

## ENCOMPASS VENDOR QUESTIONNAIRE Section 2

**Fill in this form if 2 out of the following 3 are true:**

1. The organization has not previously received USG funding (including but not limited to USAID, Department of State, Department of Defense, etc.)
2. The organization does not have an established Negotiated Indirect Cost Agreement (NICRA)
3. The organization is registered outside of the United States

If Supplier is owned or controlled by a common parent:				
Parent Name		Parent EIN		
Approximately how many employees do you currently employ?	Full-time		Part-time	
List all North American Industry Classification System Codes (NAICS) that apply to your company:				
<a href="http://www.census.gov/eos/www/naics/">http://www.census.gov/eos/www/naics/</a> . To determine business size, contact your local SBA office <a href="https://www.sba.gov/content/find-local-sba-office">https://www.sba.gov/content/find-local-sba-office</a> ;				

### Financial Information

1. What are the beginning and ending dates of your organization's fiscal year?

From (month/day): \_\_\_\_\_ To (month/day): \_\_\_\_\_

2. What currency does your organization use to conduct its business activities? \_\_\_\_\_

3. Please provide the following financial information based on your organization's most recent completed fiscal year.

Revenues:     USD     \$ \_\_\_\_\_     Local Currency     \_\_\_\_\_

Expenses:     USD     \$ \_\_\_\_\_     Local Currency     \_\_\_\_\_

Assets:        USD     \$ \_\_\_\_\_     Local Currency     \_\_\_\_\_

Liabilities:    USD     \$ \_\_\_\_\_     Local Currency     \_\_\_\_\_

Exchange rate: \_\_\_\_\_ = USD \$1.00

4. Have you previously provided services on USAID-funded projects? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list up to three of your most recent projects, including project name, country, total contract value and if you were the subcontractor or prime contractor:

1. \_\_\_\_\_

**ENCOMPASS VENDOR QUESTIONNAIRE**  
**Section 2**

- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

5. Does your organization use indirect cost rates?    Yes \_\_\_\_\_    No \_\_\_\_\_

If yes, please provide a copy of your indirect cost rate calculation.

6. Do you have a Negotiated Indirect Cost Rate Agreement (NICRA)?    Yes \_\_\_\_\_    No \_\_\_\_\_

If yes, please provide a current copy.

**Financial Control and Accounting System**

1. How are your transactions recorded?

Manual ledger system – indicate ledgers used: \_\_\_\_\_

Computerized system – indicate software used: \_\_\_\_\_

2. Is there a chart of accounts?    Yes \_\_\_\_\_    No \_\_\_\_\_

3. Is a double entry accounting system used?    Yes \_\_\_\_\_    No \_\_\_\_\_

4. Does your organization have a written accounting policies and procedures manual?

Yes \_\_\_\_\_    No \_\_\_\_\_

If yes, please provide a copy.

5. On what basis are your financial reports issued?    Cash: \_\_\_\_\_    Accrual \_\_\_\_\_

6. How often are financial reports prepared:

Monthly \_\_\_\_\_    Quarterly \_\_\_\_\_    Annually \_\_\_\_\_    Not prepared (please explain) \_\_\_\_\_

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7. Are timesheets used to record employees' total direct and indirect time charges?

Yes: \_\_\_\_\_    No \_\_\_\_\_

If yes, please attach a copy of the timesheet template.

8. Does your accounting system segregate direct costs from indirect costs?

Yes \_\_\_\_\_    No \_\_\_\_\_

## ENCOMPASS VENDOR QUESTIONNAIRE

### Section 2

9. Does your accounting system identify the receipt and expenditure of funds separately for each grant and/or contract?

Yes \_\_\_\_\_ No \_\_\_\_\_

10. Does the accounting system provide for the recording of grant/contract costs according to categories of the approved budget?

Yes \_\_\_\_\_ No \_\_\_\_\_

11. Are you familiar with the cost principles (Federal Acquisition Regulations Part 31.2, OMB Circular A-21, or A-122 as appropriate) and procedures for the determination and allowance of costs in connection with federal grants and contracts?

Yes \_\_\_\_\_ No \_\_\_\_\_

12. Is a separate bank account maintained for grant/contract funds?

Yes \_\_\_\_\_ No \_\_\_\_\_

13. If a separate account is not maintained, can the grant/contract funds and related expenses be readily identified?

Yes \_\_\_\_\_ No \_\_\_\_\_

14. Is your institution's accounting system designed to detect errors in a timely manner?

Yes \_\_\_\_\_ No \_\_\_\_\_

15. Are reconciliations between bank statements and accounting records performed monthly and reviewed by an appropriate individual?

Yes \_\_\_\_\_ No \_\_\_\_\_

### Internal Controls

Internal controls are procedures which ensure that: 1) financial transactions are approved by an authorized individual and are consistent with U.S. laws, regulations and your institution's policies; 2) assets are maintained safely and controlled; and 3) accounting records are complete, accurate and maintained on a consistent basis. Please complete the following questions concerning your institution's internal controls.

1. Does your institution maintain a record of how much time employees spend on different projects or activities? If yes, how?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. Do you maintain inventory records for your institution's equipment? If no, explain.

## ENCOMPASS VENDOR QUESTIONNAIRE

### Section 2

Yes \_\_\_\_\_

No \_\_\_\_\_

3. How often do you check actual inventory against inventory records?

4. Are all financial transactions approved by an appropriate official?

Yes \_\_\_\_\_

No \_\_\_\_\_

5. Is the person(s) responsible for approving transactions familiar with U.S. Federal Cost principles as described in Federal Acquisition Regulations Part 31.2, OMB Circular A-21, or A-122 as appropriate?

Yes \_\_\_\_\_

No \_\_\_\_\_

6. Does your institution use a payment voucher system or some other procedure for the documentation of approval by an appropriate official?

Yes \_\_\_\_\_

No \_\_\_\_\_

7. Does your institution require supporting documentation (such as original receipts) prior to payment for expenditures?

Yes \_\_\_\_\_

No \_\_\_\_\_

8. Does your institution require that such documentation be maintained over a period of time? If yes, how long are such records kept?

Yes \_\_\_\_\_

No \_\_\_\_\_

9. Are different individuals within your institution responsible for approving, disbursing, and accounting of transactions?

Yes \_\_\_\_\_

No \_\_\_\_\_

10. Are the functions of checking the accuracy of your accounts and the daily recording of accounting data performed by different individuals?

Yes \_\_\_\_\_

No \_\_\_\_\_

#### Audit

1. Is your organization audited on an annual basis? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please attach a copy of the audited financial statements (including a Balance Sheet and Income Statement) for the last two fiscal years.

If no, has your organization ever been audited? \_\_\_\_\_

# ENCOMPASS VENDOR QUESTIONNAIRE

## Section 2

2. If you do not have a current audit of your financial statements, please provide this office with a copy of the following financial statements, if available:

- A Balance Sheet for the most current and previous year; and
- An Income Statement for the most current and previous year;
- A Cash Flow Statement for the most current and previous year.

3. Are there any circumstances that would prevent your institution from obtaining an audit?

Yes \_\_\_\_\_

No \_\_\_\_\_

If yes, please provide details: \_\_\_\_\_

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_