

**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)

<p>1. Fiscal period ending date for this submission</p> <table border="1"> <tr> <td>Month</td> <td>Day</td> <td>Year</td> </tr> <tr> <td align="center">09</td> <td align="center">/ 30</td> <td align="center">/ 2006</td> </tr> </table> <p>Fiscal Period End Dates Must Be In 2004, 2005, or 2006</p>	Month	Day	Year	09	/ 30	/ 2006	<p>2. Type of Circular A-133 audit</p> <p>1 <input checked="" type="checkbox"/> Single audit 2 <input type="checkbox"/> Program-specific audit</p>
Month	Day	Year					
09	/ 30	/ 2006					

<p>3. Audit period covered</p> <p>1 <input checked="" type="checkbox"/> Annual 2 <input type="checkbox"/> Biennial 3 <input type="checkbox"/> Other — <input type="text"/> Months</p>	<p>4. FEDERAL GOVERNMENT USE ONLY</p> <p>Date received by Federal clearinghouse</p>
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5. Auditee Identification Numbers

<p>a. Primary Employer Identification Number (EIN)</p> <p>3 8 — 6 0 0 6 0 6 3</p>	<p>b. Are multiple EINs covered in this report? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No</p> <p>c. If Part I, Item 5b = "Yes," complete Part I, Item 5c on the continuation sheet on Page 4.</p>
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<p>d. Data Universal Numbering System (DUNS) Number</p> <p>1 0 — 5 7 8 — 0 0 6 3</p>	<p>e. Are multiple DUNS covered in this report? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No</p> <p>f. If Part I, Item 5e = "Yes," complete Part I, Item 5f on the continuation sheet on Page 4.</p>
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6. AUDITEE INFORMATION

a. Auditee name COUNTY OF MUSKEGON, MICHIGAN	
b. Auditee address (Number and street) 990 TERRACE STREET	
City MUSKEGON	State ZIP + 4 Code MI 4 9 4 4 2 —
c. Auditee contact	
Name JOSEPH W. SIEDENSTRANG	Title ACCOUNTING MANAGER
d. Auditee contact telephone (231) 724 — 6205	
e. Auditee contact FAX (231) 724 — 4459	
f. Auditee contact E-mail SIEDENSTRANGJO@CO.MUSKEGON.MI.US	

7. AUDITOR INFORMATION (To be completed by auditor)

a. Auditor name PRIDNIA LAPRES, PLLC	
b. Auditor address (Number and street) 3145 HENRY STREET, STE. 200	
City MUSKEGON	State ZIP + 4 Code MI 4 9 4 4 1 —
c. Auditor contact	
Name BRENT C. YEAGER	Title PARTNER
d. Auditor contact telephone (231) 739 — 9441	
e. Auditor contact FAX (231) 733 — 0031	
f. Auditor contact E-mail BYEAGER@PRIDNIALAPRES.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.

Signature of certifying official	Date Month Day Year 04 / 03 / 2007
Printed Name of certifying official	
NAME AND TITLE PRINTED BELOW	
Printed Title of certifying official	
JOSEPH W. SIEDENSTRANG ACCOUNTING MANAGER	

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 auditor	Date Month Day Year 04 / 03 / 2007
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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)) \$ 494,582
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		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 4	.228	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	COMMUNITY DEVELOPMENT BLOCK GRANTS	\$ 474,314 .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 6	.523	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	JUVENILE A.C.C. INC. BLOCK GRANT	\$ 8,963 .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	COMP STRATEGIC IMPLEMENTATION GRANT	\$ 21,853 .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	OFFICE OF JUSTICE PROGRAMS	\$ 91,901 .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	OFFICE OF JUSTICE PROGRAMS	\$ 204,820 .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	2004 PROJECT SAFE NEIGHBORHOODS	\$ 1,741 .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
2 0	.106	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	AIRPORT IMPROVEMENT PROGRAM	\$ 137,053 .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
2 0	.507	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	URBAN MASS TRANSPORTATION CAPITAL AND OPERATING ASSISTANCE	\$ 1,452,624 .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
2 0	.507	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	URBAN MASS TRANSPORTATION CAPITAL AND OPERATING ASSISTANCE	\$ 25,053 .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
2 0	.600	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	DRIVE MICHIGAN SAFELY	\$ 37,502 .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				\$ 16,486,060 .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.
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)
6 6	.468	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	CAPACITY DEVELOPMENT	\$ 13,756.00	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
6 6	.474	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	OPERATOR CERTIFICATION	\$ 5,400.00	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
8 3	.544	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	FEMA GRANT	\$ 34,409.00	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	HOMELESS PROJECT	\$ 43,500.00	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	.217	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	FAMILY PLANNING PROJECT	\$ 85,449.00	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	IAP	\$ 746,985.00	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	.283	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	EMERGENCY PREPAREDNESS	\$ 257,345.00	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	.558	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	WORKFIRST	\$ 3,786,301.00	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	.563	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	CHILD SUPPORT ENFORCEMENT PROGRAM	\$ 1,321,504.00	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 EXPULSION PREVENTION	\$ 70,000.00	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
TOTAL FEDERAL AWARDS EXPENDED				\$ 16,486,060.00					

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

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⁵ N/A for NONE

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 B. Allowable costs/cost principles
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 F. Equipment and real property management
 G. Matching, level of effort, earmarking
 H. Period of availability of Federal funds
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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)		Type(s) of compliance requirement(s) ⁴ (a)	Audit finding reference number(s) ⁵ (b)
						Major program	If yes, type of audit report ³ (h)		
9 3	597	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	ACCESS AND VISITATION GRANT	\$ 1,612.00	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	CSHCS - FEE FOR SERVICE	\$ 107,196.00	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	BREAST AND CERVICAL CANCER SCRN - COORDINATION	\$ 82,450.00	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	AIDS PREVENTION	\$ 100,052.00	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	ACT PEER SUPPORT ADVOCATES	\$ 212,825.00	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	SUBSTANCE ABUSE PREVENTION	\$ 113,747.00	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	977	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	STD CONTROL	\$ 24,643.00	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	MINORITY HEALTH	\$ 18,166.00	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	M&CH SERVICES BLOCK GRANT	\$ 259,407.00	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	EMERGENCY SERVICES - STATE HOMELAND SECURITY	\$ 437,195.00	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				\$ 16,486,060.00					

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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

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)		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	7 .005	1 <input type="checkbox"/> Yes	2 <input checked="" type="checkbox"/> No	EMERGENCY SERVICES - HOMELAND SECURITY TRAINING	21,754 .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 .067	1 <input type="checkbox"/> Yes	2 <input checked="" type="checkbox"/> No	EMERGENCY SERVICES - STATE HOMELAND SECURITY	495,403 .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	7 .012	1 <input type="checkbox"/> Yes	2 <input checked="" type="checkbox"/> No	MARINE SAFETY	26,200 .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	EMERGENCY SERVICES - HOMELAND SECURITY EXERCISES	52,996 .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	7 .207	1 <input type="checkbox"/> Yes	2 <input checked="" type="checkbox"/> No	LABOR EXCHANGE	316,620 .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	7 .225	1 <input type="checkbox"/> Yes	2 <input checked="" type="checkbox"/> No	REED ACT FUNDS	89,595 .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	7 .245	1 <input type="checkbox"/> Yes	2 <input checked="" type="checkbox"/> No	TAA NAFTA	473,077 .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	7 .258	1 <input type="checkbox"/> Yes	2 <input checked="" type="checkbox"/> No	WIA	1,380,319 .00	1 <input type="checkbox"/> Yes	2 <input checked="" type="checkbox"/> No	1 <input checked="" type="checkbox"/> Yes	2 <input type="checkbox"/> No	Q	C	2006-1
1	7 .259	1 <input type="checkbox"/> Yes	2 <input checked="" type="checkbox"/> No	WIA	974,896 .00	1 <input type="checkbox"/> Yes	2 <input checked="" type="checkbox"/> No	1 <input checked="" type="checkbox"/> Yes	2 <input type="checkbox"/> No	Q	C	2006-1
1	7 .260	1 <input type="checkbox"/> Yes	2 <input checked="" type="checkbox"/> No	WIA	1,368,990 .00	1 <input type="checkbox"/> Yes	2 <input checked="" type="checkbox"/> No	1 <input checked="" type="checkbox"/> Yes	2 <input type="checkbox"/> No	Q	C	2006-1
TOTAL FEDERAL AWARDS EXPENDED					\$ 16,486,060 .00							

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