# Grantee Self-Assessment for Fixed Amount Awards

**So that Dexis can adequately assess the financial risk associated with making a Fixed Amount Award to your organization, please complete the following questions to the best of your ability.**

**Legal Name of Organization**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Mailing Address

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (if different from mailing address)

**Website Address (URL)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Telephone \_\_\_\_\_\_\_\_\_\_\_ Fax Number \_\_\_\_\_\_\_\_\_\_\_ Other (Email) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is your organization type (profit, non-profit, private volunteer organization, university, etc.)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is your organization incorporated or registered?

#  Yes: ¨ No: ¨

1. When and where was your organization incorporated or registered?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide a copy of your organization’s incorporation or registration certificate.

 Enclosed: ¨ Not enclosed (Explain): ¨

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is your organization’s tax status?

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please provide a copy of any information which describes your organization, its mission and history:

 Enclosed: ¨ Not enclosed (Explain): ¨

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1. Is your organization affiliated with any other organization:

 Yes: ¨ No: ¨

 If yes, please provide details:

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1. Please list the names of the following individuals:

 President/Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Secretary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Chief Financial Officer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Controller/Accountant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. List the number of employees of your organization:

 Full-Time Employees: \_\_\_\_ Part-Time Employees: \_\_\_\_ Consultants: \_\_\_\_\_

1. Enter the beginning and ending dates of your organization’s fiscal year:

 From (Month, Day) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ To (Month, Day) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have a current Organization Chart? Please provide a copy of your chart if available and if more information is needed on personnel beyond question 7.

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1. How does your organization keep up to date on new rules and requirements in the country in which you operate? Please describe.

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1. Financial Information. Please complete the requested information and provide a copy of your most recent financial reports if available.

Current year information (indicate period) \_\_\_\_\_\_\_\_\_\_

Revenues: U.S.D. $/local currency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expenses: U.S.D. $/local currency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assets U.S.D. $/local currency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Liabilities: U.S.D. $/local currency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prior year information (indicate period) \_\_\_\_\_\_\_\_\_\_\_\_\_

Revenues: U.S.D. $/local currency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expenses: U.S.D. $/local currency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Will your organization have other sources of U.S. Government funds during the period of the Dexis subaward?

 Yes: ¨ No: ¨

 If Yes, what is the estimated value of U.S. Government funding that your organization receives per year?

 U.S.D. $/local currency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**14. Is there a properly established bank account to receive funds YES NO**

**If no, please tell us when the bank account will be established:**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**15. Will unused bank checks and petty cash on hand be adequately safeguarded? Please explain how:**

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**16. Are there appropriate controls established over funds disbursements for this project? Please explain your payment approval process:**

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**17. Are procedures established adequate to document account disbursements for grant activities? Please explain and describe:**

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**18. Are appropriate procedures established for regular monthly reconciliation of the bank account statements with internal records? Please describe:**

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**19. Is your organization able to provide a timeline for the proposed activity and estimated on when funds will be spent during the award period? Examples of this could include planning projections for funds, cash flow projections and/or burn rate projections.**

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**20: Please provide any additional information you feel that Dexis should understand:**

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