

**FINANCIAL MANGEMENT ASSESSMENT**

This assessment should be completed, signed and certified by the Applicant's Financial Officer.

YES NO

1. Have you previously done business with DOE?

2. Have you previously done business with any other Federal Agency?

If so, please identify:

We have had federal grants, awards or contracts with Dept. of Agriculture, Dept. of HUD, Dept. of Justice, FEMA and NASA.

3. Can the Applicant's Financial Officer or Independent Auditor certifies that the Applicant Has? a financial management system sufficient to meet the requirements of 10 CFR 600.220?

If yes, please skip to question #10 and sign/certify below.

4. Does your accounting system have the ability to track costs on a reimbursable basis?

5. Does your system allow for accurate, current and complete financial reporting, and record keeping as well as the maintaining of adequate source documentation?

6. Does your system allow for effective internal controls and accountability?

7. Does your system allow for effective and efficient cash management procedures?

8. Does your system prohibit subaward at any tier to any party which is debarred, suspended or otherwise excluded from or ineligible for participation in Federal assistance programs?

9. The expenditure of \$500,000 or more of Federal funds in a fiscal year requires an organization to have an audit performed in accordance with OMB Circular A-133. Has your organization had such an audit performed?

10. If yes, please provide the most recent report or a copy of the SF-SAC forms filed with the Federal Audit Clearinghouse. If no, proceed to the next statement and certify by checking the YES block.

Yes

I understand the audit requirements and will comply with the provisions of OMB Circular A-133.

Karl S. Daughtrey, Director of Finance (757)-727-6314

*Karl S. Daughtrey* 6/22/09

PRINTED NAME, TITLE AND PHONE NUMBER OF INDIVIDUAL COMPLETING FORM

DATE

By signing this form, the above individual certifies that the responses provided to this survey are accurate as of the date.

If "NO" has been selected for any of the statements above, please provide further explanation on page 2.

**FINANCIAL MANAGEMENT ASSESSMENT – continuation page if further explanation is needed**

FORM SF-SAC (8-6-2008)

U.S. DEPT. OF COMM.— Econ. and Stat. Admin.— U.S. CENSUS BUREAU ACTING AS COLLECTING AGENT FOR OFFICE OF MANAGEMENT AND BUDGET

### Data Collection Form for Reporting on AUDITS OF STATES, LOCAL GOVERNMENTS, AND NON-PROFIT ORGANIZATIONS for Fiscal Year Ending Dates in 2008, 2009, or 2010

Complete this form, as required by OMB Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations."

#### PART 1 GENERAL INFORMATION (To be completed by auditee, except for Items 6, 7, and 8)

<b>1. Fiscal period ending date for this submission</b> Month Day Year 06 / 30 / 2008	<b>2. Type of Circular A-133 audit</b> 1 <input checked="" type="checkbox"/> Single audit 2 <input type="checkbox"/> Program-specific audit	<b>3. Audit period covered</b> 1 <input checked="" type="checkbox"/> Annual 3 <input type="checkbox"/> Other - _____ Months 2 <input type="checkbox"/> Biennial
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**4. Auditee Identification Numbers**

**a. Primary Employer Identification Number (EIN)**  
5 4 - 6 0 0 1 3 3 6

**b. Are multiple EINs covered in this report?** 1  Yes 2  No

**c. If Part I, Item 4b = "Yes," complete Part I, Item 4c on the continuation sheet on Page 4.**

**d. Data Universal Numbering System (DUNS) Number**  
0 6 - 6 0 1 - 9 9 0 2

**e. Are multiple DUNS covered in this report?** 1  Yes 2  No

**f. If Part I, Item 4e = "Yes," complete Part I, Item 4f on the continuation sheet on Page 4.**

**5. AUDITEE INFORMATION**

**a. Auditee name**  
CITY OF HAMPTON

**b. Auditee address (Number and street)**  
22 LINCOLN STREET  
City  
HAMPTON  
State VA ZIP + 4 Code 2 3 6 6 9 -

**c. Auditee contact**  
Name  
KARL S. DAUGHTREY  
Title  
DIRECTOR OF FINANCE

**d. Auditee contact telephone**  
(757) 727 - 6230

**e. Auditee contact FAX**  
(757) 727 - 6872

**f. Auditee contact E-mail**  
KDAUGHTREY@HAMPTON.GOV

**6. PRIMARY AUDITOR INFORMATION (To be completed by auditor)**

**a. Primary auditor name**  
CHERRY, BEKAERT & HOLLAND, L.L.P.

**b. Primary auditor address (Number and street)**  
222 CENTRAL PARK AVENUE, SUITE 1400  
City  
VIRGINIA BEACH  
State VA ZIP + 4 Code 2 3 4 6 2 -

**c. Primary auditor contact**  
Name  
ROBERT BIELAT  
Title  
PARTNER

**d. Primary auditor contact telephone**  
(757) 456 - 2400

**e. Primary auditor contact FAX**  
(757) 456 - 2404

**f. Primary auditor contact E-mail**  
RBIELAT@CBH.COM

**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 7, 8, and 9a-9f, 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	Date
<b>ELECTRONICALLY CERTIFIED</b>	12/2/2008
Name of certifying official	
<b>KARL S. DAUGHTREY</b>	
Title of certifying official	
<b>DIRECTOR OF FINANCE</b>	

**7a. Add Secondary auditor information? (Optional)**  
1  Yes 2  No

**b. If "Yes," complete Part I, Item 8 on the continuation sheet on page 5.**

Auditor certification	Date
<b>ELECTRONICALLY CERTIFIED</b>	12/4/2008

**PART II FINANCIAL STATEMENTS (To be completed by auditor)**

**1. Type of audit report**

Mark either: 1  Unqualified opinion **OR**  
 any combination of: 2  Qualified opinion 3  Adverse opinion 4  Disclaimer of opinion

**2. Is a "going concern" explanatory paragraph included in the audit report?** 1  Yes 2  No

**3. Is a significant deficiency disclosed?** 1  Yes 2  No - SKIP to Item 5

**4. Is any significant deficiency reported as a material weakness?** 1  Yes 2  No

**5. Is a material noncompliance disclosed?** 1  Yes 2  No

**PART III FEDERAL PROGRAMS (To be completed by auditor)**

**1. 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 audit? (AICPA Audit Guide, Chapter 12)** 1  Yes 2  No

**2. What is the dollar threshold to distinguish Type A and Type B programs? (OMB Circular A-133 § .526(b))** \$ 1,259,731

**3. Did the auditee qualify as a low-risk auditee? (§ .530)** 1  Yes 2  No

**4. Is a significant deficiency disclosed for any major program? (§ .510(a)(1))** 1  Yes 2  No - SKIP to Item 6

**5. Is any significant deficiency reported for any major program as a material weakness? (§ .510(a)(1))** 1  Yes 2  No

**6. Are any known questioned costs reported? (§ .510(a)(3) or (4))** 1  Yes 2  No

**7. Were Prior Audit Findings related to direct funding shown in the Summary Schedule of Prior Audit Findings? (§ .315(b))** 1  Yes 2  No

**8. Indicate which Federal agency(ies) have current year audit findings related to direct funding or prior audit findings shown in the Summary Schedule of Prior Audit Findings related to direct funding. (Mark (X) all that apply or None)**

- |  |  |   |   |
|--|--|---|---|
| 98 <input type="checkbox"/> U.S. Agency for International Development      | 39 <input type="checkbox"/> General Services Administration          | 43 <input type="checkbox"/> National Aeronautics and Space Administration | 96 <input type="checkbox"/> Social Security Administration  |
| 10 <input type="checkbox"/> Agriculture                                    | 93 <input type="checkbox"/> Health and Human Services                | 59 <input type="checkbox"/> National Archives and Records Administration  | 19 <input type="checkbox"/> U.S. Department of State  |
| 23 <input type="checkbox"/> Appalachian Regional Commission                | 97 <input type="checkbox"/> Homeland Security                        | 05 <input type="checkbox"/> National Endowment for the Arts               | 20 <input type="checkbox"/> Transportation  |
| 11 <input type="checkbox"/> Commerce                                       | 14 <input type="checkbox"/> Housing and Urban Development            | 06 <input type="checkbox"/> National Endowment for the Humanities         | 21 <input type="checkbox"/> Treasury  |
| 94 <input type="checkbox"/> Corporation for National and Community Service | 03 <input type="checkbox"/> Institute of Museum and Library Services | 47 <input type="checkbox"/> National Science Foundation                   | 64 <input type="checkbox"/> Veterans Affairs  |
| 12 <input type="checkbox"/> Defense  | 15 <input type="checkbox"/> Interior                                 | 07 <input type="checkbox"/> Office of National Drug Control Policy        | 00 <input checked="" type="checkbox"/> None   |
| 84 <input type="checkbox"/> Education                                      | 16 <input type="checkbox"/> Justice                                  | 59 <input type="checkbox"/> Small Business Administration                 | <input type="checkbox"/> Other - Specify: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> |
| 81 <input type="checkbox"/> Energy   | 17 <input type="checkbox"/> Labor                                    |   |   |
| 66 <input type="checkbox"/> Environmental Protection Agency                | 09 <input type="checkbox"/> Legal Services Corporation               |   |   |

FORM SF-SAC (6-6-2008)

**PART III FEDERAL PROGRAMS - Continued**

9. FEDERAL AWARDS EXPENDED DURING FISCAL YEAR							10. AUDIT FINDINGS		
Federal Agency Prefix <sup>1</sup> (a)	CFDA Number Extension <sup>2</sup> (b)	Research and development (c)	Name of Federal program (d)	Amount expended (e)	Direct award (f)	Major program		Type(s) of compliance requirement(s) <sup>4</sup> (a)	Audit finding reference number(s) <sup>5</sup> (b)
						Major program (g)	If yes, type of audit report <sup>3</sup> (h)		
1 0	.561	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	STATE ADMINISTRATIVE MATCHING GRANTS FOR FOOD STAMP PROGRAM	\$ 1,407,568 .00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		O	N/A
1 0	.559	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	SUMMER FOOD SERVICE PROGRAM FOR CHILDREN	\$ 169,388 .00	1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		O	N/A
1 0	.553	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	NATIONAL SCHOOL BREAKFAST PROGRAM	\$ 1,388,380 .00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		O	N/A
1 0	.556	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	NATIONAL SCHOOL LUNCH PROGRAM	\$ 3,726,001 .00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		O	N/A
1 0	.555	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	DONATED COMMODITIES	\$ 644,371 .00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		O	N/A
1 4	.218	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM, ENTITLEMENT GRANTS	\$ 849,159 .00	1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		O	N/A
1 4	.239	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM, ENTITLEMENT GRANTS: HOME PROG	\$ 619,863 .00	1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		O	N/A
1 6	.607	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	BULLETPROOF VEST PARTNERSHIP GRANT	\$ 11,507 .00	1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		O	N/A
1 6	.710	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	COPS IN SCHOOLS	\$ 96,258 .00	1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		O	N/A
1 6	.606	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	STATE CRIMINAL ALIEN ASSISTANCE PROGRAM	\$ 2,828 .00	1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		O	N/A
<b>TOTAL FEDERAL AWARDS EXPENDED</b>				\$ 41,991,027 .00					

<sup>1</sup> See Appendix 1 of instructions for valid Federal Agency two-digit prefixes.

<sup>2</sup> Or other identifying number when the Catalog of Federal Domestic Assistance (CFDA) number is not available. (See Instructions)

<sup>3</sup> If major program is marked "Yes," enter only one letter (U = Unqualified 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.

<sup>4</sup> Enter the letter(s) of all type(s) of compliance requirement(s) that apply to audit findings (i.e., noncompliance, significant deficiency (including material weaknesses), questioned costs, fraud, and other items reported under § .510(a)) reported for each Federal program.

- A. Activities allowed or unallowed
- B. Allowable costs/cost principles
- C. Cash management
- D. Davis - Bacon Act

- E. Eligibility
- F. Equipment and real property management
- G. Matching, level of effort, earmarking
- H. Period of availability of Federal funds

- I. Procurement and suspension and debarment
- J. Program income
- K. Real property acquisition and relocation assistance

- L. Reporting
- M. Subrecipient monitoring
- N. Special tests and provisions
- O. None
- P. Other

<sup>5</sup> N/A for NONE

FORM SF-SAC (8-6-2008)

**PART III FEDERAL PROGRAMS - Continued**

9. FEDERAL AWARDS EXPENDED DURING FISCAL YEAR							10. AUDIT FINDINGS			
Federal Agency Prefix <sup>1</sup> (a)	CFDA Number		Research and development (c)	Name of Federal program (d)	Amount expended (e)	Direct award (f)	Major program		Type(s) of compliance requirement(s) <sup>4</sup> (a)	Audit finding reference number(s) <sup>5</sup> (b)
	Extension <sup>2</sup> (b)						Major program (g)	If yes, type of audit report <sup>3</sup> (h)		
1 6	.523		1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	JUVENILE ACCOUNTABILITY INCENTIVE BLOCK GRANT	\$ 6,824 .00	1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		O	N/A
1 6	.540		1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	DETENTION ALTERNATIVE UTILIZATION	\$ 25,942 .00	1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		O	N/A
1 6	.588		1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	RESPONSE EFFORT	\$ 97,598 .00	1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		O	N/A
1 6	.579		1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	EDWARD BYRNE COMMUNITY ORIENTED JUSTICE GRANT	\$ 75,670 .00	1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		O	N/A
1 6	.575		1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	VICTIM WITNESS	\$ 173,364 .00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		O	N/A
1 6	.579		1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	CRIME ANALYST	\$ 53,817 .00	1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		O	N/A
1 6	.738		1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	JUSTICE ASSISTANCE GRANT	\$ 28,638 .00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		O	N/A
8 3	.552		1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	LOCAL EMERGENCY MANAGEMENT PROGRAM (LEMP)	\$ 6,982 .00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		O	N/A
4 3	.000		1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	NASA LARC VISTOR CENTER AND PUBLIC EDUCATION PROGRAM	\$ 274,000 .00	1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		O	N/A
4 3	.000		1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	NASA STEAM SALES	\$ 4,004,000 .00	1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		O	N/A
<b>TOTAL FEDERAL AWARDS EXPENDED</b>					\$ 41,991,027 .00					

<sup>1</sup> See Appendix 1 of instructions for valid Federal Agency two-digit prefixes.

<sup>2</sup> Or other identifying number when the Catalog of Federal Domestic Assistance (CFDA) number is not available. (See Instructions)

<sup>3</sup> If major program is marked "Yes," enter only one letter (U = Unqualified 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.

<sup>4</sup> Enter the letter(s) of all type(s) of compliance requirement(s) that apply to audit findings (i.e., noncompliance, significant deficiency (including material weaknesses), questioned costs, fraud, and other items reported under § .510(a)) reported for each Federal program.

- |                                    |  |  |                                 |
|------------------------------------|--|--|---------------------------------|
| A. Activities allowed or unallowed | E. Eligibility                             | I. Procurement and suspension and debarment            | L. Reporting                    |
| B. Allowable costs/cost principles | F. Equipment and real property management  | J. Program income                                      | M. Subrecipient monitoring      |
| C. Cash management                 | G. Matching, level of effort, earmarking   | K. Real property acquisition and relocation assistance | N. Special tests and provisions |
| D. Davis - Bacon Act               | H. Period of availability of Federal funds |  | O. None                         |
| <sup>5</sup> N/A for NONE          |  |  | P. Other                        |

FORM SF-SAC (8-6-2008)

**PART III FEDERAL PROGRAMS - Continued**

9. FEDERAL AWARDS EXPENDED DURING FISCAL YEAR							10. AUDIT FINDINGS			
Federal Agency Prefix <sup>7</sup> (a)	CFDA Number		Research and development (c)	Name of Federal program (d)	Amount expended (e)	Direct award (f)	Major program		Type(s) of compliance requirement(s) <sup>4</sup> (a)	Audit finding reference number(s) <sup>5</sup> (b)
	Extension <sup>2</sup> (b)						Major program (g)	If yes, type of audit report <sup>3</sup> (h)		
43	.000		1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	EDUCATION RESOURCE CENTER AND COOP AGREEMENT	\$ 190,000 .00	1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		O	N/A
84	.041		1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	SCHOOL ASSISTANCE IN FEDERALLY AFFECTED AREAS	\$ 1,227,175 .00	1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No	U	O	N/A
84	.181		1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	EARLY INTERVENTION SERVICES FOR INFANTS AND TODDLERS WITH DISABILITIES	\$ 570,356 .00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		O	N/A
84	.332		1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	COMPREHENSIVE SCHOOL REFORM	\$ 89,892 .00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		O	N/A
84	.002		1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	ADULT EDUCATION STATE-ADMINISTERED PROGRAM	\$ 177,365 .00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		O	N/A
84	.010		1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	EDUCATIONALLY DEPRIVED CHILDREN LEA	\$ 6,627,042 .00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		O	N/A
84	.196		1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	REACH ED FOR HOMELESS CHILD PROJECT HOPE	\$ 28,794 .00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		O	N/A
84	.367		1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	TITLE II TRAINING AND RECRUITING	\$ 1,260,872 .00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		O	N/A
84	.318		1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	TITLE II TECHNOLOGY ED	\$ 39,031 .00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		O	N/A
84	.365		1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	TITLE III LEP, IMMIGRANT	\$ 52,142 .00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		O	N/A
<b>TOTAL FEDERAL AWARDS EXPENDED</b>					\$ 41,991,027 .00					

<sup>1</sup> See Appendix 1 of instructions for valid Federal Agency two-digit prefixes.

<sup>2</sup> Or other identifying number when the Catalog of Federal Domestic Assistance (CFDA) number is not available. (See Instructions)

<sup>3</sup> If major program is marked "Yes," enter only one letter (U = Unqualified 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.

<sup>4</sup> Enter the letter(s) of all type(s) of compliance requirement(s) that apply to audit findings (i.e., noncompliance, significant deficiency (including material weaknesses), questioned costs, fraud, and other items reported under § .510(a)) reported for each Federal program.

- |                                    |  |  |                                 |
|------------------------------------|--|--|---------------------------------|
| A. Activities allowed or unallowed | E. Eligibility                             | I. Procurement and suspension and debarment            | L. Reporting                    |
| B. Allowable costs/cost principles | F. Equipment and real property management  | J. Program income                                      | M. Subrecipient monitoring      |
| C. Cash management                 | G. Matching, level of effort, earmarking   | K. Real property acquisition and relocation assistance | N. Special tests and provisions |
| D. Davis - Bacon Act               | H. Period of availability of Federal funds |  | O. None                         |
| <sup>5</sup> N/A for NONE          |  |  | P. Other                        |

FORM SF-SAC (8-6-2008)

**PART III FEDERAL PROGRAMS - Continued**

9. FEDERAL AWARDS EXPENDED DURING FISCAL YEAR							10. AUDIT FINDINGS		
CFDA Number		Research and development (c)	Name of Federal program (d)	Amount expended (e)	Direct award (f)	Major program (g)		Type(s) of compliance requirement(s) <sup>4</sup> (a)	Audit finding reference number(s) <sup>5</sup> (b)
Federal Agency Prefix <sup>7</sup> (a)	Extension <sup>2</sup> (b)					Major program	If yes, type of audit report <sup>3</sup> (h)		
8	4 .298	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	TITLE V INNOVATIVE PROGRAMS	\$ 55,678 .00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		O	N/A
8	4 .287	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	TITLE VI 21ST CENTURY	\$ 1,012,855 .00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		O	N/A
8	4 .027	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	TITLE VI B	\$ 4,153,273 .00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No	U	O	N/A
8	4 .027	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	TITLE IV B-SILVER GRANT	\$ 77,350 .00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No	U	O	N/A
8	4 .048	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	CARL PERKINS	\$ 448,583 .00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		O	N/A
8	4 .048	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	HIGH SCHOOLS THAT WORK	\$ 9,165 .00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		O	N/A
8	4 .186	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	DRUG-FREE SCHOOLS AND COMMUNITIES	\$ 155,040 .00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		O	N/A
8	4 .215	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	TEACHING AMERICAN HISTORY	\$ 357,089 .00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		O	N/A
9	4 .004	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	LEARN & SERVE-MARY PEAKE	\$ 8,619 .00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		O	N/A
9	3 .778	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	MEDICAL ASSISTANCE PROGRAM	\$ 1,027,519 .00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No	U	O	N/A
<b>TOTAL FEDERAL AWARDS EXPENDED</b>				\$ 41,991,027 .00					

<sup>1</sup> See Appendix 1 of instructions for valid Federal Agency two-digit prefixes.

<sup>2</sup> Or other identifying number when the Catalog of Federal Domestic Assistance (CFDA) number is not available. (See Instructions)

<sup>3</sup> If major program is marked "Yes," enter only one letter (U = Unqualified 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.

<sup>4</sup> Enter the letter(s) of all type(s) of compliance requirement(s) that apply to audit findings (i.e., noncompliance, significant deficiency (including material weaknesses), questioned costs, fraud, and other items reported under § .510(a)) reported for each Federal program.

- |                                    |  |  |                                 |
|------------------------------------|--|--|---------------------------------|
| A. Activities allowed or unallowed | E. Eligibility                             | I. Procurement and suspension and debarment            | L. Reporting                    |
| B. Allowable costs/cost principles | F. Equipment and real property management  | J. Program income                                      | M. Subrecipient monitoring      |
| C. Cash management                 | G. Matching, level of effort, earmarking   | K. Real property acquisition and relocation assistance | N. Special tests and provisions |
| D. Davis - Bacon Act               | H. Period of availability of Federal funds |  | O. None                         |
| <sup>5</sup> N/A for NONE          |  |  | P. Other                        |

FORM SF-SAC (8-6-2008)

**PART III FEDERAL PROGRAMS - Continued**

9. FEDERAL AWARDS EXPENDED DURING FISCAL YEAR							10. AUDIT FINDINGS			
Federal Agency Prefix <sup>1</sup> (a)	CFDA Number		Research and development (c)	Name of Federal program (d)	Amount expended (e)	Direct award (f)	Major program		Type(s) of compliance requirement(s) <sup>4</sup> (a)	Audit finding reference number(s) <sup>5</sup> (b)
	Extension <sup>2</sup> (b)						Major program (g)	if yes, type of audit report <sup>3</sup> (h)		
9 3	.556		1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	PROMOTING SAFE AND STABLE FAMILIES	\$ 432,387 .00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		O	N/A
9 3	.558		1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)	\$ 1,008,278 .00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		O	N/A
9 3	.558		1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	HEALTHY FAMILIES PARTNERSHIP (TANF)	\$ 477,230 .00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		O	N/A
9 3	.566		1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	REFUGEE & ENTRANT ASSISTANCE	\$ 15,434 .00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		O	N/A
9 3	.568		1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	LOW-INCOME HOME ENERGY ASSISTANCE	\$ 35,014 .00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		O	N/A
9 3	.575		1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	CHILD CARE AND DEVELOPMENT BLOCK GRANT	\$ 275,400 .00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		O	N/A
9 3	.596		1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	DAY CARE PROVIDER TRAINING	\$ 31,767 .00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		O	N/A
9 3	.596		1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	CHILD CARE DEVELOPMENT FUND	\$ 1,021,162 .00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		O	N/A
9 3	.645		1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	FAMILY SUPPORT	\$ 33,463 .00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		O	N/A
9 3	.658		1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	VISSTA	\$ 218,226 .00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No	U	O	N/A
<b>TOTAL FEDERAL AWARDS EXPENDED</b>					\$ 41,991,027 .00					

<sup>1</sup> See Appendix 1 of instructions for valid Federal Agency two-digit prefixes.

<sup>2</sup> Or other identifying number when the Catalog of Federal Domestic Assistance (CFDA) number is not available. (See Instructions)

<sup>3</sup> If major program is marked "Yes," enter only one letter (**U** = Unqualified 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.

<sup>4</sup> Enter the letter(s) of all type(s) of compliance requirement(s) that apply to audit findings (i.e., noncompliance, significant deficiency (including material weaknesses), questioned costs, fraud, and other items reported under § .510(a)) reported for each Federal program.

- A. Activities allowed or unallowed
- B. Allowable costs/cost principles
- C. Cash management
- D. Davis - Bacon Act

- E. Eligibility
- F. Equipment and real property management
- G. Matching, level of effort, earmarking
- H. Period of availability of Federal funds

- I. Procurement and suspension and debarment
- J. Program income
- K. Real property acquisition and relocation assistance

- L. Reporting
- M. Subrecipient monitoring
- N. Special tests and provisions
- O. None
- P. Other

<sup>5</sup> N/A for NONE

FORM SF-SAC (8-6-2008)

**PART III FEDERAL PROGRAMS - Continued**

9. FEDERAL AWARDS EXPENDED DURING FISCAL YEAR							10. AUDIT FINDINGS			
Federal Agency Prefix <sup>1</sup> (a)	CFDA Number		Research and development (c)	Name of Federal program (d)	Amount expended (e)	Direct award (f)	Major program		Type(s) of compliance requirement(s) <sup>4</sup> (a)	Audit finding reference number(s) <sup>5</sup> (b)
	Extension <sup>2</sup> (b)						Major program (g)	If yes, type of audit report <sup>3</sup> (h)		
9 3	.658		1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	FOSTER CARE-TITLE IV-E	\$ 958,510.00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No	U	O	N/A
9 3	.659		1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	ADOPTION ASSISTANCE	\$ 467,101.00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		O	N/A
9 3	.667		1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	SOCIAL SERVICES BLOCK GRANT	\$ 1,861,522.00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No	U	O	N/A
9 3	.674		1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	INDEPENDENT LIVING	\$ 26,057.00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		O	N/A
9 3	.767		1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	STATE CHILDRENS INSURANCE PROGRAM	\$ 71,859.00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		O	N/A
9 4	.011		1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	FOSTER GRANDPARENT PROGRAM	\$ 366,732.00	1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		O	N/A
6 6	.818		1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	BROWNFIELDS ASSESSMENT	\$ 20,145.00	1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		O	N/A
9 7	.078		1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	BUFFER ZONE PROTECTION PROGRAM	\$ 20,097.00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		O	N/A
8 3	.580		1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	HOME ELEVATION PROGRAM	\$ 38,462.00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		O	N/A
1 6	.592		1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	HOMELAND SECURITY	\$ 50,079.00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		O	N/A
<b>TOTAL FEDERAL AWARDS EXPENDED</b>					\$ 41,991,027.00					

<sup>1</sup> See Appendix 1 of instructions for valid Federal Agency two-digit prefixes.

<sup>2</sup> Or other identifying number when the Catalog of Federal Domestic Assistance (CFDA) number is not available. (See Instructions)

<sup>3</sup> If major program is marked "Yes," enter only one letter (U = Unqualified 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.

<sup>4</sup> Enter the letter(s) of all type(s) of compliance requirement(s) that apply to audit findings (i.e., noncompliance, significant deficiency (including material weaknesses), questioned costs, fraud, and other items reported under § 510(a)) reported for each Federal program.

A. Activities allowed or unallowed

B. Allowable costs/cost principles

C. Cash management

D. Davis - Bacon Act

<sup>5</sup> N/A for NONE

E. Eligibility

F. Equipment and real property management

G. Matching, level of effort, earmarking

H. Period of availability of Federal funds

I. Procurement and suspension and debarment

J. Program income

K. Real property acquisition and relocation assistance

L. Reporting

M. Subrecipient monitoring

N. Special tests and provisions

O. None

P. Other

FORM SF-SAC (6-6-2008)

**PART III FEDERAL PROGRAMS - Continued**

9. FEDERAL AWARDS EXPENDED DURING FISCAL YEAR							10. AUDIT FINDINGS		
CFDA Number		Research and development (c)	Name of Federal program (d)	Amount expended (e)	Direct award (f)	Major program (g)		Type(s) of compliance requirement(s) <sup>4</sup> (a)	Audit finding reference number(s) <sup>5</sup> (b)
Federal Agency Prefix <sup>1</sup> (a)	Extension <sup>2</sup> (b)					Major program	If yes, type of audit report <sup>3</sup> (h)		
97	.004	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	LETPP	\$ 47,293.00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		O	N/A
97	.004	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	CITIZEN CORP 2005, 2006	\$ 15,781.00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		O	N/A
97	.067	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	HOME LAND SECURITY CRITICAL INFRASTRUCTURE	\$ 686,000.00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		O	N/A
16	.000	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	PROCEEDS OF SEIZED ASSETS	\$ 167,100.00	1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		O	N/A
12	.000	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	U.S. ARMY-ROTC	\$ 93,417.00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		O	N/A
12	.000	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	U.S. AIR FORCE ROTC	\$ 56,434.00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		O	N/A
12	.000	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	U.S. NAVY-ROTC	\$ 72,408.00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		O	N/A
12	.000	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	U.S. MARINE CORPS-ROTC	\$ 56,639.00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		O	N/A
20	.000	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	FATILITY REDUCTION/DUI ENFORCEMENT	\$ 2,400.00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		O	N/A
20	.205	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	HIGHWAY PLANNING AND CONSTRUCTION	\$ 2,134,354.00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No	U	O	N/A
<b>TOTAL FEDERAL AWARDS EXPENDED</b>				\$ 41,991,027.00					

<sup>1</sup> See Appendix 1 of instructions for valid Federal Agency two-digit prefixes.

<sup>2</sup> Or other identifying number when the Catalog of Federal Domestic Assistance (CFDA) number is not available. (See Instructions)

<sup>3</sup> If major program is marked "Yes," enter only one letter (U = Unqualified 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.

<sup>4</sup> Enter the letter(s) of all type(s) of compliance requirement(s) that apply to audit findings (i.e., noncompliance, significant deficiency (including material weaknesses), questioned costs, fraud, and other items reported under § .510(a)) reported for each Federal program.

- |                                    |  |  |                                 |
|------------------------------------|--|--|---------------------------------|
| A. Activities allowed or unallowed | E. Eligibility                             | I. Procurement and suspension and debarment            | L. Reporting                    |
| B. Allowable costs/cost principles | F. Equipment and real property management  | J. Program income                                      | M. Subrecipient monitoring      |
| C. Cash management                 | G. Matching, level of effort, earmarking   | K. Real property acquisition and relocation assistance | N. Special tests and provisions |
| D. Davis - Bacon Act               | H. Period of availability of Federal funds |  | O. None                         |
| <sup>5</sup> N/A for NONE          |  |  | P. Other                        |

FORM SF-SAC (8-6-2008)

**PART III FEDERAL PROGRAMS - Continued**

9. FEDERAL AWARDS EXPENDED DURING FISCAL YEAR							10. AUDIT FINDINGS		
CFDA Number		Research and development (c)	Name of Federal program (d)	Amount expended (e)	Direct award (f)	Major program		Type(s) of compliance requirement(s) <sup>4</sup> (a)	Audit finding reference number(s) <sup>5</sup> (b)
Federal Agency Prefix <sup>1</sup> (a)	Extension <sup>2</sup> (b)					Major program (g)	If yes, type of audit report <sup>3</sup> (h)		
18	184	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	EMERGENCY RESPONSE PLANS	\$ 278.00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		O	N/A
		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		\$ .00	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		\$ .00	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		\$ .00	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		\$ .00	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		\$ .00	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		\$ .00	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		\$ .00	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
<b>TOTAL FEDERAL AWARDS EXPENDED</b> →				\$ 41,991,027.00					

<sup>1</sup> See Appendix 1 of instructions for valid Federal Agency two-digit prefixes.

<sup>2</sup> Or other identifying number when the Catalog of Federal Domestic Assistance (CFDA) number is not available. (See Instructions)

<sup>3</sup> If major program is marked "Yes," enter only one letter (U = Unqualified 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.

<sup>4</sup> Enter the letter(s) of all type(s) of compliance requirement(s) that apply to audit findings (i.e., noncompliance, significant deficiency (including material weaknesses), questioned costs, fraud, and other items reported under § .510(a)) reported for each Federal program.

- A. Activities allowed or unallowed
- B. Allowable costs/cost principles
- C. Cash management
- D. Davis - Bacon Act

- E. Eligibility
- F. Equipment and real property management
- G. Matching, level of effort, earmarking
- H. Period of availability of Federal funds

- I. Procurement and suspension and debarment
- J. Program income
- K. Real property acquisition and relocation assistance

- L. Reporting
- M. Subrecipient monitoring
- N. Special tests and provisions
- O. None
- P. Other

<sup>5</sup> N/A for NONE



FORM SF-SAC (8-6-2008)

**PART I GENERAL INFORMATION - Continued**

**8. Part I, Item 8, Secondary Auditor's Contact Information. (List the Secondary Auditor's Contact information)**

<p><b>1. a.</b> Secondary Auditor name N / A</p> <p><b>b.</b> Secondary Auditor address (Number and street)</p> <p>City</p> <p>State      ZIP + 4 Code</p> <p><b>c.</b> Secondary Auditor contact Name</p> <p>Title</p> <p><b>d.</b> Secondary Auditor contact telephone</p> <p><b>e.</b> Secondary Auditor contact FAX</p> <p><b>f.</b> Secondary Auditor contact E-mail</p>	<p><b>2. a.</b> Secondary Auditor name</p> <p><b>b.</b> Secondary Auditor address (Number and street)</p> <p>City</p> <p>State      ZIP + 4 Code</p> <p><b>c.</b> Secondary Auditor contact Name</p> <p>Title</p> <p><b>d.</b> Secondary Auditor contact telephone</p> <p><b>e.</b> Secondary Auditor contact FAX</p> <p><b>f.</b> Secondary Auditor contact E-mail</p>	<p><b>3. a.</b> Secondary Auditor name</p> <p><b>b.</b> Secondary Auditor address (Number and street)</p> <p>City</p> <p>State      ZIP + 4 Code</p> <p><b>c.</b> Secondary Auditor contact Name</p> <p>Title</p> <p><b>d.</b> Secondary Auditor contact telephone</p> <p><b>e.</b> Secondary Auditor contact FAX</p> <p><b>f.</b> Secondary Auditor contact E-mail</p>
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<p><b>4. a.</b> Secondary Auditor name</p> <p><b>b.</b> Secondary Auditor address (Number and street)</p> <p>City</p> <p>State      ZIP + 4 Code</p> <p><b>c.</b> Secondary Auditor contact Name</p> <p>Title</p> <p><b>d.</b> Secondary Auditor contact telephone</p> <p><b>e.</b> Secondary Auditor contact FAX</p> <p><b>f.</b> Secondary Auditor contact E-mail</p>	<p><b>5. a.</b> Secondary Auditor name</p> <p><b>b.</b> Secondary Auditor address (Number and street)</p> <p>City</p> <p>State      ZIP + 4 Code</p> <p><b>c.</b> Secondary Auditor contact Name</p> <p>Title</p> <p><b>d.</b> Secondary Auditor contact telephone</p> <p><b>e.</b> Secondary Auditor contact FAX</p> <p><b>f.</b> Secondary Auditor contact E-mail</p>	<p><b>6. a.</b> Secondary Auditor name</p> <p><b>b.</b> Secondary Auditor address (Number and street)</p> <p>City</p> <p>State      ZIP + 4 Code</p> <p><b>c.</b> Secondary Auditor contact Name</p> <p>Title</p> <p><b>d.</b> Secondary Auditor contact telephone</p> <p><b>e.</b> Secondary Auditor contact FAX</p> <p><b>f.</b> Secondary Auditor contact E-mail</p>
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