



IGX Grants Management System Organization Financial Information Forms

Purpose

The Department of Public Safety (DPS) is required by law and state policy to complete a pre-award risk assessment for prospective grantees before awarding a grant. The pre-award risk assessment includes a review of an organization's financial capacity and internal controls. The pre-award risk assessment informs funding decisions and grant contract agreement conditions.

The Organization Financial Information (OFI) forms in the IGX Grants Management System provide the Department of Public Safety (DPS) with key information about grant applicants' financial capacity and internal controls. This form must be completed annually. The responses provided in the Financial Information forms will inform the pre-award risk assessment for all grants for which the organization applies.

DPS updated the Financial Information process in IGX to improve how we assess risk. This enables us to better assess how we can support grantees to successfully implement grants. The improvements ensure that grant funds continue to be used for their intended purpose: to build a safer Minnesota.

This process guide will walk grantees and grant applicants through the Financial Information forms. There are now two versions of the Financial Information form. Version 1 represents information collected for all grant opportunities released for application prior to July 1, 2026. Version 2 represents information collected for all grant opportunities released for application on or after July 1, 2026.

While some questions in the Financial Information form apply to all applicants, other questions are unique to the type of entity. You may use the table of contents to jump to the section for your entity type.

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Getting Started

The following roles can complete the Financial Information form: Agency Administrator, Agency Program Administrator, Agency Financial Officer, and Agency Writer. You will need to be assigned one of these roles to complete the Financial Information form on behalf of your organization. If you need a particular role, please reach out to your Agency Administrator to be assigned roles.

1. Log into the IGX Grants Management System.
2. Click on your name in the upper right-hand corner.
3. Click on “Profile” in the dropdown menu. This will bring you to the “Organization Information” page.
4. In the left panel, you will see two options for the Financial Information form.

Financial Information v1 vs Financial Information v2

Financial Information v1: The information in this form applies to all grant opportunities released for application prior to July 1, 2026. If you are applying for a grant opportunity that was released prior to July 1, please complete the Financial Information v1 form.

If you are not applying for a grant opportunity that was released prior to July 1, it is available for reference, but you do not need to do anything further with this form. If the check box is checked, this means the Financial Information v1 form was completed in the past. If the form was not previously completed, the financial information v1 may not appear or the checkbox will remain unchecked.

Financial Information v2: If you are applying for a grant opportunity released on or after July 1, please complete the Financial Information v2 form. This guide below will walk through the steps needed to complete the Financial Information v2 form.

▼	Rivendell
Organization Information	
Organization Members	
Organization Categories	
Financial Information v1	☐
Financial Information v2	☐
Agency Signer Certification	☐

Help Text

Help text that provides additional information can be found throughout IGX. To see the help text, hover over a question and the help text will appear. Please see below.

5. Specify whether providing the proposed services and/or products will require additional staff or resources. * ☐ Yes ☐ No

6. Select the legislative district in which the proposed services and/or products will be located. *
To determine the legislative district in which the proposed grant is located, visit [\[Minnesota Secretary of State - Minnesota Legislative Maps\]](#).

☒ Select All

☒ 1A

☒ 1B

☒ 2A

☒ 2B

City

Select the appropriate organization type

Financial Information

Grantee Information?

1. Organization Entity Type *

- ☒ City
- ☐ County
- ☐ Higher Education
- ☐ Inter/Intra Agency, State of MN (I/A)
- ☐ Non-Government For-Profit (including individuals registered as a business)
- ☐ Non-Government Non-Profit
- ☐ Other Government
- ☐ School District
- ☐ Sovereign Entity

Fill out the Fiscal Information

Fiscal Information

Instructions

- Questions 1 through 3 apply to all entities.
 - **Accounting Basis.** Accrual versus Cash Accounting basis. Utilizing a cash-basis accounting system allows for In contrast, the accrual method of accounting advocates the recognition of earnings and expenses at the pr
- Questions 4 through 12 only apply to individuals registered as a business and non-government entities.
 - **Asset Deficit.** If the values calculated for # 9 or #10 are negative, signifying that the total assets amount ear an explanation of why there was a decrease is required.

1. Accounting Basis * ☒ Accrual ☐ Cash

2. Fiscal Year *

State Fiscal Year – End Date June 30

3. Specify how often financial documents are produced. *

Annually

Complete the Financial Documentation

(See below for steps on how to complete this step based on what you select)

Financial Documentation

Instructions

- Provide comprehensive responses or select the best option to all the questions listed below and upload any necessary documentation that pertains to the applicant agency.
- This section is not required for completion by State of Minnesota Agencies (state agencies, intra agencies, or interagency applicants).

1. Select the agency annual revenue level that is applicable to your organization and upload the most recently completed respective financial documents. *

- ☐ A. Agency with annual revenue under \$50,000.
- ☐ B. Agency with annual revenue ranging from \$50,000 to \$750,000.
- ☐ C. Agency with annual revenue over \$750,000.

Agency with annual revenue under \$50,000

If this option applies to your organization, then please upload the Statement of Financial Position (Balance Sheet) and the Statement of Activity (Income and Expense Statement) before proceeding. [Click here to proceed.](#)

Financial Documentation

Instructions

- Provide comprehensive responses or select the best option to all the questions listed below and upload any necessary documentation
- This section is not required for completion by State of Minnesota Agencies (state agencies, intra agencies, or interagency applicants).

1. Select the agency annual revenue level that is applicable to your organization and upload the most recently completed respective

- ☒ A. Agency with annual revenue under \$50,000.
- ☐ B. Agency with annual revenue ranging from \$50,000 to \$750,000.
- ☐ C. Agency with annual revenue over \$750,000.

A. Agency with annual revenue under \$50,000

Statement of Financial Position (Balance Sheet) *

Browse

Drag Files Here

Statement of Activity (Income and Expense Statement) *

Browse

Drag Files Here

Agency with annual revenue from \$50,000 to \$750,000

If this option applies to your organization, then please select whether your organization is up to date with financial filings. If the answer is Yes, then please proceed to next step. If the answer is No, please provide an explanation in the space below. [Click here to proceed.](#)

B. Agency with annual revenue ranging from \$50,000 to \$750,000

Our organization is up to date with our annual financial filings. * ☐ Yes ☒ No

Provide an explanation of why the organization is not up to date with annual financial filings and an estimated timeline of when the organization anticipates in compliance in the space provided below. *

0 of 4000

Agency with annual revenue over \$750,000

If this option applies to your organization, then please select whether your organization has federal expenditures of \$1,000,000 or more during a fiscal year.

Financial Documentation

Instructions

- Provide comprehensive responses or select the best option to all the questions listed below and upload any necessary documents.
- This section is not required for completion by State of Minnesota Agencies (state agencies, intra agencies, or interagency applications).

1. Select the agency annual revenue level that is applicable to your organization and upload the most recently completed financial statements.

- ☐ A. Agency with annual revenue under \$50,000.
- ☐ B. Agency with annual revenue ranging from \$50,000 to \$750,000.
- ☒ C. Agency with annual revenue over \$750,000.

C. Agency with annual revenue over \$750,000

Our organization has federal expenditures of \$1,000,000 or more during a fiscal year. * ☐ Yes ☐ No

Step continues below with two separate options.

If your organization has federal expenditures of less than \$1,000,000 during the recent fiscal year then please select No and proceed to provide the Audit Firm Name, Audit Report Type, attach the Certified Financial Audit, and insert the date of the most recent Certified Financial Audit.

From there please complete whether your organization has any audit findings in the most recent certified financial audit (and accompanying questions). If you respond “Yes” to audit findings, please be prepared to provide information about the type of audit findings, a copy of the corrective plan, and the status of the corrective action plan. [Click here to proceed.](#)

C. Agency with annual revenue over \$750,000

Our organization has federal expenditures of \$1,000,000 or more during a fiscal year. ☐ Yes ☒ No

Certified Financial Audit

Audit Firm Name *

Audit Report Type *

Certified Financial Audit *

Date of most recent Certified Financial Audit *

Upload the Internal Control Letter in the space provided below - **OR** - select N/A if the Internal Control Letter is already included in the audit file uploaded above to waive the requirement. *

Internal Control Letter

☐ N/A - Internal Control Letter Already Included

Does the auditor have a Certified Public Accountant Permit through the Minnesota Board of Accountancy or a substantially equivalent state? ☒ Yes ☐ No

Upload a screenshot from the website of the [Minnesota Board of Accountancy](#) or a substantially equivalent state that verifies the auditor holds an active Certified Public Accountant permit. The screenshot must clearly display the auditor's name as listed on the site and include a visible timestamp showing the date the screenshot was taken. *

Certified Public Accountant Permit

Audit Findings

Our organization had audit findings in the most recent Certified Financial Audit. ☐ Yes ☐ No

If your organization has federal expenditures more than \$1,000,000 during the recent fiscal year then please select Yes and proceed to provide the Audit Firm Name, Audit Report Type, attach the Single Audit, and insert the date of the most recent Single Audit. From there please complete any questions related to Management Decision Letters or about the Certified Public Accountant.

Finally, complete whether your organization has any audit findings in the most recent certified financial audit (and accompanying questions). If you respond “Yes” to audit findings, please be prepared to provide information about the type of audit findings, a copy of the corrective plan, and the status of the corrective action plan. [Click here to proceed.](#)

Single Audit

Audit Firm Name *

Audit Report Type *

Single Audit *

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Date of most recent Single Audit *

Upload the Internal Control Letter in the space provided below - **OR** - select N/A if the Internal Control Letter is already included in the audit file uploaded above to waive the requirement. *

Internal Control Letter

☐ N/A - Internal Control Letter Already Included

 Drag Files Here

Does the auditor have a Certified Public Accountant Permit through the Minnesota Board of Accountancy or a substantially equivalent state? * ☒ Yes ☐ No

Upload a screenshot from the website of the [Minnesota Board of Accountancy](#) or a substantially equivalent state that verifies the auditor holds an active Certified Public Accountant permit. The screenshot must clearly display the auditor's name as listed on the site and include a visible timestamp showing the date the screenshot was taken. *

Certified Public Accountant Permit

 Drag Files Here

Audit Findings

Our organization had audit findings in the most recent Single Audit. * ☐ Yes ☐ No

Complete the Administrative Systems & Internal Controls Questions

Please answer all 14 questions about your organizations Administrative Systems and Internal Controls. On question 13, if your organization has not been convicted of a felony crime in the last ten years then there will be a required upload (organization chart) and certification for that question.

Administrative Systems & Internal Controls

1. Our organization has had an instance of misuse or fraud in the past thirty-six (36) months. * ☒ Yes ☐ No
2. Our organization has a current or pending lawsuit against the organization. * ☒ Yes ☐ No
3. Our organization has separate accounts for different programs/revenue sources to prevent co-mingling of funds. * ☒ Yes ☐ No
4. Our organization's accounting system can identify and track grant program related income and expenses separate from all other income and expenses. * ☒ Yes ☐ No
5. Our staff members who are paid by more than one source of funding keep track of their time per funding source. * ☒ Yes ☐ No
6. Our organization has a paid bookkeeper. * ☒ Yes ☐ No
7. Our organization has an approval process that requires multiple levels of approval before funds can be expended. * ☒ Yes ☐ No
8. Our organization has written policies and procedures for accounting, purchasing, and payroll. * ☒ Yes ☐ No
9. Our organization has less than six (6) funding sources that account for our total revenue. * ☒ Yes ☐ No
10. Our organization can easily retrieve original receipts for expenses that are reimbursed by grant funds. * ☒ Yes ☐ No
11. Our organization's governing body meets at least every month. * ☐ Yes ☒ No
12. Our organization has a Conflict of Interest policy. * ☒ Yes ☐ No
13. Our current principals have been convicted of a felony crime in the last ten (10) years. * ☒ Yes ☐ No
14. Our organization has done business under a different business name. * ☒ Yes ☐ No

Congratulations! You have now completed the updated Organizational Financial Information v2 form.

County

Select the appropriate organization type

Financial Information

Grantee Information?

1. Organization Entity Type *

- ☐ City
- ☒ County
- ☐ Higher Education
- ☐ Inter/Intra Agency, State of MN (I/A)
- ☐ Non-Government For-Profit (including individuals registered as a business)
- ☐ Non-Government Non-Profit
- ☐ Other Government
- ☐ School District
- ☐ Sovereign Entity

Fill out the Fiscal Information

Fiscal Information

Instructions

- Questions 1 through 3 apply to all entities.
 - **Accounting Basis.** Accrual versus Cash Accounting basis. Utilizing a cash-basis accounting system allows for In contrast, the accrual method of accounting advocates the recognition of earnings and expenses at the pr
- Questions 4 through 12 only apply to individuals registered as a business and non-government entities.
 - **Asset Deficit.** If the values calculated for # 9 or #10 are negative, signifying that the total assets amount ear an explanation of why there was a decrease is required.

1. Accounting Basis * ☒ Accrual ☐ Cash

2. Fiscal Year *

State Fiscal Year – End Date June 30



3. Specify how often financial documents are produced. *

Annually



Complete the Financial Documentation

(See below for steps on how to complete this step based on what you select)

Financial Documentation

Instructions

- Provide comprehensive responses or select the best option to all the questions listed below and upload any necessary documentation that pertains to the applicant agency.
- This section is not required for completion by State of Minnesota Agencies (state agencies, intra agencies, or interagency applicants).

1. Select the agency annual revenue level that is applicable to your organization and upload the most recently completed respective financial documents. *

- ☐ A. Agency with annual revenue under \$50,000.
- ☐ B. Agency with annual revenue ranging from \$50,000 to \$750,000.
- ☐ C. Agency with annual revenue over \$750,000.

Agency with annual revenue under \$50,000

If this option applies to your organization, then please upload the Statement of Financial Position (Balance Sheet) and the Statement of Activity (Income and Expense Statement) before proceeding. [Click here to proceed.](#)

Financial Documentation

Instructions

- Provide comprehensive responses or select the best option to all the questions listed below and upload any necessary documentation
- This section is not required for completion by State of Minnesota Agencies (state agencies, intra agencies, or interagency applicants).

1. Select the agency annual revenue level that is applicable to your organization and upload the most recently completed respective

- ☒ A. Agency with annual revenue under \$50,000.
- ☐ B. Agency with annual revenue ranging from \$50,000 to \$750,000.
- ☐ C. Agency with annual revenue over \$750,000.

A. Agency with annual revenue under \$50,000

Statement of Financial Position (Balance Sheet) *

Browse

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Statement of Activity (Income and Expense Statement) *

Browse

Drag Files Here

Agency with annual revenue from \$50,000 to \$750,000

If this option applies to your organization, then please select whether your organization is up to date with financial filings. If the answer is Yes, then please proceed to next step. If the answer is No, please provide an explanation in the space below. [Click here to proceed.](#)

B. Agency with annual revenue ranging from \$50,000 to \$750,000

Our organization is up to date with our annual financial filings. * ☐ Yes ☒ No

Provide an explanation of why the organization is not up to date with annual financial filings and an estimated timeline of when the organization anticipates in compliance in the space provided below. *

0 of 4000

Agency with annual revenue over \$750,000

If this option applies to your organization, then please select whether your organization has federal expenditures of \$1,000,000 or more during a fiscal year.

Financial Documentation

Instructions

- Provide comprehensive responses or select the best option to all the questions listed below and upload any necessary documents.
- This section is not required for completion by State of Minnesota Agencies (state agencies, intra agencies, or interagency applications).

1. Select the agency annual revenue level that is applicable to your organization and upload the most recently completed financial statements.

- ☐ A. Agency with annual revenue under \$50,000.
- ☐ B. Agency with annual revenue ranging from \$50,000 to \$750,000.
- ☒ C. Agency with annual revenue over \$750,000.

C. Agency with annual revenue over \$750,000

Our organization has federal expenditures of \$1,000,000 or more during a fiscal year. * ☐ Yes ☐ No

Step continues below with two separate options.

If your organization has federal expenditures of less than \$1,000,000 during the recent fiscal year then please select No and proceed to provide the Audit Firm Name, Audit Report Type, attach the Certified Financial Audit, and insert the date of the most recent Certified Financial Audit.

From there please complete whether your organization has any audit findings in the most recent certified financial audit (and accompanying questions). If you respond “Yes” to audit findings, please be prepared to provide information about the type of audit findings, a copy of the corrective plan, and the status of the corrective action plan. [Click here to proceed.](#)

C. Agency with annual revenue over \$750,000

Our organization has federal expenditures of \$1,000,000 or more during a fiscal year. ☐ Yes ☒ No

Certified Financial Audit

Audit Firm Name *

Audit Report Type *

Certified Financial Audit *

Date of most recent Certified Financial Audit *

Upload the Internal Control Letter in the space provided below - **OR** - select N/A if the Internal Control Letter is already included in the audit file uploaded above to waive the requirement. *

Internal Control Letter

☐ N/A - Internal Control Letter Already Included

Does the auditor have a Certified Public Accountant Permit through the Minnesota Board of Accountancy or a substantially equivalent state? ☒ Yes ☐ No

Upload a screenshot from the website of the [Minnesota Board of Accountancy](#) or a substantially equivalent state that verifies the auditor holds an active Certified Public Accountant permit. The screenshot must clearly display the auditor's name as listed on the site and include a visible timestamp showing the date the screenshot was taken. *

Certified Public Accountant Permit

Audit Findings

Our organization had audit findings in the most recent Certified Financial Audit. ☐ Yes ☐ No

If your organization has federal expenditures more than \$1,000,000 during the recent fiscal year then please select Yes and proceed to provide the Audit Firm Name, Audit Report Type, attach the Single Audit, and insert the date of the most recent Single Audit. From there please complete any questions related to Management Decision Letters about the Certified Public Accountant.

Finally, complete whether your organization has any audit findings in the most recent certified financial audit (and accompanying questions). If you respond “Yes” to audit findings, please be prepared to provide information about the type of audit findings, a copy of the corrective plan, and the status of the corrective action plan. [Click here to proceed.](#)

Single Audit

Audit Firm Name *

Audit Report Type *

Single Audit *

Date of most recent Single Audit *

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Our organization had audit findings in the most recent Single Audit. * ☐ Yes ☐ No

Complete the Administrative Systems & Internal Controls Questions

Please answer all 14 questions about your organizations Administrative Systems and Internal Controls. On question 13, if your organization has not been convicted of a felony crime in the last ten years then there will be a required upload (organization chart) and certification for that question.

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1. Our organization has had an instance of misuse or fraud in the past thirty-six (36) months. * ☒ Yes ☐ No
2. Our organization has a current or pending lawsuit against the organization. * ☒ Yes ☐ No
3. Our organization has separate accounts for different programs/revenue sources to prevent co-mingling of funds. * ☒ Yes ☐ No
4. Our organization's accounting system can identify and track grant program related income and expenses separate from all other income and expenses. * ☒ Yes ☐ No
5. Our staff members who are paid by more than one source of funding keep track of their time per funding source. * ☒ Yes ☐ No
6. Our organization has a paid bookkeeper. * ☒ Yes ☐ No
7. Our organization has an approval process that requires multiple levels of approval before funds can be expended. * ☒ Yes ☐ No
8. Our organization has written policies and procedures for accounting, purchasing, and payroll. * ☒ Yes ☐ No
9. Our organization has less than six (6) funding sources that account for our total revenue. * ☒ Yes ☐ No
10. Our organization can easily retrieve original receipts for expenses that are reimbursed by grant funds. * ☒ Yes ☐ No
11. Our organization's governing body meets at least every month. * ☐ Yes ☒ No
12. Our organization has a Conflict of Interest policy. * ☒ Yes ☐ No
13. Our current principals have been convicted of a felony crime in the last ten (10) years. * ☒ Yes ☐ No
14. Our organization has done business under a different business name. * ☒ Yes ☐ No

Congratulations! You have now completed the updated Organizational Financial Information v2 form.

Higher Education

Select the appropriate organization type

Financial Information

Grantee Information?

1. Organization Entity Type *

- ☐ City
- ☐ County
- ☒ Higher Education
- ☐ Inter/Intra Agency, State of MN (I/A)
- ☐ Non-Government For-Profit (including individuals registered as a business)
- ☐ Non-Government Non-Profit
- ☐ Other Government
- ☐ School District
- ☐ Sovereign Entity

Fill out the Fiscal Information

Fiscal Information

Instructions

- Questions 1 through 3 apply to all entities.
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1. Accounting Basis * ☒ Accrual ☐ Cash

2. Fiscal Year *

State Fiscal Year – End Date June 30



3. Specify how often financial documents are produced. *

Annually



Complete the Financial Documentation

(See below for steps on how to complete this step based on what you select)

Financial Documentation

Instructions

- Provide comprehensive responses or select the best option to all the questions listed below and upload any necessary documentation that pertains to the applicant agency.
- This section is not required for completion by State of Minnesota Agencies (state agencies, intra agencies, or interagency applicants).

1. Select the agency annual revenue level that is applicable to your organization and upload the most recently completed respective financial documents. *

- ☐ A. Agency with annual revenue under \$50,000.
- ☐ B. Agency with annual revenue ranging from \$50,000 to \$750,000.
- ☐ C. Agency with annual revenue over \$750,000.

Agency with annual revenue under \$50,000

If this option applies to your organization, then please upload the Statement of Financial Position (Balance Sheet) and the Statement of Activity (Income and Expense Statement) before proceeding. [Click here to proceed.](#)

Financial Documentation

Instructions

- Provide comprehensive responses or select the best option to all the questions listed below and upload any necessary documentation
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1. Select the agency annual revenue level that is applicable to your organization and upload the most recently completed respective

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- ☐ B. Agency with annual revenue ranging from \$50,000 to \$750,000.
- ☐ C. Agency with annual revenue over \$750,000.

A. Agency with annual revenue under \$50,000

Statement of Financial Position (Balance Sheet) *

Browse

Drag Files Here

Statement of Activity (Income and Expense Statement) *

Browse

Drag Files Here

Agency with annual revenue from \$50,000 to \$750,000

If this option applies to your organization, then please select whether your organization is up to date with financial filings. If the answer is Yes, then please proceed to next step. If the answer is No, please provide an explanation in the space below. [Click here to proceed.](#)

B. Agency with annual revenue ranging from \$50,000 to \$750,000

Our organization is up to date with our annual financial filings. * ☐ Yes ☒ No

Provide an explanation of why the organization is not up to date with annual financial filings and an estimated timeline of when the organization anticipates in compliance in the space provided below. *

0 of 4000

Agency with annual revenue over \$750,000

If this option applies to your organization, then please select whether your organization has federal expenditures of \$1,000,000 or more during a fiscal year.

Financial Documentation

Instructions

- Provide comprehensive responses or select the best option to all the questions listed below and upload any necessary documents.
- This section is not required for completion by State of Minnesota Agencies (state agencies, intra agencies, or interagency applications).

1. Select the agency annual revenue level that is applicable to your organization and upload the most recently completed financial statements.

- ☐ A. Agency with annual revenue under \$50,000.
- ☐ B. Agency with annual revenue ranging from \$50,000 to \$750,000.
- ☒ C. Agency with annual revenue over \$750,000.

C. Agency with annual revenue over \$750,000

Our organization has federal expenditures of \$1,000,000 or more during a fiscal year. * ☐ Yes ☐ No

Step continues below with two separate options.

If your organization has federal expenditures of less than \$1,000,000 during the recent fiscal year then please select No and proceed to provide the Audit Firm Name, Audit Report Type, attach the Certified Financial Audit, and insert the date of the most recent Certified Financial Audit.

From there please complete whether your organization has any audit findings in the most recent certified financial audit (and accompanying questions). If you respond “Yes” to audit findings, please be prepared to provide information about the type of audit findings, a copy of the corrective plan, and the status of the corrective action plan. [Click here to proceed.](#)

C. Agency with annual revenue over \$750,000

Our organization has federal expenditures of \$1,000,000 or more during a fiscal year. ☐ Yes ☒ No

Certified Financial Audit

Audit Firm Name *

Audit Report Type *

Certified Financial Audit *

Date of most recent Certified Financial Audit *

Upload the Internal Control Letter in the space provided below - **OR** - select N/A if the Internal Control Letter is already included in the audit file uploaded above to waive the requirement. *

Internal Control Letter

☐ N/A - Internal Control Letter Already Included

Does the auditor have a Certified Public Accountant Permit through the Minnesota Board of Accountancy or a substantially equivalent state? ☒ Yes ☐ No

Upload a screenshot from the website of the [Minnesota Board of Accountancy](#) or a substantially equivalent state that verifies the auditor holds an active Certified Public Accountant permit. The screenshot must clearly display the auditor's name as listed on the site and include a visible timestamp showing the date the screenshot was taken. *

Certified Public Accountant Permit

Audit Findings

Our organization had audit findings in the most recent Certified Financial Audit. ☐ Yes ☐ No

If your organization has federal expenditures more than \$1,000,000 during the recent fiscal year then please select Yes and proceed to provide the Audit Firm Name, Audit Report Type, attach the Single Audit, and insert the date of the most recent Single Audit. From there please complete any questions related to Management Decision Letters about the Certified Public Accountant.

Finally, complete whether your organization has any audit findings in the most recent certified financial audit (and accompanying questions). If you respond “Yes” to audit findings, please be prepared to provide information about the type of audit findings, a copy of the corrective plan, and the status of the corrective action plan. [Click here to proceed.](#)

Single Audit

Audit Firm Name *

Audit Report Type *

Single Audit *

Date of most recent Single Audit *

Upload the Internal Control Letter in the space provided below - **OR** - select N/A if the Internal Control Letter is already included in the audit file uploaded above to waive the requirement. *

Internal Control Letter

☐ N/A - Internal Control Letter Already Included

Does the auditor have a Certified Public Accountant Permit through the Minnesota Board of Accountancy or a substantially equivalent state? * ☒ Yes ☐ No

Upload a screenshot from the website of the [Minnesota Board of Accountancy](#) or a substantially equivalent state that verifies the auditor holds an active Certified Public Accountant permit. The screenshot must clearly display the auditor's name as listed on the site and include a visible timestamp showing the date the screenshot was taken. *

Certified Public Accountant Permit

Audit Findings

Our organization had audit findings in the most recent Single Audit. * ☐ Yes ☐ No

Complete the Administrative Systems & Internal Controls Questions

Please answer all 14 questions about your organizations Administrative Systems and Internal Controls. On question 13, if your organization has not been convicted of a felony crime in the last ten years then there will be a required upload (organization chart) and certification for that question.

Administrative Systems & Internal Controls

1. Our organization has had an instance of misuse or fraud in the past thirty-six (36) months. * ☒ Yes ☐ No
2. Our organization has a current or pending lawsuit against the organization. * ☒ Yes ☐ No
3. Our organization has separate accounts for different programs/revenue sources to prevent co-mingling of funds. * ☒ Yes ☐ No
4. Our organization's accounting system can identify and track grant program related income and expenses separate from all other income and expenses. * ☒ Yes ☐ No
5. Our staff members who are paid by more than one source of funding keep track of their time per funding source. * ☒ Yes ☐ No
6. Our organization has a paid bookkeeper. * ☒ Yes ☐ No
7. Our organization has an approval process that requires multiple levels of approval before funds can be expended. * ☒ Yes ☐ No
8. Our organization has written policies and procedures for accounting, purchasing, and payroll. * ☒ Yes ☐ No
9. Our organization has less than six (6) funding sources that account for our total revenue. * ☒ Yes ☐ No
10. Our organization can easily retrieve original receipts for expenses that are reimbursed by grant funds. * ☒ Yes ☐ No
11. Our organization's governing body meets at least every month. * ☐ Yes ☒ No
12. Our organization has a Conflict of Interest policy. * ☒ Yes ☐ No
13. Our current principals have been convicted of a felony crime in the last ten (10) years. * ☒ Yes ☐ No
14. Our organization has done business under a different business name. * ☒ Yes ☐ No

Congratulations! You have now completed the updated Organizational Financial Information v2 form.

Inter/Intra Agency, State of MN (I/A)

Select the appropriate organization type

Financial Information

Grantee Information?

1. Organization Entity Type *

- ☐ City
- ☐ County
- ☐ Higher Education
- ☒ Inter/Intra Agency, State of MN (I/A)
- ☐ Non-Government For-Profit (including individuals registered as a business)
- ☐ Non-Government Non-Profit
- ☐ Other Government
- ☐ School District
- ☐ Sovereign Entity

Fill out the Fiscal Information

Fiscal Information

Instructions

- Questions 1 through 3 apply to all entities.
 - **Accounting Basis.** Accrual versus Cash Accounting basis. Utilizing a cash-basis accounting system allows for In contrast, the accrual method of accounting advocates the recognition of earnings and expenses at the pr
- Questions 4 through 12 only apply to individuals registered as a business and non-government entities.
 - **Asset Deficit.** If the values calculated for # 9 or #10 are negative, signifying that the total assets amount ear an explanation of why there was a decrease is required.

1. Accounting Basis * ☒ Accrual ☐ Cash

2. Fiscal Year *

State Fiscal Year – End Date June 30

3. Specify how often financial documents are produced. *

Annually

Complete the Administrative Systems & Internal Controls Questions

Please answer all 14 questions about your organizations Administrative Systems and Internal Controls. On question 13, if your organization has not been convicted of a felony crime in the last ten years then there will be a required upload (organization chart) and certification for that question.

Administrative Systems & Internal Controls

1. Our organization has had an instance of misuse or fraud in the past thirty-six (36) months. * ☒ Yes ☐ No
2. Our organization has a current or pending lawsuit against the organization. * ☒ Yes ☐ No
3. Our organization has separate accounts for different programs/revenue sources to prevent co-mingling of funds. * ☒ Yes ☐ No
4. Our organization's accounting system can identify and track grant program related income and expenses separate from all other income and expenses. * ☒ Yes ☐ No
5. Our staff members who are paid by more than one source of funding keep track of their time per funding source. * ☒ Yes ☐ No
6. Our organization has a paid bookkeeper. * ☒ Yes ☐ No
7. Our organization has an approval process that requires multiple levels of approval before funds can be expended. * ☒ Yes ☐ No
8. Our organization has written policies and procedures for accounting, purchasing, and payroll. * ☒ Yes ☐ No
9. Our organization has less than six (6) funding sources that account for our total revenue. * ☒ Yes ☐ No
10. Our organization can easily retrieve original receipts for expenses that are reimbursed by grant funds. * ☒ Yes ☐ No
11. Our organization's governing body meets at least every month. * ☐ Yes ☒ No
12. Our organization has a Conflict of Interest policy. * ☒ Yes ☐ No
13. Our current principals have been convicted of a felony crime in the last ten (10) years. * ☒ Yes ☐ No
14. Our organization has done business under a different business name. * ☒ Yes ☐ No

Congratulations! You have now completed the updated Organizational Financial Information v2 form.

Non-Government For-Profit (including individuals registered as a business)

Select the appropriate organization type

Financial Information

Grantee Information?

1. Organization Entity Type *

- ☐ City
- ☐ County
- ☐ Higher Education
- ☐ Inter/Intra Agency, State of MN (I/A)
- ☒ Non-Government For-Profit (including individuals registered as a business)
- ☐ Non-Government Non-Profit
- ☐ Other Government
- ☐ School District
- ☐ Sovereign Entity

Fill out the Fiscal Information

Fiscal Information

Instructions

- Questions 1 through 3 apply to all entities.
 - Accounting Basis.** Accrual versus Cash Accounting basis. Utilizing a cash-basis accounting system allows for the recordation of earnings and expenses at the time they are received or disbursed. In contrast, the accrual method of accounting advocates the recognition of earnings and expenses at the precise moment they are incurred, irrespective of the actual receipt or outflow of funds.
- Questions 4 through 12 only apply to individuals registered as a business and non-government entities.
 - Asset Deficit.** If the values calculated for # 9 or #10 are negative, signifying that the total assets amount earned for the current year is less than the total asset amount earned in the previous year, an explanation of why there was a decrease is required.

1. Accounting Basis * ☐ Accrual ☐ Cash

2. Fiscal Year *

3. Specify how often financial documents are produced. *

4. Total Revenue Last Fiscal Year *

5. Total Expenses Last Fiscal Year *

6. Total Federal Expenditures Last Fiscal Year *

7. Total Assets Last Fiscal Year *

8. Total Liabilities Last Fiscal Year *

9. Change in Net Assets (\$) \$0.00

10. Change in Net Assets (%) 0%

11. Unrestricted in Net Assets (\$) \$0.00

12. If there is a declining percentage in net assets, explain contributing factors in the space provided below.

Attach Required Documentation

Required Documentation

Non-Government For-Profit Organizations

Instructions

- All for-profit grant applicant organizations are required to upload their most recent federal tax returns, state tax returns, financial statements, and audit, and if applicable, disclose any liens on assets as part of the pre-award risk assessment.
- If exempt due to either (a) not being in existence long enough or (b) not being required to file federal or state tax returns, select the check box to declare **EXEMPT** and waive these requirements.
- **Completion of this section is required for all Non-Government For-Profit applicant agencies.**

☐ **EXEMPT.** Our organization has either not been in existence long enough or is not required to file tax returns.

Our organization has liens on assets. * ☐ Yes ☐ No

Federal Tax Return *

Drag Files Here

Date of most recent Federal Tax Return *

State Tax Return *

Drag Files Here

Date of most recent State Tax Return *

Complete the Financial Documentation

(See below for steps on how to complete this step based on what you select)

Financial Documentation

Instructions

- Provide comprehensive responses or select the best option to all the questions listed below and upload any necessary documentation that pertains to the applicant agency.
- **This section is not required for completion by State of Minnesota Agencies (state agencies, intra agencies, or interagency applicants).**

1. Select the agency annual revenue level that is applicable to your organization and upload the most recently completed respective financial documents. *

- ☐ A. Agency with annual revenue under \$50,000.
- ☐ B. Agency with annual revenue ranging from \$50,000 to \$750,000.
- ☐ C. Agency with annual revenue over \$750,000.

Agency with annual revenue under \$50,000

If this option applies to your organization, then please upload the Statement of Financial Position (Balance Sheet) and the Statement of Activity (Income and Expense Statement) before proceeding. [Click here to proceed.](#)

Financial Documentation

Instructions

- Provide comprehensive responses or select the best option to all the questions listed below and upload any necessary documentation
- This section is not required for completion by State of Minnesota Agencies (state agencies, intra agencies, or interagency applicants).

1. Select the agency annual revenue level that is applicable to your organization and upload the most recently completed respec

- ☒ A. Agency with annual revenue under \$50,000.
- ☐ B. Agency with annual revenue ranging from \$50,000 to \$750,000.
- ☐ C. Agency with annual revenue over \$750,000.

A. Agency with annual revenue under \$50,000

Statement of Financial Position (Balance Sheet) *

Browse

Drag Files Here

Statement of Activity (Income and Expense Statement) *

Browse

Drag Files Here

Agency with annual revenue from \$50,000 to \$750,000

If this option applies to your organization, then please select whether your organization is up to date with financial filings. If the answer is Yes, then please proceed to next step. If the answer is No, please provide an explanation in the space below. [Click here to proceed.](#)

B. Agency with annual revenue ranging from \$50,000 to \$750,000

Our organization is up to date with our annual financial filings. * ☐ Yes ☒ No

Provide an explanation of why the organization is not up to date with annual financial filings and an estimated timeline of when the organization anticipates in compliance in the space provided below. *

0 of 4000

Agency with annual revenue over \$750,000

If this option applies to your organization, then please select whether your organization has federal expenditures of \$1,000,000 or more during a fiscal year.

Financial Documentation

Instructions

- Provide comprehensive responses or select the best option to all the questions listed below and upload any necessary documents.
- This section is not required for completion by State of Minnesota Agencies (state agencies, intra agencies, or interagency applications).

1. Select the agency annual revenue level that is applicable to your organization and upload the most recently completed financial statements.

- ☐ A. Agency with annual revenue under \$50,000.
- ☐ B. Agency with annual revenue ranging from \$50,000 to \$750,000.
- ☒ C. Agency with annual revenue over \$750,000.

C. Agency with annual revenue over \$750,000

Our organization has federal expenditures of \$1,000,000 or more during a fiscal year. * ☐ Yes ☐ No

Step continues below with two separate options.

If your organization has federal expenditures of less than \$1,000,000 during the recent fiscal year then please select No and proceed to provide the Audit Firm Name, Audit Report Type, attach the Certified Financial Audit, and insert the date of the most recent Certified Financial Audit.

From there please complete whether your organization has any audit findings in the most recent certified financial audit (and accompanying questions). If you respond “Yes” to audit findings, please be prepared to provide information about the type of audit findings, a copy of the corrective plan, and the status of the corrective action plan. [Click here to proceed.](#)

C. Agency with annual revenue over \$750,000

Our organization has federal expenditures of \$1,000,000 or more during a fiscal year. ☐ Yes ☒ No

Certified Financial Audit

Audit Firm Name *

Audit Report Type *

Certified Financial Audit *

Date of most recent Certified Financial Audit *

Upload the Internal Control Letter in the space provided below - **OR** - select N/A if the Internal Control Letter is already included in the audit file uploaded above to waive the requirement. *

Internal Control Letter

☐ N/A - Internal Control Letter Already Included

Does the auditor have a Certified Public Accountant Permit through the Minnesota Board of Accountancy or a substantially equivalent state? ☒ Yes ☐ No

Upload a screenshot from the website of the [Minnesota Board of Accountancy](#) or a substantially equivalent state that verifies the auditor holds an active Certified Public Accountant permit. The screenshot must clearly display the auditor's name as listed on the site and include a visible timestamp showing the date the screenshot was taken. *

Certified Public Accountant Permit

Audit Findings

Our organization had audit findings in the most recent Certified Financial Audit. ☐ Yes ☐ No

If your organization has federal expenditures more than \$1,000,000 during the recent fiscal year then please select Yes and proceed to provide the Audit Firm Name, Audit Report Type, attach the Single Audit, and insert the date of the most recent Single Audit. From there please complete any questions related to Management Decision Letters about the Certified Public Accountant.

Finally, complete whether your organization has any audit findings in the most recent certified financial audit (and accompanying questions). If you respond “Yes” to audit findings, please be prepared to provide information about the type of audit findings, a copy of the corrective plan, and the status of the corrective action plan. [Click here to proceed.](#)

Single Audit

Audit Firm Name *

Audit Report Type *

Single Audit *

 Drag Files Here

Date of most recent Single Audit *

Upload the Internal Control Letter in the space provided below - **OR** - select N/A if the Internal Control Letter is already included in the audit file uploaded above to waive the requirement. *

Internal Control Letter

☐ N/A - Internal Control Letter Already Included

 Drag Files Here

Does the auditor have a Certified Public Accountant Permit through the Minnesota Board of Accountancy or a substantially equivalent state? * ☒ Yes ☐ No

Upload a screenshot from the website of the [Minnesota Board of Accountancy](#) or a substantially equivalent state that verifies the auditor holds an active Certified Public Accountant permit. The screenshot must clearly display the auditor's name as listed on the site and include a visible timestamp showing the date the screenshot was taken. *

Certified Public Accountant Permit

 Drag Files Here

Audit Findings

Our organization had audit findings in the most recent Single Audit. * ☐ Yes ☐ No

Complete the Administrative Systems & Internal Controls Questions

Please answer all 15 questions about your organizations Administrative Systems and Internal Controls. On question 13, if your organization has not been convicted of a felony crime in the last ten years then there will be a required upload (organization chart) and certification for that question.

Administrative Systems & Internal Controls

1. Our organization has had an instance of misuse or fraud in the past thirty-six (36) months. * ☐ Yes ☐ No
2. Our organization has a current or pending lawsuit against the organization. * ☐ Yes ☐ No
3. Our organization has separate accounts for different programs/revenue sources to prevent co-mingling of funds. * ☐ Yes ☐ No
4. Our organization's accounting system can identify and track grant program related income and expenses separate from all other income and expenses. * ☐ Yes ☐ No
5. Our staff members who are paid by more than one source of funding keep track of their time per funding source. * ☐ Yes ☐ No
6. Our organization has a paid bookkeeper. * ☐ Yes ☐ No
7. Our organization has an approval process that requires multiple levels of approval before funds can be expended. * ☐ Yes ☐ No
8. Our organization has written policies and procedures for accounting, purchasing, and payroll. * ☐ Yes ☐ No
9. Our organization has less than six (6) funding sources that account for our total revenue. * ☐ Yes ☐ No
10. Our organization can easily retrieve original receipts for expenses that are reimbursed by grant funds. * ☐ Yes ☐ No
11. Our organization's governing body meets at least every month. * ☐ Yes ☐ No
12. Our organization has a Conflict of Interest policy. * ☐ Yes ☐ No
13. Our current principals have been convicted of a felony crime in the last ten (10) years. * ☐ Yes ☐ No
14. Our organization has done business under a different business name. * ☐ Yes ☐ No
15. Our organization is currently undergoing bankruptcy proceedings. * ☐ Yes ☐ No

Congratulations! You have now completed the updated Organizational Financial Information v2 form.

Non-Government Non-Profit

Select the appropriate organization type

Financial Information

Grantee Information?

1. Organization Entity Type *

- ☐ City
- ☐ County
- ☐ Higher Education
- ☐ Inter/Intra Agency, State of MN (I/A)
- ☐ Non-Government For-Profit (including individuals registered as a business)
- ☒ Non-Government Non-Profit
- ☐ Other Government
- ☐ School District
- ☐ Sovereign Entity

Fill out the Fiscal Information

Fiscal Information

Instructions

- Questions 1 through 3 apply to all entities.
 - Accounting Basis.** Accrual versus Cash Accounting basis. Utilizing a cash-basis accounting system allows for the recordation of earnings and expenses at the time they are received or disbursed. In contrast, the accrual method of accounting advocates the recognition of earnings and expenses at the precise moment they are incurred, irrespective of the actual receipt or outflow of funds.
- Questions 4 through 12 only apply to individuals registered as a business and non-government entities.
 - Asset Deficit.** If the values calculated for # 9 or #10 are negative, signifying that the total assets amount earned for the current year is less than the total asset amount earned in the previous year, an explanation of why there was a decrease is required.

1. Accounting Basis * ☐ Accrual ☐ Cash

2. Fiscal Year *

3. Specify how often financial documents are produced. *

4. Total Revenue Last Fiscal Year *

5. Total Expenses Last Fiscal Year *

6. Total Federal Expenditures Last Fiscal Year *

7. Total Assets Last Fiscal Year *

8. Total Liabilities Last Fiscal Year *

9. Change in Net Assets (\$) \$0.00

10. Change in Net Assets (%) 0%

11. Unrestricted in Net Assets (\$) \$0.00

12. If there is a declining percentage in net assets, explain contributing factors in the space provided below.

Attach Required Documentation

Required Documentation

Non-Government For-Profit Organizations

Instructions

- All for-profit grant applicant organizations are required to upload their most recent federal tax returns, state tax returns, financial statements, and audit, and if applicable, disclose any liens on assets as part of the pre-award risk assessment.
- If exempt due to either (a) not being in existence long enough or (b) not being required to file federal or state tax returns, select the check box to declare **EXEMPT** and waive these requirements.
- **Completion of this section is required for all Non-Government For-Profit applicant agencies.**

☐ **EXEMPT.** Our organization has either not been in existence long enough or is not required to file tax returns.

Our organization has liens on assets. * ☐ Yes ☐ No

Federal Tax Return *

Drag Files Here

Date of most recent Federal Tax Return *

State Tax Return *

Drag Files Here

Date of most recent State Tax Return *

Complete the Financial Documentation

(See below for steps on how to complete this step based on what you select)

Financial Documentation

Instructions

- Provide comprehensive responses or select the best option to all the questions listed below and upload any necessary documentation that pertains to the applicant agency.
- **This section is not required for completion by State of Minnesota Agencies (state agencies, intra agencies, or interagency applicants).**

1. Select the agency annual revenue level that is applicable to your organization and upload the most recently completed respective financial documents. *

- ☐ A. Agency with annual revenue under \$50,000.
- ☐ B. Agency with annual revenue ranging from \$50,000 to \$750,000.
- ☐ C. Agency with annual revenue over \$750,000.

Agency with annual revenue under \$50,000

If this option applies to your organization, then please upload the Statement of Financial Position (Balance Sheet) and the Statement of Activity (Income and Expense Statement) before proceeding. [Click here to proceed.](#)

Financial Documentation

Instructions

- Provide comprehensive responses or select the best option to all the questions listed below and upload any necessary documentation
- This section is not required for completion by State of Minnesota Agencies (state agencies, intra agencies, or interagency applicants).

1. Select the agency annual revenue level that is applicable to your organization and upload the most recently completed respec

- ☒ A. Agency with annual revenue under \$50,000.
- ☐ B. Agency with annual revenue ranging from \$50,000 to \$750,000.
- ☐ C. Agency with annual revenue over \$750,000.

A. Agency with annual revenue under \$50,000

Statement of Financial Position (Balance Sheet) *

Browse

Drag Files Here

Statement of Activity (Income and Expense Statement) *

Browse

Drag Files Here

Agency with annual revenue from \$50,000 to \$750,000

If this option applies to your organization, then please select whether your organization is up to date with financial filings. If the answer is Yes, then please proceed. If the answer is No, please provide an explanation in the space below. [Click here to proceed.](#)

B. Agency with annual revenue ranging from \$50,000 to \$750,000

Our organization is up to date with our annual financial filings. * ☐ Yes ☒ No

Provide an explanation of why the organization is not up to date with annual financial filings and an estimated timeline of when the organization anticipates in compliance in the space provided below. *

0 of 4000

Agency with annual revenue over \$750,000

If this option applies to your organization, then please select whether your organization has federal expenditures of \$1,000,000 or more during a fiscal year.

Financial Documentation

Instructions

- Provide comprehensive responses or select the best option to all the questions listed below and upload any necessary documents.
- This section is not required for completion by State of Minnesota Agencies (state agencies, intra agencies, or interagency applications).

1. Select the agency annual revenue level that is applicable to your organization and upload the most recently completed financial documentation.

- ☐ A. Agency with annual revenue under \$50,000.
- ☐ B. Agency with annual revenue ranging from \$50,000 to \$750,000.
- ☒ C. Agency with annual revenue over \$750,000.

C. Agency with annual revenue over \$750,000

Our organization has federal expenditures of \$1,000,000 or more during a fiscal year. * ☐ Yes ☐ No

Step continues below with two separate options.

If your organization has federal expenditures of less than \$1,000,000 during the recent fiscal year then please select No and proceed to provide the Audit Firm Name, Audit Report Type, attach the Certified Financial Audit, and insert the date of the most recent Certified Financial Audit.

From there please complete whether your organization has any audit findings in the most recent certified financial audit (and accompanying questions). If you respond “Yes” to audit findings, please be prepared to provide information about the type of audit findings, a copy of the corrective plan, and the status of the corrective action plan. [Click here to proceed.](#)

C. Agency with annual revenue over \$750,000

Our organization has federal expenditures of \$1,000,000 or more during a fiscal year. ☐ Yes ☒ No

Certified Financial Audit

Audit Firm Name *

Audit Report Type *

Certified Financial Audit *

Date of most recent Certified Financial Audit *

Upload the Internal Control Letter in the space provided below - **OR** - select N/A if the Internal Control Letter is already included in the audit file uploaded above to waive the requirement. *

Internal Control Letter

☐ N/A - Internal Control Letter Already Included

Does the auditor have a Certified Public Accountant Permit through the Minnesota Board of Accountancy or a substantially equivalent state? ☒ Yes ☐ No

Upload a screenshot from the website of the [Minnesota Board of Accountancy](#) or a substantially equivalent state that verifies the auditor holds an active Certified Public Accountant permit. The screenshot must clearly display the auditor's name as listed on the site and include a visible timestamp showing the date the screenshot was taken. *

Certified Public Accountant Permit

Audit Findings

Our organization had audit findings in the most recent Certified Financial Audit. ☐ Yes ☐ No

If your organization has federal expenditures more than \$1,000,000 during the recent fiscal year then please select Yes and proceed to provide the Audit Firm Name, Audit Report Type, attach the Single Audit, and insert the date of the most recent Single Audit. From there please complete any questions related to Management Decision Letters about the Certified Public Accountant.

Finally, complete whether your organization has any audit findings in the most recent certified financial audit (and accompanying questions). If you respond “Yes” to audit findings, please be prepared to provide information about the type of audit findings, a copy of the corrective plan, and the status of the corrective action plan. [Click here to proceed.](#)

Single Audit

Audit Firm Name *

Audit Report Type *

Single Audit *

Date of most recent Single Audit *

Upload the Internal Control Letter in the space provided below - **OR** - select N/A if the Internal Control Letter is already included in the audit file uploaded above to waive the requirement. *

Internal Control Letter

☐ N/A - Internal Control Letter Already Included

Does the auditor have a Certified Public Accountant Permit through the Minnesota Board of Accountancy or a substantially equivalent state? * ☒ Yes ☐ No

Upload a screenshot from the website of the [Minnesota Board of Accountancy](#) or a substantially equivalent state that verifies the auditor holds an active Certified Public Accountant permit. The screenshot must clearly display the auditor's name as listed on the site and include a visible timestamp showing the date the screenshot was taken. *

Certified Public Accountant Permit

Audit Findings

Our organization had audit findings in the most recent Single Audit. * ☐ Yes ☐ No

Complete the Administrative Systems & Internal Controls Questions

Please answer all 14 questions about your organizations Administrative Systems and Internal Controls. On question 13, if your organization has not been convicted of a felony crime in the last ten years then there will be a required upload (organization chart) and certification for that question.

Administrative Systems & Internal Controls

1. Our organization has had an instance of misuse or fraud in the past thirty-six (36) months. * ☒ Yes ☐ No
2. Our organization has a current or pending lawsuit against the organization. * ☒ Yes ☐ No
3. Our organization has separate accounts for different programs/revenue sources to prevent co-mingling of funds. * ☒ Yes ☐ No
4. Our organization's accounting system can identify and track grant program related income and expenses separate from all other income and expenses. * ☒ Yes ☐ No
5. Our staff members who are paid by more than one source of funding keep track of their time per funding source. * ☒ Yes ☐ No
6. Our organization has a paid bookkeeper. * ☒ Yes ☐ No
7. Our organization has an approval process that requires multiple levels of approval before funds can be expended. * ☒ Yes ☐ No
8. Our organization has written policies and procedures for accounting, purchasing, and payroll. * ☒ Yes ☐ No
9. Our organization has less than six (6) funding sources that account for our total revenue. * ☒ Yes ☐ No
10. Our organization can easily retrieve original receipts for expenses that are reimbursed by grant funds. * ☒ Yes ☐ No
11. Our organization's governing body meets at least every month. * ☐ Yes ☒ No
12. Our organization has a Conflict of Interest policy. * ☒ Yes ☐ No
13. Our current principals have been convicted of a felony crime in the last ten (10) years. * ☒ Yes ☐ No
14. Our organization has done business under a different business name. * ☒ Yes ☐ No

Congratulations! You have now completed the updated Organizational Financial Information v2 form.

Other Government

Select the appropriate organization type

Financial Information

Grantee Information?

1. Organization Entity Type *

- ☐ City
- ☐ County
- ☐ Higher Education
- ☐ Inter/Intra Agency, State of MN (I/A)
- ☐ Non-Government For-Profit (including individuals registered as a business)
- ☐ Non-Government Non-Profit
- ☒ Other Government
- ☐ School District
- ☐ Sovereign Entity

Fill out the Fiscal Information

Fiscal Information

Instructions

- Questions 1 through 3 apply to all entities.
 - **Accounting Basis.** Accrual versus Cash Accounting basis. Utilizing a cash-basis accounting system allows for In contrast, the accrual method of accounting advocates the recognition of earnings and expenses at the pr
- Questions 4 through 12 only apply to individuals registered as a business and non-government entities.
 - **Asset Deficit.** If the values calculated for # 9 or #10 are negative, signifying that the total assets amount ear an explanation of why there was a decrease is required.

1. Accounting Basis * ☒ Accrual ☐ Cash

2. Fiscal Year *

State Fiscal Year – End Date June 30



3. Specify how often financial documents are produced. *

Annually



Complete the Financial Documentation

(See below for steps on how to complete this step based on what you select)

Financial Documentation

Instructions

- Provide comprehensive responses or select the best option to all the questions listed below and upload any necessary documentation that pertains to the applicant agency.
- This section is not required for completion by State of Minnesota Agencies (state agencies, intra agencies, or interagency applicants).

1. Select the agency annual revenue level that is applicable to your organization and upload the most recently completed respective financial documents. *

- ☐ A. Agency with annual revenue under \$50,000.
- ☐ B. Agency with annual revenue ranging from \$50,000 to \$750,000.
- ☐ C. Agency with annual revenue over \$750,000.

Agency with annual revenue under \$50,000

If this option applies to your organization, then please upload the Statement of Financial Position (Balance Sheet) and the Statement of Activity (Income and Expense Statement) before proceeding. [Click here to proceed.](#)

Financial Documentation

Instructions

- Provide comprehensive responses or select the best option to all the questions listed below and upload any necessary documentation
- This section is not required for completion by State of Minnesota Agencies (state agencies, intra agencies, or interagency applicants).

1. Select the agency annual revenue level that is applicable to your organization and upload the most recently completed respective

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- ☐ B. Agency with annual revenue ranging from \$50,000 to \$750,000.
- ☐ C. Agency with annual revenue over \$750,000.

A. Agency with annual revenue under \$50,000

Statement of Financial Position (Balance Sheet) *

Browse

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Statement of Activity (Income and Expense Statement) *

Browse

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Agency with annual revenue from \$50,000 to \$750,000

If this option applies to your organization, then please select whether your organization is up to date with financial filings. If the answer is Yes, then please proceed to next step. If the answer is No, please provide an explanation in the space below. [Click here to proceed.](#)

B. Agency with annual revenue ranging from \$50,000 to \$750,000

Our organization is up to date with our annual financial filings. * ☐ Yes ☒ No

Provide an explanation of why the organization is not up to date with annual financial filings and an estimated timeline of when the organization anticipates in compliance in the space provided below. *

0 of 4000

Agency with annual revenue over \$750,000

If this option applies to your organization, then please select whether your organization has federal expenditures of \$1,000,000 or more during a fiscal year.

Financial Documentation

Instructions

- Provide comprehensive responses or select the best option to all the questions listed below and upload any necessary documents.
- This section is not required for completion by State of Minnesota Agencies (state agencies, intra agencies, or interagency applications).

1. Select the agency annual revenue level that is applicable to your organization and upload the most recently completed financial statements.

- ☐ A. Agency with annual revenue under \$50,000.
- ☐ B. Agency with annual revenue ranging from \$50,000 to \$750,000.
- ☒ C. Agency with annual revenue over \$750,000.

C. Agency with annual revenue over \$750,000

Our organization has federal expenditures of \$1,000,000 or more during a fiscal year. * ☐ Yes ☐ No

Step continues below with two separate options.

If your organization has federal expenditures of less than \$1,000,000 during the recent fiscal year then please select No and proceed to provide the Audit Firm Name, Audit Report Type, attach the Certified Financial Audit, and insert the date of the most recent Certified Financial Audit.

From there please complete whether your organization has any audit findings in the most recent certified financial audit (and accompanying questions). If you respond “Yes” to audit findings, please be prepared to provide information about the type of audit findings, a copy of the corrective plan, and the status of the corrective action plan. [Click here to proceed.](#)

C. Agency with annual revenue over \$750,000

Our organization has federal expenditures of \$1,000,000 or more during a fiscal year. ☐ Yes ☒ No

Certified Financial Audit

Audit Firm Name *

Audit Report Type *

Certified Financial Audit *

Date of most recent Certified Financial Audit *

Upload the Internal Control Letter in the space provided below - **OR** - select N/A if the Internal Control Letter is already included in the audit file uploaded above to waive the requirement. *

Internal Control Letter

☐ N/A - Internal Control Letter Already Included

Does the auditor have a Certified Public Accountant Permit through the Minnesota Board of Accountancy or a substantially equivalent state? ☒ Yes ☐ No

Upload a screenshot from the website of the [Minnesota Board of Accountancy](#) or a substantially equivalent state that verifies the auditor holds an active Certified Public Accountant permit. The screenshot must clearly display the auditor's name as listed on the site and include a visible timestamp showing the date the screenshot was taken. *

Certified Public Accountant Permit

Audit Findings

Our organization had audit findings in the most recent Certified Financial Audit. ☐ Yes ☐ No

If your organization has federal expenditures more than \$1,000,000 during the recent fiscal year then please select Yes and proceed to provide the Audit Firm Name, Audit Report Type, attach the Single Audit, and insert the date of the most recent Single Audit. From there please complete any questions related to Management Decision Letters about the Certified Public Accountant.

Finally, complete whether your organization has any audit findings in the most recent certified financial audit (and accompanying questions). If you respond “Yes” to audit findings, please be prepared to provide information about the type of audit findings, a copy of the corrective plan, and the status of the corrective action plan. [Click here to proceed.](#)

Single Audit

Audit Firm Name *

Audit Report Type *

Single Audit *

Date of most recent Single Audit *

Upload the Internal Control Letter in the space provided below - **OR** - select N/A if the Internal Control Letter is already included in the audit file uploaded above to waive the requirement. *

Internal Control Letter

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Certified Public Accountant Permit

Audit Findings

Our organization had audit findings in the most recent Single Audit. * ☐ Yes ☐ No

Complete the Administrative Systems & Internal Controls Questions

Please answer all 14 questions about your organizations Administrative Systems and Internal Controls. On question 13, if your organization has not been convicted of a felony crime in the last ten years then there will be a required upload (organization chart) and certification for that question.

Administrative Systems & Internal Controls

1. Our organization has had an instance of misuse or fraud in the past thirty-six (36) months. * ☒ Yes ☐ No
2. Our organization has a current or pending lawsuit against the organization. * ☒ Yes ☐ No
3. Our organization has separate accounts for different programs/revenue sources to prevent co-mingling of funds. * ☒ Yes ☐ No
4. Our organization's accounting system can identify and track grant program related income and expenses separate from all other income and expenses. * ☒ Yes ☐ No
5. Our staff members who are paid by more than one source of funding keep track of their time per funding source. * ☒ Yes ☐ No
6. Our organization has a paid bookkeeper. * ☒ Yes ☐ No
7. Our organization has an approval process that requires multiple levels of approval before funds can be expended. * ☒ Yes ☐ No
8. Our organization has written policies and procedures for accounting, purchasing, and payroll. * ☒ Yes ☐ No
9. Our organization has less than six (6) funding sources that account for our total revenue. * ☒ Yes ☐ No
10. Our organization can easily retrieve original receipts for expenses that are reimbursed by grant funds. * ☒ Yes ☐ No
11. Our organization's governing body meets at least every month. * ☐ Yes ☒ No
12. Our organization has a Conflict of Interest policy. * ☒ Yes ☐ No
13. Our current principals have been convicted of a felony crime in the last ten (10) years. * ☒ Yes ☐ No
14. Our organization has done business under a different business name. * ☒ Yes ☐ No

Congratulations! You have now completed the updated Organizational Financial Information v2 form.

School District

Select the appropriate organization type

Financial Information

Grantee Information?

1. Organization Entity Type *

- ☐ City
- ☐ County
- ☐ Higher Education
- ☐ Inter/Intra Agency, State of MN (I/A)
- ☐ Non-Government For-Profit (including individuals registered as a business)
- ☐ Non-Government Non-Profit
- ☐ Other Government
- ☒ School District
- ☐ Sovereign Entity

Fill out the Fiscal Information

Fiscal Information

Instructions

- Questions 1 through 3 apply to all entities.
 - **Accounting Basis.** Accrual versus Cash Accounting basis. Utilizing a cash-basis accounting system allows for In contrast, the accrual method of accounting advocates the recognition of earnings and expenses at the pr
- Questions 4 through 12 only apply to individuals registered as a business and non-government entities.
 - **Asset Deficit.** If the values calculated for # 9 or #10 are negative, signifying that the total assets amount ear an explanation of why there was a decrease is required.

1. Accounting Basis * ☒ Accrual ☐ Cash

2. Fiscal Year *

State Fiscal Year – End Date June 30



3. Specify how often financial documents are produced. *

Annually



Complete the Financial Documentation

(See below for steps on how to complete this step based on what you select)

Financial Documentation

Instructions

- Provide comprehensive responses or select the best option to all the questions listed below and upload any necessary documentation that pertains to the applicant agency.
- This section is not required for completion by State of Minnesota Agencies (state agencies, intra agencies, or interagency applicants).

1. Select the agency annual revenue level that is applicable to your organization and upload the most recently completed respective financial documents. *

- ☐ A. Agency with annual revenue under \$50,000.
- ☐ B. Agency with annual revenue ranging from \$50,000 to \$750,000.
- ☐ C. Agency with annual revenue over \$750,000.

Agency with annual revenue under \$50,000

If this option applies to your organization, then please upload the Statement of Financial Position (Balance Sheet) and the Statement of Activity (Income and Expense Statement) before proceeding. [Click here to proceed.](#)

Financial Documentation

Instructions

- Provide comprehensive responses or select the best option to all the questions listed below and upload any necessary documentation
- This section is not required for completion by State of Minnesota Agencies (state agencies, intra agencies, or interagency applicants).

1. Select the agency annual revenue level that is applicable to your organization and upload the most recently completed respective

- ☒ A. Agency with annual revenue under \$50,000.
- ☐ B. Agency with annual revenue ranging from \$50,000 to \$750,000.
- ☐ C. Agency with annual revenue over \$750,000.

A. Agency with annual revenue under \$50,000

Statement of Financial Position (Balance Sheet) *

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Statement of Activity (Income and Expense Statement) *

Browse

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Agency with annual revenue from \$50,000 to \$750,000

If this option applies to your organization, then please select whether your organization is up to date with financial filings. If the answer is Yes, then please proceed to next step. If the answer is No, please provide an explanation in the space below. [Click here to proceed.](#)

B. Agency with annual revenue ranging from \$50,000 to \$750,000

Our organization is up to date with our annual financial filings. * ☐ Yes ☒ No

Provide an explanation of why the organization is not up to date with annual financial filings and an estimated timeline of when the organization anticipates in compliance in the space provided below. *

0 of 4000

Agency with annual revenue over \$750,000

If this option applies to your organization, then please select whether your organization has federal expenditures of \$1,000,000 or more during a fiscal year.

Financial Documentation

Instructions

- Provide comprehensive responses or select the best option to all the questions listed below and upload any necessary documents.
- This section is not required for completion by State of Minnesota Agencies (state agencies, intra agencies, or interagency applications).

1. Select the agency annual revenue level that is applicable to your organization and upload the most recently completed financial statements.

- ☐ A. Agency with annual revenue under \$50,000.
- ☐ B. Agency with annual revenue ranging from \$50,000 to \$750,000.
- ☒ C. Agency with annual revenue over \$750,000.

C. Agency with annual revenue over \$750,000

Our organization has federal expenditures of \$1,000,000 or more during a fiscal year. * ☐ Yes ☐ No

Step continues below with two separate options.

If your organization has federal expenditures of less than \$1,000,000 during the recent fiscal year then please select No and proceed to provide the Audit Firm Name, Audit Report Type, attach the Certified Financial Audit, and insert the date of the most recent Certified Financial Audit.

From there please complete whether your organization has any audit findings in the most recent certified financial audit (and accompanying questions). If you respond “Yes” to audit findings, please be prepared to provide information about the type of audit findings, a copy of the corrective plan, and the status of the corrective action plan. [Click here to proceed.](#)

C. Agency with annual revenue over \$750,000

Our organization has federal expenditures of \$1,000,000 or more during a fiscal year. ☐ Yes ☒ No

Certified Financial Audit

Audit Firm Name *

Audit Report Type *

Certified Financial Audit *

Date of most recent Certified Financial Audit *

Upload the Internal Control Letter in the space provided below - **OR** - select N/A if the Internal Control Letter is already included in the audit file uploaded above to waive the requirement. *

Internal Control Letter

☐ N/A - Internal Control Letter Already Included

Does the auditor have a Certified Public Accountant Permit through the Minnesota Board of Accountancy or a substantially equivalent state? ☒ Yes ☐ No

Upload a screenshot from the website of the [Minnesota Board of Accountancy](#) or a substantially equivalent state that verifies the auditor holds an active Certified Public Accountant permit. The screenshot must clearly display the auditor's name as listed on the site and include a visible timestamp showing the date the screenshot was taken. *

Certified Public Accountant Permit

Audit Findings

Our organization had audit findings in the most recent Certified Financial Audit. ☐ Yes ☐ No

If your organization has federal expenditures more than \$1,000,000 during the recent fiscal year then please select Yes and proceed to provide the Audit Firm Name, Audit Report Type, attach the Single Audit, and insert the date of the most recent Single Audit. From there please complete any questions related to Management Decision Letters about the Certified Public Accountant.

Finally, complete whether your organization has any audit findings in the most recent certified financial audit (and accompanying questions). If you respond “Yes” to audit findings, please be prepared to provide information about the type of audit findings, a copy of the corrective plan, and the status of the corrective action plan. [Click here to proceed.](#)

Single Audit

Audit Firm Name *

Audit Report Type *

Single Audit *

Date of most recent Single Audit *

Upload the Internal Control Letter in the space provided below - **OR** - select N/A if the Internal Control Letter is already included in the audit file uploaded above to waive the requirement. *

Internal Control Letter

☐ N/A - Internal Control Letter Already Included

Does the auditor have a Certified Public Accountant Permit through the Minnesota Board of Accountancy or a substantially equivalent state? * ☒ Yes ☐ No

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Certified Public Accountant Permit

Audit Findings

Our organization had audit findings in the most recent Single Audit. * ☐ Yes ☐ No

Complete the Administrative Systems & Internal Controls Questions

Please answer all 14 questions about your organizations Administrative Systems and Internal Controls. On question 13, if your organization has not been convicted of a felony crime in the last ten years then there will be a required upload (organization chart) and certification for that question.

Administrative Systems & Internal Controls

1. Our organization has had an instance of misuse or fraud in the past thirty-six (36) months. * ☒ Yes ☐ No
2. Our organization has a current or pending lawsuit against the organization. * ☒ Yes ☐ No
3. Our organization has separate accounts for different programs/revenue sources to prevent co-mingling of funds. * ☒ Yes ☐ No
4. Our organization's accounting system can identify and track grant program related income and expenses separate from all other income and expenses. * ☒ Yes ☐ No
5. Our staff members who are paid by more than one source of funding keep track of their time per funding source. * ☒ Yes ☐ No
6. Our organization has a paid bookkeeper. * ☒ Yes ☐ No
7. Our organization has an approval process that requires multiple levels of approval before funds can be expended. * ☒ Yes ☐ No
8. Our organization has written policies and procedures for accounting, purchasing, and payroll. * ☒ Yes ☐ No
9. Our organization has less than six (6) funding sources that account for our total revenue. * ☒ Yes ☐ No
10. Our organization can easily retrieve original receipts for expenses that are reimbursed by grant funds. * ☒ Yes ☐ No
11. Our organization's governing body meets at least every month. * ☐ Yes ☒ No
12. Our organization has a Conflict of Interest policy. * ☒ Yes ☐ No
13. Our current principals have been convicted of a felony crime in the last ten (10) years. * ☒ Yes ☐ No
14. Our organization has done business under a different business name. * ☒ Yes ☐ No

Congratulations! You have now completed the updated Organizational Financial Information v2 form.

Sovereign Entity

Select the appropriate organization type

Financial Information

Grantee Information?

1. Organization Entity Type *

- ☐ City
- ☐ County
- ☐ Higher Education
- ☐ Inter/Intra Agency, State of MN (I/A)
- ☐ Non-Government For-Profit (including individuals registered as a business)
- ☐ Non-Government Non-Profit
- ☐ Other Government
- ☐ School District
- ☒ Sovereign Entity

Fill out the Fiscal Information

Fiscal Information

Instructions

- Questions 1 through 3 apply to all entities.
 - **Accounting Basis.** Accrual versus Cash Accounting basis. Utilizing a cash-basis accounting system allows for In contrast, the accrual method of accounting advocates the recognition of earnings and expenses at the pr
- Questions 4 through 12 only apply to individuals registered as a business and non-government entities.
 - **Asset Deficit.** If the values calculated for # 9 or #10 are negative, signifying that the total assets amount ear an explanation of why there was a decrease is required.

1. Accounting Basis * ☒ Accrual ☐ Cash

2. Fiscal Year *

State Fiscal Year – End Date June 30



3. Specify how often financial documents are produced. *

Annually



Complete the Financial Documentation

(See below for steps on how to complete this step based on what you select)

Financial Documentation

Instructions

- Provide comprehensive responses or select the best option to all the questions listed below and upload any necessary documentation that pertains to the applicant agency.
- This section is not required for completion by State of Minnesota Agencies (state agencies, intra agencies, or interagency applicants).

1. Select the agency annual revenue level that is applicable to your organization and upload the most recently completed respective financial documents. *

- ☐ A. Agency with annual revenue under \$50,000.
- ☐ B. Agency with annual revenue ranging from \$50,000 to \$750,000.
- ☐ C. Agency with annual revenue over \$750,000.

Agency with annual revenue under \$50,000

If this option applies to your organization, then please upload the Statement of Financial Position (Balance Sheet) and the Statement of Activity (Income and Expense Statement) before proceeding. [Click here to proceed.](#)

Financial Documentation

Instructions

- Provide comprehensive responses or select the best option to all the questions listed below and upload any necessary documentation
- This section is not required for completion by State of Minnesota Agencies (state agencies, intra agencies, or interagency applicants).

1. Select the agency annual revenue level that is applicable to your organization and upload the most recently completed respective

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- ☐ C. Agency with annual revenue over \$750,000.

A. Agency with annual revenue under \$50,000

Statement of Financial Position (Balance Sheet) *

Browse

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Statement of Activity (Income and Expense Statement) *

Browse

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Agency with annual revenue from \$50,000 to \$750,000

If this option applies to your organization, then please select whether your organization is up to date with financial filings. If the answer is Yes, then please proceed to next step. If the answer is No, please provide an explanation in the space below. [Click here to proceed.](#)

B. Agency with annual revenue ranging from \$50,000 to \$750,000

Our organization is up to date with our annual financial filings. * ☐ Yes ☒ No

Provide an explanation of why the organization is not up to date with annual financial filings and an estimated timeline of when the organization anticipates in compliance in the space provided below. *

0 of 4000

Agency with annual revenue over \$750,000

Please select whether your organization has federal expenditures of \$1,000,000 or more during a fiscal year.

Financial Documentation

Instructions

- Provide comprehensive responses or select the best option to all the questions listed below and upload any necessary documents.
- This section is not required for completion by State of Minnesota Agencies (state agencies, intra agencies, or interagency applications).

1. Select the agency annual revenue level that is applicable to your organization and upload the most recently completed financial statements.

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- ☐ B. Agency with annual revenue ranging from \$50,000 to \$750,000.
- ☒ C. Agency with annual revenue over \$750,000.

C. Agency with annual revenue over \$750,000

Our organization has federal expenditures of \$1,000,000 or more during a fiscal year. * ☐ Yes ☐ No

This section continues below with two separate options.

If your organization has federal expenditures of less than \$1,000,000 during the recent fiscal year then please select No and proceed to provide the Audit Firm Name, Audit Report Type, attach the Certified Financial Audit, and insert the date of the most recent Certified Financial Audit.

From there please complete whether your organization has any audit findings in the most recent certified financial audit (and accompanying questions). If you respond “Yes” to audit findings, please be prepared to provide information about the type of audit findings, a copy of the corrective plan, and the status of the corrective action plan. [Click here to proceed.](#)

C. Agency with annual revenue over \$750,000

Our organization has federal expenditures of \$1,000,000 or more during a fiscal year. ☐ Yes ☒ No

Certified Financial Audit

Audit Firm Name *

Audit Report Type *

Certified Financial Audit *

Date of most recent Certified Financial Audit *

Upload the Internal Control Letter in the space provided below - **OR** - select N/A if the Internal Control Letter is already included in the audit file uploaded above to waive the requirement. *

Internal Control Letter

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Does the auditor have a Certified Public Accountant Permit through the Minnesota Board of Accountancy or a substantially equivalent state? ☒ Yes ☐ No

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Certified Public Accountant Permit

Audit Findings

Our organization had audit findings in the most recent Certified Financial Audit. ☐ Yes ☐ No

If your organization has federal expenditures more than \$1,000,000 during the recent fiscal year then please select Yes and proceed to provide the Audit Firm Name, Audit Report Type, attach the Single Audit, and insert the date of the most recent Single Audit. From there please complete any questions related to Management Decision Letters about the Certified Public Accountant.

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Single Audit

Audit Firm Name *

Audit Report Type *

Single Audit *

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Date of most recent Single Audit *

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Certified Public Accountant Permit

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Audit Findings

Our organization had audit findings in the most recent Single Audit. * ☐ Yes ☐ No

Complete the Administrative Systems & Internal Controls Questions

Please answer all 14 questions about your organizations Administrative Systems and Internal Controls. On question 13, if your organization has not been convicted of a felony crime in the last ten years then there will be a required upload (organization chart) and certification for that question.

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8. Our organization has written policies and procedures for accounting, purchasing, and payroll. * ☒ Yes ☐ No
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13. Our current principals have been convicted of a felony crime in the last ten (10) years. * ☒ Yes ☐ No
14. Our organization has done business under a different business name. * ☒ Yes ☐ No

Congratulations! You have now completed the updated Organizational Financial Information v2 form.