| Vendor ID (CSULB use only)   |
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| Audit Certification and Financial Questionnaire<br>CALIFORNIA STATE UNIVERSITY LONG BEACH – OFFICE OF RESEARCH & SPONSORED PROGRAMS  |
| Please complete and return to:<br>California State University Long Beach<br>Office of Research & Sponsored Programs<br>1250 Bellflower Blvd.<br>Building F05, Room 111<br>Long Beach CA 90840-4509<br>Phone: (562) 985-8147<br>Fax: (562) 985-8665   |
| For (Organization/Company Name):   |
| Subaward No.:  |
| Audit Certification for Your Organization's/Company's Most Recently Completed Fiscal Year (Respond to A or B, below, as applicable):   |
| A. External independent audits of my organization/company have been completed for Fiscal Year 20 (state  |
| organization's/company's fiscal year: from MM/DD/YYYY: to MM/DD/YYYY: . A true,  |
| complete and correct copy of the audit report is attached or available at the following website<br>and hereby provided to California State University  |
| Long Beach ("CSULB").  |
| OR   |
| B. My organization/company has <b>not</b> been audited by a U.S. Government audit agency or by an independent CPA firm for the most recently completed Fiscal Year (state organization's/company's fiscal year: from MM/DD/YYYY: to MM/DD/YYYY: to MM/DD/YYYY: ). True and correct information concerning my organization's finances is provided in the attached <u>Financial Status Questionnaire</u> . |
| Signature of Authorized Official:  |
| Signature: Date:   |
| Name (printed):  |
| Organization/Company Name & EIN:   |
| Address:   |
| Phone: Fax: Email:   |
|  |

| Fir  | nancial Status Questionnaire For:   |
|------|---|
| • •• | Organization/Company Name   |
| Ge   | neral Information   |
| 1.   | Does your organization have its financial statements reviewed by an independent public accounting firm? (Please enclose a copy the most recent financial statements for your organization, audited or unaudited.)   |
| 2.   | Are duties separated so that no one individual has complete authority over an entire financial transaction?   |
| 3.   | Does your organization have controls to prevent expenditure of funds in excess of approved, budgeted amounts?   |
| 4.   | Other than financial statements, has any aspect of your organization's activities been audited within the last two years by a governmental agency or independent public accountant? Explain. (Please provide a copy of any recent external audit report.) |
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| Cas  | sh Management   |
| 1.   | Are all disbursements properly documented with evidence of receipt of goods or performance of services?   |
|      | Yes No  |
| 2.   | Are all bank accounts reconciled monthly?   |
| Par  | <u>/roll</u>  |
| 1.   | Are payroll charges checked against program budgets?  |
| 2.   | What system does your organization use to control paid time, especially time charged to sponsored agreements?   |
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| Procurement   |
| <ol> <li>Are there procedures to ensure procurement at competitive prices?</li> <li>Yes</li> </ol>                                |
|   |
| 2. Is there an effective system of authorization and approval of:   |
| a) Capital equipment expenditures?  Yes No  |
| b) Travel expenditures?  Yes No   |
|   |
| Property Management   |
| 1. Are detailed records of individual capital assets kept and periodically balanced with the general ledger accounts?             |
| $\square$ Yes $\square$ No  |
| — — —   |
| 2. Are there effective procedures for authorizing and accounting for the disposal of property and equipment?                      |
| Yes No  |
| 3. Are detailed property records periodically checked by physical inventory?  |
| Yes No  |
| 4. Briefly describe the organization's policies concerning capitalization and depreciation.                                       |
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| Cost Transfers  |
| 1. How does the organization ensure that all cost transfers are legitimate and appropriate?                                       |
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| Indirect Costs  |
| 1. Does the organization have an indirect cost allocation plan or a negotiated indirect cost rate? Explain. (Please               |
| provide a copy of any negotiated indirect cost rate agreement.)   |
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| Indirect Costs (Continued) <ol> <li>Does the organization have procedures which provide assurance that consistent treatment is applied in the distribution of charges to all grants, contracts and cooperative agreements? Explain.</li> </ol> |      |  |  |  |
|--|------|--|--|--|
| Cost Sharing 1. How does the organization determine that it has met cost sharing goals?  |      |  |  |  |
| Compliance   |      |  |  |  |
| <ol> <li>Does your organization have a formal policy of nondiscrimination and a formal system for complying with Feder civil rights requirements?</li> <li>Yes</li> </ol>  | al   |  |  |  |
| <ul> <li>Does your organization have a cash forecasting process which will minimize the time elapsed between the draw down of funds and the disbursement of those funds?</li> <li>Yes</li> </ul>   | /ing |  |  |  |
| <ul> <li>Please provide a list of recent grants, contracts or cooperative agreements your organization has received from the CSULB.</li> <li>Yes</li> </ul>  |      |  |  |  |
| <u>Attachments</u>   |      |  |  |  |
| <ol> <li>Recent Financial Statements External Review or Audit Report         <ul> <li>Yes</li> <li>No</li> </ul> </li> <li>Financial Statements, Audited or Unaudited             <ul> <li>Yes</li> <li>No</li> </ul> </li> </ol>              |      |  |  |  |
| 3. Indirect Cost Rate Agreement<br>☐ Yes ☐No   |      |  |  |  |
| 4. List of Awards from CSULB<br>☐ Yes ☐ No   |      |  |  |  |
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