

## OKCNP Shared Services

*Financial management back-office support & customer service ~ Professional, Efficient, Cost Effective!*

Sustainable nonprofits practice sound financial principles. The challenge comes in establishing systems and—for some nonprofits—managing them. Our Shared Services Program may be the right answer for your nonprofit!

To help us better understand your needs and provide you with a contract estimate, please indicate the services your organization is seeking by completing the questions below or including this information in your organization's RFP. You will be contacted within three business days.

If you have questions, please call or email Jana Ruth Harkins, (405) 463-6886 X209 or [jharkins@okcnp.org](mailto:jharkins@okcnp.org).

Organization Name:

Contact Person & Title:

Primary Phone #:

Secondary Phone #:

Email:

Organization Web Address:

## General Questions

(1) Is your organization a member of The Center?  Yes  No

*One of the many benefits of OKCNP membership is a reduced contract rate for Shared Services.*

*If you are not a member, would you like for someone from our Membership Department to contact you concerning the benefits of joining our growing membership network?*  Yes  No

(2) What accounting software are you currently using? \_\_\_\_\_

(3) What is your fiscal year? \_\_\_\_\_

(4) Where is your organization located? Please list all locations if you have more than one.

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OKLAHOMA CITY, OK 73116  
(405) 463-6886

1145 S. UTICA AVE. STE 1100  
TULSA, OK 74104  
(918) 579-1900

HELPLINE (800) 338-1798  
OKCNP.ORG

**(5)** Do you have an administrative or accounting person with whom our Shared Services Staff will work?

Yes  No

If yes, please give the name, phone, and email for that person(s):

**(6)** What are the main funding sources for your organization?

**(7)** What is your operating budget? \_\_\_\_\_

**(8)** For what fiscal year was the last audit completed? \_\_\_\_\_

**(9)** Will our Shared Services Team attend governance & finance meetings on a regular basis or on an invitation, as needed basis?  Yes  No If so, when are meetings held?

**Payroll Related Questions**

**Please mark here if you would like for OKCNP Shared Services to input / administer your payroll. If not you may skip this section.**

**(1)** Do you currently have a payroll vendor?  Yes  No If yes; please provide the name of your payroll vendor / software application: \_\_\_\_\_

**(2)** How many employees does your organization have? \_\_\_\_\_

**(3)** What is your payroll cycle, i.e., how often are your employees paid? \_\_\_\_\_

**(4)** Do all employees have direct deposit?  Yes  No

## Accounts Payable Related Questions

**Please mark here if you are interested in accounts payable services. If not, you may skip this section.**

(1) How often do you require cash disbursements (*accounts payable checks*)? \_\_\_\_\_

(2) Approximately how many checks are cut per run? \_\_\_\_\_

## Accounts Receivable Related Questions

**Please mark here if you are interested in accounts receivable services. If not, you may skip this section.**

(1) How often does your organization make deposits? \_\_\_\_\_

(2) Are deposits entered individually by donor or as a lump sum? \_\_\_\_\_  
(This gives us an idea of the level of detail and how long it may take to enter into your accounting software.)

(3) In general, what is the volume of your deposits? \_\_\_\_\_

(4) Are there certain times of the year when the volume is significantly higher?  Yes  No

***If yes, please explain.***

(5) How often do you create and send invoices? \_\_\_\_\_

(6) Would you like our Shared Services Team to prepare the invoices?  Yes  No

## Banking Related Questions

(1) How many bank and/or investment accounts do you have? \_\_\_\_\_

(2) Are your bank statements reconciled through your accounting system and are they current?

Yes  No

## **Financial & Grant Reporting**

**(1)** Would you like for us to provide financial statements (Statement of Financial Position, Statement of Activity, and Cash Flow Statement)?  Yes  No

If yes; how often? \_\_\_\_\_

**(2)** Would you like for us to provide grant reports?  Yes  No

If yes, please indicate the number of grants and frequency of reporting:

**(3)** How many grants does your organization currently have? \_\_\_\_\_

**(4)** Is your organization required to have a single audit (OMB-133 requirement \$750,000)?  Yes  No

***Please add any additional comments about your financial requirements. Thank you.***