FORM SF-SAC		U.S. DEPT. OF COMM F	OMB No. 0348-005 con. and Stat. Admin.– U.S. CENSUS BUREA	
(3-20-2001)	ta Collection For	m for Reporting on	ACTING AS COLLECTING AGENT FO OFFICE OF MANAGEMENT AND BUDGE	
AUDITS OF STATES, LOO	CAL GOVERNME	NTS, AND NON-PROFIT		
Complete this form, as required by OMB of States, Local Governments, and Non-	Circular A-133, "Aud	RETURN TO Fe	ederal Audit Clearinghouse 201 E. 10th Street effersonville, IN 47132	
	· ·	mpleted by auditee, excep		
1. Fiscal period ending date for this submi		2. Type of Circular A-133		
	d End Dates Must ter January 1, 2001	1 🗌 Single audit 2	Program-specific audit	
<ul> <li><b>3.</b> Audit period covered</li> <li>1 Annual</li> <li>2 Biennial</li> </ul>	Months		ate received by Federal learinghouse	
5. Employer Identification Number (EIN)	<b>b.</b> Are mult	tiple EINs covered in this rep	oort? 1 🗌 Yes 2 🗌 No	D
a. Auditee EIN		em 5b = "Yes," complete the continuation sheet o		
6. AUDITEE INFORMATION		7. AUDITOR INFORMAT	FION (To be completed by audit	or)
a. Auditee name		a. Auditor name		
<b>b.</b> Auditee address (Number and street)		<b>b.</b> Auditor address (N	umber and street)	
City		City		
State ZIP + 4 Code	_	State ZIP	+ 4 Code –	
c. Auditee contact Name		c. Auditor contact Name		
Title		Title		
d. Auditee contact telephone ( ) –		d. Auditor contact tele	phone	
e. Auditee contact FAX (Optional)		e. Auditor contact FAX	X (Optional)	
f. Auditee contact E-mail (Optional)		<b>f.</b> Auditor contact E-n	nail <i>(Optional)</i>	
g. AUDITEE CERTIFICATION STATE to certify that, to the best of my kno belief, the auditee has: (1) engaged perform an audit in accordance with OMB Circular A-133 for the period d ltems 1 and 3; (2) the auditor has co audit and presented a signed audit in states that the audit was conducted with the provisions of the Circular; a information included in Parts I, II, a collection form is accurate and com that the foregoing is true and correct Signature of certifying official	wledge and an auditor to h the provisions of lescribed in Part I, ompleted such report which in accordance and, (3) the and <b>III</b> of this data plete. I declare	information include prescribed by OMB included in Parts II Part III, Items 8, 9, a auditor's report(s) f Items 1 and 3, and reports. The audito procedures since th copy of the reportin Circular A-133, whi report(s), is availab at the address prov required by OMB C <b>Parts II</b> and <b>III</b> of t by the auditor base	<b>MENT</b> – The data elements and ed in this form are limited to thos circular A-133. The information and III of the form, except for and 10, was transferred from the for the period described in Part I, is <b>not a substitute</b> for such r has not performed any auditing he date of the auditor's report(s). Ing package required by OMB ch includes the complete auditor le in its entirety from the audited rided in Part I of this form. As circular A-133, the information in his form was entered in this form ed on information included in the The auditor has not performed	g A r's e
	Month Day Year / /	any additional audi the completion of t	ting procedures in connection w his form.	ith
Printed Name/Title of certifying officia	I	Signature of auditor	Date Month Day Y / /	'ear

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	PART	III	FED	ERAL	PRO	GR/	AMS	(To be	e com	pleted	by au	ıdit	or)									
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PART III FI	FEDERAL PROGRAMS - Continued	MS – Continued						
10. FEDERAL AWAR	FEDERAL AWARDS EXPENDED DURING FISCAL YEAR	VG FISCAL YEAR					<b>11.</b> AUDIT FINDINGS	S
CFDA Number (a) Federal <sup>1</sup> Agency <sup>1</sup> Economics 2	Research and develop- ment	Name of Federal program	Amount expended	a L	Direct award	Major program	Type(s) of compliance requirement(s) <i>3</i>	Audit finding reference number(s) <b>4</b>
		(c)	(p)		(e)	(f)	(a)	(q)
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<b>·</b>	1 □ Yes 2 □ No		<del>6</del>	- <sup>1</sup>	_ No	1 □ Yes 2 □ No		
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<ol> <li>See Appendix 1</li> <li>Sor other identif</li> <li>Enter the letter( material weakn</li> </ol>	l of instructions for va ying number when th s) of all type(s) of corr esses), questioned co	<sup>1</sup> See Appendix 1 of instructions for valid Federal Agency two-digit prefixes. <sup>2</sup> Or other identifying number when the Catalog of Federal Domestic Assistance (C <sup>3</sup> Enter the letter(s) of all type(s) of compliance requirement(s) that apply to audit f material weaknesses), questioned costs, fraud, and other items reported under §	prefixes. ic Assistance (CFDA) number is not available. <i>(See Instructions)</i> apply to audit findings (i.e., noncompliance, reportable conditions (including sported under §510(a)) reported for each Federal program.	not avail: compliar rted for e	able. <i>(Se</i> ice, repo	<i>e Instructic</i> rtable conc eral progra	<i>ons)</i> ditions (including am.	
A. Activi B. Allowi C. Cash r D. Davis	Activities allowed or unallowed Allowable costs/cost principles Cash management Davis – Bacon Act	<ul> <li>wed F. Equipment and real property management</li> <li>G. Matching, level of effort, earmarking</li> <li>H. Period of availability of Federal funds</li> <li>I. Procurement and suspension and debarment</li> </ul>	management larking al funds and debarment	K. Re rel M. Su	Real prope relocation Reporting Subrecipier	Real property acquisition and relocation assistance Reporting Subrecipient monitoring	tion and O. None P. Other ing	er
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				EIN:	
PART I	Item 5 Contii	Item 5 Continuation Sheet			
c. List the mult	tiple Employer Iden	List the multiple Employer Identification Numbers (EINs) covered in this report.	l in this report.		
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FORM SF-SAC (3-20-2001)