NOTE: It is important that this form be completed by financial staff familiar with the Foundation's current proposal guidelines and subaward requirements.

#### **SECTION A: PURPOSE**

Since the Water Research Foundation's financial and business responsibilities include the proper discharge of the Public Trust, this form is used to provide a basis for the evaluation of the capability of your organization's systems, policies and procedures to meet the criteria outlined in the Foundation's Project Funding Agreement.

|              | e Foundation's Pro   | _        | •               | •                   | ocedures to meet the     | criteria outline |
|--------------|--|----------|-----------------|---------------------|--------------------------|------------------|
| SE           | CTION B: GENERA  | L INFO   | RMATION         |                     |                          |                  |
| Ple          | ease fill every bla  | nk and   | l answer ever   | y question.         |                          |                  |
| Le           | gal Name of Your   | Organiz  | zation:         |                     |                          |                  |
| (as          | it appears on your II  | RS Form  | W-9 and as it w | ill appear on The I | Foundation's Project Fun | ding Agreement)  |
| Ad           | dress:   |          |                 |                     |                          |                  |
| Cit          | y, State:  |          |                 |                     | Zip+4                    | :                |
| Со           | ngressional District:  |          |                 |                     |                          |                  |
| Du           | n & Brad#:   |          |                 |                     | EIN:                     |                  |
| Pri          | mary Location of Pe  | rformar  | nce (Where Res  | earch Will Be Con   | ducted):                 |                  |
| Ad           | dress:   |          |                 |                     |                          |                  |
| City, State: |  |          |                 |                     | Zip+4                    | :                |
| Со           | ngressional District:  |          |                 |                     |                          |                  |
| 1.           | Number of employ   | ees in y | our organizatio | n:                  |                          |                  |
|              | Full Time  |          | Part Time       |                     |                          |                  |
| 2.           | Has your organization received funding directly from The Foundation within the last two years? |          |                 |                     |                          |                  |
|              | Yes  | No       |                 |                     |                          |                  |
| 3.           | Organization type:   |          | Non-Profit      | Government          | College/University       |                  |
|              |  |          | For Profit (Co  | mmercial)           | Other (Identify)         |                  |

#### SECTION C: BUSINESS MANAGEMENT SYSTEMS

| 1. | For U.S. Federal Fir   | nancial Assistanc          | ce, which Federa       | l Cost Principles does your org                                | anization operate under?            |  |
|----|--|----------------------------|------------------------|--|-------------------------------------|--|
| 2. | Has your organizat   | ion ever been a            | udited under a S       | ingle Audit or Program Specific                                | : Audit?                            |  |
|    | Yes  | No                         |                        |  |                                     |  |
| N  | <b>Yes:</b> Latest FYE aud<br>Name, phone and er<br>he Foundation can  | mail address of p          |                        | (eg. 06/30/2020)<br>provide a copy of the Single Au            | dit or URL from which               |  |
| 3. | Is your organization fiscal year?  | n likely to spend b<br>Yes | oetween \$750,00<br>No | 00 and \$1,000,000 in U.S. Federa<br>or more than \$1,000,000? | ll Assistance in its current<br>Yes |  |
| 4. | Does your organization have written Policies and Procedures to cover the following business management areas?  |                            |                        |  |                                     |  |
|    | Personnel Policies and Procedures  |                            |                        |  |                                     |  |
|    | Procurement Policies and Procedures  |                            |                        |  |                                     |  |
|    | Property Policies and Procedures   |                            |                        |  |                                     |  |
|    | Travel Policies and  | l Procedures               |                        |  |                                     |  |
| 5. | Are time and activity distribution records (e.g. time sheets or effort reports) maintained for each employee, by project, to account for his or her total hours?             |                            |                        |  |                                     |  |
|    | Yes  | No                         |                        |  |                                     |  |
| 6. | , ,  | kind or matching<br>No     | g funds supporte       | ed with documentation?   |                                     |  |
| 7. | Does your organization have a written budgetary process and controls to preclude incurring obligations in excess of the grant amount of individual cost categories?  Yes  No |                            |                        |  |                                     |  |
| 8. | Are purchase appr<br>Yes   | oval methods do            | ocumented and          | communicated to your employ                                    | vees?                               |  |
| 9. | Are duties separat<br>transaction/proces   |                            | e individual (i.e.     | , project or financial) is not con                             | trolling all aspects of a           |  |

#### **SECTION D: ACCOUNTING SYSTEM & FUNDS MANAGEMENT**

| 1.  | Does your accounting system account for cost by individual projects?   |   |                   |  |                    |                  |                     |
|-----|--|---|-------------------|--|--------------------|------------------|---------------------|
|     | Yes  | No  |                   |  |                    |                  |                     |
| 2.  | Which of the following best describes your organization's accounting system?  Manual Automated Combination   |   |                   |  |                    |                  |                     |
| 3.  | Does your org  | ganization under<br>No  | go an annual fina | ncial statement a                        | udit?              |                  |                     |
| 4.  | How frequen  | tly do you post to  | o the general led | ger?                                     |                    |                  |                     |
|     | Daily  | Weekly  | Monthly           |  |                    |                  |                     |
| 5.  | Does your accounting system accurately and completely track receipt and disbursement of funds by each award and/or funding source? Yes No  Are F&A or indirect costs accumulated into cost pools for allocation to projects, contracts and awards?   |   |                   |  |                    |                  |                     |
| 6.  | Yes  | No  | imulated into cos | t pools for allocat                      | ion to projects, c | ontracts :       | and awards?         |
| 7.  | Ge<br>Ca<br>Pa<br>In<br>Pu   | ving books of acceneral Ledger ash Receipts Journal come (Sales) Journal archase Journal eneral Journal |                   | ?  |                    |                  |                     |
| 8.  | •  |   | •                 | ecording of actual<br>reflected in an ap | •                  | r each aw<br>Yes | rard/contract<br>No |
| 9.  | List the type of documentation you can provide to support budgeting for indirect costs.  |   |                   |  |                    |                  |                     |
| 10. | •  |   |                   | requirements and<br>I financial assistan | •                  | determin<br>Yes  | ation of<br>No      |
| 11. | In the preceeding fiscal year, did your organization receive 80 percent or more of your annual gross revenues from U.S. Federal procurement contracts (and subcontracts) and Federal financial assistance (and subawards) subject to the Transparency Act, as defined at 2 CFR 170.320?  Yes  No |   |                   |  |                    |                  |                     |
| 12. | Does the pub   | lic have access to  | o information abo | out the compensat                        | tion of executive  | s in your        | business or         |

organization (the organization represented by the DUNS number on page 1) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.SC. 78m(a), 78o (d)) or section 6104 of the Internal

No

Revenue Code of 1986?

Yes

| 13.   | Who in your organization has a working knowledge of the OMB Uniform Grants Guid Requirements, Cost Principles and Audit Requirements and 48 CFR 31.2?                                     | s Guidance for Administrative |  |  |  |
|---|---|-------------------------------|--|--|--|
|   | Title:  |                               |  |  |  |
|   | Name:   |                               |  |  |  |
|   | Email:  |                               |  |  |  |
|   | Phone:  |                               |  |  |  |
| 14.   | Who is responsible for confirming that your organization's PI is aware of the Uniform Grants Guidance and, if relevant, 48 CFR 31.2 for projects proposed and invoiced to The Foundation? |                               |  |  |  |
|   | Title:  |                               |  |  |  |
|   | Name:   |                               |  |  |  |
|   | Email:  |                               |  |  |  |
|   | Phone:  |                               |  |  |  |
| 15.   | Who should the Foundation contact regarding this form?  |                               |  |  |  |
|   | Title:  |                               |  |  |  |
|   | Name:   |                               |  |  |  |
|   | Email:  |                               |  |  |  |
|   | Phone:  |                               |  |  |  |
|   |   |                               |  |  |  |
|   |   |                               |  |  |  |
|   |   |                               |  |  |  |
| Prepared by (Signature):  (click inside the text box above and insert a picture of your signature)  Date: |   |                               |  |  |  |
| Printe  | ed name and title:  |                               |  |  |  |
| Email   | l:  |                               |  |  |  |
| Phon  | e:  |                               |  |  |  |
|   |   |                               |  |  |  |

Version: 09/01/2023 (previous versions are obsolete and will not be accepted for review).