

Auditee Worksheet for Identifying Federal Program Information

1. Grant title:

2. Federal program name:

3. Award number:

4. Federal agency:

5. *Catalog of Federal Domestic Assistance* (CFDA) and other identifying federal numbers (www.cfda.gov):

6. Award period (indicate if the award is multi-year):

7. Have there been any extensions (e.g. no-cost) or amendments to this grant? If so, please describe:

8. Is this grant for research and development programs? If so, identify major subdivision of Agency:

9. Name of pass-through entity (if applicable):

10. Pass-through entity's identifying number (if applicable):

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11. Amount awarded: \$ _____

12. Is the Federal award noncash assistance? Yes ___ No ___

13. Is this a loan or loan guarantee program? Yes ___ No ___

14. What basis does the grant permit cash draws? Advance _____ or Reimbursement _____

If Advance, grantees on the Advance basis (per the grant) may elect to draw funds on the Reimbursement basis. What is the policy for actually drawing funds?

Advance _____ or Reimbursement _____

15. Has the federal agency or the pass-through entity requested that this program be audited as major under the provisions of the Office of Management and Budget (OMB) Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations* (A-133), section 215(c)(2)?

Yes ___ No ___

If yes, please provide additional information (e.g. agency requestor, program name, CFDA number, documentation of request):

16. Program Manager(s): _____

17. Fiscal Manager(s): _____

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18. Check the compliance requirements identified in Part II “*Matrix of Compliance Requirements*” in the most current edition of the *OMB Circular A-133 Compliance Supplement (Compliance Supplement)* applicable to the program and identify personnel responsible for compliance:

Type of Compliance Requirement	Person(s) Responsible
<input type="checkbox"/> A. Activities allowed or unallowed	_____
<input type="checkbox"/> B. Allowable costs/cost principles	_____
<input type="checkbox"/> C. Cash management	_____
<input type="checkbox"/> D. Davis-Bacon Act	_____
<input type="checkbox"/> E. Eligibility	_____
<input type="checkbox"/> F. Equipment & real property management	_____
<input type="checkbox"/> G. Matching, level of effort, & earmarking	_____
<input type="checkbox"/> H. Period of availability of federal funds	_____
<input type="checkbox"/> I. Procurement and suspension & debarment	_____
<input type="checkbox"/> J. Program income	_____
<input type="checkbox"/> K. Real property acquisition & relocation assistance	_____
<input type="checkbox"/> L. Reporting	_____
<input type="checkbox"/> M. Subrecipient monitoring	_____
<input type="checkbox"/> N. Special tests and provisions	_____

Please identify other relevant information.

Prepared by _____ Date _____