OMP No. 0249 0057	U.S. Dept. of Comm Econ and Stat Admin U.S. Census Bureau
OMB No. 0348-0057	
09/17/2013	ACTING AS COLLECTING AGENT FOR OFFICE OF MANAGEMENT AND BUDGET
GENERAL INFORMATION	REPORTID: 674721 VERSION:1
1. Fiscal Period End Date	2. Type of Circular A-133 Audit
9/30/2015	Single Audit
3. Audit Period Covered	If Audit Period Other, Number of months
Annual	
4. Auditee Identification Numbers	
a. Auditee Employer Identification Number (EIN)	d. Auditee Data Universal Numbering System (DUNS) Number
38-6006063	10-578-0063
b. Are multiple EINS covered in this report?	e. Are multiple DUNS covered in this report?
No	No
If Yes, the additional EINs are listed on	If Yes, the additional DUNS are listed on
Additional EINS	Additional DUNS
5. AUDITEE INFORMATION	6. PRIMARY AUDITOR INFORMATION
a.Auditee Name	a.Audit Firm / Organization Name
COUNTY OF MUSKEGON	REHMANN ROBSON LLC
	b.Audit Firm / Organization EIN
	38-3635706
b.Auditee Address (Number and street)	c.Audit Firm / Organization Address (Number and street)
141 E. APPLE AVENUE	570 SEMINOLE ROAD SUITE 200
Auditee City	Auditor Firm/Organization City
MUSKEGON	MUSKEGON
Auditee State	Auditor Firm/Organization State
MI	MI
Auditee ZIP Code	Auditor Firm/Organization ZIP Code
49442	49444
c.Auditee Contact Name	d.Primary Auditor Name
DWIGHT D. AVERY, CPA, CGFM	PAUL R. MATZ, CPA, CGFM
Auditee Contact Title	Primary Auditor Title
ACCOUNTING MANAGER	PRINCIPAL
d.Auditee Contact Telephone	e.Primary Auditor Contact Telephone
(231)724-6205	(231)739-9441
e.Auditee Contact Fax	f.Primary Auditor Contact Fax
(231)724-4459	(231)733-0031
f.Auditee Contact E-mail	g.Primary Auditor Contact E-mail
AVERYDW@CO.MUSKEGON.MI.US	PAUL.MATZ@REHMANN.COM
	7. Was a secondary auditor used?
	No
	8. If Yes, the additional auditors are listed on
	Secondary Auditors

Form SF-SAC Single Audit Data Collection Form REPORTID: 674721 VERSION:1 FINANCIAL STATEMENTS SUMMARY 1. Type of audit report **Unmodified** 2. Is a 'going concern' emphasis-of-matter paragraph included in the audit report? No 3.Is a significant deficiency disclosed? Yes 4.Is a material weakness disclosed? No 5.Is a material noncompliance disclosed? No FEDERAL PROGRAMS SUMMARY 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) 2.What is the dollar threshold to distinguish Type A and Type B programs? (OMB Circular A-133 § _.520(b)) \$473,543 3.Did the auditee qualify as a low-risk auditee? (§_.530) Yes 4. Were Prior Audit Findings related to direct funding shown in the Summary Schedule of Prior Audit Findings? (§_.315(b)) Yes 5. 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. 20 - Department of Transportation

Form SF-	-SAC Single Audi	t Data Collection Form				REPO	RTID:	67472	21 VERSION:1	
		XPENDED DURING FISCAL YEAR								
Federal Agency Prefix	Extension ²	Federal Program Name	Amount Expended	R&D	Loan/Loan Guarantee	ARRA ³	Direct Award	Major Program (MP)	If yes (MP), type of audit report ⁴	Number of Audit Findings
(a)	(b)	(c)	(d)	(e)		(g)	(h)	(i)	(j)	(k)
10	553	SCHOOL BREAKFAST PROGRAM	\$14,724	N	N	N	N	N		0
10	555	NATIONAL SCHOOL LUNCH PROGRAM	\$27,331	N	N	N	N	N		0
10	557	SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS, AND CHILDREN	\$1,129,203	N	N	N	N	N		0
10	561	MATCHING GRANTS FOR THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM	\$10,059		N	N	N	N		0
11	463	HABITAT CONSERVATION	\$22,095	N	N	N	Y	N		0
14 14	218 228	COMMUNITY DEVELOPMENT BLOCK GRANTS/ENTITLEMENT GRANTS COMMUNITY DEVELOPMENT BLOCK GRANTS/STATE'S PROGRAM	\$75,069 \$71,132	N N	N N	N N	Y N	N N		0
14	900	LEAD-BASED PAINT HAZARD CONTROL IN PRIVATELY-OWNED HOUSING	\$363,030	N	N	N	Y	N		0
14	913	HEALTHY HOMES PRODUCTION PROGRAM	\$6,110	N	N	N	Y	N		0
15	226	PAYMENTS IN LIEU OF TAXES	\$28,101	N	N	N	Y	N		0
16	575	CRIME VICTIM ASSISTANCE	\$43,025	N	N	N	N	N		0
16	606	STATE CRIMINAL ALIEN ASSISTANCE PROGRAM	\$1,672	N	N	N	Υ	N		0
16	738	EDWARD BYRNE MEMORIAL JUSTICE ASSISTANCE GRANT PROGRAM	\$61,625	N	N	N	N	N		0
17	207	EMPLOYMENT SERVICE/WAGNER-PEYSER FUNDED ACTIVITIES	\$318,340	N	N	N	N	N		0
17	245	TRADE ADJUSTMENT ASSISTANCE	\$122,851	N	N	N	N	N		0
17	258	WIA/WIOA ADULT PROGRAM	\$803,545	N	N	N	N	N		0
17	259	WIA/WIOA YOUTH ACTIVITIES	\$547,267	N	N	N	N	N		0
17	278	WIA/WIOA DISLOCATED WORKER FORMULA GRANTS	\$348,802	N	N	N	N	N		0
17		WIA LOCAL ADMINISTRATION	\$168,196	N	N	N	N	N		0
17		JOBS FOR AMERICA GRADUATES JAG EXPANSION	\$61,427	N	N	N	N	N		0
17 17		YOUTH STATEWIDE FEDERAL FOOD PROGRAM WIA SWA MICHIGAN WORKS! AGENCY SERVICE CENTER OPERATIONS	\$1,935 \$53,496	N	N N	N N	N	N N		0
17	277	WIOA NATIONAL DISLOCATED WORKER GRANTS / WIA NATIONAL EMERGENCY GRANTS	\$1,381	N	N	N	N	N		0
17	282	TRADE ADJUSTMENT ASSISTANCE COMMUNITY COLLEGE AND CAREER TRAINING	\$20,000	N	N	N	N	N		0
20	500	FEDERAL TRANSIT CAPITAL INVESTMENT GRANTS	\$1,584,437	N	N	N	Y	Y	Unmodified	0
20	507	FEDERAL TRANSIT FORMULA GRANTS	\$2,549,689	N	N	N	Υ	Υ	Unmodified	0
20	526	BUS AND BUS FACILITIES FORMULA PROGRAM	\$307,216	N	N	N	N	Υ	Unmodified	0
20	513	ENHANCED MOBILITY OF SENIORS AND INDIVIDUALS WITH DISABILITIES	\$301	N	N	N	N	N		0
20	521	NEW FREEDOM PROGRAM	\$130,027	N	N	N	N	N		0
20	600	STATE AND COMMUNITY HIGHWAY SAFETY	\$61,656	N	N	N	N	N		0
20	601	ALCOHOL IMPAIRED DRIVING COUNTERMEASURES INCENTIVE GRANTS I	\$4,982	N	N	N	N	N		0
20	703	INTERAGENCY HAZARDOUS MATERIALS PUBLIC SECTOR TRAINING AND PLANNING GRANT	\$1,170	N	N	N	N	N		0
66	468	CAPITALIZATION GRANTS FOR DRINKING WATER STATE REVOLVING FUNDS	\$219	N	N	N	N	N		0
66	472	BEACH MONITORING AND NOTIFICATION PROGRAM IMPLEMENTATION GRANTS	\$9,166	N	N	N	N	N		0
93	069	PUBLIC HEALTH EMERGENCY PREPAREDNESS	\$137,318	_	N	N	N	N		0
93	268 524	IMMUNIZATION COOPERATIVE AGREEMENTS BUILDING CAPACITY OF THE PUBLIC HEALTH SYSTEM TO IMPROVE POPULATION HEALTH	\$179,540 \$59,000			N N	N	N N		0
93	539	PPHF CAPACITY BUILDING ASSISTANCE TO STRENGTHEN PUBLIC HEALTH IMMUNIZATION	\$8,512		N	N	N	N		0
93	558	TEMPORARY ASSISTANCE FOR NEEDY FAMILIES	\$2,549,759			N	N	N		0
93	563	CHILD SUPPORT ENFORCEMENT	\$2,891,692		N	N	N	N		0
93	597	GRANTS TO STATES FOR ACCESS AND VISITATION PROGRAMS	\$4,795	_	N	N	N	N		0
93	658	FOSTER CARE_TITLE IV-E	\$40,781	N	N	N	N	N		0
93	778	MEDICAL ASSISTANCE PROGRAM	\$56,500	N	N	N	N	N		0
93	940	HIV PREVENTION ACTIVITIES_HEALTH DEPARTMENT BASED	\$22,511	N	N	N	N	N		0
93	991	PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT	\$45,000	N	N	N	N	N		0
93	994	MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT TO THE STATES	\$195,826		N	N	N	N		0
95	001	HIGH INTENSITY DRUG TRAFFICKING AREAS PROGRAM	\$3,121	_	N	N	N	N		0
97	042	EMERGENCY MANAGEMENT PERFORMANCE GRANTS	\$31,275		N	N	N	N		0
97	056	PORT SECURITY GRANT PROGRAM	\$489,717		N	N	Y	Y	Unmodified	0
97	067	HOMELAND SECURITY GRANT PROGRAM	\$120,150	N	N	N	N	N		0
L		Total Federal Awards Expended:	\$15,784,776							

Form	sF-SAC S	ingle Audit Data Collection Form			REPOR	TID: 67	4721	VERS	SION:1	L	
7. FI	DERAL A	WARD FINDINGS									
							Inte	rnal			
					Comp	liance	Con	trol			
					Findi	ngs ²	Findi	ngs ²			
Federal Agency Prefix	Extension	Federal Program Name	Audit Finding Reference Number	Type(s) of Compliance Requirement(s) ¹	Modified Opinion	Other Matters	Material Weakness	Significant Deficiency	Other Findings ²	Questioned Costs	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k))

¹ 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

² There are 9 valid combinations of 'Compliance Findings,' 'Internal Control Findings,' and 'Other Findings' for each Federal program with findings. (See instructions - Item 7)

Form SF-SAC Single Audit Data Collection Form	REPORTID: 674721 VERSION:1						
PART I, Item 4c. AUDITEE EIN CONTINUATION SHEET (FROM PART I, ITEM 4b)							

Form SF-SAC Single Audit Data Collection Form	REPORTID: 674721 VERSION:1							
PART I, Item 4f. AUDITEE DUNS CONTINUATION SHEET (FROM PART I, ITEM 4e)								

Form SF-SAC Single Audit Data Collection Form										REPORTID: 6	74721 VERSION:1
PΑ	ART I, Item 8, SECONDARY AUDITORS' CONTAC	T INFORMATIO	N								
									Contact		
	Auditor Firm Name	Auditor EIN	Auditor Address	City	State	ZIP Code	Contact Name	Contact Title	Phone	Contact Fax	Contact E-mail
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)

Form SF-SAC Single Audit Data Collection Form	REPORTID: 674721 VERSION:1								
CERTIFICATIONS									
Auditee Certification Statement	Auditor 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.	The data elements and information included in this form are limited to those prescribed by OMB Circular A-133. Except for Part III, Items 4, 5, 6a-6h, and, when audit findings are reported, 7a-7c, the information included in Parts II and III of this form 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. 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	Auditor Statement								
ELECTRONICALLY CERTIFIED: 3/29/2016	ELECTRONICALLY CERTIFIED: 3/29/2016								
Name of certifying official									
DWIGHT D. AVERY, CPA, CCM, CGFM									
Title of certifying official ACCOUNTING MANAGER									
ACCOUNTING WANAGER									

- ¹ The letters entered in the 'Type(s) of Compliance Requirements' field apply to audit findings (i.e., noncompliance, significant deficiency (including 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 (2008 through 2012 Only)
- P. Other