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| **Instructions:** The Applicant Organizational Information Sheet should be filled out in its entirety. Please note that the response “Not Applicable,” or “N/A,” is generally not acceptable. Instead, a sufficient explanation should be provided to explain why an item is not applicable. |

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| **GENERAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | |
| 1. Organization Name: | | | | |  | | | | | | | | | | | | | | | | |
| 1. Assessment Completed By: | | | | |  | | | | | | | **Title:** | | | |  | | | | | |
| 1. Type of Organization   *(check all that apply)* | | | | | **Non-U.S. Based:** | | | |  | **Non-Profit:** | | | | |  | | **Non-**  **Governmental:** | | | |  |
| **U.S. Based:** | | | |  | **For-Profit:**  **(Commercial)** | | | | |  | | **Educational**  **Institution:** | | | |  |
|  | | | | |  | | | |  | **Governmental** | | | | |  | | **Other:** | | | |  |
| *If Other, please explain:* | | | | |  | | | | | | | | | | | | | | | | |
| 1. Is your organization incorporated, registered, or licensed as a legal entity:  Yes  No | | | | | | | | | | | | | | | | | | | | | |
| *If Yes:* | **Place of Incorporation or Registration** (State/County)**:** | | | | | | | | | | | | | | |  | | | | | |
| **Incorporation or Registration Date** (MM/DD/YYYY)**:** | | | | | | | | | | | | | | |  | | | | | |
| *If No:* | **List parent company or organization name and address OR explain status below:** | | | | | | | | | | | | | | | | | | | | |
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| 1. Program Director *(The person who will oversee the day to day activities of the award):* | | | | | | | | | | | | | | | | | | | | | |
| **Program Director Name:** | | |  | | | | | | | | **Program Director Title:** | | | | |  | | | | | |
| **Email Address:** | | |  | | | | | | | | **Telephone Number:** | | | | |  | | | | | |
| **Address:** | | |  | | | | | | | | | | | | | | | | | | |
| 1. Financial or Business Official *(The person who is responsible for the financial components of the award):* | | | | | | | | | | | | | | | | | | | | | |
| **Budget Officer Name:** | | |  | | | | | | | | **Budget Officer Title:** | | | | |  | | | | | |
| **Email Address:** | | |  | | | | | | | | **Telephone Number:** | | | | |  | | | | | |
| **Address:** | | |  | | | | | | | | | | | | | | | | | | |
| **ORGANIZATION STRUCTURE** | | | | | | | | | | | | | | | | | | | | | |
| 1. Is your organization governed by Board of Directors? | | | | | | | | | | | | | | | | | | | | Yes  No | |
| *If Yes:* | | | | Has your Board authorized your organization to enter into this grant/cooperative agreement? | | | | | | | | | | | | | | | | Yes  No | |
| *If Yes:* | | | | Provide documentation indicating Board approval. | | | | | | | | | | | | | | | | | |
| 1. How many employees are employed by your organization? | | | | | | | | | | | | | | | | | | | |  | |
| 1. Is your organization registered with Dun and Bradstreet (DUNS) and the System for Award Management (SAM)? | | | | | | | | | | | | | | | | | | | | Yes  No | |
| *If No, please explain:* | | | | | |  | | | | | | | | | | | | | | | |
| 1. List all individuals authorized to sign award and amendment documents on behalf of your organization: | | | | | | | | | | | | | | | | | | | | | |
| **Name:** | | |  | | | | | | | | **Title:** | | | | |  | | | | | |
| **Name:** | | |  | | | | | | | | **Title:** | | | | |  | | | | | |
| **Name:** | | |  | | | | | | | | **Title:** | | | | |  | | | | | |
| **Name:** | | |  | | | | | | | | **Title:** | | | | |  | | | | | |
| **FINANCIAL AND ACCOUNTING MANAGEMENT** | | | | | | | | | | | | | | | | | | | | | |
| 1. What is the ending date of your organization’s fiscal year (MM/DD/YYYY)? | | | | | | | | | | | | | | | | | | | |  | |
| 1. Does your organization have a NICRA (Negotiated Indirect Cost Rate Agreement)? | | | | | | | | | | | | | | | | | | Yes  No | | | |
| 1. List all individuals authorized to sign payment requests and financial reporting on behalf of   your organization: | | | | | | | | | | | | | | | | | | | | | |
| **Name:** | | |  | | | | | | | | **Title:** | | | | |  | | | | | |
| **Name:** | | |  | | | | | | | | **Title:** | | | | |  | | | | | |
| **Name:** | | |  | | | | | | | | **Title:** | | | | |  | | | | | |
| **Name:** | | |  | | | | | | | | **Title:** | | | | |  | | | | | |
| **BUSINESS MANAGEMENT SYSTEMS** | | | | | | | | | | | | | | | | | | | | | | |
| 1. Does the organization have a working knowledge of the following U.S. Government, Office of Management and Budget (OMB) Requirements? *(check the appropriate response)* | | | | | | | | | | | | | | | | | | | | | | |
| **2 CFR 200 Uniform Administrative Requirements, Costs Principles, and Audit Requirements for Federal Awards:** | | | | | | | | | | | | | | Yes  No Not Sure | | | | | | | | |
| 1. Has your organization ever undergone an audit? | | | | | | | | | | | | | | | | | | | Yes  No | | | |
| *If Yes:* | | Give the date of your last audit: | | | | | | | | | | | | | | | | | | | | |
|  | | What type of audit was it? (*check the appropriate response)* | | | | | | | | | | | | | | | | | | | | |
|  | | Program-specific Audit – an audit of a Federal award program  Single Audit – an audit that includes both the organization’s financial statements and the Federal Awards to be conducted  If it was another type of audit, please explain: | | | | | | | | | | | | | | | | | | | | |
|  | | **Has your organization received any adverse findings in any audit in the past three years?** | | | | | | | | | | | | | | | | | Yes  No | | | |
| *If Yes, please explain:* | | | | |  | | | | | | | | | | | | | | | |
| 3. Has your organization received grant funds before? | | | | | | | | | | | | | | | | | | | Yes  No | | | |
| *If Yes:* | | Did your organization expend $750,000 or more in U.S. Government funds in the previous year? | | | | | | | | | | | | | | | | | Yes  No | | | |
| ***3.1 Please provide the information requested below on all awards or funding received in the previous year, specifically note if funds are U.S. Government (USG) funds.*** | | | | | | | | | | | | | | | | | | | | | | |
| ***Name of Donor*** | | | | | | | | ***Amount*** | | | | | ***Period*** | | | | | | ***Place of Implementation*** | | | |
|  | | | | | | | |  | | | | |  | | | | | |  | | | |

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| **\*By signing this application, I certify that the statements herein are true, complete, and accurate to the best of my knowledge.** | |
| **Signature of Authorized Representative:** | |
| **Title:** | **Date:** |