Form Approved

 OMB No. 4040-0017

 Exp. Date 03/31/2019

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| **HHS DATA Act Program Management Office (DAP)****\*\*\*****Single Audit Form Completion Questionnaire**  |

**Demographics**

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Position/Role: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
5. Department/Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Department/Unit Approximate Federal Award Value (FY 2015, October 1, 2014 – September 30, 2015): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Organization Approximate Federal Award Value (FY 2015, October 1, 2014 – September 30, 2015): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Which type of entity do you represent?

|  |  |  |  |
| --- | --- | --- | --- |
| State/Local Government | Non-Governmental Organization (NGO) | University / Higher Education Institution | Other |
| For Profit Organization | Non-Profit Organization | Native American Tribe |

8a. If you answered “Other” to question 8, please specify which type of entity you represent

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Did your organization submit a Single Audit in the most recent fiscal year?

|  |  |  |
| --- | --- | --- |
| Yes | No | Unsure |

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 4040-0017. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

1. Are you involved in the preparation of the Schedule of Expenditures of Federal Awards (SEFA) or the Data Collection Form (SF-SAC)?

|  |  |  |
| --- | --- | --- |
| Yes | No | Unsure |

1. Do your responsibilities include any work related to the Single Audit process?

|  |  |  |
| --- | --- | --- |
| Yes | No | Unsure |

 **Survey**

*Please circle the answer that reflects your opinions as accurately as possible*

1. To what extent does the use of the SEFA Template affect reporting burden?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Significantly Reduces Burden | Somewhat Reduces Burden | CannotAssess | Does not Increase nor Reduce Burden | Somewhat Increases Burden | Significantly Increases Burden |

1. To what extent will the use of a SEFA Template containing all the Uniform Guidance required fields affect the burden associated with completing the SEFA?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Significantly Reduces Burden | Somewhat Reduces Burden | CannotAssess | Does not Increase nor Reduce Burden | Somewhat Increases Burden | Significantly Increases Burden |

1. To what extent does the SEFA Template affect the time associated with the Auditor’s review of the SEFA for completeness?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Significantly Reduces Burden | Somewhat Reduces Burden | CannotAssess | Does not Increase nor Reduce Burden | Somewhat Increases Burden | Significantly Increases Burden |

1. To what extent does the upload feature of the FAC Pilot system affect the amount of errors in uploading the SEFA Template to populate the SF-SAC?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Significantly Reduces Burden | Somewhat Reduces Burden | CannotAssess | Does not Increase nor Reduce Burden | Somewhat Increases Burden | Significantly Increases Burden |

1. To what extent does uploading the SEFA Template affect the time associated with the Single Audit reporting process?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Significantly Reduces Time | Somewhat Reduces Time | CannotAssess | Does not Increase nor Reduce Time | Somewhat Increases Time | Significantly Increases Time |

1. To what extent does generating an exportable SEFA for the Audit report affect the time associated with the Single Audit reporting process?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Significantly Reduces Time | Somewhat Reduces Time | CannotAssess | Does not Increase nor Reduce Time | Somewhat Increases Time | Significantly Increases Time |

*Please circle the best answer for the following questions*

1. ­­­How do the features of the SEFA Template affect the accuracy of the respective SEFA data?

|  |  |
| --- | --- |
| Increases Accuracy | Decreases Accuracy |

1. How does the upload feature of the FAC Pilot system affect duplicative reporting efforts?

|  |  |
| --- | --- |
| Increases Duplicative Efforts | Decreases Duplicative Efforts |

1. How does generating a SEFA from the FAC system affect burden associated with the Single Audit reporting process?

|  |  |
| --- | --- |
| Increases Burden | Decreases Burden  |

*Please provide a brief written response*

1. In your own words, what was the most beneficial feature of the SEFA Template and the associated reporting process?
2. In your own words, what was the least beneficial feature of the SEFA Template and the associated reporting process?
3. Did you feel that the proposed process and the use of the SEFA Template led to time savings in the Single Audit reporting process?
4. If you answered yes to the question above, please estimate the amount of time savings through the proposed process and use of the SEFA Template (in minutes).
5. In your own words, please provide any recommendations you believe would make the Single Audit reporting process or the SEFA Template better and/or easier to use.