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)*

1. Fiscal period ending date for this submission

Month	Day	Year
09	**30**	**2008**

2. Type of Circular A-133 audit
1 **X** Single audit
2 ☐ Program-specific audit

3. Audit period covered
1 **X** Annual   3 ☐ Other – [　　] Months
2 ☐ Biennial

4. Auditee Identification Numbers

a. Primary Employer Identification Number (EIN)

3 8 – **6 0 0 6 0 6 3**

d. Data Universal Numbering System (DUNS) Number

1 0 – **5 7 8** – **0 0 6 3**

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

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

e. Are multiple DUNS covered in this report? 1 ☐ Yes 2 **X** 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
COUNTY OF MUSKEGON, MICHIGAN

b. Auditee address *(Number and street)*
990 TERRACE STREET
City
MUSKEGON
State **MI**   ZIP + 4 Code **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

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

a. Primary auditor name
REHMANN ROBSON

b. Primary auditor address *(Number and street)*
3145 HENRY STREET, STE. 200
City
MUSKEGON
State **MI**   ZIP + 4 Code **4 9 4 4 1** – [　]

c. Primary auditor contact
Name
GREGORY LAPRES
Title
PRINCIPAL

d. Primary auditor contact telephone
(**231**) **739** – **9441**

e. Primary auditor contact FAX
(**231**) **733** – **0031**

f. Primary auditor contact E-mail
GREG.LAPRES@REHMANN.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
ELECTRONICALLY CERTIFIED	**5/21/2009**

Name of certifying official
JOSEPH W SIEDENSTRANG

Title of certifying official
ACCOUNTING MANAGER

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

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

Auditor certification	Date
ELECTRONICALLY CERTIFIED	**5/21/2009**

SUBMITTED

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

1. Type of audit report

Mark either: 1 [X] 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 [X] No

3. Is a significant deficiency disclosed? 1 [ ] Yes 2 [X] 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 [X] 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 [X] No

2. What is the dollar threshold to distinguish Type A and Type B programs? (OMB Circular A-133 §___ .520(b)) $ **609,763**

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

4. Is a significant deficiency disclosed for any major program? (§ ___ .510(a)(1)) 1 [X] 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 [X] No

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

7. Were Prior Audit Findings related to **direct** funding shown in the Summary Schedule of Prior Audit Findings? (§___.315(b)) 1 [ ] Yes 2 [X] 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 [ ] U.S. Agency for International Development
10 [ ] Agriculture
23 [ ] Appalachian Regional Commission
11 [X] Commerce
94 [ ] Corporation for National and Community Service
12 [ ] Defense
84 [ ] Education
81 [ ] Energy
66 [ ] Environmental Protection Agency

39 [ ] General Services Administration
93 [ ] Health and Human Services
97 [ ] Homeland Security
14 [ ] Housing and Urban Development
03 [ ] Institute of Museum and Library Services
15 [ ] Interior
16 [ ] Justice
17 [ ] Labor
09 [ ] Legal Services Corporation

43 [ ] National Aeronautics and Space Administration
89 [ ] National Archives and Records Administration
05 [ ] National Endowment for the Arts
06 [ ] National Endowment for the Humanities
47 [ ] National Science Foundation
07 [ ] Office of National Drug Control Policy
59 [ ] Small Business Administration

96 [ ] Social Security Administration
19 [ ] U.S. Department of State
20 [X] Transportation
21 [ ] Treasury
64 [ ] Veterans Affairs
00 [ ] **None**
[ ] Other – *Specify:*

Primary EIN: **3 8 – 6 0 0 6 0 6 3**

PART III — FEDERAL PROGRAMS – Continued

9. FEDERAL AWARDS EXPENDED DURING FISCAL YEAR

10. AUDIT FINDINGS

CFDA Number (a) Federal Agency Prefix[1]	Extension[2]	Research and development (c)	Name of Federal program (d)	Amount expended (e)	Direct award (f)	Major program — Major program (g)	Major program — If yes, type of audit report[3] (h)	Type(s) of compliance requirement(s)[4] (a)	Audit finding reference number(s)[5] (b)
1 0	.553	1 ☐ Yes 2 ☒ No	SCHOOL BREAKFAST PROGRAM	$ 11,378.00	1 ☒ Yes 2 ☐ No	1 ☐ Yes 2 ☒ No		O	N/A
1 0	.555	1 ☐ Yes 2 ☒ No	NATIONAL SCHOOL LUNCH PROGRAM	$ 17,441.00	1 ☒ Yes 2 ☐ No	1 ☐ Yes 2 ☒ No		O	N/A
1 0	.557	1 ☐ Yes 2 ☒ No	WIC	$ 915,533.00	1 ☐ Yes 2 ☒ No	1 ☒ Yes 2 ☐ No	U	B	2008-1
1 0	.561	1 ☐ Yes 2 ☒ No	STATE ADMIN MATCHING GRANTS FOR SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM	$ 2,450.00	1 ☐ Yes 2 ☒ No	1 ☐ Yes 2 ☒ No		O	N/A
1 1	.300	1 ☐ Yes 2 ☒ No	PUBLIC WORKS AND ECONOMIC DEVELOPMENT FACILITIES	$ 2,092,244.00	1 ☒ Yes 2 ☐ No	1 ☒ Yes 2 ☐ No	U	B	2008-1
1 4	.228	1 ☐ Yes 2 ☒ No	COMMUNITY DEVELOPMENT BLOCK GRANTS	$ 736,265.00	1 ☐ Yes 2 ☒ No	1 ☒ Yes 2 ☐ No	U	O	N/A
1 4	.235	1 ☐ Yes 2 ☒ No	HUD SUPPORTIVE HOUSING	$ 108,272.00	1 ☐ Yes 2 ☒ No	1 ☐ Yes 2 ☒ No		O	N/A
1 4	.900	1 ☐ Yes 2 ☒ No	LEAD-BASED PAINT HAZARD CONTROL	$ 12,334.00	1 ☐ Yes 2 ☒ No	1 ☐ Yes 2 ☒ No		O	N/A
1 6	.523	1 ☐ Yes 2 ☒ No	JUVENILE ACCOUNTABILITY	$ 6,680.00	1 ☐ Yes 2 ☒ No	1 ☐ Yes 2 ☒ No		O	N/A
1 6	.575	1 ☐ Yes 2 ☒ No	CRIME VICTIM ASSISTANCE	$ 65,090.00	1 ☐ Yes 2 ☒ No	1 ☐ Yes 2 ☒ No		O	N/A

TOTAL FEDERAL AWARDS EXPENDED → $ 22,102,543.00

[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, 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

[5] N/A for NONE

PART III — FEDERAL PROGRAMS – Continued

9. FEDERAL AWARDS EXPENDED DURING FISCAL YEAR

10. AUDIT FINDINGS

CFDA Number Federal Agency Prefix[1] (a)	Extension[2] (b)	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 6	.579	1 ☐ Yes / 2 ☒ No	EDWARD BYRNE MEMORIAL FORMULA GRANT PROGRAM	$ 114,619.00	1 ☒ Yes / 2 ☐ No	1 ☐ Yes / 2 ☒ No		O	N/A
1 6	.606	1 ☐ Yes / 2 ☒ No	STATE CRIMINAL ALIEN ASSISTANCE	$ 12,347.00	1 ☒ Yes / 2 ☐ No	1 ☐ Yes / 2 ☒ No		O	N/A
1 7	.207	1 ☐ Yes / 2 ☒ No	EMPLOYMENT SERVICE / WAGNER PEYSER FUNDED ACTIVITIES	$ 374,196.00	1 ☐ Yes / 2 ☒ No	1 ☐ Yes / 2 ☒ No		O	N/A
1 7	.245	1 ☐ Yes / 2 ☒ No	TRADE ADJUSTMENT ASSISTANCE	$ 1,205,385.00	1 ☐ Yes / 2 ☒ No	1 ☐ Yes / 2 ☒ No		O	N/A
1 7	.258	1 ☐ Yes / 2 ☒ No	WIA ADULT PROGRAM	$ 1,472,111.00	1 ☐ Yes / 2 ☒ No	1 ☒ Yes / 2 ☐ No	U	B	2008-2
1 7	.259	1 ☐ Yes / 2 ☒ No	WIA YOUTH ACTIVITIES	$ 1,104,082.00	1 ☐ Yes / 2 ☒ No	1 ☒ Yes / 2 ☐ No	U	B	2008-2
1 7	.260	1 ☐ Yes / 2 ☒ No	WIA DISLOCATED WORKERS	$ 1,676,893.00	1 ☐ Yes / 2 ☒ No	1 ☒ Yes / 2 ☐ No	U	B	2008-2
1 7	.261	1 ☐ Yes / 2 ☒ No	WIA PROJECTS	$ 543,590.00	1 ☐ Yes / 2 ☒ No	1 ☐ Yes / 2 ☒ No		O	N/A
1 7	.266	1 ☐ Yes / 2 ☒ No	WORK INCENTIVE GRANT	$ 5,916.00	1 ☐ Yes / 2 ☒ No	1 ☐ Yes / 2 ☒ No		O	N/A
2 0	.106	1 ☐ Yes / 2 ☒ No	AIRPORT IMPROVEMENT GRANT	$ 592,386.00	1 ☐ Yes / 2 ☒ No	1 ☐ Yes / 2 ☒ No		O	N/A

TOTAL FEDERAL AWARDS EXPENDED ⟶ $ 22,102,543.00

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[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, 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

[5] N/A for NONE

PART III — FEDERAL PROGRAMS – Continued

9. FEDERAL AWARDS EXPENDED DURING FISCAL YEAR

10. AUDIT FINDINGS

CFDA Number Federal Agency Prefix (a)	Extension (b)	Research and development (c)	Name of Federal program (d)	Amount expended (e)	Direct award (f)	Major program (g)	If yes, type of audit report (h)	Type(s) of compliance requirement(s) (a)	Audit finding reference number(s) (b)
2 0	.507	1 ☐ Yes 2 ☒ No	FEDERAL TRANSIT - FORMULA GRANTS	$ 1,415,427.00	1 ☒ Yes 2 ☐ No	1 ☐ Yes 2 ☒ No		B	2008-2
2 0	.600	1 ☐ Yes 2 ☒ No	STATE AND COMMUNITY HIGHWAY SAFETY	$ 42,512.00	1 ☐ Yes 2 ☒ No	1 ☐ Yes 2 ☒ No		O	N/A
2 0	.601	1 ☐ Yes 2 ☒ No	ALCOHOL/TRAFFIC SAFETY AND DRUNK DRIVING PREVENTION INCENTIVE GRANTS	$ 928.00	1 ☒ Yes 2 ☐ No	1 ☐ Yes 2 ☒ No		O	N/A
2 0	.602	1 ☐ Yes 2 ☒ No	OCCUPANT PROTECTION	$ 3,960.00	1 ☒ Yes 2 ☐ No	1 ☐ Yes 2 ☒ No		O	N/A
2 0	.609	1 ☐ Yes 2 ☒ No	SAFETY BELT PERFORMANCE GRANTS	$ 9,209.00	1 ☒ Yes 2 ☐ No	1 ☐ Yes 2 ☒ No		O	N/A
6 6	.458	1 ☐ Yes 2 ☒ No	CAPITALIZATION GRANTS FOR CLEAN WATER STATE REVOLVING FUNDS	$ 1,777,108.00	1 ☐ Yes 2 ☒ No	1 ☒ Yes 2 ☐ No	U	O	N/A
6 6	.471	1 ☐ Yes 2 ☒ No	STATE GRANTS TO REIMBURSE OPERATORS OF SMALL WATER SYSTEMS	$ 5,000.00	1 ☐ Yes 2 ☒ No	1 ☐ Yes 2 ☒ No		O	N/A
6 6	.472	1 ☐ Yes 2 ☒ No	BEACH MONITORING AND NOTIFICATION PROGRAM	$ 12,892.00	1 ☐ Yes 2 ☒ No	1 ☐ Yes 2 ☒ No		O	N/A
8 3	.544	1 ☐ Yes 2 ☒ No	EMERGENCY SERVICES	$ 40,752.00	1 ☐ Yes 2 ☒ No	1 ☐ Yes 2 ☒ No		O	N/A
9 3	.150	1 ☐ Yes 2 ☒ No	PATH	$ 43,500.00	1 ☐ Yes 2 ☒ No	1 ☐ Yes 2 ☒ No		O	N/A

TOTAL FEDERAL AWARDS EXPENDED ——→ $ 22,102,543.00

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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, 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

5 N/A for NONE

PART III   FEDERAL PROGRAMS – Continued

9. FEDERAL AWARDS EXPENDED DURING FISCAL YEAR

10. AUDIT FINDINGS

Federal Agency Prefix[1] (a)	Extension[2] (b)	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	.268	2 ☒ No	IMMUNIZATION GRANTS	$ 1,474,843.00	2 ☒ No	2 ☒ No		O	N/A
9 3	.283	2 ☒ No	CENTERS FOR DISEASE CONTROL	$ 324,375.00	2 ☒ No	2 ☒ No		O	N/A
9 3	.778	2 ☒ No	MEDICAL ASSISTANCE PROGRAM	$ 165,228.00	2 ☒ No	1 ☒ Yes	U	B	2008-1
9 3	.940	2 ☒ No	AIDS PREVENTION	$ 100,052.00	2 ☒ No	2 ☒ No		O	N/A
9 3	.958	2 ☒ No	BLOCK GRANTS FOR COMMUNITY MENTAL HEALTH	$ 300,244.00	2 ☒ No	2 ☒ No		O	N/A
9 3	.959	2 ☒ No	PREVENTION AND TREATMENT OF SUBSTANCE ABUSE	$ 5,766.00	2 ☒ No	2 ☒ No		O	N/A
9 3	.997	2 ☒ No	SEXUALLY TRANSMITTED DISEASE CONTROL	$ 24,643.00	2 ☒ No	2 ☒ No		O	N/A
9 3	.991	2 ☒ No	PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT	$ 46,286.00	2 ☒ No	2 ☒ No		O	N/A
9 3	.994	2 ☒ No	MATERNAL AND CHILD HEALTH SERVICES	$ 201,531.00	2 ☒ No	2 ☒ No		O	N/A
9 3	.563	2 ☒ No	CHILD SUPPORT ENFORCEMENT PROGRAM	$ 1,498,760.00	2 ☒ No	2 ☒ No		O	N/A

TOTAL FEDERAL AWARDS EXPENDED ⟶ $ 22,102,543.00

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[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, 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

[5] N/A for NONE

PART III — FEDERAL PROGRAMS – Continued

9. FEDERAL AWARDS EXPENDED DURING FISCAL YEAR

10. AUDIT FINDINGS

CFDA Number Federal Agency Prefix [1] (a)	Extension [2] (b)	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	.558	1☐Yes 2☒No	TEMPORARY ASSISTANCE FOR NEEDY FAMILIES	$ 3,219,450.00	1☐Yes 2☒No	1☒Yes 2☐No	U	O	N/A
9 3	.959	1☐Yes 2☒No	BLOCK GRANTS FOR PREVENTION AND TREATMENT OF SUBSTANCE ABUSE	$ 103,915.00	1☐Yes 2☒No	1☐Yes 2☒No		O	N/A
9 7	.067	1☐Yes 2☒No	HOMELAND SECURITY	$ 129,227.00	1☐Yes 2☒No	1☐Yes 2☒No		O	N/A
9 7	.012	1☐Yes 2☒No	BOATING SAFETY FINANCIAL ASSISTANCE	$ 17,723.00	1☐Yes 2☒No	1☐Yes 2☒No		O	N/A
9 3	.575	1☐Yes 2☒No	CHILD CARE AND DEVELOPMENT BLOCK GRANT	$ 70,000.00	1☐Yes 2☒No	1☐Yes 2☒No		O	N/A
.		1☐Yes 2☐No		$ .00	1☐Yes 2☐No	1☐Yes 2☐No			
.		1☐Yes 2☐No		$ .00	1☐Yes 2☐No	1☐Yes 2☐No			
.		1☐Yes 2☐No		$ .00	1☐Yes 2☐No	1☐Yes 2☐No			
.		1☐Yes 2☐No		$ .00	1☐Yes 2☐No	1☐Yes 2☐No			
.		1☐Yes 2☐No		$ .00	1☐Yes 2☐No	1☐Yes 2☐No			

TOTAL FEDERAL AWARDS EXPENDED ⟶ $ 22,102,543.00

[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, 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

[5] N/A for NONE

PART I — Item 5 Continuation Sheet

c. List the multiple Employer Identification Numbers (EINs) covered in this report.

f. List the multiple DUNS covered in the report.

SUBMITTED DATA

c. EINs (N/A)

1	21	41
2	22	42
3	23	43
4	24	44
5	25	45
6	26	46
7	27	47
8	28	48
9	29	49
10	30	50
11	31	51
12	32	52
13	33	53
14	34	54
15	35	55
16	36	56
17	37	57
18	38	58
19	39	59
20	40	60

f. DUNS (N/A)

1	21
2	22
3	23
4	24
5	25
6	26
7	27
8	28
9	29
10	30
11	31
12	32
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14	34
15	35
16	36
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18	38
19	39
20	40

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)*

(watermark: SUBMITTED DATA)

1. a. Secondary Auditor name
N / A

b. Secondary Auditor address *(Number and street)*

City

State — ZIP + 4 Code

c. Secondary Auditor contact Name

Title

d. Secondary Auditor contact telephone ( ) —

e. Secondary Auditor contact FAX ( ) —

f. Secondary Auditor contact E-mail

2. a. Secondary Auditor name

b. Secondary Auditor address *(Number and street)*

City

State — ZIP + 4 Code

c. Secondary Auditor contact Name

Title

d. Secondary Auditor contact telephone ( ) —

e. Secondary Auditor contact FAX ( ) —

f. Secondary Auditor contact E-mail

3. a. Secondary Auditor name

b. Secondary Auditor address *(Number and street)*

City

State — ZIP + 4 Code

c. Secondary Auditor contact Name

Title

d. Secondary Auditor contact telephone ( ) —

e. Secondary Auditor contact FAX ( ) —

f. Secondary Auditor contact E-mail

4. a. Secondary Auditor name

b. Secondary Auditor address *(Number and street)*

City

State — ZIP + 4 Code

c. Secondary Auditor contact Name

Title

d. Secondary Auditor contact telephone ( ) —

e. Secondary Auditor contact FAX ( ) —

f. Secondary Auditor contact E-mail

5. a. Secondary Auditor name

b. Secondary Auditor address *(Number and street)*

City

State — ZIP + 4 Code

c. Secondary Auditor contact Name

Title

d. Secondary Auditor contact telephone ( ) —

e. Secondary Auditor contact FAX ( ) —

f. Secondary Auditor contact E-mail

6. a. Secondary Auditor name

b. Secondary Auditor address *(Number and street)*

City

State — ZIP + 4 Code

c. Secondary Auditor contact Name

Title

d. Secondary Auditor contact telephone ( ) —

e. Secondary Auditor contact FAX ( ) —

f. Secondary Auditor contact E-mail

FAC DETERMINED DATA

* FAC DETERMINED TYPE OF ENTITY: **Non-Profit Other Organization**

* FAC DETERMINED CURRENT YEAR DIRECT FINDINGS: **YES**

* 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: **11**

* 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