

Dept./Agency Number (enter here)

Dept./Agency Name

Responsible official:

Name and title

Phone number

E-mail address

FAX number

Preparer:

Name and title

Phone number

E-mail address

FAX number

PLEASE ANSWER ALL QUESTIONS BELOW:

1. Have costs associated with any federal financial assistance been reported as Disallowed or Questioned Costs?

Yes _____ No _____

2. Were any Disallowed or Questioned Costs not repaid as of June 30, 2005?

Yes _____ No _____

3. If YES to #1 or #2, please list separately the

program name

contract period

amount disallowed or questioned

the status as of June 30, 2005 if not repaid

the person to contact for additional information

5. Did the federal government terminate any financial assistance between July 1, 2004 and June 30, 2005?

Yes _____ No _____

If YES, list separately:

the program name

the contract number

the amount of the termination claims or settlements receivable from or due to the federal government at June 30, 2005.

6. Attach a copy of all Audit Findings and Responses, see Controller's Bulletin #05-07

Contact Person Responsible for Corrective Action

Phone

If Disagreement over Audit Finding, Explanation and Specific Reasons for Disagreement: