ Yes ☐ No

PART III. Policies and Procedures

1. Does your organization have written policies and procedures on the following?

a) Accounting and Financial	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Procurement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Property Management	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) Human Resources	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e) Code Conduct and Ethics	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f) Travel	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PART IV. Financial Management System

1. What basis of financial reporting does your organization use? ☐ Cash basis ☐ Accrual basis
2. As part of the financial management systems, does your organization maintain the following?

a) General Ledger	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Chart of Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Cash Receipt Journal	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) Cash Disbursement Journal	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e) General Journal	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f) Computerized Accounting System	<input type="checkbox"/> Yes	<input type="checkbox"/> No

g) Briefly describe your organization's accounting system in the space provided below.
3. Does your accounting system produce the following financial reports?

a) Income statement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Balance Sheet	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Accounts payable and receivable	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) List of fixed assets	<input type="checkbox"/> Yes	<input type="checkbox"/> No

4. Does your organization's accounting system have the capacity to do the following:
- a) Track receipts, payments and expenditures from various donor sources and project activities?
☐ Yes ☐ No
- b) Summarize expenditures according to budget line items such as salaries, supplies, travel, etc.?
☐ Yes ☐ No

PART V. Banking and Audits

1. Does your organization have audits performed by either an independent audit firm or a Certified Public Accountant? ☐ Yes ☐ No. If yes,
- a) provide the name and contact information of the audit firm or accountant.
 _____.
- b) what type of audit was performed? ☐ Financial ☐ A-133/Single ☐ Other _____
- c) how often are audits performed? ☐ Quarterly ☐ Semi-annually ☐ Annually
☐ Other _____
2. Does your organization have a bank account registered under its name? ☐ Yes ☐ No
 If not, how is cash kept safely? _____

PART VI. Human Resources

1. Does your organization have written job descriptions? ☐ Yes ☐ No
2. Do you issue an employment letter or contract which includes the employee's salary, terms of contract, etc.? ☐ Yes ☐ No
3. Does your organization keep timesheets or other attendance records for each paid employee that tracks actual hours worked? ☐ Yes ☐ No
4. Has your organization implemented payroll system that regularly disperses salary to employees?
☐ Yes ☐ No

PART VII. Attachments

Attach the following documents to this questionnaire, as applicable.

- ☐ Certificate of Incorporation and/or active license (Certificate of Good Standing)
- ☐ Evidence for tax status
- ☐ Copy of recent audited financial statement
- ☐ If your organization does not have a recent audit, a "Balance sheet" and "Revenue and Expense" statement for prior fiscal year.
- ☐ Written policies and procedures checked in PART III of this questionnaire

Certification

I certify that the information included in and attached to this questionnaire is accurate and complete. I understand that false or intentionally misleading certification may result in actions up to termination of the resulting award. I further understand that USIP reserves the right to request further documentation and/or inspect the organization's financial records and books, procedures, or other documents related to the resulting award and its administration.

Name:

Title:

Signature:

Date: