

Checklist for all Potential Grant Recipients

This checklist is being provided to your organization as a potential grant recipient from Efficiency Maine Trust (Trust) or as sub-recipient for a grant application that would be jointly submitted by the Trust and your organization. The information that is requested is being used to evaluate whether any potential risks exist or could exist that would require the Trust to either mitigate the risk or reconsider its position. It is intended that this checklist would be completed only once assuming that no risk factors or nominal risk factors exists. If future information indicates that an updated checklist and/or a review are in order the Trust reserves the right to request additional information or an updated checklist. If the preparer needs additional room to respond to a question or to explain an answer, please provide your response on letterhead.

Section I – Type of Organization and Governing Body

This section is asking for information about your organization including the type of organization, how it was created and organized, the governing body and an organizational chart. Please respond to all of the questions that are appropriate for your organization. If a question applies to your organization, please indicate that either your organization does or does not have the requested document, if the question does not apply to your organization, please indicate N/A.

Name of Entity _____

Address of Principal Office _____

Telephone # _____ **Contact Person** _____

Type of Entity

Public Entity

- | | |
|---|---|
| <input type="checkbox"/> State Agency | <input type="checkbox"/> State Authority, Instrumentality, Component Unit |
| <input type="checkbox"/> Local Government | <input type="checkbox"/> Local Authority type of authority: _____ |
| <input type="checkbox"/> School Administrative Unit | <input type="checkbox"/> Special District, type of district: _____ |
| <input type="checkbox"/> Public College or University | |
| <input type="checkbox"/> Other, explain: _____ | |

Non-Profit

- 501 (c) (3) Religious, Educational, Charitable
- Private K-12 school Private College or University
- Other 501 (c) non-profit: Please indicate sub-section: _____
- If organized as non-profit but not designated as a 501 (c) non-profit:
Has an IRS 501 (c) application been filed? _____. If yes, when? _____
If no, when will an IRS application be filed? _____

For-Profit

How was your organization organized?

Organized in State (Commonwealth) of _____ Date organized _____

If organization has a charter, type of charter _____, include a copy.

If organization has Articles of Incorporation, date filed with Secretary of State _____, include a copy.

If organization has adopted By-Laws include a copy.

If the organization was created by statute, provide full citation for the enabling legislation, either public law or statutory citation: _____.

What type of Governing Body does the organization have?

- Town Council or City Council
- Board of _____
- Other - Please specify. _____

Please include a copy of your Organizational Chart

If not available, when will it be provided? _____

Section II – Financial Information

This section is asking for information about your organization’s finances including whether you file annual reports, have an independent external audit, the audit findings, your revenues and your internal financial management system. Please respond to all of the questions.

Is your organization required to prepare and file an Annual Report

- Yes No

Last annual report period _____

- Was the report filed with the Secretary of State? Yes No

Does your organization have an independent external auditor?

- Yes No

Who is your external auditor? _____

What is your organization fiscal year end date? _____

What was the last audit report period? _____

- What was the auditor’s opinion?
 - Unqualified
 - Qualified – reason(s) _____
 - Adverse
 - Disclaimer of Opinion

- Was a management letter issued? Yes No

- Was a corrective action plan filed? Yes No

- Has the corrective action plan been executed? Yes No

- Was an A-133 Federal Audit required? Yes No

For what period ending was the A-133 prepared? _____

- Copy of the most recent financial audit report, including the findings and management letter is attached to this form.
- Copy of the most recent A-133 audit report is attached to this form.
- Copy of the most recent corrective action plan is attached to this form.

Revenues in the prior fiscal year

What is the value of your revenues for the prior fiscal year? \$ _____

What is the primary source(s) of your revenues? _____

Do you anticipate a significant change in your revenues during the next fiscal year? Yes No
 If yes, please explain.

Internal Financial Management System

Name of the system _____

How long has the system been in use? _____

Are you in the process of replacing you system? Yes No

If so, when will the replacement system be in place? _____

What is the name of the replacement system? _____

Section III - Administrative Policies

*This section is asking about the written and adopted administrative policies that are in place. Certain Federal regulations require that grant recipients and sub-recipients written policies be in place, therefore if your organization has not yet adopted these policies we may inquiry further as to when they will be adopted. A Yes response means that your organization does have a written and adopted policy statement. If your organization has written policies in place, but that were not adopted by your governing body, please respond by checking the W box. A No response means that the organization does not have a written and adopted policy statement. The organization should **not** include a copy of its policies.*

Administrative Policies

- | | | | |
|----------------------------|------------------------------|----------------------------|-----------------------------|
| Personnel | <input type="checkbox"/> Yes | <input type="checkbox"/> W | <input type="checkbox"/> No |
| Hiring | <input type="checkbox"/> Yes | <input type="checkbox"/> W | <input type="checkbox"/> No |
| Conflict of Interest | <input type="checkbox"/> Yes | <input type="checkbox"/> W | <input type="checkbox"/> No |
| Payroll – Timesheets (All) | <input type="checkbox"/> Yes | <input type="checkbox"/> W | <input type="checkbox"/> No |
| Travel | <input type="checkbox"/> Yes | <input type="checkbox"/> W | <input type="checkbox"/> No |
| Expense Reimbursement | <input type="checkbox"/> Yes | <input type="checkbox"/> W | <input type="checkbox"/> No |
| Procurement or Purchasing | <input type="checkbox"/> Yes | <input type="checkbox"/> W | <input type="checkbox"/> No |
| Self-Dealing | <input type="checkbox"/> Yes | <input type="checkbox"/> W | <input type="checkbox"/> No |
| Financial Procedures | <input type="checkbox"/> Yes | <input type="checkbox"/> W | <input type="checkbox"/> No |

I certify that all of the information provided in this form and the requested attachments is true and accurate and that I understand that this information is being requested so that Efficiency Maine can perform its due diligence in assessing potential risk factors for a grant or contract which it may provided to this organization.

_____/Date
 Signature and Title