

MDHS SUBGRANTEE AUDIT INFORMATION FORM

Section I: Please complete the following information identifying the subgrantee:

Subgrantee Name: _____

Organization Type: _____
(Government/Non-Profit/Commercial/Higher Ed.)

Address: _____

Contact Person: _____ Telephone Number: _____

Ending Date of Fiscal Year: _____
(Month/Day/Year)

Basis of Accounting: _____
(Cash/Accrual/Modified Accrual/Other)

Section II: Please complete the following information for each award or subaward of federal financial assistance that was active during the subgrantee's fiscal year.

Pass Through Grantor	Grant Identifier or Pass-Through Grantor's Number	Program Title	C.F.D.A. Number	Expenditures of Federal Financial Assistance Incurred

Section III: If an audit has already been performed or if an audit firm has been engaged to perform an audit, please complete the following items:

Name and address of the audit firm engaged to perform audit: _____

Date audit was completed, or anticipated completion date for audits in progress: _____

Type of audit performed: _____
(OMB Uniform Guidance – Organization Wide/GAS-Program Specific/GAAS-Financial Statement/No Audit Required)

Section IV. I understand, by signing this document, I am stating that the information and amounts identified above are true and correct to the best of my knowledge. I understand that providing false information and/or purposefully omitting requested information may have penalties to the fullest extent of the law.

(Signature of Authorized Official)

(Date)

(Printed Name of Authorized Official)

(Title of Authorized Official)

INSTRUCTIONS FOR COMPLETING THE SUBGRANTEE AUDIT INFORMATION FORM

Section I - Information Identifying the Subgrantee:

Indicate the name of the subgrantee organization and any other names the Subgrantee organization has done business as during the latest fiscal year.

Indicate the type of organization (i.e., State or Local Governmental Unit, Not-For-Profit Organization, Commercial Organization or Institution of Higher Education).

Indicate the mailing address of the subgrantee organization, and street address if different.

Indicate the name and title of the subgrantee contact person.

Indicate the area code and telephone number where the contact person can be reached by phone.

Indicate the ending date of the subgrantee's fiscal year (including the month, day and year) or the period covered by the audit if anything other than a twelve month period is used.

Indicate the basis of accounting used by the subgrantee (i.e., cash basis, full accrual basis, modified accrual basis, or if some other basis is used, specify the basis used).

Section II - Information Identifying the Sources and Amounts of all Federal Financial Assistance:

Indicate the name of the pass-through grantor (i.e., MDHS, MDA, DHHS, USDA, Commerce, etc.).

Indicate the grant identifier number or the pass-through grantor's number (i.e., 123A456).

Indicate the program title of each award of federal financial assistance (i.e., Social Services Block Grant, Child Care and Development Fund, Temporary Assistance for Needy Families, etc.).

Indicate the Catalog of Federal Domestic Assistance (C.F.D.A.) number for each award or subaward of federal financial assistance active during the subgrantee/contractor's fiscal year.

Indicate the total amount of expenditures of federal financial assistance under each award or subaward of federal financial assistance active during the subgrantee/contractor's fiscal year.

Section III - Information Identifying the Audit Firm and Type of Audit Performed:

Indicate the name and address of the audit firm engaged to perform the audit.

Indicate the date the audit was completed, or the anticipated completion date for audits in progress.

Indicate the type of audit performed or that no audit is required (i.e., Organization-wide audit conducted in accordance with OMB Circular A-133, a program specific audit conducted in accordance with Government Auditing Standards, or a financial statement audit conducted in accordance with Generally Accepted Auditing Standards).

Section IV - Certification of Information and Amounts:

Indicate that the information presented on the form is true and correct as evidenced by the signature of the Authorized Subgrantee Official.

Indicate the date signed, the printed name and the title of the Authorized Subgrantee Official.

SUBMIT THE COMPLETED AND SIGNED MDHS - SUBGRANTEE AUDIT INFORMATION FORM TO:

**THE MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
ATTN. - DIRECTOR, OFFICE OF MONITORING
200 SOUTH LAMAR STREET
JACKSON, MS 39201
Email: Laketha.gilmore@mdhs.ms.gov**