Our records indicate that your organization is a subrecipient of federal funds from Fred Hutch. Uniform Guidance (UG) Single Audit at 2 CFR §200 requires that Fred Hutch ensure that your organization is in compliance with the audit requirements of these regulations. To fulfill these requirements, please check all applicable audit questions, attach your audit report or audited financial statements, and send to a-133data@fredhutch.org. For additional information and guidance completing this form, please visit our [website](http://extranet.fhcrc.org/EN/sections/osr/FH_Audit_Requirements/Required_Subrecipient_Aud.html).

|  |  |
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| **Subrecipient’s Legal Name** | Click or tap here to enter text |

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| **Subrecipient’s Fiscal Year End Date for Most Recently Audited Fiscal Year** | Click or tap to enter a date. |

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| **SECTION A – AUDIT STATUS** |

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| **Did your organization expend $750,000 or more in US federal funds for the most recently audited fiscal year?** |

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|[ ]  **YES** – Complete the applicable option in **Section A** below for **Organizations Subject to Uniform Guidance Single Audit Requirements and include the corresponding audit documents**. |
|  |  |
|[ ]  **NO** – Complete **Section A.4** below for **Organizations NOT Subject to Uniform Guidance Single Audit Requirements and include the corresponding audit documents**. |

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| **A** | **Organizations Subject to Uniform Guidance Single Audit Requirements (Please complete Section A.1, A.2, OR A.3 below as it applies to your organization.)** |
|  |  |
| **A.1** | **UG Single Audit (Please choose the appropriate option that applies to your organization’s most recently audited fiscal year, and complete Section C.)** |
|  |[ ]  We have completed our UG Single Audit for Fiscal Year Click or tap here to enter year. There were no significant deficiencies, material weaknesses, questioned costs, or findings related to any subaward(s) from Fred Hutch.  |
|  |  |  |
|  |[ ]  We have completed our UG Single Audit for Fiscal Year Click or tap here to enter year. There were significant deficiencies, material weaknesses, questioned costs, or findings related to subaward(s) from Fred Hutch. **A complete copy of the audit report is enclosed, including our corrective action plan. Please identify and explain the specific audit finding(s) noted in the audit report relating to subaward(s) from Fred Hutch:** Click or tap here to enter text**.** |
|  |  |  |
|  |[ ]  We have not yet completed our UG Single Audit for Fiscal Year Click or tap here to enter year. We will advise you of the results within 30 days of when it is completed on Click or tap to enter a date.  |
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| **A.2** | **Program-Specific Audit in Accordance with Uniform Guidance Audit Requirements (Please check the boxes below that apply to your organization and complete Sections B and C.)** |
|  |[ ]  We have completed a Program-Specific audit.  |

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|  |  | **Y** |[ ]  **N** |[ ]  Was Program-Specific audit requested by an external agency? If yes, please provide agency name: Click or tap here to enter text.  |
|  |  | **Y** |[ ]  **N** |[ ]  Does the Program-Specific audit meet the Uniform Guidance audit requirements? **Please mark the box below that applies to your Program-Specific Audit:** |

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|  |  |  |[ ]  There **were no** significant deficiencies, material weaknesses, questioned costs, or findings related to any subaward(s) from Fred Hutch.  |
|  |  |  |[ ]  There **were** significant deficiencies, material weaknesses, questioned costs, or findings related to subaward(s) from Fred Hutch. Please explain and enter all applicable Fred Hutch Subaward No(s). Click or tap here to enter text. |
|  |  |  |[ ]  We have not yet completed our program-specific audit for Fiscal Year Click or tap here to enter year. We will advise you of the results within 30 days of when it is completed on Click or tap to enter a date.. |

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| **A.3** | **Audited Financial Statements (Sections B and C must also be completed.)**  |

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|  |[ ]  **We have NOT completed a Single Audit in accordance with Uniform Guidance. In lieu of a UG Single Audit, enclosed are the following audited financial statements for the latest completed fiscal year. Please mark the applicable box below:** |
|  |  |[ ]  There **were no** significant deficiencies, material weaknesses, questioned costs, or findings related to any subaward(s) from Fred Hutch.  |
|  |  |[ ]  There **were** significant deficiencies, material weaknesses, questioned costs, or findings related to subaward(s) from Fred Hutch. Please explain and enter all applicable Fred Hutch Subaward Numbers. Click or tap here to enter text.  |
|  |  |[ ]  We have not yet completed our financial statement audit for Fiscal Year Click or tap here to enter year. We will advise you of the results within 30 days of when it is completed on Click or tap to enter a date.. |

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| **A.4** | **Organizations NOT Subject to Uniform Guidance Single Audit Requirements (Complete both sections a) and b) below. Sections B and C must also be completed.)** |
|  | **a)** |[ ]  **We are not subject to UG Single Audit requirements because our organization is a (check the entity status that applies):** |
|  |  |  |[ ]  U.S. Government Entity |
|  |  |  |[ ]  U.S. Entity that did not expend $750,000 or more in U.S. federal funds during the latest completed fiscal year. Please indicate entity status: |
|  |  |  |  |[ ]  For-profit |
|  |  |  |  |[ ]  Non-profit |
|  |  |  |[ ]  Foreign Entity (not formed under U.S. laws) that did not expend $750,000 or more in U.S. federal funds during the latest completed fiscal year |
|  | **b)** |[ ]  **As required by UG, enclosed is a copy of our audited financial statements for the latest completed fiscal year. Please mark the applicable box below:** |
|  |  |  |[ ]  There **were no** significant deficiencies, material weaknesses, questioned costs, or findings related to any subaward(s) from Fred Hutch.  |
|  |  |  |[ ]  There **were** significant deficiencies, material weaknesses, questioned costs, or findings related to subaward(s) from Fred Hutch. Please explain and enter all applicable Fred Hutch Subaward Numbers. Click or tap here to enter text.  |
|  |  |  |[ ]  We have not yet completed our financial statement audit for Fiscal Year Click or tap here to enter year. We will advise you of the results within 30 days of when it is completed on Click or tap to enter a date.. |

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| **SECTION B – FINANCIAL INFORMATION (To be completed by organizations with Program-Specific audits (A.2), audited financial statements (A.3), or organizations not subject to UG Single Audit requirements (A.4). All questions must be completed.)** |
| **B.1** | **General Financial Information** |
| **a)** | **Y** |[ ]  **N** |[ ]  Does your organization have its financial statements reviewed or audited by an independent public accounting firm? (**Enclose a copy of the most recent financial statements for your organization, audited or unaudited.)** |
| **b)** | **Y** |[ ]  **N** |[ ]  Other than financial statements, has any aspect of your organization's activities been audited within the last two years by a U.S. governmental agency or independent public accountant? (**If "Yes," please provide brief explanation or provide link of recent external audit report.)** Click or tap here to enter text. |
| **c)** | **Y** |[ ]  **N** |[ ]  Has your organization been the subject of a for-cause audit or similar investigation, inquiry or review within the last two years by a U.S. governmental agency or independent public accountant? **(If “Yes,” provide a copy of any external audit report or other written review pertaining to this matter.)** |

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|  **B.2** | **Fiscal Responsibility** |
| **a)** | **Y** |[ ]  **N** |[ ]  Are duties separated so that no one individual has complete authority over an entire financial transaction? |
| **b)** | **Y** |[ ]  **N** |[ ]  Does your organization have effective controls to prevent expenditure of funds in excess of approved, budgeted amounts? |
| **c)** | **Y** |[ ]  **N** |[ ]  Does your organization have procedures that provide assurance that consistent treatment is applied in the distribution of charges to all grants, contracts and cooperative agreements? Please provide a brief explanation of procedures or provide link: Click or tap here to enter text. |
| **d)** | **Y** |[ ]  **N** |[ ]  Does your organization have a financial system in compliance with Generally Accepted Accounting Principles (GAAP)? **If no, please answer d)i. through d)iii. below.**  |

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|  |  |  |  |  | **i.** | **Y** |[ ]  **N** |[ ]  Has the ability to identify, in its accounts, all U.S. federal awards received and expended and the federal programs under which they were received (with CFDA#). |
|  |  |  |  |  | **ii.** | **Y** |[ ]  **N** |[ ]  Maintains internal controls to assure that it is managing U.S. federal awards in compliance with applicable U.S. laws, regulations and the provision of contracts or grants. |
|  |  |  |  |  | **iii.** | **Y** |[ ]  **N** |[ ]  Can prepare appropriate financial statements. |

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| **B.3** | **Cash Management** |
| **a)** | **Y** |[ ]  **N** |[ ]  Are all cash disbursements within your organization fully documented with evidence of receipt of goods or performance of services? |
| **b)** | **Y** |[ ]  **N** |[ ]  Are your organization’s bank accounts reconciled monthly? |
| **c)** | **Y** |[ ]  **N** |[ ]  Does your organization have a cash forecasting process that will minimize the time elapsed between the drawing down of funds and the disbursement of those funds? |

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| **B.4** | **Payroll** |
| **a)** | **Y** |[ ]  **N** |[ ]  Are payroll charges checked against program budgets? |
| **b)** | **Y** |[ ]  **N** |[ ]  Does your organization have an effective system or procedure to control paid time charged to sponsored agreements? If “Yes,” briefly describe and provide link: Click or tap here to enter text. |

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| **B.5** | **Procurement** |
| **a)** | **Y** |[ ]  **N** |[ ]  Does your organization have procedures to ensure procurement at competitive prices? |
| **b)** | Does your organization have an effective system or procedure for authorization and approval of:  |
|  | **Y** |[ ]  **N** |[ ]  Capital equipment expenditures? |
|  | **Y** |[ ]  **N** |[ ]  Travel expenditures? |
|  | **Y** |[ ]  **N** |[ ]  Vendor and subcontractor expenditures? |

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| **B.6** | **Property Management** |
| **a)** | **Y** |[ ]  **N** |[ ]  Does your organization keep detailed records of individual capital assets and periodically balance them with the general ledger accounts? |
| **b)** | **Y** |[ ]  **N** |[ ]  Does your organization have effective procedures for authorizing payment and accounting for the disposal of property and equipment? |
| **c)** | **Y** |[ ]  **N** |[ ]  Does your organization periodically conduct a physical inventory against detailed property records? |
| **d)** | **Y** |[ ]  **N** |[ ]  Does your organization have written policies concerning capitalization and depreciation? If “Yes,” briefly describe and provide link:Click or tap here to enter text. |

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| **B.7** | **Cost Transfers** |

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| **Y** |[ ]  **N** |[ ]  Does your organization have a Cost Transfer policy and/or procedure that ensures that a reallocation of an expense to an award is legitimate and appropriate?  |
|  |  |  |  |[ ]  If “Yes,” briefly describe or provide online link:Click or tap here to enter text.  |
|  |  |  |  |[ ]  If “No,” briefly describe how your organization ensures that all cost transfers are legitimate and appropriate: Click or tap here to enter text. |

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| **B.8** | **Compliance** |
| **a)** | **Y** |[ ]  **N** |[ ]  Has your organization adopted a written policy of nondiscrimination and a system for complying with United States federal civil rights requirements? |
| **b)** | **Y** |[ ]  **N** |[ ]  Does your organization have procedures in place to prevent and detect improper payments made to government officials? |

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| **B.9** | **Cost Sharing** |
| **Y** |[ ]  **N** |[ ]  **N/A** |[ ]  When and if cost share is committed by your organization, does your organization have an effective procedure for tracking and determining that it has met any cost sharing goals required for a project? If your response is N/A (Not Applicable), please provide a brief description/explanation:Click or tap here to enter text.  |

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| **SECTION C – ADDITIONAL INFORMATION, COMMENTS AND RELEVANT LINKS** |
| Click or tap here to enter text. |

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| **SUBRECIPIENT CERTIFICATION OF ACCURACY OF INFORMATION** |

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|  |  | Click or tap here to enter text. |
| Signature of Subrecipient’s Authorized Official |  | Legal Name of Subrecipient’s Organization/Institution |
| Click or tap here to enter text. |  | Click or tap here to enter text. |
| Name and Title of Authorized Official (Print) |  | Address |
| Click or tap here to enter text. |  | Click or tap here to enter text. |
| Email |  | City, State, ZIP |
| Click or tap here to enter text. |  | Click or tap here to enter text. |  | Click or tap here to enter text. |
| Phone |  | Fax |  | Federal Employer Identification Number (EIN) |
| Click or tap to enter a date. |  | Click or tap here to enter text. |
| Date |  | Unique Entity Identifier (UEI) |