## **A1401**

## **Texas Department of Agriculture (TDA) Single Audit Report Submission Checklist**

Please complete this form if a Single or Program Specific Audit Report is completed.

**Subrecipient:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **FYE:** \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

TDA is distributing this checklist to improve the quality and completeness of audit reports. Please have your CPA complete and sign this checklist if a Single Audit (SA) or Program Specific audit is required. Submit the completed checklist along with the required audit reports to the TDA Compliance Division within nine (9) months after the end of your fiscal year. For questions, call (512) 936-7892, (512) 936-7882, or (800) 544-2042.

To comply with OMB Circular A-133 and meet TxCDBG requirements, the following checked items are submitted:

|  |  |  |  |
| --- | --- | --- | --- |
|  | One copy of the audit report. | | |
|  | Is a **management letter** issued in conjunction with the audit report?  ***( YES\_\_\_ or NO\_\_\_\_)*** | | |
|  | If yes, is copy of management letter, response and planned corrective action on all findings and recommendations included? (Check off or mark N/A if no management letter issued) | | |
|  | Is audit report submitted more than nine (9) months after the end of the audited fiscal year?  ***( YES\_\_\_ or NO\_\_\_\_)*** | | |
|  | If yes, is response and planned corrective action for the delinquent submittal included? (Check off or mark N/A if submitted within nine (9) months) | | |
|  | An Opinion/Report on Organization’s Financial Statements in accordance with *Government Auditing Standards.* (SOP 98-3), (OMB A-133, Sec.505 (a)) | | |
|  | Includes General Purpose or Basic Financial Statements of the Organization. (SOP 98-3), (OMB A-133, Sec.310(a)) | | |
|  | Notes to the General Purpose or Basic Financial Statements of the Organization. (SOP 98-3) | | |
|  | An Opinion/Report on Schedule of Expenditures of Federal Awards. (SOP 98-3), (OMB A-133, Sec.505(a)), (may combine with Financial Statement Opinion) | | |
|  | A Schedule of Expenditures of Federal Awards, including TDA’s award numbers, the Federal Agencies, the Pass-Through Agencies, the CFDA numbers and the total expenditures for each individual Federal program (by allocation, if applicable). (OMB A-133, Subpart C, Sec .310 (b)) | | |
|  | Notes to the Schedule of Federal Awards, which describe significant accounting policies used in preparing the schedule. (OMB A-133, Sec.310 (b), (6)) | | |
|  | A Report on Compliance and on Internal Control Over Financial Reporting Based on an Audit of Financial Statements Performed in Accordance With Government Auditing Standards. (OMB A-133, Sec .505 (b)) | | |
|  | A Report on Compliance With Requirements Applicable to Each Major Program and Internal Control Over Compliance in Accordance with OMB Circular A-133. (OMB A-133, Sec .505 (c)) | | |
|  | A Schedule of Findings and Questioned Costs. (OMB A-133, Sec .505 (d)) | | |
|  | A Summary of auditor’s results | | |
|  | Includes current Audit Findings, Reportable Conditions and Planned Corrective Action | | |
|  | Includes prior Audit Findings, Reportable Conditions and Planned Corrective Action | | |
|  | All reports signed and dated by the CPA | | |
|  | **If CPA Contact Information is not included within the Audit Report:** Please complete the form on the other side with contact name, firm mailing address, phone, fax and e-mail address | | |
|  | |  |  |
|  | |  |  |
| Signature of CPA | |  | Signature of Grantee Audit Contact |
|  | |  |  |
|  | |  |  |
| Name and Title of CPA (please print or type) | |  | Name/Title of Audit Contact (please print or type) |

**TDA Single Audit**

**Submission Checklist Continued**

CPA Contact Information

Contact Person :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firm Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone Number :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax Number :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete this section if CPA contact information is not included

within the Single or Program Specific Audit Report.