



Grant Questionnaire

PURPOSE

This questionnaire relates to a School Water Improvement Grant (SWIG) from the Massachusetts Clean Water Trust (the "Trust"). It is intended to provide the Trust with information necessary to fund the Grant.

Please enter a response for each question. If a question requests information that is unavailable, please include an explanation of why the information is unavailable.

GENERAL INFORMATION

- A. Applicant (School District, etc.): _____
- B. Employer Identification Number: _____
- C. Unique Entity ID Number _____
- D. Unique Entity ID Expiration Date _____
- E. Wire Transfer Instructions for Grant Disbursements:
 - a. Bank: _____
 - b. Account No. _____
 - c. ABA No. _____

CONTACT INFORMATION

- A. School District Chief Financial Officer or Equivalent
 - Name: _____
 - Title: _____
 - Address: _____

 - E-mail Address: _____
 - Telephone: _____

- B. School District Superintendent or Administrative Equivalent
 - Name: _____
 - Address: _____

 - E-mail Address: _____
 - Telephone: _____

C. School District Application Point-of-Contact

Name: _____

Title: _____

Address:

E-mail Address: _____

Telephone: _____

FEDERAL GRANT COMPLIANCE QUESTIONS

1. Has the organization received federal grant funds in the past five years? _____
 - a. If so, has the organization's compliance with the terms of such grants been audited? _____
 - b. If so, were there any findings of actual or possible non-compliance of such terms? _____
2. Has the organization registered with the System for Award Management (SAM)? _____
 - a. Is the name of the organization and the Unique Entity ID (UIEI) number provided with this questionnaire correct and consistent with the name and number appearing in the SAM? _____
3. Has any person involved in submitting this questionnaire or that is expected to be involved in the grant or the project (i) been debarred, suspended or otherwise excluded from participation in federal or state assistance programs or activities or (ii) been the subject of any ongoing actual or threatened investigation or audit involving allegations of fraud, bribery, dishonesty, or any other action that bears upon the trustworthiness or responsibility of such person? _____
4. Does the organization have a conflict of interest policy consistent with 2 C.F.R. § 200.318(c) that is applicable to each activity funded under this grant? _____
 - a. Has the organization disclosed in the questionnaire any potential conflict of interest affecting the awarded funds in accordance with 2 C.F.R. § 200.112? _____
5. Is the organization in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. §§ 2000d et seq.) which prohibits discrimination on the basis of race, color, or national origin under programs or activities receiving federal financial assistance? _____
 - a. Has the organization or any person or entity expected to be involved with the grant or the project been the subject of any ongoing actual or threatened investigation or audit involving allegations of non-compliance with said Title VI? _____
6. Are the organization's finances audited at least annually by an independent auditor or accountant? _____
 - a. Does such review include a review of financial controls? _____
 - b. In the past five years, (i) has there been any change in the identity of such auditor or accountant or (ii) has such auditor or accountant provided a 'clean' report for each such year? _____

OTHER INFORMATION

If you have any other relevant information to provide, please include it below.

By signing below, I certify that, to the best of my knowledge and belief, all information set forth in this Grant Questionnaire is correct and complete as of the date below.

Signature:_____.

Date:

By:

Authorized Officer

Name:

Title: