

MSDH SUBGRANTEE AUDIT INFORMATION FORM

Section I: Please complete the following information identifying the subgrantee:

Subgrantee Name: _____ Fiscal Year End: _____
(Month/Day/Year)

Address: _____

Contact Person: _____ Telephone Number: () _____

We **have exceeded** the federal expenditure threshold of \$750,000. We will have our Single Audit or Program Specific Audit completed and will submit by _____, which is no later than nine (9) months after the end of the audited fiscal year.

We **did not exceed** the \$750,000 federal expenditure threshold required for a Single Audit or a Program Specific Audit to be performed this fiscal year. *(Fill out schedule below)*

Section II: Please complete the following information if Single Audit or Program Audit is not required:

Federal Grantor	Pass-Through Grantor	Program Name and CFDA Number	Total Expenditures

Section III: The information and amounts identified above are true and correct to the best of my knowledge:

 (Signature of Authorized Official)

 (Date)

 (Printed Name of Authorized Official)

 (Title of Authorized Official)

Submit this form to:
 Mississippi State Department of Health
 Attn: Office of Internal Audit
 570 East Woodrow Wilson
 Jackson, Mississippi 39216
 Fax # (601) 576-7200

INSTRUCTIONS FOR COMPLETING THE SUBGRANTEE AUDIT INFORMATION FORM

Section I: Information Identifying the Subgrantee:

Indicate the name of the subgrantee organization and any other names the subgrantee organization has done business as during the latest fiscal year.

Indicate the ending date of the subgrantee's fiscal year (including the month, day and year) or the period covered by the Audit if anything other than a twelve month period is used.

Indicate the mailing address of the subgrantee organization, and street address if different.

Indicate the name and title of the subgrantee contact person.

Indicate the area code and telephone number where the contact person can be reached by phone.

Section II: Information Identifying the Sources and Amounts of Federal Financial Assistance (if the threshold was not exceeded):

Indicate the federal grantor

Indicate the name of the pass-through grantor (i.e., MDHS, MDA, DHHS, USDA, Commerce, etc.).

Indicate the program name and Catalog of Federal Domestic Assistance (CFDA) number of each award of federal financial assistance (i.e., Social Services Block Grant, Child Care and Development Fund, Temporary Assistance for Needy Families, etc.).

Indicate the total amount of federal expenditures during the fiscal year.

Section III: Certification of Information and Amounts:

Indicate that the information presented on the form is true and correct as evidenced by the signature of the Authorized Subgrantee Official.

Indicate the date signed, the printed name and the title of the Authorized Subgrantee Official.

SUBMIT THE COMPLETED AND SIGNED MSDH – SUBGRANTEE AUDIT INFORMATION FORM TO:

**Mississippi State Department of Health
ATTN: Office of Internal Audit
570 East Woodrow Wilson
Jackson, Mississippi 39216**