

**Data Collection Form for Reporting on
AUDITS OF STATES, LOCAL GOVERNMENTS, AND NON-PROFIT ORGANIZATIONS
for Fiscal Year Ending Dates in 2004, 2005, or 2006**

▶ 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 Items 4 and 7)

1. Fiscal period ending date for this submission Month Day Year 09 / 30 / 2004 Fiscal Period End Dates Must Be In 2004, 2005, or 2006		2. Type of Circular A-133 audit 1 <input checked="" type="checkbox"/> Single audit 2 <input type="checkbox"/> Program-specific audit	
3. Audit period covered 1 <input checked="" type="checkbox"/> Annual 2 <input type="checkbox"/> Biennial 3 <input type="checkbox"/> Other - _____ Months		4. FEDERAL GOVERNMENT USE ONLY Date received by Federal clearinghouse	
5. Auditee Identification Numbers			
a. Primary Employer Identification Number (EIN) 38 - 6006063		b. Are multiple EINs covered in this report? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	
d. Data Universal Numbering System (DUNS) Number 10 - 578 - 0063		e. Are multiple DUNS covered in this report? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	
		c. If Part I, Item 5b = "Yes," complete Part I, Item 5c on the continuation sheet on Page 4.	
		f. If Part I, Item 5e = "Yes," complete Part I, Item 5f on the continuation sheet on Page 4.	

6. AUDITEE INFORMATION		7. AUDITOR INFORMATION (To be completed by auditor)	
a. Auditee name COUNTY OF MUSKEGON, MICHIGAN		a. Auditor name BDO SEIDMAN, LLP	
b. Auditee address (Number and street) 990 TERRACE STREET City MUSKEGON State ZIP + 4 Code MI 49442		b. Auditor address (Number and street) 99 MONROE AVE., NW STE. 800 City GRAND RAPIDS State ZIP + 4 Code MI 49503	
c. Auditee contact Name JOSEPH W. SIEDENSTRANG Title ACCOUNTING MANAGER		c. Auditor contact Name STEVEN M. HARVEY Title PARTNER	
d. Auditee contact telephone (231) 724 - 6205		d. Auditor contact telephone (616) 774 - 7000	
e. Auditee contact FAX (231) 724 - 1251		e. Auditor contact FAX (616) 776 - 3680	
f. Auditee contact E-mail		f. Auditor contact E-mail	
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.	
Signature of certifying official Date Month Day Year 03 / 28 / 2005		Signature of auditor Date Month Day Year 03 / 23 / 2005	
Printed Name of certifying official NAME AND TITLE PRINTED BELOW			
Printed Title of certifying official JOSEPH W. SIEDENSTRANG ACCOUNTING MANAGER			

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 reportable condition disclosed? 1 Yes 2 No – SKIP to Item 5
4. Is any reportable condition 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? (AICRA 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 § .520(b)) \$ 413,419
3. Did the auditee qualify as a low-risk auditee? (§ .530) 1 Yes 2 No
4. Is a reportable condition disclosed for any major program? (§ .510(a)(1)) 1 Yes 2 No –SKIP to Item 6
5. Is any reportable condition reported 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
10 <input type="checkbox"/> Agriculture
23 <input type="checkbox"/> Appalachian Regional Commission
11 <input type="checkbox"/> Commerce
94 <input type="checkbox"/> Corporation for National and Community Service
12 <input type="checkbox"/> Defense
84 <input type="checkbox"/> Education
81 <input type="checkbox"/> Energy
66 <input type="checkbox"/> Environmental Protection Agency | 83 <input type="checkbox"/> Federal Emergency Management Agency
39 <input type="checkbox"/> General Services Administration
93 <input type="checkbox"/> Health and Human Services
97 <input type="checkbox"/> Homeland Security
14 <input type="checkbox"/> Housing and Urban Development
03 <input type="checkbox"/> Institute of Museum and Library Services
15 <input type="checkbox"/> Interior
16 <input type="checkbox"/> Justice
17 <input type="checkbox"/> Labor
09 <input type="checkbox"/> Legal Services Corporation | 43 <input type="checkbox"/> National Aeronautics and Space Administration
89 <input type="checkbox"/> National Archives and Records Administration
05 <input type="checkbox"/> National Endowment for the Arts
06 <input type="checkbox"/> National Endowment for the Humanities
47 <input type="checkbox"/> National Science Foundation
07 <input type="checkbox"/> Office of National Drug Control Policy
59 <input type="checkbox"/> Small Business Administration | 96 <input type="checkbox"/> Social Security Administration
19 <input type="checkbox"/> U.S. Department of State
20 <input type="checkbox"/> Transportation
21 <input type="checkbox"/> Treasury
82 <input type="checkbox"/> United States Information Agency
64 <input type="checkbox"/> Veterans Affairs
00 <input checked="" type="checkbox"/> None
<input type="checkbox"/> Other – Specify: |
|--|---|---|---|

Each agency identified is required to receive a copy of the reporting package.

In addition, one copy each of the reporting package is required for:

- the Federal Audit Clearinghouse archives
- and, if not marked above, the Federal cognizant agency

Count total number of boxes marked above and submit this number of reporting packages 1

PART III FEDERAL PROGRAMS - Continued

9. FEDERAL AWARDS EXPENDED DURING FISCAL YEAR

Federal Agency Prefix1	CFDA Number Extension 2	Research and development (c)	Name of Federal program (d)	Amount expended (e)	Direct award (f)	Major program (g)		If yes, type of audit report 3 (h)	10. AUDIT FINDINGS	
						1 Yes	2 No		Type(s) of compliance requirement(s) 4 (a)	Audit finding reference number(s) 5 (b)
2 0	507	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	FEDERAL TRANSIT - FORMULA GRANTS	\$ 1,239,815.00	1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No	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
2 0	507	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	FEDERAL TRANSIT - FORMULA GRANTS	\$ 10,188.00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	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
2 0	515	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	STATE PLANNING AND RESEARCH	\$ 12,773.00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	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
2 0	703	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	INTERAGENCY HAZARDOUS MATERIALS PUBLIC SECTOR TRAINING AND PLANNING GRANTS	\$ 3,385.00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	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
2 0	600	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	STATE AND COMMUNITY HIGHWAY SAFETY	\$ 35,209.00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	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
2 0	106	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	AIRPORT IMPROVEMENT PROGRAM	\$ 1,270,592.00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	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
2 0	930	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	PAYMENTS FOR SMALL COMMUNITY AIR SERVICE DEVELOPMENT	\$ 73,230.00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	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 7	207	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	EMPLOYMENT SERVICE	\$ 492,560.00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	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 7	245	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	TRADE ADJUSTMENT ASSIST WORKERS	\$ 220,124.00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	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 7	255	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	WORKFORCE INVESTMENT ACT	\$ 321,359.00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	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
TOTAL FEDERAL AWARDS EXPENDED				\$ 13,780,643.00					O	N/A

IF ADDITIONAL LINES ARE NEEDED, PLEASE PHOTOCOPY THIS PAGE, ATTACH ADDITIONAL PAGES TO THE FORM, AND SEE INSTRUCTIONS

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)
 3 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.
 4 Enter the letter(s) of all type(s) of compliance requirement(s) that apply to audit findings (i.e., noncompliance, reportable conditions (including material weaknesses), questioned costs, fraud, and other items reported under § 510(a)) reported for each Federal program.
 5 N/A for NONE

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

PART III FEDERAL PROGRAMS - Continued

9. FEDERAL AWARDS EXPENDED DURING FISCAL YEAR		10. AUDIT FINDINGS							
Federal Agency Prefix ¹	CFDA Number Extension ²	Research and development (c)	Name of Federal program (d)	Amount expended (e)	Direct award (f)	Major program (g)	If yes, type of audit report ³ (h)	Type(s) of compliance requirement(s) ⁴ (a)	Audit finding reference number(s) ⁵ (b)
1 7	.258	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	WIA ADULT PROGRAM	\$ 782,152.00	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
1 7	.259	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	WIA YOUTH ACTIVITIES	\$ 884,618.00	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
1 7	.260	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	WIA DISLOCATED WORKERS	\$ 1,172,646.00	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
1 7	.253	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	WELFARE TO WORK	\$ 205,099.00	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	.609	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	COMMUNITY PROSECUTION AND PROJECT SAFE NEIGHBORHOODS	\$ 106,508.00	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	.610	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	REGIONAL INFORMATION SHARING SYSTEMS	\$ 22,919.00	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	.592	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	LOCAL LAW ENFORCEMENT BLOCK GRANTS PROGRAM	\$ 24,726.00	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	BYRNE FORMULA GRANT PROGRAM	\$ 202,008.00	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 7	.004	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	STATE DOMESTIC PREPAREDNESS EQUIPMENT SUPPORT PROGRAM	\$ 129,090.00	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 7	.051	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	STATE AND LOCAL ALL HAZARDS EMERGENCY OPERATIONS PLANNING	\$ 91,509.00	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
TOTAL FEDERAL AWARDS EXPENDED				\$ 13,780,643.00					

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⁴ Enter the letter(s) of all type(s) of compliance requirement(s) that apply to audit findings (i.e., noncompliance, reportable conditions (including material weaknesses), questioned costs, fraud, and other items reported under § 510(a)) reported for each Federal program.
⁵ N/A for NONE

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

PART III FEDERAL PROGRAMS - Continued

9. FEDERAL AWARDS EXPENDED DURING FISCAL YEAR				10. AUDIT FINDINGS						
Federal Agency Prefix ¹	CFDA Number Extension ²	Research and development ³		Name of Federal program (d)	Amount expended (e)	Direct award (f)	Major program (g)	If yes, type of audit report ³ (h)	Type(s) of compliance requirement(s) ⁴ (a)	Audit finding reference number(s) ⁵ (b)
		1 <input type="checkbox"/> Yes	2 <input checked="" type="checkbox"/> No							
9 7	005	1 <input type="checkbox"/> Yes	2 <input checked="" type="checkbox"/> No	STATE AND LOCAL HOMELAND SECURITY TRAINING PROGRAM	\$ 190,349.00	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 7	006	1 <input type="checkbox"/> Yes	2 <input checked="" type="checkbox"/> No	STATE AND LOCAL HOMELAND SECURITY EXERCISE SUPPORT	\$ 902.00	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	540	1 <input type="checkbox"/> Yes	2 <input checked="" type="checkbox"/> No	JUVENILE JUSTICE AND DELINQUENCY PREVENTION	\$ 155,715.00	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	202	1 <input type="checkbox"/> Yes	2 <input checked="" type="checkbox"/> No	OFFENDER REENTRY PROGRAM	\$ 166,108.00	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	710	1 <input type="checkbox"/> Yes	2 <input checked="" type="checkbox"/> No	PUBLIC SAFETY PARTNERSHIP AND COMMUNITY POLICING GRANTS	\$ 16,627.00	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	664	1 <input type="checkbox"/> Yes	2 <input checked="" type="checkbox"/> No	COOPERATIVE FORESTRY ASSISTANCE	\$ 1,774.00	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	SCHOOL BREAKFAST PROGRAM	\$ 10,878.00	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	555	1 <input type="checkbox"/> Yes	2 <input checked="" type="checkbox"/> No	NATIONAL SCHOOL LUNCH PROGRAM	\$ 16,773.00	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	561	1 <input type="checkbox"/> Yes	2 <input checked="" type="checkbox"/> No	FOOD STAMP PROGRAM	\$ 41,776.00	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	557	1 <input type="checkbox"/> Yes	2 <input checked="" type="checkbox"/> No	SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS & CHILDREN	\$ 725,570.00	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
TOTAL FEDERAL AWARDS EXPENDED					\$ 13,780,643.00				O	N/A

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A. Activities allowed or unallowed
 B. Allowable costs/cost principles
 C. Cash management
 D. Davis - Bacon Act
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 J. Program income
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 L. Reporting
 M. Subrecipient monitoring
 N. Special tests and provisions
 O. None
 P. Other

PART III FEDERAL PROGRAMS - Continued

9. FEDERAL AWARDS EXPENDED DURING FISCAL YEAR		10. AUDIT FINDINGS							
Federal Agency Prefix ¹	CFDA Number Extension ²	Research and development (c)	Name of Federal program (d)	Amount expended (e)	Direct award (f)	Major program (g)	If yes, type of audit report ³ (h)	Type(s) of compliance requirement(s) ⁴ (a)	Audit finding reference number(s) ⁵ (b)
9 3	563	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	CHILD SUPPORT ENFORCEMENT	\$ 1,517,009 .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	\$ 4,383,313 .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	601	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	CHILD SUPPORT ENFORCEMENT DEMONSTRATIONS AND SPECIAL PROJECTS	\$ 129,260 .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	597	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	ACCESS AND VISITATION PROGRAMS	\$ 50,000 .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
9 3	958	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANTS	\$ 80,333 .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	\$ 81,909 .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	150	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	ASSISTANCE IN TRANSITION FROM HOMELESSNESS	\$ 40,354 .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	994	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT	\$ 287,367 .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	283	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	CENTERS FOR DISEASE CONTROL AND PREVENTION - INVESTIGATIONS AND TECHNICAL	\$ 280,611 .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	940	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	HIV PREVENTION ACTIVITIES	\$ 97,923 .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
TOTAL FEDERAL AWARDS EXPENDED				\$ 13,780,643 .00					

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A. Activities allowed or unallowed
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 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

PART III FEDERAL PROGRAMS - Continued

9. FEDERAL AWARDS EXPENDED DURING FISCAL YEAR

Federal Agency Prefix ¹	CFDA Number Extension ²	Research and development (c)		Name of Federal program (d)	Amount expended (e)	Direct award (f)		Major program (g)		Major program If yes, type of audit report ³ (h)	10. AUDIT FINDINGS	
		1 <input type="checkbox"/> Yes	2 <input checked="" type="checkbox"/> No			1 <input type="checkbox"/> Yes	2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes	2 <input checked="" type="checkbox"/> No		Type(s) of compliance requirement(s) ⁴ (a)	Audit finding reference number(s) ⁵ (b)
9 3	217	1 <input type="checkbox"/> Yes	2 <input checked="" type="checkbox"/> No	FAMILY PLANNING SERVICES	\$ 90,434.00	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	197	1 <input type="checkbox"/> Yes	2 <input checked="" type="checkbox"/> No	CHILDHOOD LEAD POISONING PREVENTION PROJECTS	\$ 50,000.00	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
9 3	991	1 <input type="checkbox"/> Yes	2 <input checked="" type="checkbox"/> No	PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT	\$ 43,345.00	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	268	1 <input type="checkbox"/> Yes	2 <input checked="" type="checkbox"/> No	MICROWORKSITE COMM HEALTH	\$ 657,181.00	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	919	1 <input type="checkbox"/> Yes	2 <input checked="" type="checkbox"/> No	COOPERATIVE AGREEMENT FOR STATE BASED COMP BREAST AND CERV CANCER	\$ 177,568.00	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
9 3	959	1 <input type="checkbox"/> Yes	2 <input checked="" type="checkbox"/> No	BLOCK GRANTS FOR PREVENTION AND TREATMENT OF SUBSTANCE ABUSE	\$ 110,001.00	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 4	228	1 <input type="checkbox"/> Yes	2 <input checked="" type="checkbox"/> No	COMMUNITY DEVELOPMENT BLOCK GRANT STATES PROGRAM	\$ 6,090.00	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	900	1 <input type="checkbox"/> Yes	2 <input checked="" type="checkbox"/> No	LEAD BASED PAINT CONTROL IN PRIVATELY-OWNED HOUSING	\$ 80,000.00	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
6 6	032	1 <input type="checkbox"/> Yes	2 <input checked="" type="checkbox"/> No	STATE INDOOR RADON GRANTS	\$ 500.00	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	471	1 <input type="checkbox"/> Yes	2 <input checked="" type="checkbox"/> No	STATE GRANTS TO REIMBURSE OPERATORS OF SMALL WATER SYSTEMS	\$ 5,950.00	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
TOTAL FEDERAL AWARDS EXPENDED					\$ 13,780,643.00							

IF ADDITIONAL LINES ARE NEEDED, PLEASE PHOTOCOPY THIS PAGE, ATTACH ADDITIONAL PAGES TO THE FORM, AND SEE INSTRUCTIONS

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)

³ 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.

⁴ Enter the letter(s) of all type(s) of compliance requirement(s) that apply to audit findings (i.e., noncompliance, reportable conditions (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
- 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

PART III FEDERAL PROGRAMS - Continued

9. FEDERAL AWARDS EXPENDED DURING FISCAL YEAR

Federal Agency Prefix ¹	CFDA Number Extension ²	Research and development (c)	Name of Federal program (d)	Amount expended (e)	Direct award (f)		Major program (g)		If yes, type of audit report ³ (h)	10. AUDIT FINDINGS	
					1 <input type="checkbox"/> Yes	2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes	2 <input checked="" type="checkbox"/> No		Type(s) of compliance requirement(s) ⁴ (a)	Audit finding reference number(s) ⁵ (b)
6 6	472	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	BEACH MONITORING AND NOTIFICATION PROGRAM	\$ 14,744.00	1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	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	544	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	EMERGENCY SERVICES	\$ 29,769.00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	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		\$.00	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		\$.00	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		\$.00	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		\$.00	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No						
TOTAL FEDERAL AWARDS EXPENDED				\$ 13,780,643.00							

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⁵ N/A for NONE

A. Activities allowed or unallowed
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 J. Program income
 K. Real property acquisition and relocation assistance
 L. Reporting
 M. Subrecipient monitoring
 N. Special tests and provisions
 O. None
 P. Other



FAC DETERMINED DATA

- * FAC DETERMINED TYPE OF ENTITY: **County-General Purpose Government**
- * FAC DETERMINED CURRENT YEAR DIRECT FINDINGS: **NO**
- * FAC DETERMINED COGNIZANT (C) OR OVERSIGHT (O) AGENCY*: **O**
(Please refer to the FAQ's for definitions)
- * FAC DETERMINED COGNIZANT OR OVERSIGHT AGENCY FEDERAL AGENCY PREFIX: **20**
- * FAC DETERMINED TYPE OF AUDIT REPORT ON MAJOR PROGRAM COMPLIANCE
BASED ON 1997 – 2003 SF-SAC FORM INSTRUCTIONS: **U**

- * The items above are not reported on the Form SF-SAC, but are determined by the FAC