

## FISCAL QUESTIONNAIRE

(Submit one copy only with original version of your proposal)

Does your agency do its own accounting? If no, indicate the name and address of your accounting firm below.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name:			
Address:			
Contact Person:			
Phone Number:			
Does your agency have a current financial procedures manual? Please indicate below what journals are maintained by your agency.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
General Journal		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cash Receipts		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cash Disbursements		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Payroll Register		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Accounts Payable		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employee Earnings Record		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other (Specify)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the agency have a general ledger?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
How often is a trial balance prepared?			
Do you have a written cost allocation plan?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you indicated yes above, what allocation methodology is used?			
Accounting System Disbursements/Reconciliation			
Are all disbursements made by check?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are all checks pre-numbered?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Who is authorized to sign checks? Please indicate name and title(s).			
Please provide the name, address and phone number of your auditing firm below.			
Name:			
Address:			
Contact Person:			
Phone Number:			