

## FINANCIAL QUESTIONNAIRE

Please include as an **attachment** and explanation for all "NO" answers to questions #1 thru 11 below:

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has the agency operated continuously for the past three (3) years?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Has the agency operated with a positive cash flow for the past (3) years?                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Does your Board of Directors approve a detailed cash flow budget before the beginning of each fiscal year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do your Board meeting minutes show that quarterly financial statements are approved?                       |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Is your equity balance at least 20% of your Total Liability balance?                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Is your Total Current Asset Balance larger than your Total Current Liability balance?                      |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Are bank reconciliations and accounting performed by someone other than the check signatory?               |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Are you fully insured for the agency's vehicle(s) and building(s)?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Is your Workers' Compensation at least 2% of payroll?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Are you current (not delinquent) on all payroll and payroll tax payments?                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Is the agency free of any pending litigation, liens or judgments?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Within the past 12 months, has the agency been denied credit? If yes, please explain.                     |

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*As the grant applicant, I certify that the agency has satisfactorily responded to each of the above questions and explained as needed. I hereby certify that this information is true and correct to the best of my knowledge.*

**Agency:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Prepared by:** \_\_\_\_\_  
Print Name/Title Signature Date

**Certified by:** \_\_\_\_\_  
Print Name of Executive Director Signature Date

\_\_\_\_\_  
Print Name of President, Board of Directors Signature Date