

Attachment VI: List of Items Changed on Revision

Please identify which items have been changed in this revision from the previous version that was submitted and explain why the change was needed.

General Information:

<input type="checkbox"/> Fiscal Period	<input type="checkbox"/> Type of Audit	<input type="checkbox"/> Auditee EIN or DUNS or Audit Firm EIN
<input type="checkbox"/> Auditee or Audit Firm Name	<input type="checkbox"/> Auditee or Audit Firm Address	<input type="checkbox"/> Auditee or Audit Firm Contact

Please Explain:

Federal Awards:

<input type="checkbox"/> Added or Removed Federal Award(s)	<input type="checkbox"/> CFDA Number or Program Name	<input type="checkbox"/> Cluster Information
<input type="checkbox"/> Amount Expended	<input type="checkbox"/> Loan Information	<input type="checkbox"/> Pass-through From Information
<input type="checkbox"/> Passed Through To Information	<input type="checkbox"/> Major Program Determination	<input type="checkbox"/> Type of Audit Report

Please Explain:

Notes to SEFA:

<input type="checkbox"/> Significant Accounting Policies	<input type="checkbox"/> De Minimis Cost Rate	<input type="checkbox"/> Added Note(s)
<input type="checkbox"/> Removed Note(s)	<input type="checkbox"/> Edited Note(s)	

Please Explain:

Audit Information:

<input type="checkbox"/> GAAP Determination	<input type="checkbox"/> Special Purpose Framework Information	<input type="checkbox"/> Going Concern
<input type="checkbox"/> Significant Deficiency	<input type="checkbox"/> Material Weakness	<input type="checkbox"/> Material Noncompliance
<input type="checkbox"/> Organizational Units Not Included in Audit	<input type="checkbox"/> Type A/B Dollar Threshold	<input type="checkbox"/> Low-Risk Determination
<input type="checkbox"/> Agencies with Prior Audit Findings Related to Direct Funding		

Please Explain:

Federal Award Audit Findings:

<input type="checkbox"/> Added or Removed Finding(s)	<input type="checkbox"/> Audit Finding Reference Number(s)	<input type="checkbox"/> Type(s) of Compliance Requirement(s)
<input type="checkbox"/> Type of Finding	<input type="checkbox"/> Questioned Costs	<input type="checkbox"/> Repeat Finding and Repeat Finding Reference Number(s)

Please Explain:

Text of the Audit Findings:

<input type="checkbox"/> Edited Text

Please Explain:

Text of the Corrective Action Plan:

<input type="checkbox"/> Edited Text

Please Explain:

Other:

<input type="checkbox"/> Type of Entity	<input type="checkbox"/> Additional EIN(s) or DUNS Number(s)	<input type="checkbox"/> Secondary Auditor(s)
<input type="checkbox"/> Other Change Not Listed Above		

Please Explain: