

**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)**

<b>1. Fiscal year ending date for this submission</b> Month / Day / Year      Fiscal Year End Dates Must Be On or After January 1, 2001	<b>2. Type of Circular A-133 audit</b> 1 <input type="checkbox"/> Single audit      2 <input type="checkbox"/> Program-specific audit
--	--

<b>3. Audit period covered</b> 1 <input type="checkbox"/> Annual      2 <input type="checkbox"/> Biennial      3 <input type="checkbox"/> Other –      Months	<b>FEDERAL GOVERNMENT USE ONLY</b>	<b>4. Date received by Federal clearinghouse</b>
--	------------------------------------	--

**5. Employer Identification Number (EIN)**

a. Auditee EIN 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

b. Are multiple EIN's covered in this report?      1  Yes      2  No

*If Part I/Item 5b = "Yes," complete Part I/Item 5c (refer to Page 4)*

**6. AUDITEE INFORMATION**

a. Auditee name \_\_\_\_\_

b. Auditee address (Number and street) \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP 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 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 9, 10, and 11, 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

Name/Title of certifying official \_\_\_\_\_

Signature of auditor \_\_\_\_\_ Date \_\_\_\_\_  
 Month / Day / Year





EIN:

**PART I** **Item 5 Continuation Sheet**

c. List the Multiple Employer Identification Numbers (EIN's) 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.