

**Data Collection Form for Reporting on
AUDITS OF STATES, LOCAL GOVERNMENTS AND NON-PROFIT ORGANIZATIONS
For Fiscal Year Ending Dates in 2013, 2014, or 2015**

PART I: GENERAL INFORMATION

REPORT ID: VERSION:

1. Fiscal Period End Date ____ / ____ / ____ MM / DD / YYYY	2. Type of Circular A-133 audit <input type="checkbox"/> Single Audit <input type="checkbox"/> Program-specific audit
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3. Audit Period Covered

Annual
 Biennial
 Other- If Other, Number of months:

4. Auditee Identification Numbers

a. Auditee Employer Identification Number (EIN) _____	d. Auditee Data Universal Numbering System (DUNS) Number _____
b. Are multiple EINS covered in this report? <input type="checkbox"/> Yes If Yes, complete Part I, Item 4c: Auditee EIN Continuation Sheet <input type="checkbox"/> No	e. Are multiple DUNS covered in this report? <input type="checkbox"/> Yes If Yes, complete Part I, Item 4f: Auditee DUNS Continuation Sheet. <input type="checkbox"/> No

5. Auditee Information	6. Primary Auditor Information
a. Auditee name	a. Audit Firm/Organization Name
b. Auditee address (Number and street)	b. Audit Firm/Organization EIN _____
Auditee City	c. Audit Firm/Organization address
Auditee State	Audit Firm/Organization City
Auditee ZIP Code	Audit Firm/Organization State
c. Auditee Contact Name	Audit Firm/Organization ZIP Code
Auditee Contact Title	d. Primary Auditor Contact Name
d. Auditee Contact Telephone	Primary Auditor Contact Title
e. Auditee Contact Fax	e. Primary Auditor Contact Telephone
f. Auditee Contact E-mail	f. Primary Auditor Contact FAX
	g. Primary Auditor Contact E-mail

	7. Was a secondary auditor used? <input type="checkbox"/> Yes- If Yes, Complete Part I, Item 8 on the Secondary Auditor Contact Information Sheet <input type="checkbox"/> No
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PART II: FINANCIAL STATEMENTS (To be completed by auditor)

1. Type of audit report
 Mark either:
 Unmodified Opinion **OR ANY COMBINATION OF:** Qualified opinion
 Adverse opinion
 Disclaimer of opinion

2. Is a "going concern" emphasis-of-matter paragraph included in the audit report? Yes No

3. Is a significant deficiency disclosed? Yes No

4. Is a material weakness disclosed? Yes No

5. Is a material noncompliance disclosed? Yes No

PART III: FEDERAL PROGRAMS (To be completed by auditor)

1. Does the auditor's report include a statement that the auditee's financial statements include departments, agencies, or other organizational units expending \$500,000 or more in Federal awards that have separate A-133 audits which are not included in this audit? (AICPA Audit Guide) Yes No

2. What is the dollar threshold to distinguish Type A and Type B programs? (OMB Circular A-133 § .520(b)) \$ _____

3. Did the auditee qualify as a low-risk auditee? (§ .530) Yes No

4. Were Prior Audit Findings related to direct funding shown in the Summary Schedule of Prior Audit Findings? (§ .315(b)) Yes No

5. Indicate which Federal Agency(ies) have current year audit findings related to **direct** funding or prior audit findings shown in the Summary Schedule of Prior Audit Findings related to **direct** funding. *Mark (X) all that apply or None .*

- | | |
|--|---|
| <ul style="list-style-type: none"> 98 <input type="checkbox"/> U.S. Agency for International Development 10 <input type="checkbox"/> Agriculture 23 <input type="checkbox"/> Appalachian Regional Commission 11 <input type="checkbox"/> Commerce 94 <input type="checkbox"/> Corporation for National and Community Service 12 <input type="checkbox"/> Defense 84 <input type="checkbox"/> Education 81 <input type="checkbox"/> Energy 66 <input type="checkbox"/> Environmental Protection Agency 39 <input type="checkbox"/> General Services Administration 93 <input type="checkbox"/> Health and Human Services 97 <input type="checkbox"/> Homeland Security 14 <input type="checkbox"/> Housing and Urban Development 03 <input type="checkbox"/> Institute of Museum and Library Science 15 <input type="checkbox"/> Interior 16 <input type="checkbox"/> Justice | <ul style="list-style-type: none"> 17 <input type="checkbox"/> Labor 09 <input type="checkbox"/> Legal Services Corporation 43 <input type="checkbox"/> National Aeronautics and Space Administration 89 <input type="checkbox"/> National Archives and Records Administration 05 <input type="checkbox"/> National Endowment for the Arts 06 <input type="checkbox"/> National Endowment for the Humanities 47 <input type="checkbox"/> National Science Foundation 07 <input type="checkbox"/> Office of National Drug Control Policy 59 <input type="checkbox"/> Small Business Administration 96 <input type="checkbox"/> Social Security Administration 19 <input type="checkbox"/> U.S. Department of State 20 <input type="checkbox"/> Transportation 21 <input type="checkbox"/> Treasury 64 <input type="checkbox"/> Veterans Affairs 00 <input type="checkbox"/> None <input type="checkbox"/> OTHER - SPECIFY:
 <input style="width: 100px; height: 15px;" type="text"/> |
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PART III: FEDERAL PROGRAMS - Continued

6. FEDERAL AWARDS EXPENDED DURING FISCAL YEAR

	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
	CFDA Number		Name of Federal program	Amount expended (\$)	Research & Development (Y/N)	Loan/Loan Guarantee (Y/N)	ARRA ³ (Y/N)	Direct award (Y/N)	MAJOR PROGRAM		Number of Audit Findings
Row Number	Federal Agency Prefix ¹	CFDA Extension ²							Major program (Y/N)	If yes, type of audit report on Major Program ⁴	
TOTAL FEDERAL AWARDS EXPENDED				\$.00						

¹ See Appendix 1 of instructions for valid Federal Agency two-digit prefixes.
² Or other identifying number when the Catalog of Federal Domestic Assistance (CFDA) number is not available. (See instructions - Item 6)
³ American Recovery and Reinvestment Act of 2009 (ARRA).
⁴ If major program is marked "yes," enter only one letter (**U** = Unmodified opinion, **Q** = Qualified opinion, **A** = Adverse opinion, **D** = Disclaimer of opinion) corresponding to the type of audit report in the adjacent box. If major program is marked "No," leave the type of audit report box blank.

Part III: FEDERAL PROGRAMS - Continued

7. FEDERAL AWARD FINDINGS

			(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	
								Compliance Findings ²		Internal Control Findings ²				
								Modified Opinion	Other Matters	Material Weakness	Significant Deficiency	Other Findings ²	Questioned Costs	
								(Y/N)	(Y/N)	(Y/N)	(Y/N)	(Y/N)	(Y/N)	
Page 3 Row Number	Federal Agency Prefix	CFDA Extension	Name of Federal program			Audit Finding Reference Number (YYYY-###)	Type(s) of Compliance Requirement(s) ¹							
These columns are populated automatically from Part III, Item 6, columns a, b, and c on rows with findings.														
For each award with findings, one row is created for each finding reported on Part III, Item 6k.														
This page is not required if no findings are reported on Part III, Item 6k.														

¹ Enter the letter(s) of all type(s) of compliance requirement(s) that apply to audit findings (i.e., noncompliance, significant deficiency (including material weaknesses,), questioned costs, fraud, and other items reported under §__.510(a)) reported for each Federal program.

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|------------------------------------|---|--|
| A. Activities Allowed or Unallowed | F. Equipment and real property management | K. Real property acquisition and relocation assistance |
| B. Allowable costs/cost principles | G. Matching, level of effort, earmarking | L. Reporting |
| C. Cash management | H. Period of availability of Federal funds | M. Subrecipient monitoring |
| D. Davis-Bacon Act | I. Procurement and suspension and debarment | N. Special tests and provisions |
| E. Eligibility | J. Program income | P. Other |

² There are 9 valid combinations of "Compliance Findings," "Internal Control Findings," and "Other Findings" for each Federal program with findings. (See instructions - Item 7)

CERTIFICATIONS

Auditee Certification Statement	Auditor Statement
<p>This is to certify that, to the best of my knowledge and belief, the auditee has: (1) engaged an auditor to perform an audit in accordance with the provisions of OMB Circular A-133 for the period described in Part I, Items 1 and 3; (2) the auditor has completed such audit and presented a signed audit report which states that the audit was conducted in accordance with the provisions of the Circular; and (3) the information included in Parts I, II, and III of this data collection form is accurate and complete. I declare that the foregoing is true and correct.</p>	<p>The data elements and information included in this form are limited to those prescribed by OMB Circular A-133. Except for Part III, Items 4, 5, 6a-6h, and, when audit findings are reported, 7a-7c, the information included in Parts II and III of this form was transferred from the auditor's report(s) for the period described in Part I, Items 1 and 3, and is not a substitute for such reports. The auditor has not performed any auditing procedures since the date of the auditor's report(s). A copy of the reporting package required by OMB Circular A-133, which includes the complete auditor's report(s), is available in its entirety from the auditee at the address provided in Part I of this form. As required by OMB Circular A-133, the information in Parts II and III of this form was entered in this form by the auditor based on information included in the reporting package. The auditor has not performed any additional auditing procedures in connection with the completion of this form.</p>
Auditee Certification	Auditor Certification
<i>(Date of Electronic Signature)</i>	<i>(Date of Electronic Signature)</i>
Name of certifying official	
Title of certifying official	

