ATTACHMENT 11

GEORGIA DEPARTMENT OF COMMUNITY HEALTH **DCH GRANT APPLICATION FORM** Please Provide complete contact information for a minimum of three (3) officers within the organization. Mailing Address MAY NOT be a post office box.		
Name of Grant:		
Applicant Organization:		
Legal Name		
Address:		
City:	**State:**	**ZIP Code:**
Phone:	**Fax:**	**E-mail:**
Federal ID Number:	**State Tax ID Number**	
DIRECTOR OF APPLICANT ORGANIZATION		
Name/Title		
Address:		
City:	**State:**	**ZIP Code:**
Phone:	**Fax:**	**E-mail:**
FISCAL MANAGEMT OFFICER OF APPLICANT ORGANIZATION		
Name/Title		
Address:		
City:	**State:**	**ZIP Code:**
Phone:	**Fax:**	**E-mail:**
OPERATING ORNAGIZATION (If Different from Applicant Organization)		
Name:		
Address:		
City:	**State:**	**ZIP Code:**
Phone:	**Fax:**	**E-Mail:**
CONTACT PERSON FOR OPERATING ORNAGIZATION (If Different from Director Organization)		
Name:		
Address:		
City:	**State:**	**ZIP Code:**
Phone:	**E-mail:**	**Fax:**
CONTACT PERSON FOR FURTHER INFORMATION ON APPLICATION (If Different from Contact Person for Operating Organization)		
Name:		
Address:		
City:	**State:**	**ZIP Code:**
Phone:	**E-mail:**	**Fax:**
Amount Requested:	**Type of Organization:** ❑ **501(c)3 Non-profit organization**	
I CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE SUBMITTED THIS APPLICATION ON THE BEHALF OF THE APPLICANT ORGANIZATION.		
SIGNATURE:	**TITLE:**	**DATE:**

QUESTIONNAIRE

Additional Organizational Information		
Name of applicant organization		
DUNS Number (if available)		
Federal EIN Number		
Web site		
Date of fiscal year end	☐ June 30 each year ☐ Dec 31 each year ☐ Other:	
For the organization's three most recent fiscal years, please provide:	*Total Expenditures* Year: ____ $_____ Year: ____ $_____ Year: ____ $_____	*Gross Revenue* Year: ____ $_____ Year: ____ $_____ Year: ____ $_____
For the organization's most recent fiscal year, please list the organization's top five largest sources of revenue and amounts.	Source 1 2 3 4 5	Amount 1 2 3 4 5
Number of employees	Full time:	Part time:
Date received 501c3 status		
Is the applicant affiliated with or managed by any other organization, such as a regional or national office? ☐ No ☐ Yes → If yes, provide details:		
Does the applicant receive financial management assistance from any other organizations? If yes, provide details:		☐ No ☐ Yes ☐ Not sure
Does the applicant have written policies and procedures for the following processes? Accounting ☐ No ☐ Yes → If yes, please attach a copy of the table of contents. Purchasing ☐ No ☐ Yes → If yes, please attach a copy of the table of contents. Payroll ☐ No ☐ Yes → If yes, please attach a copy of the table of contents.		

Executive Director	
Name of Executive Director	
Email	

Phone	
Fax	

Governing Body

Name of board chair or president	
Email	
Phone	
Fax	
How many persons serve on the board? What percentage of this total attends at least 90% of all meetings?	
How often does the board meet?	
How often does the board review the agency's financial statements?	

Advisory Committee

Does your organization currently have a consumer advisory committee?	☐ No ☐ Yes ☐ Not sure

Accounting System

Has a Federal or State Agency issued an official opinion regarding the adequacy of the applicant's accounting system for the collection, identification and allocation of costs for grants? ☐ No ☐ Yes → If yes, provide the name and address of the reviewing agency. Attach a copy of the latest review and any subsequent documents.

Which of the following best describes the applicant's accounting system?	☐ Manual ☐ Automated ☐ Combination
Does the applicant's accounting system identify the deposits and expenditures of program funds for each and every grant separately?	☐ No ☐ Yes ☐ Not sure
Does the applicant's accounting system require the use of double entries in accounting for program funds?	☐ No ☐ Yes ☐ Not sure

Does the applicant's accounting system have the ability to record expenditures for each and every program within a grant separately by budget line items? In many instances, a grant will fund more than one program.	☐ No ☐ Yes ☐ Not sure
Are time studies conducted for each employee whose position is funded by multiple sources?	☐ No ☐ Yes ☐ Not sure ☐ No multiple sources
Does the applicant's accounting system have the ability to automatically identify over-spending of total allowed grant funds?	☐ No ☐ Yes ☐ Not sure
Does the applicant's accounting system have the ability to automatically identify over-spending of total funds available for each budget cost category (e.g. personnel, travel, etc.)?	☐ No ☐ Yes ☐ Not sure
Is there a chart of accounts?	☐ No ☐ Yes ☐ Not sure
How do employees account for their time and effort? Please explain.	

Fund Control

Is a separate bank account maintained for grant funds?	☐ No ☐ Yes ☐ Not sure
If grant funds are comingled with other funds, can grant expenses be easily identified?	☐ No ☐ Yes ☐ Not sure
Are the officials of the organization bonded?	☐ No ☐ Yes ☐ Not sure
Does the board of directors authorize bank accounts and signers on the bank accounts?	☐ No ☐ Yes ☐ Not sure
Does the board of directors approve and monitor the budget?	☐ No ☐ Yes ☐ Not sure
Are employees who handle cash bonded?	☐ No ☐ Yes ☐ Not sure
Is incoming mail opened and are cash receipts listed in duplicate by two or more people having no access to cash receipts or accounts receivable records?	☐ No ☐ Yes ☐ Not sure
Are receipts deposited on a daily basis?	☐ No ☐ Yes ☐ Not sure
Are checks required to be countersigned?	☐ No ☐ Yes ☐ Not sure
Is signing blank checks prohibited?	☐ No ☐ Yes ☐ Not sure
Are bank accounts reconciled by someone other than the persons participating in the receipt or disbursement of cash?	☐ No ☐ Yes ☐ Not sure
Does a responsible individual receive the bank statements unopened from the bank?	☐ No ☐ Yes ☐ Not sure

Are fees charged for services approved by the board of directors and publicly announced in fee schedules, bulletins and other announcements?	☐ No	☐ Yes	☐ Not sure
Does an accounting manual detail account coding of expenditures in compliance with funding and organization accounting requirements (e.g., program and other functional bases)?	☐ No	☐ Yes	☐ Not sure
Do procurement policies govern purchases of equipment, supplies and other items?	☐ No	☐ Yes	☐ Not sure
Are authorizations for new hires, terminations and changes to salaries authorized by someone other than the person responsible for processing the payroll?	☐ No	☐ Yes	☐ Not sure
Are timesheets or timecards prepared by employees who identify the amount of time spent in each program area or functional unit?	☐ No	☐ Yes	☐ Not sure
Does a responsible person periodically review classes of position and pay rates for compliance with the provisions of the personnel practices or other documents designating rates of pay for employees?	☐ No	☐ Yes	☐ Not sure
Are payrolls prepared by an outside service center?	☐ No	☐ Yes	☐ Not sure

Other Financial

Does the organization have any established lines of credit? If so, please identify the source, amount and balance of each. Attach additional pages if necessary.

Has an independent certified public accountant (CPA) ever examined the organization's financial statements?	☐ No	☐ Yes	☐ Not sure

If an independent CPA review was performed please attach a copy of the latest report and any management letters issued.

If an independent CPA was engaged to perform a review and no report was issued, please provide details and an explanation. Attach additional pages if necessary.

The following questions are needed in order to determine this organization's eligibility under O.C.G.A. 50-20-3 et seq.

What was the total amount of **State funds** spent by this organization during its most recent completed fiscal year?	
What was the total amount of **Federal funds** spent by this organization during its most recent completed fiscal year?	

During the most recent completed fiscal year. . . [Select one or more of the following boxes.]

A ❑ This organization spent less than $100,000 in State Funds .
OR: This organization did not spend any State Funds.
- This means we must submit unaudited financial statements for the fiscal year.
- See O.C.G.A. 50-20-3(b)2.

B ❑ This organization spent $100,000 or more in State Funds.
- This means we must submit an audit from an independent auditor.
- See O.C.G.A. 50-20-3(b)1.

C ❑ This organization spent at least $500,000 in Federal Funds.
- This means we are required to submit an audit from an independent auditor that meets the requirements of the Single Audit Act (A-133 Audit).

IMPORTANT: You are required to provide a copy of either your organization's financial statements or audit (depending on which answer you selected above) as part of "Appendix A: Proof of Eligibility" of your project funding proposal.

At a minimum, this must include:

- **A detailed Balance Sheet for the most current and previous year; and**
- **A detailed Income Statement for the most current and previous year.**

I certify that to the best of my knowledge, belief, and ability, all of the information provided on this form is complete and accurate and no pertinent information has been omitted.

_____ _____
Signature of chief executive Date

_____
Printed name