

**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.</b> Fiscal period ending date for this submission   | <b>2.</b> Type of Circular A-133 audit | <b>3.</b> Audit period covered |      |    |    |      |   |   |
| <table border="1"> <tr> <td>Month</td> <td>Day</td> <td>Year</td> </tr> <tr> <td>09</td> <td>30</td> <td>2009</td> </tr> </table> | Month                                  | Day                            | Year | 09 | 30 | 2009 | 1 <input checked="" type="checkbox"/> Single audit<br>2 <input type="checkbox"/> Program-specific audit | 1 <input checked="" type="checkbox"/> Annual    3 <input type="checkbox"/> Other — <input type="text"/> Months<br>2 <input type="checkbox"/> Biennial |
| Month   | Day                                    | Year                           |      |    |    |      |   |   |
| 09  | 30                                     | 2009                           |      |    |    |      |   |   |

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

|   |  |
|---|--|
| <b>5. AUDITEE INFORMATION</b>   | <b>6. PRIMARY AUDITOR INFORMATION</b><br>(To be completed by auditor)  |
| <b>a.</b> Auditee name<br>COUNTY OF MUSKEGON, MICHIGAN  | <b>a.</b> Primary auditor name<br>REHMANN ROBSON   |
| <b>b.</b> Auditee address (Number and street)<br>990 TERRACE STREET<br>City<br>MUSKEGON<br>State<br>MI<br>ZIP + 4 Code<br>4 9 4 4 2 | <b>b.</b> Primary auditor address (Number and street)<br>570 SEMINOLE RD<br>City<br>MUSKEGON<br>State<br>MI<br>ZIP + 4 Code<br>4 9 4 4 4 |
| <b>c.</b> Auditee contact<br>Name<br>JOSEPH W. SIEDENSTRANG<br>Title<br>ACCOUNTING MANAGER  | <b>c.</b> Primary auditor contact<br>Name<br>PAUL MATZ<br>Title<br>SENIOR MANAGER  |
| <b>d.</b> Auditee contact telephone<br>(231) 724 — 6205   | <b>d.</b> Primary auditor contact telephone<br>(231) 739 — 9441  |
| <b>e.</b> Auditee contact FAX<br>(231) 724 — 1251   | <b>e.</b> Primary auditor contact FAX<br>(231) 733 — 0031  |
| <b>f.</b> Auditee contact E-mail<br>SIEDENSTRANGJO@CO.MUSKEGON.MI.US  | <b>f.</b> Primary auditor contact E-mail<br>PAUL.MATZ@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      |
| <b>ELECTRONICALLY CERTIFIED</b> | 3/17/2010 |

|                              |
|------------------------------|
| Name of certifying official  |
| <b>JOSEPH SIEDENSTRANG</b>   |
| Title of certifying official |
| <b>ACCOUNTING MANAGER</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> | 3/17/2010 |

**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 § .520(b))** \$ 617,619
- 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<br>10 <input type="checkbox"/> Agriculture<br>23 <input type="checkbox"/> Appalachian Regional Commission<br>11 <input type="checkbox"/> Commerce<br>94 <input type="checkbox"/> Corporation for National and Community Service<br>12 <input type="checkbox"/> Defense<br>84 <input type="checkbox"/> Education<br>81 <input type="checkbox"/> Energy<br>66 <input type="checkbox"/> Environmental Protection Agency   | 39 <input type="checkbox"/> General Services Administration<br>93 <input type="checkbox"/> Health and Human Services<br>97 <input type="checkbox"/> Homeland Security<br>14 <input type="checkbox"/> Housing and Urban Development<br>03 <input type="checkbox"/> Institute of Museum and Library Services<br>15 <input type="checkbox"/> Interior<br>16 <input type="checkbox"/> Justice<br>17 <input type="checkbox"/> Labor<br>09 <input type="checkbox"/> Legal Services Corporation | 43 <input type="checkbox"/> National Aeronautics and Space Administration<br>89 <input type="checkbox"/> National Archives and Records Administration<br>05 <input type="checkbox"/> National Endowment for the Arts<br>06 <input type="checkbox"/> National Endowment for the Humanities<br>47 <input type="checkbox"/> National Science Foundation<br>07 <input type="checkbox"/> Office of National Drug Control Policy<br>59 <input type="checkbox"/> Small Business Administration |
| 96 <input type="checkbox"/> Social Security Administration<br>49 <input checked="" type="checkbox"/> U.S. Department of State<br>20 <input type="checkbox"/> Transportation<br>21 <input type="checkbox"/> Treasury<br>64 <input type="checkbox"/> Veterans Affairs<br>00 <input checked="" type="checkbox"/> None<br><input type="checkbox"/> Other – Specify: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; vertical-align: middle;"></span><br><span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; vertical-align: middle;"></span> |  |   |

**PART III FEDERAL PROGRAMS - Continued**

| 9. FEDERAL AWARDS EXPENDED DURING FISCAL YEAR |             | 10. AUDIT FINDINGS     |   |                         |  |  |   |   |  |
|---|-------------|------------------------|---|-------------------------|--|--|---|---|--|
| Federal Agency Prefix <sup>1</sup>            | CFDA Number | Extension <sup>2</sup> | 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) |
|   |             |                        |   |                         |  | Major program  | If yes, type of audit report <sup>3</sup> (h) |   |  |
| 1 0   | .553        |                        | NATIONAL SCHOOL BREAKFAST PROGRAM   | \$ 10,865.00            | 1 <input checked="" type="checkbox"/> Yes<br>2 <input type="checkbox"/> No | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No |   | O   | N/A  |
| 1 0   | .557        |                        | SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS, & CHILDREN     | \$ 1,009,301.00         | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | 1 <input checked="" type="checkbox"/> Yes<br>2 <input type="checkbox"/> No |   | O   | N/A  |
| 1 0   | .561        |                        | STATE ADMINISTRATION GRANTS FOR SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM | \$ 484.00               | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No |   | O   | N/A  |
| 1 1   | .300        |                        | INVESTMENTS FOR PUBLIC WORKS AND ECONOMIC DEVELOPMENT FACILITIES          | \$ 372,648.00           | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No |   | O   | N/A  |
| 1 4   | .235        |                        | HUD SUPPORTIVE HOUSING  | \$ 100,950.00           | 1 <input checked="" type="checkbox"/> Yes<br>2 <input type="checkbox"/> No | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No |   | O   | N/A  |
| 1 4   | .228        |                        | COMMUNITY DEVELOPMENT BLOCK GRANT - HOUSING                               | \$ 282,947.00           | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No |   | O   | N/A  |
| 1 6   | .606        |                        | STATE CRIMINAL ALIEN ASSISTANCE   | \$ 15,340.00            | 1 <input checked="" type="checkbox"/> Yes<br>2 <input type="checkbox"/> No | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No |   | O   | N/A  |
| 1 6   | .738        |                        | EDWARD BYRNE MEMORIAL JUSTICE ASSISTANCE GRANT PROGRAM - TASERS           | \$ 16,764.00            | 1 <input checked="" type="checkbox"/> Yes<br>2 <input type="checkbox"/> No | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No |   | O   | N/A  |
| 1 6   | .575        |                        | CRIME VICTIM ASSISTANCE   | \$ 69,042.00            | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No |   | O   | N/A  |
| 1 6   | .579        |                        | EDWARD BYRNE MEMORIAL FORMULA GRANT PROGRAM                               | \$ 17,664.00            | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No |   | O   | N/A  |
| <b>TOTAL FEDERAL AWARDS EXPENDED</b>          |             |                        |   | <b>\$ 21,775,644.00</b> |  |  |   |   |  |

<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

**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 (g)  |   | Type(s) of compliance requirement(s) <sup>4</sup> (a) | Audit finding reference number(s) <sup>5</sup> (b) |
|   |  |  |   |                     |  | Major program  | If yes, type of audit report <sup>3</sup> (h) |   |  |
| 1 6   | .609                                   | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | COMMUNITY PROSECUTION AND PROJECT SAFE NEIGHBORHOODS      | \$ 8,964.00         | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No |   | O   | N/A  |
| 1 6   | .753                                   | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | JAVA SCREENING AND ASSESSMENT                             | \$ 266,477.00       | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No |   | O   | N/A  |
| 1 7   | .207                                   | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | EMPLOYMENT SERVICE/WAGNER PEYSER FUNDED ACTIVITIES        | \$ 330,194.00       | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No |   | O   | N/A  |
| 1 7   | .245                                   | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | TRADE ADJUSTMENT ASSISTANCE                               | \$ 1,822,967.00     | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No |   | O   | N/A  |
| 1 7   | .258                                   | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | WIA- ADULT  | \$ 1,098,561.00     | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | 1 <input checked="" type="checkbox"/> Yes<br>2 <input type="checkbox"/> No | U   | ILM   | 2009-2,3,4   |
| 1 7   | .259                                   | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | WIA-YOUTH   | \$ 1,092,611.00     | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | 1 <input checked="" type="checkbox"/> Yes<br>2 <input type="checkbox"/> No | U   | ILM   | 2009-2,3,4   |
| 1 7   | .260                                   | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | WIA DISLOCATED WORKER                                     | \$ 1,915,677.00     | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | 1 <input checked="" type="checkbox"/> Yes<br>2 <input type="checkbox"/> No | U   | ILM   | 2009-2,3,4   |
| 1 7   | .261                                   | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | WIA PILOTS, DEMONSTRATIONS, AND RESEARCH PROJECTS - WIRED | \$ 111,682.00       | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No |   | O   | N/A  |
| 1 7   | .266                                   | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | WORKER INCENTIVE GRANT (DPN)                              | \$ 8,046.00         | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No |   | O   | N/A  |
| 2 0   | .507                                   | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | FEDERAL TRANSIT - FORMULA GRANTS                          | \$ 2,359,217.00     | 1 <input checked="" type="checkbox"/> Yes<br>2 <input type="checkbox"/> No | 1 <input checked="" type="checkbox"/> Yes<br>2 <input type="checkbox"/> No | U   | O   | N/A  |
| <b>TOTAL FEDERAL AWARDS EXPENDED</b>          |  |  |   | \$ 21,775,644.00    |  |  |   |   |  |

<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
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- 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      |  |  |  |  |                                       |
|---|-----------------------------|-------------------------|--|--|--|--|---------------------------------------|
| CFDA Number                                   | Name of Federal program (d) | Amount expended (e)     | Direct award (f)   | Major program (g)  | Major program (h)  | Type(s) of compliance requirement(s) (a) | Audit finding reference number(s) (b) |
| Federal Agency Prefix <sup>1</sup> (a)        | Extension <sup>2</sup> (b)  |                         |  | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No |  |                                       |
| 2 0   | .600                        | \$ 40,544.00            | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No |  | O  | N/A                                   |
| 2 0   | .602                        | \$ 7,988.00             | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No |  | O  | N/A                                   |
| 2 0   | .705                        | \$ 5,310.00             | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No |  | O  | N/A                                   |
| 2 0   | .521                        | \$ 20,000.00            | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No |  | O  | N/A                                   |
| 2 0   | .516                        | \$ 8,000.00             | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No |  | O  | N/A                                   |
| 2 0   | .703                        | \$ 2,008.00             | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No |  | O  | N/A                                   |
| 6 6   | .458                        | \$ 1,188,336.00         | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No |  | O  | N/A                                   |
| 6 6   | .472                        | \$ 23,165.00            | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No |  | O  | N/A                                   |
| 9 3   | .150                        | \$ 41,164.00            | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No |  | O  | N/A                                   |
| 9 3   | .268                        | \$ 485,638.00           | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No |  | O  | N/A                                   |
| <b>TOTAL FEDERAL AWARDS EXPENDED</b>          |                             | <b>\$ 21,775,644.00</b> |  |  |  |  |                                       |

<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.

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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   |  |  |                                       |
|---|---|------------------------------|--|--|--|--|---------------------------------------|
| CFDA Number                                   | Name of Federal program (d)   | Amount expended (e)          | Direct award (f)   | Major program (g)  | Major program (h)  | Type(s) of compliance requirement(s) (a) | Audit finding reference number(s) (b) |
| Federal Agency Prefix <sup>1</sup> (a)        | Extension <sup>2</sup> (b)  | Research and development (c) | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No |  |                                       |
| 9 3   | .283 CDC - INVESTIGATIONS AND TECHNICAL ASSISTANCE                            | \$ 280,484.00                | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | O  | N/A                                   |
| 9 3   | .575 CHILD CARE AND DEVELOPMENT BLOCK GRANT                                   | \$ 68,458.00                 | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | O  | N/A                                   |
| 9 3   | .778 MEDICAL ASSISTANCE PROGRAM   | \$ 130,782.00                | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | O  | N/A                                   |
| 9 3   | .940 AIDS PREVENTION ACTIVITIES   | \$ 100,052.00                | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | O  | N/A                                   |
| 9 3   | .958 BLOCK GRANTS FOR COMMUNITY MENTAL HEALTH SERVICES                        | \$ 279,273.00                | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | O  | N/A                                   |
| 9 3   | .959 BLOCK GRANTS FOR PREVENTION AND TREATMENT OF SUBSTANCE ABUSE             | \$ 302,332.00                | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | O  | N/A                                   |
| 9 3   | .997 SEXUALLY TRANSMITTED DISEASE CONTROL                                     | \$ 35,465.00                 | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | O  | N/A                                   |
| 9 3   | .991 PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT - SEXUALLY TRANSMITTED | \$ 35,464.00                 | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | O  | N/A                                   |
| 9 3   | .994 MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT                           | \$ 197,281.00                | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | O  | N/A                                   |
| 9 3   | .563 CHILD SUPPORT ENFORCEMENT PROGRAM  | \$ 2,288,868.00              | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | O  | N/A                                   |
| <b>TOTAL FEDERAL AWARDS EXPENDED</b>          |   | <b>\$ 21,775,644.00</b>      |  |  |  |  |                                       |

<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

**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 (g)  |   | Type(s) of compliance requirement(s) <sup>4</sup> (a) | Audit finding reference number(s) <sup>5</sup> (b) |
|   |  |  |  |                     |  | Major program  | If yes, type of audit report <sup>3</sup> (h) |   |  |
| 93  | .558                                   | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | TEMPORARY ASSISTANCE FOR NEEDY FAMILIES WORKFIRST            | \$ 3,077,178.00     | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No |   | O   | N/A  |
| 93  | .559                                   | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | BLOCK GRANTS FOR PREVENTION AND TREATMENT OF SUBSTANCE ABUSE | \$ 102,469.00       | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No |   | O   | N/A  |
| 97  | .067                                   | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | HOMELAND SECURITY GRANT                                      | \$ 143,972.00       | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No |   | O   | N/A  |
| 97  | .012                                   | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | BOATING SAFETY FINANCIAL ASSISTANCE                          | \$ 7,000.00         | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No |   | O   | N/A  |
| 10  | .555                                   | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | NATIONAL SCHOOL LUNCH PROGRAM                                | \$ 16,646.00        | 1 <input checked="" type="checkbox"/> Yes<br>2 <input type="checkbox"/> No | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No |   | O   | N/A  |
| 17  | .258                                   | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | ARRA ARRA - WIA - ADULT                                      | \$ 276,986.00       | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | 1 <input checked="" type="checkbox"/> Yes<br>2 <input type="checkbox"/> No | U   | ILM   | 2009-2,3,4   |
| 17  | .259                                   | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | ARRA ARRA - WIA - YOUTH                                      | \$ 945,809.00       | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | 1 <input checked="" type="checkbox"/> Yes<br>2 <input type="checkbox"/> No | U   | ILM   | 2009-2,3,4   |
| 17  | .260                                   | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | ARRA ARRA - WIA DISLOCATED WORKER                            | \$ 432,479.00       | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | 1 <input checked="" type="checkbox"/> Yes<br>2 <input type="checkbox"/> No | U   | ILM   | 2009-2,3,4   |
| 20  | .507                                   | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No | ARRA ARRA - FEDERAL TRANSIT                                  | \$ 327,092.00       | 1 <input checked="" type="checkbox"/> Yes<br>2 <input type="checkbox"/> No | 1 <input checked="" type="checkbox"/> Yes<br>2 <input type="checkbox"/> No | U   | O   | N/A  |
| <b>TOTAL FEDERAL AWARDS EXPENDED</b>          |  |  |  | \$ 21,775,644.00    |  |  |   |   |  |

<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



**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<br/>N / A</p> <p><b>b.</b> Secondary Auditor address (Number and street)</p> <p>City</p> <p>State ZIP + 4 Code<br/>SUBWIL</p> <p><b>c.</b> Secondary Auditor contact Name<br/>Secondary Auditor contact<br/>SUBWIL</p> <p>Title</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<br/>TTLED</p> <p><b>c.</b> Secondary Auditor contact Name<br/>Secondary Auditor contact<br/>TTLED</p> <p>Title</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<br/>ATAA</p> <p><b>c.</b> Secondary Auditor contact Name<br/>Secondary Auditor contact<br/>ATAA</p> <p>Title</p> |
| <p><b>d.</b> Secondary Auditor contact telephone<br/>( ) -</p> <p><b>e.</b> Secondary Auditor contact FAX<br/>( ) -</p> <p><b>f.</b> Secondary Auditor contact E-mail</p>  | <p><b>d.</b> Secondary Auditor contact telephone<br/>( ) -</p> <p><b>e.</b> Secondary Auditor contact FAX<br/>( ) -</p> <p><b>f.</b> Secondary Auditor contact E-mail</p>  | <p><b>d.</b> Secondary Auditor contact telephone<br/>( ) -</p> <p><b>e.</b> Secondary Auditor contact FAX<br/>( ) -</p> <p><b>f.</b> Secondary Auditor contact E-mail</p>  |
| <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<br/>- -</p> <p><b>c.</b> Secondary Auditor contact Name<br/>Secondary Auditor contact</p> <p>Title</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<br/>- -</p> <p><b>c.</b> Secondary Auditor contact Name<br/>Secondary Auditor contact</p> <p>Title</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<br/>- -</p> <p><b>c.</b> Secondary Auditor contact Name<br/>Secondary Auditor contact</p> <p>Title</p>           |
| <p><b>d.</b> Secondary Auditor contact telephone<br/>( ) -</p> <p><b>e.</b> Secondary Auditor contact FAX<br/>( ) -</p> <p><b>f.</b> Secondary Auditor contact E-mail</p>  | <p><b>d.</b> Secondary Auditor contact telephone<br/>( ) -</p> <p><b>e.</b> Secondary Auditor contact FAX<br/>( ) -</p> <p><b>f.</b> Secondary Auditor contact E-mail</p>  | <p><b>d.</b> Secondary Auditor contact telephone<br/>( ) -</p> <p><b>e.</b> Secondary Auditor contact FAX<br/>( ) -</p> <p><b>f.</b> Secondary Auditor contact E-mail</p>  |
| <p><b>d.</b> Secondary Auditor contact telephone<br/>( ) -</p> <p><b>e.</b> Secondary Auditor contact FAX<br/>( ) -</p> <p><b>f.</b> Secondary Auditor contact E-mail</p>  | <p><b>d.</b> Secondary Auditor contact telephone<br/>( ) -</p> <p><b>e.</b> Secondary Auditor contact FAX<br/>( ) -</p> <p><b>f.</b> Secondary Auditor contact E-mail</p>  | <p><b>d.</b> Secondary Auditor contact telephone<br/>( ) -</p> <p><b>e.</b> Secondary Auditor contact FAX<br/>( ) -</p> <p><b>f.</b> Secondary Auditor contact E-mail</p>  |



## **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