

Oregon Department of Transportation Public Transit Division

PRE-AWARD AUDIT QUESTIONNAIRE FOR NEW SUB-RECIPIENT

OMB Circular A-133 requires monitoring of sub-recipients receiving Federal financial assistance to carry out a program under prime awards to the Oregon Department of Transportation Public Transit Division (PTD).

Your organization is new to the PTD grant program. The purpose of this questionnaire is to help us assess your agency's ability to comply with the requirements which follow Federal assistance funds.

Name of Agency _____

Address _____ City _____ Zip _____

Contact _____

Phone _____ Email _____ Website _____

THRESHOLD QUESTIONS

1. Does your organization have a cognizant Federal agency for A-133 purposes?
 Yes No If yes, please indicate the cognizant agency.

GENERAL INFORMATION

2. Does your organization have its financial statements reviewed by an independent public accounting firm? Yes No

If so, please enclose a copy of your most recent audited financial report with your response.

3. What was the dollar volume of Federal awards from all federal sources to your organization during the last fiscal year? _____
4. Are duties separated so that no one individual has complete authority over an entire financial transaction? Yes No
5. Does your organization have controls to prevent expenditure of funds in excess of approved, budgeted amounts? Yes No
6. 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? Yes No

If yes, please explain.

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CASH MANAGEMENT

7. Are Federal funds deposited in a separate bank account or accounted for through grant-loan fund control accounts? Yes No
8. Are all disbursements properly documented with evidence of receipt of goods or performance of services? Yes No
9. Are all bank accounts reconciled monthly? Yes No

COST TRANSFERS

10. How does the organization ensure that all cost transfers are legitimate and appropriate?

INDIRECT COSTS

11. Does the organization have an indirect cost allocation plan or a negotiated indirect cost rate approved by the cognizant agency? Yes No

Explain.

12. Does the organization have procedures which provide assurance that consistent treatment is applied in the distribution of charges to all grants? Yes No

COST SHARING

13. How does the organization determine that it has met cost-sharing goals?

COMPLIANCE

14. Does your organization engage in any lobbying or partisan political activity which is charged, directly or indirectly, to a federally-assisted program?
 Yes No
15. Does your organization have a formal policy of nondiscrimination and a formal system for complying with Federal civil rights requirements? Yes No
16. For the period of the past three fiscal years and to date, has your agency had any civil rights compliance reviews?
 Yes No

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If YES, attach a description of the issue, including: explain why the review was performed, the date of the review, who performed the review, the findings and recommendations of the review and the status or disposition of the findings.

17. For the period of the past three fiscal years and to date, has your agency received any written complaints or lawsuits alleging civil rights violations?

Yes No

If YES, attach a description of the issue, including: the date of the complaint, a summary of the allegation, and a report of the status or disposition of the complaint or lawsuit, including whether the parties entered into a consent decree or mediation.

PROCUREMENT

18. Does your agency maintain records of all procurements greater than \$5000, including copies of bid/proposal specifications, bid/proposal selection and award procedures, sole-source justification, contract and contract amendments, payments, contract management and closeout procures?

Yes No If NO, Explain:

19. Does your agency maintain an inventory of all capital equipment with an original purchase value greater than \$5000 and purchased with state and/or federal funds?

Yes No If NO, Explain:

20. Does your agency conduct all procurements in a manner providing full and open competition?

Yes No If NO, Explain:

Name and title of person completing questionnaire:

Signature

Date _____