



MSDH SUBGRANTEE AUDIT INFORMATION FORM

Section I:

Please complete the following information identifying the subgrantee.

SUBGRANTEE NAME: _____ **FISCAL YEAR END:** _____

EIN: _____ **UEI#:** _____ **PHONE:** _____

ADDRESS: _____

CONTACT PERSON: _____ **EMAIL:** _____

Is the subgrantee organization required to comply with the OMB Uniform Guidance at 2 CFR 200 Subpart F – Audit Requirements?

Yes No

NOTE: If you answered **Yes**, please continue to **Section II**. If you answered **No**, please proceed to **Section III**.

Section II:

Complete this section if you answered **Yes** to the question in Section I.

Please check one of the following boxes:

We have completed our audit for the fiscal year end _____. There were no significant deficiencies, material weaknesses, questioned costs, or findings related to any subgrants from the Mississippi State Department of Health. We have enclosed a copy of the audit report, or the audit report is available online at _____.

We have completed our audit for the fiscal year end _____. There were significant deficiencies, material weaknesses, questioned costs, and/or findings related subgrants from the Mississippi State Department of Health. We have enclosed a copy of the audit report, or the audit report is available online at _____.

We have NOT completed our audit for the fiscal year end _____. We expect the audit report will be completed by _____. We will send notification and a copy of the audit report within 30 days of its completion to SubgranteeAudit@msdh.ms.gov.

Signature of Authorized Official

Date

Name of Authorized Official

Title of Authorized Official

