

**Data Collection Form for Reporting on
AUDITS OF STATES, LOCAL GOVERNMENTS, AND NON-PROFIT ORGANIZATIONS
for Fiscal Year Ending Dates On or After January 1, 2001**

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

RETURN TO Federal Audit Clearinghouse
1201 E. 10th Street
Jeffersonville, IN 47132

PART I GENERAL INFORMATION (To be completed by auditee, except for Item 7)

| | |
|--|--|
| 1. Fiscal period ending date for this submission Month / Day / Year Fiscal Period End Dates Must Be On or After January 1, 2001 | 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 2 <input type="checkbox"/> Biennial 3 <input type="checkbox"/> Other – _____ Months | FEDERAL GOVERNMENT USE ONLY | 4. Date received by Federal clearinghouse |
|---|------------------------------------|--|

5. Employer Identification Number (EIN)

| | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|
| a. Auditee EIN <table border="1" style="display:inline-table; border-collapse: collapse; text-align:center"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> | | | | | | | | | | | b. Are multiple EINs covered in this report? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No If Part I, Item 5b = "Yes," complete Part I, Item 5c (Complete the continuation sheet on Page 4) |
| | | | | | | | | | | | |

6. 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 (Optional) () - _____

f. Auditee contact E-mail (Optional) _____

7. AUDITOR INFORMATION (To be completed by auditor)

a. Auditor name _____

b. Auditor address (Number and street) _____
 City _____
 State _____ ZIP + 4 Code _____ - _____

c. Auditor contact Name _____
 Title _____

d. Auditor contact telephone () - _____

e. Auditor contact FAX (Optional) () - _____

f. Auditor contact E-mail (Optional) _____

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 8, 9, and 10, 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.

Signature of certifying official _____ Date _____
 Month / Day / Year

Printed Name/Title of certifying official _____

Signature of auditor _____ Date _____
 Month / Day / Year

PART I GENERAL INFORMATION – Continued

- 8.** Did the auditee expend more than \$25,000,000 in Federal awards during the fiscal year? (Mark (X) one box)
 1 Yes – **Identify Cognizant Agency in Part I, Item 9** 2 No – **SKIP to Part II, Item 1**
- 9.** Indicate which **Federal** awarding agency provided the predominant amount of direct funding in **fiscal year 2000**. (Mark (X) one box) However, if cognizance has been reassigned, see instructions.
- | | | | |
|--|---|---|---|
| 02 <input type="checkbox"/> Agency for International Development | 81 <input type="checkbox"/> Energy | 14 <input type="checkbox"/> Housing and Urban Development | 47 <input type="checkbox"/> National Science Foundation |
| 10 <input type="checkbox"/> Agriculture | 66 <input type="checkbox"/> Environmental Protection Agency | 15 <input type="checkbox"/> Interior | 20 <input type="checkbox"/> Transportation |
| 11 <input type="checkbox"/> Commerce | 83 <input type="checkbox"/> Federal Emergency Management Agency | 16 <input type="checkbox"/> Justice | <input type="checkbox"/> Other – Specify: |
| 12 <input type="checkbox"/> Defense | 93 <input type="checkbox"/> Health and Human Services | 17 <input type="checkbox"/> Labor | <input type="text"/> |
| 84 <input type="checkbox"/> Education | | | |

PART II FINANCIAL STATEMENTS (To be completed by auditor)

- 1.** Type of audit report (Mark (X) one box)
 1 Unqualified opinion 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 reportable condition disclosed? 1 Yes 2 No – **SKIP to Item 5**
- 4.** Is any reportable condition 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.** Type of audit report on major program compliance
 1 Unqualified opinion 2 Qualified opinion 3 Adverse opinion 4 Disclaimer of opinion
- 2.** Does the auditor's report include a statement that the auditee's financial statements include departments, agencies, or other organizational units expending greater than \$300,000 in Federal awards that have separate A-133 audits which are not included in this audit? (AICPA SOP 98-3 chapter 10) 1 Yes 2 No
- 3.** What is the dollar threshold to distinguish Type A and Type B programs? (§ __ .520(b)) \$
- 4.** Did the auditee qualify as a low-risk auditee? (§ __ .530) 1 Yes 2 No
- 5.** Is a reportable condition disclosed for any major program? (§ __ .510(a)(1)) 1 Yes 2 No – **SKIP to Item 7**
- 6.** Is any reportable condition reported as a material weakness? (§ __ .510(a)(1)) 1 Yes 2 No
- 7.** Are any known questioned costs reported? (§ __ .510(a)(3) or (4)) 1 Yes 2 No
- 8.** Was a Summary Schedule of Prior Audit Findings prepared? (§ __ .315(b)) 1 Yes 2 No
- 9.** 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)
- | | | | |
|--|---|---|--|
| 02 <input type="checkbox"/> Agency for International Development | 83 <input type="checkbox"/> Federal Emergency Management Agency | 43 <input type="checkbox"/> National Aeronautics and Space Administration | 96 <input type="checkbox"/> Social Security Administration |
| 10 <input type="checkbox"/> Agriculture | 39 <input type="checkbox"/> General Services Administration | 89 <input type="checkbox"/> National Archives and Records Administration | 19 <input type="checkbox"/> State |
| 23 <input type="checkbox"/> Appalachian Regional Commission | 93 <input type="checkbox"/> Health and Human Services | 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 for Museum Services | 47 <input type="checkbox"/> National Science Foundation | 82 <input type="checkbox"/> United States Information Agency |
| 12 <input type="checkbox"/> Defense | 15 <input type="checkbox"/> Interior | 07 <input type="checkbox"/> Office of National Drug Control Policy | 64 <input type="checkbox"/> Veterans Affairs |
| 84 <input type="checkbox"/> Education | 16 <input type="checkbox"/> Justice | 59 <input type="checkbox"/> Small Business Administration | 00 <input type="checkbox"/> None |
| 81 <input type="checkbox"/> Energy | 17 <input type="checkbox"/> Labor | | <input type="checkbox"/> Other – Specify: |
| 66 <input type="checkbox"/> Environmental Protection Agency | 09 <input type="checkbox"/> Legal Services Corp | | <input type="text"/> |

Each agency identified is required to receive a copy of the reporting package.

In addition, one copy each of the reporting package is required for:

- the Federal Audit Clearinghouse archives
- and, if not marked above, the cognizant agency (if identified in Part I, Item 9)

Count total number of boxes marked above and submit this number of reporting packages

EIN:

PART I **Item 5 Continuation Sheet**

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

| | | | | |
|----|----|----|----|----|
| 1 | 16 | 31 | 46 | 61 |
| 2 | 17 | 32 | 47 | 62 |
| 3 | 18 | 33 | 48 | 63 |
| 4 | 19 | 34 | 49 | 64 |
| 5 | 20 | 35 | 50 | 65 |
| 6 | 21 | 36 | 51 | 66 |
| 7 | 22 | 37 | 52 | 67 |
| 8 | 23 | 38 | 53 | 68 |
| 9 | 24 | 39 | 54 | 69 |
| 10 | 25 | 40 | 55 | 70 |
| 11 | 26 | 41 | 56 | 71 |
| 12 | 27 | 42 | 57 | 72 |
| 13 | 28 | 43 | 58 | 73 |
| 14 | 29 | 44 | 59 | 74 |
| 15 | 30 | 45 | 60 | 75 |

IF ADDITIONAL LINES ARE NEEDED, PLEASE PHOTOCOPY THIS PAGE, ATTACH ADDITIONAL PAGES TO THE FORM, AND SEE INSTRUCTIONS.