

Non-Profit Subcontractor Audit Certification

Legal Entity Name: _____

Address: _____

A-133 Contact Name and Title: _____

Contact's Phone No. and Email Address: _____

Organization's Fiscal Year (Start/End Months): _____

MOST RECENT FISCAL YEAR ENDED (D/M/Y): _____

Subcontractor Audit Findings

Check the Appropriate Boxes & Provide the Required Reports

- Our audit for compliance with OMB Circular A-133 for the most recently completed fiscal year has been completed. There were no material weaknesses, no material instances of noncompliance, and no findings. A copy of the report is attached or is available online at _____
(insert URL).
- Our audit for compliance with OMB Circular A-133 for the most recently completed fiscal year has been completed. Material weaknesses, material instances of noncompliance, or findings were noted. A copy of the report is attached or is available online at _____ *(insert URL).*
- Our audit for compliance with OMB Circular A-133 for the most recently completed fiscal year has not yet been completed. We expect the audit to be completed on _____ *(insert date)*. Within thirty (30) days of completion, we provide UDRI a copy of the report or a notice with a link to the online report.
- Our audit for compliance with OMB Circular A-133 for the most recently completed fiscal year will not be completed within nine (9) months after the end of our fiscal year. A copy of the approved extension is attached. Within thirty (30) days of completion, we provide UDRI a copy of the report or a notice with a link to the online report.
- Our institution is exempt from audits for compliance with OMB Circular A-133 because we expended <\$500,000 of Federal funds during the most recently completed fiscal year.
 - Our institution has an independent annual audit conducted. A copy of the report is attached or is available online at _____ *(insert URL).*
 - Our institution does not have an independent annual audit. *Subcontractor is unable to provide an audit they must complete a Financial Status & Accounting System Questionnaire. Contact UDRI Subcontracts to request the form.*

Authorizing Signature: _____

Date: _____

Name & Title: _____

UDRI INTERNAL USE ONLY

- No findings reported; filed with certifications.
- Findings reported. Audit review memo attached.
 - Findings may have impact on Subcontract. Audit review memo sent to UDRI PI for review on _____.

Subcontracts Manager Signature & Date