

MSDH SUBGRANTEE AUDIT INFORMATION FORM

SUBGRANTEE NAME: EIN: UEI#:		FISCAL YEA	FISCAL YEAR END:	
		PHONE:		
ADDRESS:				
CONTACT PERSON:		EMAIL:		
Is the subgrantee organizat Requirements?	tion required to comply w	ith the OMB Uniform Guidan	ce at 2 CFR 200 Subpart F – Audit	
Yes No				
NOTE: If you answered Ye	es, please continue to Sec	tion II. If you answered No, p	please proceed to Section III.	
deficiencies, material State Department of H online at We have completed o material weaknesses,	lowing boxes: our audit for the fiscal year weaknesses, questioned of Health. We have enclosed our audit for the fiscal year questioned costs, and/or	r end The costs, or findings related to a a copy of the audit report, o	ny subgrants from the Mississipp r the audit report is available ere were significant deficiencies,	
be completed by		end notification and a copy of	We expect the audit report will f the audit report within 30 days	
Signature of Authorized Of	ficial	Date		
Name of Authorized Officia		Title of Authorized	Official	

Complete this section if you answered No to the question in S	Section I.		
Our organization is not subject to the OMB Uniform Guidance We are a U.S. federal government agency. We are a U.S domestic entity that: did not expend \$750,000 or more in U.S. federal is a for-profit organization. We are a non-U.S. based (foreign) entity that did not a during the latest completed fiscal year.	al funds during the la	itest comple	ted fiscal year.
Have annual financial statements been audited by an indeper If yes, provide a copy of the statements for the most current		Yes	No
Does the subgrantee organization have a financial manageme source and application of funds for awarded-supported activity		ides records Yes	that can identify the No
If yes, does the financial system provide for the control and acassets? Yes No	ccountability of proj	ect funds, pr	operty, and other
Is an inventory of property maintained that identifies the pure location, and final disposition? Yes No		ndor, descrip	tion, serial number,
Signature of Authorized Official	Date		
Name of Authorized Official	Title of Authorized (Official	
An electronic version of the form can b			

on the RFPs, Grants, and Public Notices page, under Grant-Related Forms.

SUBMIT COMPLETED FORM TO SUBGRANTEEAUDIT@msdh.ms.gov

For questions, contact the Office of Policy Evaluation at (601)576-7428.