|  |
| --- |
| **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:
 |       |
| 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:** |
|       |
| 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*** |
|       |       |       |       |

|  |
| --- |
| **\*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:**       |