AUDIT CERTIFICATION AND FINANCIAL STATUS QUESTIONNAIRE

Subrecipient Name: ________________________________

This Audit Certification and Financial Status Questionnaire Form is to be completed by the Subrecipient.

General Information

Y N 1. Does your organization have its financial statements reviewed by an independent public accounting firm? (Please enclose a copy of the most recent financial statements for your organization, audited or unaudited.)

Y N 2. Are duties separated so that no one individual has complete authority over an entire financial transaction?

Y N 3. Does your organization have controls to prevent expenditure of funds in excess of approved, budgeted amounts?

Y N 4. Other than financial statements, has any aspect of your organization’s activities been audited within the last two years by a governmental agency or independent public accountant? Explain. (Please provide a copy of any recent external audit report.)

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Cash Management

Y N 1. Are all disbursements properly documented with evidence of receipt of goods or performance of services?

Y N 2. Are all bank accounts reconciled monthly?
# Audit Certification and Financial Status Questionnaire

## Payroll

Y  N  1. Are payroll charges checked against program budgets?

2. What system does your organization use to control paid time, especially time charged to sponsored agreements?

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## Procurement

Y  N  1. Are there procedures to ensure procurement at competitive prices?

2. Is there an effective system of authorization and approval of:

Y  N  a) capital equipment expenditures?

Y  N  b) travel expenditures?

## Property Management

Y  N  1. Are detailed records of individual capital assets kept and periodically balanced with the general ledger accounts?

Y  N  2. Are there effective procedures for authorizing payment and accounting for the disposal of property and equipment?

Y  N  3. Are detailed property records periodically checked by physical inventory?

4. Briefly describe the organization’s policies concerning capitalization and depreciation.

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## Cost Transfers

1. Briefly describe the organization’s policies concerning cost transfers.

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Research Financial Management, Research & Innovation
University of South Florida, 3702 Spectrum Blvd., Suite 165, Tampa, FL 33612-9445
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Indirect Costs

Y  N  1. Does the organization have an indirect cost allocation plan or a negotiated indirect cost rate? Explain. (Please provide a copy of any negotiated indirect cost rate agreement.)
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

Y  N  2. Does the organization have procedures which provide assurance that consistent treatment is applied in the distribution of charges to all grants, contracts and cooperative agreements? Explain.
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Cost Sharing

1. Briefly describe the organization’s policies concerning cost sharing.
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Compliance

Y  N  1. Does your organization have a formal policy of nondiscrimination and a formal system for complying with Federal civil rights requirements?
   ____________________________________________________________________________
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Y  N  2. Does your organization have a cash forecasting process which will minimize the time elapsed between the drawing down of funds and the disbursement of those funds?
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3. Please provide a list of recent grants, contracts or cooperative agreements your organization has received from University of South Florida.
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   ____________________________________________________________________________
   ____________________________________________________________________________
Audit Certification and Financial Status Questionnaire

Attachments

Y  N  Recent Financial Statements External Review or Audit Report
Y  N  Financial Statements, Audited or Unaudited
Y  N  Indirect Cost Rate Agreement
Y  N  List of Awards from University of South Florida

Authorized Official

Name/Title/Department  (Signature)

(Address)  (City, State, Zip)

(Phone)  (Email)

(DUNS No.) /(DUNS+4 if applicable)  (Congressional Dist. No.)  (EIN)

(Date)  (URL link to Audit Report)