FORM SF-SAC 12/18/2012 U.S. De	pt. of Comm Econ and Stat Admin U.S. Census Bureau
OMB No. ACTING AS COLLECTING	G AGENT FOR OFFICE OF MANAGEMENT AND BUDGET
Data Collection	Form for Reporting on
AUDITS OF STATES, LOCAL GOVERN	MENTS AND NON-PROFIT ORGANIZATIONS
For Fiscal Year Ending	Dates in 2013, 2014, or 2015
PART I: GENERAL INFORMATION	REPORT ID: VERSION:
1. Fiscal Period End Date	2. Type of Circular A-133 audit
//	Single Audit
MM / DD / YYYY	Program-specific audit
3. Audit period covered	
Annual	
Biennial	
Other- If Other, Number of months:	
4. Auditee Identification Numbers	
a. Auditee Employer Identification Number (EIN)	d. Auditee Data Universal Numbering System (DUNS) Number
	· · ·
b. Are multiple EINS covered in this report?	e. Are multiple DUNS covered in this report?
Yes If Yes, complete Part I, Item 4c:	Yes If Yes, complete Part I, Item 4f:
Auditee EIN Continuation Sheet No	Auditee DUNS Continuation Sheet.
5. Auditee Information	No S. Primary Auditor Information
a. Auditee mame	Primary Auditor Information Primary Auditor name
a. Additee name	a. Frimary Additor name
b. Auditee address (Number and street)	b. Primary Auditor EIN
and street,	·
	c. Primary auditor address (Number and street)
	,
Auditee City	Primary Auditor City
Auditee State	Primary Auditor State
Auditee ZIP Code	Primary Auditor ZIP Code
c. Auditee Contact Name	d. Primary Auditor Contact Name
Auditee Contact Title	Primary Auditor Contact Title
d. Auditee Contact Telephone	e. Primary Auditor Contact Telephone
e. Auditee Contact Fax	f. Primary Auditor Contact FAX
f. Auditee Contact E-mail	g. Primary Auditor Contact E-mail
	7 Add Cocondomy guditor information?
	7. Add Secondary auditor information?
	Yes- If Yes, Complete Part I, Item 8 on the Secondary Auditor Contact Information Sheet
	□ No

Form SF-SAC	REPORT ID: VERSION:	
PART II: FINANCIAL STATEMENTS (To be completed by auditor)		
1.Type of audit report		
Mark either:		
☐Unmodified Opinion OR ANY COMBINATION OF:	Qualified opinion Adverse opinion Disclaimer of opinion	
2. Is a "going concern" emphasis-of-matter paragraph included in the		
audit report?	Yes No	
3. Is a significant deficiency disclosed?	Yes No	
4. Is a material weakness disclosed?	Yes No	
5. Is a material noncompliance disclosed?	Yes No	
PART III: FEDERAL PROGRAMS (To be completed by auditor)		
Does the auditor's report include a statement that the auditee's		
financial statements include departments, agencies, or other		
organizational units expending \$500,000 or more in Federal awards		
that have separate A-133 audits which are not included in this		
	□Voc □No	
audit? (AICPA Audit Guide)	Yes No	
2. What is the dollar threshold to distinguish Type A and Type B		
programs? (OMB Circular A-133 §520(b))	\$	
3. Did the auditee qualify as a low-risk auditee? (§530)	Yes No	
4. Were Prior Audit Findings related to direct funding shown in the		
Summary Schedule of Prior Audit Findings? (§315(b))	□Yes □ No	
5. Indicate which Federal Agency(ies) have current year audit finding findings shown in the Summary Schedule of Prior Audit Findings relaceply or None.		•
98 U.S. Agency for International Development 10 Agriculture 23 Appalachian Regional Commission 11 Commerce 94 Corporation for National and Community Service 12 Defense 84 Education 81 Energy 66 Environmental Protection Agency 39 General Services Administration 93 Health and Human Services 97 Homeland Security 14 Housing and Urban Development 03 Institute of Museum and Library Science 15 Interior 16 Justice	17 Labor 09 Legal Services Corporation 43 National Aeronautics and Space 89 National Archives and Records 05 National Endowment for the Action of the Ac	s Administration Arts Humanities of Policy

FORM SF-SAC REPORT ID: VERSION											
PART III: FE	PART III: FEDERAL PROGRAMS - Continued										
6. FEDERAL	L AWARDS E	XPENDED DI	JRING FISCAL YEAR								
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
	CFDA N	lumber						MA PRO			
Row Number	CFDA Extension ² Federal Agency Prefix ¹		Name of Federal program	Amount expended	Research & Development 😤	Loan/Loan Guarantee 호	ARRA 3 $\stackrel{\sim}{\Sigma}$	Direct award	Major program	If yes, type of audit report on Major Program ⁴	Number of Findings
TOTAL FEDE	OTAL FEDERAL AWARDS EXPENDED \$.00										

¹ See Appendix 1 of instructions for valid Federal Agency two-digit prefixes.

² Or other identifying number when the Catalog of Federal Domestic Assistance (CFDA) number is not available. (See instructions - Item 6)

³ American Recovery and Reinvestment Act of 2009 (ARRA).

If major program is marked "yes," enter only one letter (U = Unmodified opinion, Q = Qualified opinion, A = Adverse opinion, D = Disclaimer of opinion) corresponding to the type of audit report in the adjacent box. If major program is marked "No," leave the type of audit report box blank.

FORN	ORM SF-SAC REPORT ID: VERSION:											
Part	III: FI	EDERAL F	ROGRAMS - Contin	ued								
7. FE	DER/	AL AWAR	D FINDINGS									
	(a)	(b)		(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
							Ту	pes of	f Defic	iencies	5 2	
Page 3 Row Number	Federal Agency Prefix	CFDA Extension	Name of Fe	deral program	Audit Finding Reference Number (YYYY-###)	Type(s) of Compliance Requirement(s) ¹	Modified Opinion	Other Noncompliance	Material Weakness	Significant Deficiency	Other ﴿ کُ	Questioned Costs
These	e colu	ımns are	populated automat	ically from Part III,								
Item	6, co	lumns a,	b, and c on rows wit	h findings.								
For e	ach a	ward wit	h findings, one row	is created for each								
findir	ng rep	orted or	Part III, Item 6k.									
This p	oage i	is not rec	uired if no findings	are reported on Part								
III, Ite	m 6k	ζ.										
				requirement(s) that apply to ed under §510(a)) report			ciency (i	includin	g mater	ial weal	knesses,),
A. Activities Allowed or Unallowed F. Equipment and real property					y management	K. Real property acquisition a	and reloc	ation ass	sistance			
B. Allowable costs/cost principles G. Matching, level of effort, ear				rmarking	L. Reporting							
C. Cash management H. Period of availability of Fede				eral funds	M. Subrecipient monitoring							
D. D	avis-Ba	con Act		I. Procurement and suspension	n and debarment	N. Special tests and provision	ns					
E. E	igibility	/		J. Program income		P. Other						
2 There	e are 9	valid combir	nations of "Type(s) of Defici-	ency(ies)" for each Federal prog	ram with findings. (See instr	uctions - Item 7)						

FORM SF-SAC	REPORT ID: VERSION:
CERTIFICATIONS	
Auditee Certification Statement	Auditor 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.	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 this form, except for Part III, Items 4, 5, and 6a-6h 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.
Auditee Certification	Auditor Certification
(Date of Electronic Signature)	(Date of Electronic Signature)
Name of certifying official	
Title of certifying official	

FORM SF-SAC REPORT ID: VERSION:												
PART I, Item 4c. AUDITEE EIN CONTINUATION SHEET												
(FROM PART I, ITEM 4b)												
List the	List the multiple Employer Identification Numbers (EINs) covered in this report.											
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FORM SF-SA						VER					
PART I, Item	PART I, Item 4f. AUDITEE DUNS CONTINUATION SHEET										
	(FROM PART I, ITEM 4e)										
List the multip	le DUNS	covere	d in this	report	•						
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FORM SF-SAC REPORT ID:											
Part I, Item 8, SECONDARY AUDITORS' CONTACT INFORMATION											
Auditor Firm name (a)	Auditor EIN (b)	Auditor address (Number and street) (c)	City (d)	State (e)	ZIP (f)	Contact Name (g)	Title (h)	Auditor contact telephone (i)	Auditor contact FAX (j)	Auditor contact E-mail (k)	