

ORGANIZATIONAL INFORMATION SHEET

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.

GENERAL INFORMATION						
1. Organization Name:						
2. Assessment Completed By:		Title:				
3. Type of Organization <i>(check all that apply)</i>	Non-U.S. Based:	<input type="checkbox"/>	Non-Profit:	<input type="checkbox"/>	Non-Governmental:	<input type="checkbox"/>
	U.S. Based:	<input type="checkbox"/>	For-Profit (Commercial):	<input type="checkbox"/>	Educational Institution:	<input type="checkbox"/>
			Governmental:	<input type="checkbox"/>	Other:	<input type="checkbox"/>
<i>If Other, please explain:</i>						
4. Is your organization incorporated, registered, or licensed as a legal entity: <input type="checkbox"/> Yes <input type="checkbox"/> No						
<i>If Yes:</i>	Place of Incorporation or Registration (State/County):					
	Incorporation or Registration Date (MM/DD/YYYY):					
<i>If No:</i>	List parent company or organization name and address OR explain status below:					
5. Program Director <i>(The person who will oversee the day to day activities of the award):</i>						
Program Director Name:			Program Director Title:			
Email Address:			Telephone Number:			
Address:						
6. Financial or Business Official <i>(The person who is responsible for the financial components of the award):</i>						
Budget Officer Name:			Budget Officer Title:			

ORGANIZATIONAL INFORMATION SHEET

Email Address:		Telephone Number:	
Address:			
ORGANIZATION STRUCTURE			
1. Is your organization governed by Board of Directors?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If Yes:</i>	Has your Board authorized your organization to enter into this grant/cooperative agreement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If Yes:</i>	Provide documentation indicating Board approval.		
2. How many employees are employed by your organization?			
3. Is your organization registered with Dun and Bradstreet (DUNS) and the System for Award Management (SAM)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If No, please explain:</i>			
4. 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)?			
2. Does your organization have a NICRA (Negotiated Indirect Cost Rate Agreement)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. List all individuals authorized to sign payment requests and financial reporting on behalf of your organization:			
Name:		Title:	
Name:		Title:	
Name:		Title:	

ORGANIZATIONAL INFORMATION SHEET

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? <i>(check the appropriate response)</i>			
2 CFR 200 Uniform Administrative Requirements, Costs Principles, and Audit Requirements for Federal Awards:		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Sure
2. Has your organization ever undergone an audit?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If Yes:</i>	Give the date of your last audit:		
	What type of audit was it? <i>(check the appropriate response)</i>		
	<input type="checkbox"/> Program-specific Audit – an audit of a Federal award program <input type="checkbox"/> Single Audit – an audit that includes both the organization’s financial statements and the Federal Awards to be conducted <input type="checkbox"/> If it was another type of audit, please explain:		
	Has your organization received any adverse findings in any audit in the past three years?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>If Yes, please explain:</i>		
3. Has your organization received grant funds before?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If Yes:</i>	Did your organization expend \$750,000 or more in U.S. Government funds in the previous year?		<input type="checkbox"/> Yes <input type="checkbox"/> 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.			
<u>Name of Donor</u>	<u>Amount</u>	<u>Period</u>	<u>Place of Implementation</u>

*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: