

NON-PROFIT AUDIT INQUIRY FORM

Your organization has been awarded a Federal subaward from the Colorado Department of Education (CDE). As a recipient of Federal funds, 2 C.F.R. 200.331(b)(1-4) requires CDE to perform an award risk-based assessment of your organization's ability to perform its Federal subaward obligations. This assessment will occur annually and any necessary follow-up must be completed prior to issuing a Federal subaward. Therefore it is important that this questionnaire be completed, signed, and returned to CDE by **November 15, 2017.** Please contact Marti Rodriguez in the Grants Fiscal Office if you have questions (rodriguez_m@cde.state.co.us).

Basic Information

Name:					
Legal Address:					
DUNS Number:	EIN:				
Website URL:	No. of Employees:	Full-time	Part-time		
Registered in System for Award Mana	gement (SAM)? YES NC)			
Expiration date of SAM:					
Does your organization have a negotia (Attach current rate agreement)	ated Federal Facilities and Administr	ative (F&A)/Indir	ect Cost Rate (ICR)?	Yes	No
If yes, designated Federal Cognizant A	sgency:				

Question 1		No
a. Is your organization subject to 2 CFR Part 200, Subpart F Single Audit (your program would have expended in excess of \$750,000 of federal fund) (formerly A-133)?		
b. If yes, has your Single Audit Report been uploaded to the Federal Audit Clearinghouse (FAC)? If your report has been uploaded to the FAC, please attach a copy to this questionnaire.		
c. What was the date of most your recently completed audit?		
d. What is the start of your Fiscal Year (Month/Day)		
Single Audit Contact		
Name		
Title		
Address		
E-mail		
Phone		
Date of most recently completed audit		

Question 2	Yes	No
Are your organization's annual financial statements audited by an independent outside auditing firm?		
Provide frequency:		
Question 3	Yes	No
Does your organization have a financial management system that provides records identifying the source and		
application of funds for Federal awards?		

Question 4		No
Does your organization's financial system provide for the control and accountability of Federal funds,		
property/equipment and other assets, including controls to prevent expenditures in excess of approved,		
budgeted amounts?		
Question 5	Yes	No
Are financial duties separated so that no one individual has complete authority over an entire financial		
transaction?		
	1	
Question 6	Yes	No
Are all Federal award disbursements, including payroll charges, properly documented with evidence of receipt		
of goods or performance of services that can be provided as backup with invoice submissions?		
	1	
Question 7	Yes	No
Does your organization engage in any lobbying or partisan political activity which is charged, directly or		
indirectly, to a Federally funded program?		
	1	
Question 8	Yes	No
Has your organization or any employees who may serve as key personnel on a Federal subaward from CDE ever		
been debarred, suspended or otherwise excluded from or found ineligible for participation in Federally		
supported programs or activities?		
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Question 9	Yes	No
In the last 3 years, has your organization ever had a Federal award or subaward terminated or canceled "for		
cause" due to your organization's non-performance of its project obligations?		
Question 10		
Does your organization have policies and procedures that address (check all that apply):		
Pay rates and benefits		
Time and effort		
Payment Methods		
Purchasing/Procurement		
Equipment Inventory		
Cash Management		
Conflict of Interest		
Allowability of Costs		

I am an authorized business official of this organization, and by signing below certify that all of the foregoing responses on this Subrecipient Questionnaire are complete, true and accurate.

Date:

Name (Printed):

Title:

Signature:

Address:

Phone:

Email: