FORM SF-SAC XX/XX/2016 U.S. Dept. of C	Comm Econ and Stat Admin U.S. Census Bureau
OMB No. 0348-0057 ACTING AS COLLECTING A	GENT FOR OFFICE OF MANAGEMENT AND BUDGET
Data	Collection Form for Reporting on
Audits of States, Local Governments, Indian	Tribes, Institutions of Higher Education and Nonprofit Organizations
For Fiscal Period	ls Beginning on or after December 26, 2014
PART I: GENERAL INFORMATION	REPORT ID: VERSION:
1. Fiscal Period End Date	2. Type of Uniform Guidance Audit
//	Single Audit
MM / DD / YYYY	Program-specific audit
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?	e. Are multiple DUNS covered in this report?
Yes If Yes, complete Part I, Item 4c:	Yes If Yes, complete Part I, Item 4f:
Auditee EIN Continuation Sheet	Auditee DUNS Continuation Sheet.
□ No	□ No
5. Auditee Information	6. Primary Auditor Information
a. Auditee name	a. Audit Firm/Organization Name
ar radice name	a. Addit i i i i jo i ga i i zacioni i di ii c
b. Auditee address (Number and street)	b. Audit Firm/Organization EIN
	_
	c. Audit Firm/Organization address (Number and street)
	a read thin, or gainzation address (realized and street)
Auditee City	Audit Firm/Organization City
, iddition only	, take timing or gammation step
Auditee State	Audit Firm/Organization State
, laditor state	, take thin, organization otate
Auditee ZIP Code	Audit Firm/Organization ZIP Code
Addition Elli Gode	Tradiction, organization 211 code
c. Auditee Contact Name	d. Primary Auditor Contact Name
at reading contact rame	at thindry tradition contact trains
Auditee Contact Title	Primary Auditor Contact Title
Tradition Contract Title	Timary reducer contact rice
d. Auditee Contact Telephone	e. Primary Auditor Contact Telephone
a. Martice contact relephone	Cit i i i i i i i i i i i i i i i i i i
e. Auditee Contact E-mail	f. Primary Auditor Contact E-mail
c. Address Contact E man	Timuly Addition Contact E main
	7. Was a secondary auditor used?
	Yes- If Yes, Complete Part I, Item 8 on the
	<u> </u>
	Secondary Auditor Contact Information Sheet No

FORM SF	-SAC														REPORT ID:	VERSION	l:	
Part II:	FEDERAL	AWARDS														FROM TI	INFORMA HE SCHED! S AND INED COS	ULE OF
1. FEDER	AL AWARD	OS EXPENDE	D DURING	FISCAL YEAR													PROGRAM	
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(I)	(m)	(n)	(o)	(a)	(b)	(c)
	CFDA N	Number								/Loan antee		Federal Award Source				MAJOR F	ROGRAM	
Row Number (Auto-Generated)	Federal Awarding Agency Prefix ¹	CFDA Three Digit Extension ²	Additional Award Identification ³	Name of Federal Award	Amount Expended (\$)	Cluster Name 4	Federal Program Total ⁵	Cluster Total ⁶	Loan/Loan Guarantee	If column (i) is "y", the End of the Audit Period Outstanding Loan Balance 7	Direct Award	If column (k) is "N", list Name of Pass-through Entity	If column (k) is "N", list identifying number assigned by the Pass-through Entity, if assigned	Federal Award Passed Through to Subrecipients	If column (n) is "Y", Provide Total Amount Passed Through	Major Program	If column (a) is " Y ", type of audit report on Major Program 8	Number of Audit Findings
								-243						1.5	<u> </u>			
																	_	
)															
TOTAL FF	DEDAL ANA	ARDS EXPEN	DED		\$.00													

See Appendix I of instructions for valid Federal Awarding Agency two-digit prefixes.

² Three digit CFDA extensions listed in the Catalog of Federal Domestic Assistance (CFDA). If the extension is unknown, see instructions.

³ Used to collect other data used to identify the award which is not a CFDA number (e.g., program year, contract number).

Cluster Identifier (N/A = None, Research and Development, Student Financial Aid, Cluster Name, State Cluster)

i The system will provide total Federal awards expended for each Federal program by summing the individual CFDA lines which have the same CFDA number.

⁵ The system will provide total Federal awards expended for each cluster of programs by summing the individual CFDA lines which have the same Cluster Name.

Used to collect the loan or loan guarantee (loan) balances outstanding at the end of the audit period for loan programs as identified in Part III, Item 5(i) (2 CFR 200.510(b)(5))

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.

Form SF-SAC	REPORT ID: VERSION:
Part III: INFORMATION FROM THE SCHEDULE OF FINDINGS AN	ND QUESTIONED COSTS - Continued
2. FINANCIAL STATEMENTS	
a. Financial Statement Information	
i. What were the results of the auditor's determination of whether th	ne financial statements of the auditee
were prepared in accordance with generally accepted accounting pri	nciples (GAAP):
Select any combination:	
Unmodified opinion	Qualified opinion
	Adverse opinion
	Disclaimer of opinion
If the financial statements of the auditee were prepared in accordance	
Financial statements were not prepared in accordance w	vith GAAP but were prepared
in accordance with a special purpose framework.	
ii. What was the special purpose framework? (Select only one)	
Cash basis	
Tax basis	
Regulatory basis Contractual basis	
Other basis	
iii. Was the special purpose framework used a basis of accounting required by state law or tribal law?	□Yes □No
iv. What was the auditor's opinion on the special purpose framework	
Unmodified opinion	Qualified opinion
	Adverse opinion
	Disclaimer of opinion
b. Is a "going concern" emphasis-of-matter paragraph included in	
the auditor's report?	□Yes □No
the additor's report!	Yes No
c. Is a significant deficiency in internal control disclosed?	Yes No
c. is a significant deficiency in internal control disclosed:	Lifes Lino
d. Is a material weakness in internal control disclosed?	Yes No
a. Is a material weakiness in internal control alsolosea.	
e. Is a material noncompliance disclosed?	Yes No
3. FEDERAL PROGRAMS	
a. Does the auditor's report include a statement that the auditee's	
financial statements include departments, agencies, or other	
organizational units expending \$750,000 or more in Federal awards	
that have separate Uniform Guidance audits which are not included	
in this audit? (AICPA Audit Guide)	
	☐ Yes ☐ No
b. What is the dollar threshold used to distinguish Type A and Type	
B programs? (Uniform Guidance § 200.518(b)(1))	\$
c. Did the auditee qualify as a low-risk auditee?	
(Uniform Guidance § 200.520)	Yes No
d. Indicate which Federal Agency(ies) have prior audit findings showr	n in the Summary Schedule of Prior Audit
Findings related to <u>direct</u> funding. <i>Mark (X) all that apply or None</i> .	
If an agency has been selected (see the full list of agencies in Append	lix I of the instructions) it will appear in a
list in this section. For example, if 39. General Services Administration	
	•
of Art, and 07. Office of National Drug Control Policy are selected, the	e list will appear in tills section as 39, 99,
68, 07".	
·	

FORM	/I SF-S	SAC							REP	ORT I):	VERS	ION:	
Part l	II: IN	FORMAT	TION FRO	M THE SCHEDULE OF FINDINGS AND QUES	STIONED COSTS - Continued									
4. FEDERAL AWARD AUDIT FINDINGS School up of Findings and Questioned Costs														
Schedule of Findings and Questioned Costs														
	(a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l)											(m)	(n)	
Interr Compliance Control														
									ce Control Audit					
													_D	
Trumber Requirement(s)										Repeat Audit Finding from Prior Year 🔶	If column (m) is "Y", provide Prior Year Audit Finding Reference Numbers			
These	e colu	mns are	populate	d automatically from Part II, Item 1,										
colun	nns a	b, c, and	d d on rov	ws with findings.										
For e	ach a	ward wit	th finding:	s, one row is created for each finding										
_			l, Item 1c.											
This p	page (cannot b	e used if i	no findings are reported on Part III, Item										
1c.		- 2												
			100											
A. A B. A C. C D. Re	her ite ctivities Ilowabl	ms report allowed or e costs/cost nagement	ed under 2 unallowed	of compliance requirement(s) that apply to audit find CFR 200.516(a)) reported for each Federal program. F. Equipment and real propert G. Matching, level of effort, ea H. Period of performance (or a I. Procurement and suspension J. Program income	y management armarking availability) of Federal funds	nt deficiency (including ma K. Reserved L. Reporting M. Subrecipient monitoring N. Special tests and provisio P. Other		eaknes	ses,), qu	uestione	d costs,	fraud,		
² Thei	e are 9	valid combi	inations of "C	Compliance Audit Findings," "Internal Control Audit Findings	s," and "Other Audit Findings" for each I	ederal program with audit fir	ndings. <i>(</i> S	See chart	t in instru	ıctions - I	tem 4k)			

FORM SF-SAC	REPORT ID: VERSION:
Part IV: CERTIFICATIONS	
1. Auditee Certification Statement	2. Auditor Statement
This is to certify that, to the best of my knowledge and belief the following is true and correct. The auditee has:	The data elements and information included in this form are limited to those prescribed by the Uniform Guidance. The information in Part II of this form is the responsibility of the auditee and is based on information
■ ensured that the Form SF-SAC and reporting package does not include protected personally identifiable information (Protected PII) (2 CFR 200.79 and 2 CFR 200.82), or if it does, the Federal Audit Clearinghouse is authorized to publicly post all information contained in this Form SF-SAC and the audit report;	included in the reporting package required by the Uniform Guidance. The information included in Part III of this form, except for Part III Item 2(a)(iii), Item 3(d), and Items 4(a) – (d) (when there are audit findings), was transferred by the auditor from the auditor's report(s) for the period
ensured that the Form SF-SAC and reporting package does not include business identifiable information (BII) as defined below*, or if it does, the Federal Audit Clearinghouse is authorized to publicly post all information contained in this Form SF-SAC and the audit report;	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) or any additional auditing procedures in connection with the completion of this form. A copy of the reporting package required by the Uniform Guidance, which includes the complete auditor's report(s), is possible in its autitors from the auditor at the address arguided in Part I.
complied with the requirements of 2 CFR Part 200 Subpart F specific to the auditee;	is available in its entirety from the auditee at the address provided in Part I of this form and on the FAC web site.
prepared the data in this form in accordance with 2 CFR Part 200 and the accompanying instructions to this form;	
 included all information required to be reported in this form in its entirety and such information is accurate and complete; 	
engaged an auditor to perform an audit in accordance with 2 CFR Part 200.500 for the period described in Part I, Items 1 and 3;	D.
ensured the auditor has completed such audit and issued the signed audit report required by 200.515 which states that the audit has conducted in accordance with the audit requirements of the Uniform	
Guidance; and authorized the FAC to make the Form SF-SAC and reporting package publicly available on a Web site	
*BII consists of information defined in the Freedom of Information Act (FOIA) as "trade secrets and comme	rcial or financial information obtained from a person [that is] privileged or confidential." (5 U.S.C.552(b)(4)).
This information is exempt from automatic release under the (b)(4) FOIA exemption. "Commercial" is not α	onfined to records that reveal "basic commercial operations" but includes any records or information in which
the submitter has a commercial interest, and can include information submitted by a nonprofit entity.	
Auditee Certification	Auditor Signature
(Date of Electronic Signature)	(Date of Electronic Signature)
Name of certifying official	
Title of certifying official	

FORM SF-SAC	REPORT ID: VERSION:
Part IV: CERTIFICATIONS	
1. Auditee Certification Statement	2. Auditor Statement
This is to certify that, to the best of my knowledge and belief the	The data elements and information included in this form are limited to
following is true and correct. The auditee has:	those prescribed by the Uniform Guidance. The information in Part II of
qualified as an Indian Tribe or Tribal Organization (as defined in	this form is the responsibility of the auditee and is based on information
the Indian Self-Determination, Education and Assistance Act (ISDEAA),	included in the reporting package required by the Uniform Guidance. The
25 U.S.C 450b(I)) and opts not to authorize the Federal Audit	information included in Part III of this form, except for Part III Item 2(a)(iii),
Clearinghouse to make the reporting package publicly available (tribes	Item 3(d), and Items 4(a) – (d) (when there are audit findings), was
selecting this option must submit the reporting package to pass-	transferred by the auditor from the auditor's report(s) for the period
through entities as described in 2 CFR 200.512(b)(2));	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
ensured that the Form SF-SAC and reporting package does not	the auditor's report(s) or any additional auditing procedures in connection
include protected personally identifiable information (Protected PII) (2	with the completion of this form. A copy of the reporting package required
CFR 200.79 and 2 CFR 200.82), or if it does, the Federal Audit	by the Uniform Guidance, which includes the complete auditor's report(s),
Clearinghouse is authorized to publicly post all information contained in	is available in its entirety from the auditee at the address provided in Part I
the Form SF-SAC;	of this form and on the FAC web site.
ensured that the Form SF-SAC and reporting package does not	
include business identifiable information (BII) as defined below*, or if it	
does, the Federal Audit Clearinghouse is authorized to publicly post all	
information contained in the Form SF-SAC;	
complied with the requirements of 2 CFR Part 200 Suppart F	
specific to the auditee;	
prepared the data in this form in accordance with 2 CFR Part 200	
and the accompanying instructions to this form;	
included all information required to be reported in this form in its	
entirety and such information is accurate and complete;	
engaged an auditor to perform an audit in accordance with 2 CFR	
Part 200.500 for the period described in Part I, Items 1 and 3;	
ensured the auditor has completed such audit and issued the	
signed audit report required by 200.515 which states that the audit has	
conducted in accordance with the audit requirements of the Uniform	
Guidance; and	
authorized the FAC to make the Form SF-SAC publicly available	
on a Web site	
	rcial or financial information obtained from a person [that is] privileged or confidential." (5 U.S.C.552(b)(4)).
This information is exempt from automatic release under the (b)(4) FOIA exemption. "Commercial" is not or	onfined to records that reveal "basic commercial operations" but includes any records or information in which
the submitter has a commercial interest, and can include information submitted by a nonprofit entity.	
Auditee Certification	Auditor Signature
(Date of Electronic Signature)	(Date of Electronic Signature)
Name of certifying official	
Title of certifying official	

ORM SF					REPOR		VERSI	ON:
	em 4c. AU		CONTI	NUATIO	N SHEE	:T		
	ART I, ITEN							
ist the mul	ltiple Employ	er Identific	ation Nur	nbers (Ell	Ns) cover	ed in this	report.	
	-							
	-							
	-							
	-							
	-							
	-							
	-							
	-							
	-							
	-							
	-							
	-				100			
	-	1/4			W			
	-							
	-							
	-							
	1-0							
	-							
	-							
	-							
	-							
	-							
	-							
	-							
	-							
	-							

FORM SF-SA	AC .			REPOR	T ID:	VER	SION:		
PART I, Item	ո 4f. AUԸ	DITEE D	UNS CO	DNTINU	JATION	SHEET			
(FROM PAR	T I, ITEM	l 4e)							
List the multi	iple DUNS	covere	d in this	report	•				
	-				-				
	-				-				
	-				-				
	-				-				
	-				-				
	-				-				
	-				-				
	-				-				
	-				-	1			
	-				-				
	-				10				
	-				-				
	-	3		P	- 1	1			
	-				-				
	!				-				
	-				-				
					-				
	-				-				
	-				-				
	-				-				
	-			/	-				
	-				-				
	-				-				
	-				-				
	-				-				
	-				-				

RM SF-SAC REPORT ID: VERSION:												
art I, Item 8, SECONDARY AUDITORS' CONTACT INFORMATION												
Auditor Firm name (a)	Auditor EIN (b)	Auditor address (Number and street)	City (d)	State (e)	ZIP (f)	Contact Name (g)	Title (h)	Auditor contact telephone (i)	Auditor contact FAX (j)	Auditor contact E-mail (k)		
				V								
				. "								