**Fiscal Questionnaire**

*Please provide answers to the following questions and* *upload into CCIP under Fiscal Questionnaire. The following questions help facilitate the fiscal monitoring and compliance of your 21st CCLC grant award.*

1. Outside of 21st CCLC, please describe the services your organization provides.

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| Click or tap here to enter text. |

1. What other federal, state, or local grant funding does your organization receive? (N/A if not applicable)

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| --- | --- |
| **Federal:** | Click or tap here to enter text. |
| **State:** | Click or tap here to enter text. |
| **Local:** | Click or tap here to enter text. |

1. As stated in the 21st CCLC Grant Guidance, funds are made available on a reimbursement basis. To be reimbursed for allowable expenses, the subgrantee must provide evidence that costs were both **incurred** and **paid** prior to making a request for reimbursement. Reimbursement requests made prior to cleared cash disbursements is considered advancement of funds and is unallowable.

**Does your organization agree to only access grant funds on a cost-reimbursement basis?**

* 1. Select one: [ ]  Yes [ ]  No

**Since grant funds are only to be accessed on a cost-reimbursement basis, subgrantees must have their own working capital to operate the 21st CCLC program for approximately a three-month period.** **Please provide a brief description of your organization’s plan to support the reimbursement nature of the 21st CCLC grant.**

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| Click or tap here to enter text. |

1. Does your organization have a Board of Directors?
	1. Select one: [ ]  Yes [ ]  No
	2. If yes, please complete the information below.

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| --- | --- | --- |
| **Member Name** | **Member Title** | **Voting Member (Y/N)** |
| Click or tap here to enter text. | Click or tap here to enter text. | Please select from drop down |
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1. Will any board members be compensated from grant funds for providing goods or services to the entity?
	1. Select one: [ ]  Yes [ ]  No
	2. If yes, please explain.

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| Click or tap here to enter text. |

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| I affirm that the responses above are complete and accurate.  |
| **Fiscal Agent** |  | **Date:** |
| **Program Director** |  | **Date:**  |
| **Chief Finance Officer** |  | **Date:** |
| **Unit Number-Cohort****Organization Name** |  |
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