

**Data Collection Form for Reporting on
AUDITS OF STATES, LOCAL GOVERNMENTS, AND NON-PROFIT ORGANIZATIONS
for Fiscal Year Ending Dates in 2008, 2009, or 2010**

▶ Complete this form, as required by OMB Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations."

PART 1

GENERAL INFORMATION (To be completed by auditee, except for Items 6, 7, and 8)

1. Fiscal period ending date for this submission <table border="1" style="width: 100%;"><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td>/</td><td>/</td><td></td></tr></table>	Month	Day	Year	/	/		2. Type of Circular A-133 audit 1 <input type="checkbox"/> Single audit 2 <input type="checkbox"/> Program-specific audit	3. Audit period covered 1 <input type="checkbox"/> Annual 3 <input type="checkbox"/> Other — <input style="width: 50px;" type="text"/> Months 2 <input type="checkbox"/> Biennial
Month	Day	Year						
/	/							

4. Auditee Identification Numbers

a. Primary Employer Identification Number (EIN) <table border="1" style="width: 100%;"><tr><td><input style="width: 20px;" type="text"/></td><td><input style="width: 20px;" type="text"/></td><td>-</td><td><input style="width: 20px;" type="text"/></td><td><input style="width: 20px;" type="text"/></td><td><input style="width: 20px;" type="text"/></td><td><input style="width: 20px;" type="text"/></td><td><input style="width: 20px;" type="text"/></td><td><input style="width: 20px;" type="text"/></td><td><input style="width: 20px;" type="text"/></td></tr></table>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	-	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	d. Data Universal Numbering System (DUNS) Number <table border="1" style="width: 100%;"><tr><td><input style="width: 20px;" type="text"/></td><td><input style="width: 20px;" type="text"/></td><td>-</td><td><input style="width: 20px;" type="text"/></td><td><input style="width: 20px;" type="text"/></td><td><input style="width: 20px;" type="text"/></td><td><input style="width: 20px;" type="text"/></td></tr></table>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	-	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
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<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	-	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>												
b. Are multiple EINs covered in this report? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	e. Are multiple DUNS covered in this report? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No																	
c. If Part I, Item 4b = "Yes," complete Part I, Item 4c on the continuation sheet on Page 4.	f. If Part I, Item 4e = "Yes," complete Part I, Item 4f on the continuation sheet on Page 4.																	

5. AUDITEE INFORMATION

a. Auditee name
b. Auditee address (Number and street) City State ZIP + 4 Code
c. Auditee contact Name Title
d. Auditee contact telephone () -
e. Auditee contact FAX () -
f. Auditee contact E-mail

6. PRIMARY AUDITOR INFORMATION
(To be completed by auditor)

a. Primary auditor name
b. Primary auditor address (Number and street) City State ZIP + 4 Code
c. Primary auditor contact Name Title
d. Primary auditor contact telephone () -
e. Primary auditor contact FAX () -
f. Primary auditor contact E-mail

g. AUDITEE CERTIFICATION STATEMENT – 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.

g. AUDITOR STATEMENT – The data elements and information included in this form are limited to those prescribed by OMB Circular A-133. The information included in Parts II and III of the form, except for Part III, Items 7, 8, and 9a-9f, 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.

Auditee certification	Date
Name of certifying official	
Title of certifying official	

7a. Add Secondary auditor information? (Optional)
1 Yes 2 No

b. If "Yes," complete **Part I, Item 8** on the continuation sheet on page 5.

Auditor certification	Date
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PART II FINANCIAL STATEMENTS (To be completed by auditor)

- 1. Type of audit report**
 Mark either: 1 Unqualified opinion **OR**
 any combination of: 2 Qualified opinion 3 Adverse opinion 4 Disclaimer of opinion
- 2. Is a "going concern" explanatory paragraph included in the audit report?** 1 Yes 2 No
- 3. Is a significant deficiency disclosed?** 1 Yes 2 No – SKIP to Item 5
- 4. Is any significant deficiency reported as a material weakness?** 1 Yes 2 No
- 5. Is a material noncompliance disclosed?** 1 Yes 2 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, Chapter 12)** 1 Yes 2 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)** 1 Yes 2 No
- 4. Is a significant deficiency disclosed for any major program? (§ .510(a)(1))** 1 Yes 2 No –SKIP to Item 6
- 5. Is any significant deficiency reported for any major program as a material weakness? (§ .510(a)(1))** 1 Yes 2 No
- 6. Are any known questioned costs reported? (§ .510(a)(3) or (4))** 1 Yes 2 No
- 7. Were Prior Audit Findings related to direct funding shown in the Summary Schedule of Prior Audit Findings? (§ .315(b))** 1 Yes 2 No

- 8. 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)**
- | | | | |
|--|--|---|--|
| 98 <input type="checkbox"/> U.S. Agency for International Development | 39 <input type="checkbox"/> General Services Administration | 43 <input type="checkbox"/> National Aeronautics and Space Administration | 96 <input type="checkbox"/> Social Security Administration |
| 10 <input type="checkbox"/> Agriculture | 93 <input type="checkbox"/> Health and Human Services | 89 <input type="checkbox"/> National Archives and Records Administration | 19 <input type="checkbox"/> U.S. Department of State |
| 23 <input type="checkbox"/> Appalachian Regional Commission | 97 <input type="checkbox"/> Homeland Security | 05 <input type="checkbox"/> National Endowment for the Arts | 20 <input type="checkbox"/> Transportation |
| 11 <input type="checkbox"/> Commerce | 14 <input type="checkbox"/> Housing and Urban Development | 06 <input type="checkbox"/> National Endowment for the Humanities | 21 <input type="checkbox"/> Treasury |
| 94 <input type="checkbox"/> Corporation for National and Community Service | 03 <input type="checkbox"/> Institute of Museum and Library Services | 47 <input type="checkbox"/> National Science Foundation | 64 <input type="checkbox"/> Veterans Affairs |
| 12 <input type="checkbox"/> Defense | 15 <input type="checkbox"/> Interior | 07 <input type="checkbox"/> Office of National Drug Control Policy | 00 <input type="checkbox"/> None |
| 84 <input type="checkbox"/> Education | 16 <input type="checkbox"/> Justice | 59 <input type="checkbox"/> Small Business Administration | <input type="checkbox"/> Other – Specify: |
| 81 <input type="checkbox"/> Energy | 17 <input type="checkbox"/> Labor | | <input type="text"/> |
| 66 <input type="checkbox"/> Environmental Protection Agency | 09 <input type="checkbox"/> Legal Services Corporation | | <input type="text"/> |

PART III FEDERAL PROGRAMS - Continued

9. FEDERAL AWARDS EXPENDED DURING FISCAL YEAR		10. AUDIT FINDINGS						
Federal Agency Prefix ¹ (a)	CFDA Number Extension ² (b)	Name of Federal program (d)	Amount expended (e)	Direct award (f)	Major program (g)	If yes, type of audit report ³ (h)	Type(s) of compliance requirement(s) ⁴ (a)	Audit finding reference number(s) ⁵ (b)
			\$.00	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
			\$.00	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
			\$.00	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
			\$.00	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
			\$.00	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
			\$.00	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
			\$.00	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
			\$.00	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
			\$.00	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
			\$.00	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
			\$.00	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
			\$.00	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
			\$.00	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
			\$.00	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
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)
³ If major program is marked "Yes," enter only one letter (U = Unqualified 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.
⁴ 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.
A. Activities allowed or unallowed E. Eligibility I. Procurement and suspension and debarment L. Reporting
B. Allowable costs/cost principles F. Equipment and real property management J. Program income M. Subrecipient monitoring
C. Cash management G. Matching, level of effort, earmarking K. Real property acquisition and relocation assistance N. Special tests and provisions
D. Davis – Bacon Act H. Period of availability of Federal funds O. None
⁵ N/A for NONE P. Other

Primary EIN: -

PART I Item 5 Continuation Sheet

c. List the multiple Employer Identification Numbers (EINs) covered in this report.

1	21	41	1	21
2	22	42	2	22
3	23	43	3	23
4	24	44	4	24
5	25	45	5	25
6	26	46	6	26
7	27	47	7	27
8	28	48	8	28
9	29	49	9	29
10	30	50	10	30
11	31	51	11	31
12	32	52	12	32
13	33	53	13	33
14	34	54	14	34
15	35	55	15	35
16	36	56	16	36
17	37	57	17	37
18	38	58	18	38
19	39	59	19	39
20	40	60	20	40

f. List the multiple DUNS covered in the report.

1	21
2	22
3	23
4	24
5	25
6	26
7	27
8	28
9	29
10	30
11	31
12	32
13	33
14	34
15	35
16	36
17	37
18	38
19	39
20	40

Primary EIN: -

PART I GENERAL INFORMATION - Continued

8. Part I, Item 8, Secondary Auditor's Contact Information. (List the Secondary Auditor's Contact information)

1. a. Secondary Auditor name	2. a. Secondary Auditor name	3. a. Secondary Auditor name
b. Secondary Auditor address (Number and street)	b. Secondary Auditor address (Number and street)	b. Secondary Auditor address (Number and street)
City	City	City
State ZIP + 4 Code	State ZIP + 4 Code	State ZIP + 4 Code
c. Secondary Auditor contact Name	c. Secondary Auditor contact Name	c. Secondary Auditor contact Name
Title	Title	Title
d. Secondary Auditor contact telephone	d. Secondary Auditor contact telephone	d. Secondary Auditor contact telephone
e. Secondary Auditor contact FAX	e. Secondary Auditor contact FAX	e. Secondary Auditor contact FAX
f. Secondary Auditor contact E-mail	f. Secondary Auditor contact E-mail	f. Secondary Auditor contact E-mail
4. a. Secondary Auditor name	5. a. Secondary Auditor name	6. a. Secondary Auditor name
b. Secondary Auditor address (Number and street)	b. Secondary Auditor address (Number and street)	b. Secondary Auditor address (Number and street)
City	City	City
State ZIP + 4 Code	State ZIP + 4 Code	State ZIP + 4 Code
c. Secondary Auditor contact Name	c. Secondary Auditor contact Name	c. Secondary Auditor contact Name
Title	Title	Title
d. Secondary Auditor contact telephone	d. Secondary Auditor contact telephone	d. Secondary Auditor contact telephone
e. Secondary Auditor contact FAX	e. Secondary Auditor contact FAX	e. Secondary Auditor contact FAX
f. Secondary Auditor contact E-mail	f. Secondary Auditor contact E-mail	f. Secondary Auditor contact E-mail