

# **Water Sector Program - Phase 2 Financial Management Questionnaire**

Grantee: \_\_\_\_\_ Number of employees: \_\_\_\_\_

1. List those who will perform the following WSP financial management functions. Include titles.

a) Signs contracts:

\_\_\_\_\_

Title: \_\_\_\_\_

b) Receives invoices:

\_\_\_\_\_

Title: \_\_\_\_\_

c) Approves payment of invoices:

\_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_

Title: \_\_\_\_\_

d) Prepares Requests for Payment:

\_\_\_\_\_

Title: \_\_\_\_\_

e) Signs Requests for Payment (*minimum of two required*):

\_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_

Title: \_\_\_\_\_

f) Records transactions:

\_\_\_\_\_

Title: \_\_\_\_\_

g) Maintains custody of checkbook:

\_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_

Title: \_\_\_\_\_

h) Signs checks (*minimum of two required*): Must be covered by bond or fidelity policy.

\_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_

Title: \_\_\_\_\_

i) Reconciles bank statements:

\_\_\_\_\_

Title: \_\_\_\_\_

j) Prepares fiscal year end financial statements:

\_\_\_\_\_

Title: \_\_\_\_\_

2. Identify by title the individuals who are covered by a bond or insurance and the amounts. Include Chief Executive Officer if involved in signing checks (1.h).

**Attach a copy of the bond(s) or insurance policy(s).**

Title: _____	Amount: _____
Title: _____	Amount: _____
Title: _____	Amount: _____
Title: _____	Amount: _____

3. Identify name of company that issued the bond or insurance policy:

\_\_\_\_\_

Issue date: _____	Expiration date: _____
Issue date: _____	Expiration date: _____

4. What is your fiscal year end date? \_\_\_\_\_

5. The most recent audit covered what period? \_\_\_\_\_

Identify name of firm that prepared the audit: \_\_\_\_\_

6. Name and telephone number of local official to contact regarding this questionnaire:

_____	_____	_____
<i>Name</i>	<i>Title</i>	<i>Phone #</i>

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**I certify that this information is true to the best of my knowledge.**

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_