

Financial Management Questionnaire

Subrecipient _____ **Number of employees:** _____

- a. DUNS # _____
- b. EIN (Employer Identification Number) _____
- c. SAMS (Systems for Award Management) ID# _____

1. List those who will be performing the following CDBG-DR financial management functions. Include their title.

a. Signs contracts: _____ Title: _____

b. Receives invoices: _____ Title: _____

c. Approves payment of invoices: _____ Title: _____

_____ Title: _____

d. Prepares Requests for Payments: _____ Title: _____

e. Signs Requests for Payments: _____ Title: _____
(minimum of two)

_____ Title: _____

_____ Title: _____

_____ Title: _____

f. Records transactions: _____ Title: _____

g. Keeps custody of checkbook and Request for Payment forms: _____ Title: _____

h. Signs checks: _____ Title: _____
(minimum of two)

_____ Title: _____

_____ Title: _____

_____ Title: _____

i. Reconciles bank statements: _____ Title: _____

j. Prepares fiscal year end financial statements: _____ Title: _____

2. Identify by title the individuals who are covered by a bond or insurance and the amounts. Include Mayor or Supervisor if involved in financial transactions. **Attach a copy of the bond(s) or insurance policy(s).**

Title: _____ Amount: \$ _____
Title: _____ Amount: \$ _____
Title: _____ Amount: \$ _____
Title: _____ Amount: \$ _____
Title: _____ Amount: \$ _____

3. Identify name of company that issued the bond or insurance policy: _____

Issue date: _____ Expiration date: _____
Issue date: _____ Expiration date: _____

4. What is your fiscal year end date? _____

5. The most recent audit covered what period? _____

Identify name of firm that prepared the audit: _____

6. Name and telephone number of local official to contact regarding this questionnaire:

_____ *Name* _____ *Title* _____ *Phone #*

I certify that this information is true to the best of my knowledge.

Signature: _____

Title: _____

Date: _____