# Text  Description automatically generated

 **APPENDIX D- ADMINISTRATIVE AND FISCAL - SELF EVALUATION FORM**

This certification is to assure SFBHN that the applicant has adequate administrative internal control procedures in place to ensure that funds disbursed by SFBHN will be safeguarded as outlined in Chapter 287, Florida Statutes.

Please answer all questions by checking off the applicable box. For those items that are not applicable to your organization, check N/A. For example, if you do not have any subcontracts, you should check N/A for each item in Section II, Subcontracts/Professional Agreements. If you need to provide additional information, please attach an explanation on a separate page. If you have questions send your questions in writing to the RFQ Coordinator by the date specified in the Schedule of Activities.

Please provide a brief explanation for any negative response on a separate sheet.

1. **SEGREGATION OF DUTIES**

|  |  |
| --- | --- |
| 1. Someone other than the timekeeper and persons who deliver paychecks to employees prepares the payroll.
 | ☐ Yes ☐ No ☐ N/A |
| 1. The duties of record keeper are separated from any cash related functions
 | ☐ Yes ☐ No ☐ N/A |
| 1. Check signing is limited to those authorized to make disbursements and whose duties exclude posting and recording of cash received.
 | ☐ Yes ☐ No ☐ N/A |
| 1. Personnel performing the disbursement function are excluded from purchasing, receiving, inventory, and general ledger functions.
 | ☐ Yes ☐ No ☐ N/A |
| 1. Mail receipts are opened and listed by someone not involved in posting, deposit preparation and deposit making.
 | ☐ Yes ☐ No ☐ N/A |
| 1. The person making the deposit is different from the person who prepares the deposit.
 | ☐ Yes ☐ No ☐ N/A |
| 1. An official who is not responsible for its preparation and is outside the payroll department approves the payroll.
 | ☐ Yes ☐ No ☐ N/A |

1. **WRITTEN POLICIES AND PROCEDURES**

|  |  |
| --- | --- |
| 1. Record Retention
 | ☐ Yes ☐ No ☐ N/A |
| 1. Travel and Entertainment
 | ☐ Yes ☐ No ☐ N/A |
| 1. Purchasing
 | ☐ Yes ☐ No ☐ N/A |
| 1. Asset acquisition, inventory, and disposal
 | ☐ Yes ☐ No ☐ N/A |
| 1. Cash management (payables, receivables, deposits, petty cash, reconciliations, etc.)
 | ☐ Yes ☐ No ☐ N/A |
| 1. Credit cards
 | ☐ Yes ☐ No ☐ N/A |
| 1. Subcontractors
 | ☐ Yes ☐ No ☐ N/A |
| 1. Bad debt write-offs
 | ☐ Yes ☐ No ☐ N/A |
| 1. Disaster plan, including recovery
 | ☐ Yes ☐ No ☐ N/A |
| 1. Personnel
 | ☐ Yes ☐ No ☐ N/A |
| 1. Employee loans
 | ☐ Yes ☐ No ☐ N/A |
| 1. Client trust funds
 | ☐ Yes ☐ No ☐ N/A |
| 1. Computer back-up
 | ☐ Yes ☐ No ☐ N/A |
| 1. Recycling
 | ☐ Yes ☐ No ☐ N/A |
| 1. Data Security
 | ☐ Yes ☐ No ☐ N/A |

1. **CASH**
2. **Cash Handling Procedures**

|  |  |
| --- | --- |
| * 1. All revenue is deposited into one operating account.
	2. Deposits are made on a daily; weekly; other (be specific) basis.
 | 1. ☐ Yes ☐ No ☐ N/A

Daily\_\_\_\_\_\_Weekly\_\_\_\_\_\_\_\_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. The organization maintains a cash receipts journal
 | ☐ Yes ☐ No ☐ N/A |
| 1. Revenue received that is not deposited on the same day is stored in a locked and secure location.
 | ☐ Yes ☐ No ☐ N/A |
| 1. The person receiving the monthly bank statement in the mail is not the same person responsible for performing the monthly account reconciliation.
 | ☐ Yes ☐ No ☐ N/A |
| 1. The bank statements and paid checks are received unopened from the bank by the person reconciling the account.
 | ☐ Yes ☐ No ☐ N/A |
| 1. Checks received in the mail are restrictively endorsed immediately upon opening the mail.
 | ☐ Yes ☐ No ☐ N/A |
| 1. Cash received from fund raising events are properly controlled, accounted, and reported.
 | ☐ Yes ☐ No ☐ N/A |
| 1. Bank reconciliations are performed monthly, reviewed, and signed by the next level of management.
 | ☐ Yes ☐ No ☐ N/A |

1. **Petty Cash**

|  |  |
| --- | --- |
| 1. A specific employee is designated, in writing, as custodian.
 | ☐ Yes ☐ No ☐ N/A |
| 1. Petty cash is not commingled with other funds and is used for small, emergency
2. expenses
 | ☐ Yes ☐ No ☐ N/A |
| 1. Cash fund is kept in a locked, secure location.
 | ☐ Yes ☐ No ☐ N/A |
| 1. Payments are made through vouchers that are completely and accurately filled out.
 | ☐ Yes ☐ No ☐ N/A |
| 1. Payments are supported by invoices or receipts.
 | ☐ Yes ☐ No ☐ N/A |
| 1. Payments made are under $50 (for small incidental purchases).
 | ☐ Yes ☐ No ☐ N/A |
| 1. Travel payments are not made from petty cash.
 | ☐ Yes ☐ No ☐ N/A |
| 1. Documents are effectively canceled (marked paid) when expense is paid.
 | ☐ Yes ☐ No ☐ N/A |
| 1. The size of the petty cash fund is adequate to meet emergency expenses.
 | ☐ Yes ☐ No ☐ N/A |

1. **ACCOUNTS RECEIVABLE**

|  |  |
| --- | --- |
| 1. A detailed accounts receivable aging schedule is maintained by accounting.
 | ☐ Yes ☐ No ☐ N/A |
| 1. The accounts receivable aging schedule is reconciled to the general ledger monthly.
 | ☐ Yes ☐ No ☐ N/A |
| 1. The organization has established accounts receivable write off procedures that:
	1. Are promptly documented
2. Are approved by the President/CEO and the Board of Directors
 | 1. ☐ Yes ☐ No
2. ☐ Yes ☐ No
 |

1. **ACCOUNTS PAYABLE**
2. **Disbursements**

|  |  |
| --- | --- |
| 1. The organization maintains an accounts payable ledger (checkbook) for its operating account
 | ☐ Yes ☐ No  |
| 1. During the payment process, the following are verified by management:
2. Checks are issued in sequence
3. Voids are clearly documented and accounted for
4. Multiple payments made to one payee during the month are researched
5. Payments are based on original invoices
6. Payments are approved by appropriate levels of management
7. Back-up is effectively canceled upon payment (help prevent duplicate payments)
8. The check amount and invoice amount agree
9. Bills are timely paid
10. Payments to the Executive Director are countersigned by a Board member
11. Goods and services with a cost of $1,500 or more are supported with a cost analysis price quotation or competitive bid unless the organization’s policies and procedures require another level

For tax exempt providers: 1. Sales tax is not being paid on purchases of goods or services.
 | 1. ☐ Yes ☐ No
2. ☐ Yes ☐ No
3. ☐ Yes ☐ No
4. ☐ Yes ☐ No
5. ☐ Yes ☐ No
6. ☐ Yes ☐ No
7. ☐ Yes ☐ No
8. ☐ Yes ☐ No
9. ☐ Yes ☐ No ☐ N/A
10. ☐ Yes ☐ No
11. ☐ Yes ☐ No ☐ N/A
 |

1. **Employee Expense Transactions**

|  |  |
| --- | --- |
| 1. Expense reports/vouchers are utilized.
 | ☐ Yes ☐ No  |
| 1. All expenses are supported with original receipts.
 | ☐ Yes ☐ No  |
| 1. The business purpose of the expenses is clearly stated.
 | ☐ Yes ☐ No  |
| 1. All conference expenses are pre-authorized and supported with an agenda
 | ☐ Yes ☐ No ☐ N/A |
| 1. A mileage sheet is used to calculate and reimburse mileage expenses.
 | ☐ Yes ☐ No ☐ N/A |
| 1. The mileage sheet contains information to include beginning and ending odometer
2. readings, purpose, and destination
 | ☐ Yes ☐ No ☐ N/A |
| 1. All travel expenses reimbursed from state funding sources are paid in accordance with state rates (s. 112.061, F.S.).
 | ☐ Yes ☐ No ☐ N/A |

1. **Credit Card Transactions**

|  |  |
| --- | --- |
| 1. The organization maintains a listing of who has credit cards and the corresponding credit card numbers.
 | ☐ Yes ☐ No ☐ N/A |
| 1. The organization performs monthly reconciliations of credit card statements.
 | ☐ Yes ☐ No ☐ N/A |
| 1. The organization has review procedures that are used to track and pay balances.
 | ☐ Yes ☐ No ☐ N/A |
| 1. The cardholder or designee is not making personal purchases.
 | ☐ Yes ☐ No ☐ N/A |
| 1. Corporate credit cards that are loaned to employees are controlled through a log indicating the date, person's name, purchase amount, and description.
 | ☐ Yes ☐ No ☐ N/A |

1. **Tax Payments**

|  |  |
| --- | --- |
| 1. 941s and UCTs are completed, submitted, and paid timely.
 | ☐ Yes ☐ No  |

1. **FINANCIAL REPORTING**

|  |  |
| --- | --- |
| 1. Monthly financial statements are prepared. These include the following:
2. A statement of activities (income statement) listed by covered service.
3. A statement of financial condition/position (balance sheet)
4. Budget variance report
 | 1. ☐ Yes ☐ No ☐ N/A
2. ☐ Yes ☐ No ☐ N/A
3. ☐ Yes ☐ No ☐ N/A
 |
| 1. Support documentation for all journal entries made is retained.
 | ☐ Yes ☐ No ☐ N/A |
| 1. The organization performs a monthly closing and
2. Prepares/prints a complete set of accounting books (general ledger, accounts payable journal, accounts receivable journal, etc.)
 | 1. ☐ Yes ☐ No ☐ N/A
2. ☐ Yes ☐ No ☐ N/A
 |
| 1. The organization maintains a current chart of accounts which:
2. Allows for covered service center accounting
3. Tracks administration as a covered service
4. Has a methodology to allocate indirect cost including administration
 | 1. ☐ Yes ☐ No ☐ N/A
2. ☐ Yes ☐ No ☐ N/A
3. ☐ Yes ☐ No ☐ N/A
 |
| 1. An independent audit has been performed and the report submitted to the department within 180 days from the organization's fiscal year end or within 30 days of the organization’s receipt of the audit report, whichever occurs first.
 | ☐ Yes ☐ No ☐ N/A |
| 1. The organization has an adequate record keeping system. The records are kept in a central location and are neat and organized.
 | ☐ Yes ☐ No  |
| 1. Organization management submits monthly financial statements to the Board of Directors
 | ☐ Yes ☐ No ☐ N/A |
| 1. The organization has an operating budget that was approved by the Board of Directors.
 | ☐ Yes ☐ No ☐ N/A |

1. **ASSETS AND PROPERTY**

|  |  |
| --- | --- |
| 1. An annual asset inventory is taken and recorded in writing.
 | ☐ Yes ☐ No ☐ N/A |
| 1. Property records are reconciled to the general ledger at least annually.
 | ☐ Yes ☐ No ☐ N/A |
| 1. Property / capital assets are recorded on an asset ledger with the following information:
2. Sequential item number
3. Description
4. Funding source
5. Purchase date and amount
6. Cost
7. Location
8. Condition
9. Asset tag number (capital assets of $1000 or more
 | 3.1. ☐ Yes ☐ No ☐ N/A
2. ☐ Yes ☐ No ☐ N/A
3. ☐ Yes ☐ No ☐ N/A
4. ☐ Yes ☐ No ☐ N/A
5. ☐ Yes ☐ No ☐ N/A
6. ☐ Yes ☐ No ☐ N/A
7. ☐ Yes ☐ No ☐ N/A
8. ☐ Yes ☐ No ☐ N/A
 |
| 1. Acquisitions and disposals are documented in writing.
 | ☐ Yes ☐ No ☐ N/A |
| 1. If any leases for property and equipment exist, they are current and properly executed.
 | ☐ Yes ☐ No ☐ N/A |

1. **LOANS**

|  |  |
| --- | --- |
| 1. If loans are made to employees, formal, signed agreements are secured and contain the following:
2. Date loan made, amount, and maturity
3. Terms and conditions regarding repayment
4. Approval by the Executive Director/President & CEO
5. Disclosure to the Board of Directors through an aging schedule or other report
 | 1. ☐ Yes ☐ No ☐ N/A
2. ☐ Yes ☐ No ☐ N/A
3. ☐ Yes ☐ No ☐ N/A
4. ☐ Yes ☐ No ☐ N/A
 |
| 1. If loans are being granted to officers and/or directors of the organization, please explain on separate attachment or scan your agency’s Ledger

 Attached # included | ☐ Yes ☐ No  |

1. **PERSONNEL MANAGEMENT / PAYROLL**

|  |  |
| --- | --- |
| 1. All personnel files contain the following:

 1. I-9 Forms
2. W-4 Forms
3. Annual evaluations (if required)
4. Pay rates and changes are clearly documented and agree with the latest payroll register
5. Reference checks
6. Security agreement forms (CF 114), if applicable.

 1. All employees with access to DCF data through computer-related media have read and signed the CF 114.

 1. The custodian (NAME) for all CF 114 forms at the provider’s location is:
2. The forms are stored at the following sites:
 | 1. ☐ Yes ☐ No
2. ☐ Yes ☐ No
3. ☐ Yes ☐ No
4. ☐ Yes ☐ No
5. ☐ Yes ☐ No
6. ☐ Yes ☐ No ☐ N/A
7. ☐ Yes ☐ No
8. Name of Custodian (Print Clearly):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Employees document their work hours through a time sheet or punch clock.
2. The employee signed the time records.

 1. The supervisor reviewed and signed the time records.
 | 2. 1. ☐ Yes ☐ No
2. ☐ Yes ☐ No
3. ☐ Yes ☐ No
 |
| 1. Non-exempt employees receive time and a half for all hours in excess of 40 per week.
 | ☐ Yes ☐ No |
| 1. Do any of your employees also have a contract with your organization? If yes, please explain in separate attachment.

 Attachment # included | ☐ Yes ☐ No  |

1. **INDIVIDUAL CLIENT TRUST ACCOUNTS FOR FEDERAL BENEFIT PROGRAMS (SSAI, SSA, VA)**

|  |  |
| --- | --- |
| 1. An individual account is established and managed for each client with adequate procedures in place to track all transactions and reconcile at least monthly.
 | ☐ Yes ☐ No ☐ N/A |
| 1. Written proof that client deposits are made timely (within one to two days).
 | ☐ Yes ☐ No  |
| 1. Receipts for expenditures are maintained and approved by an appropriate level of management with documentation of such purchases.
 | ☐ Yes ☐ No  |
| 1. All transactions are supported with receipts that are kept in the client's file.
 | ☐ Yes ☐ No  |
| 1. Documentation is maintained for
2. Transaction dates
3. Deposits
4. Withdrawals
5. Interest earned
6. Service charges (only bank account charges permitted)
 | 1. ☐ Yes ☐ No
2. ☐ Yes ☐ No
3. ☐ Yes ☐ No
4. ☐ Yes ☐ No
5. ☐ Yes ☐ No
 |
| 1. If any client's bank account/trust fund is in excess of $2,000, please explain how it is handled in a separate attachment.

 Attachment # included | ☐ Yes ☐ No  |
| 1. Client trust funds are maintained in interest bearing accounts.
 | ☐ Yes ☐ No  |
| 1. Client trust funds are established in an insured bank, credit union or savings & loan association.
 | ☐ Yes ☐ No  |

1. **INSURANCE**

|  |  |
| --- | --- |
| 1. The organization has comprehensive liability insurance.
 | ☐ Yes ☐ No  |
| 1. Policies are in effect.
 | ☐ Yes ☐ No  |

1. **DECLARATIONS TO BE COMPLETED**
2. **Please list any and all family relationships that exist between your board of directors, your organization's principal officers, your organization's employees and independent contractors.**

|  |
| --- |
|  |

1. **Please list any civil litigations pending against your organization. Include a statement as to the amount of each claim and whether such potential for loss is covered by insurance.**

|  |
| --- |
|  |

1. **Are there any amounts or reports due to the Internal Revenue Service and any other taxing organization that have not been paid or filed? Specify amounts, reports, and due dates.**

|  |
| --- |
|  |

1. **Please list all persons and their titles currently authorized to sign contract(s) with the South Florida Behavioral Health Network on behalf of your organization.**

|  |
| --- |
|  |

1. **Please list your Independent Auditor and contact person’s office address, telephone number, and e-mail address.**

|  |
| --- |
|  |

1. **Has there been any change in structure/operations of your programs in the past twelve months? If yes, please describe in detail.**

|  |
| --- |
|  |

1. **Has staff turnover occurred in key managerial or clinical positions during the past twelve months? If yes, what are the affected positions and reasons for the turnover?**

|  |
| --- |
|  |

1. **Has there been any client grievances / complaints filed against your Agency? If yes, what was the nature of the grievances, dates, and other pertinent information? Explain in detail.**

|  |
| --- |
|  |

1. **Do you operate satellite sites? If so, how many locations? Is the management of the satellite offices decentralized or centralized?**

|  |
| --- |
|  |

**CERTIFICATION:**

**I hereby certify that the responses provided in this self-monitoring document are true and accurate to the best of my knowledge.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature – Executive Director/President &CEO Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name – Executive Director/ President & CEO**

**OR**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature – President or Chairperson of the Board Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name – President or Chairperson of the Board**