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| 2023 Compliance Supplement QuestionnairePlease complete for each NEW State program or project | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. State Project/Program: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2**. **Is this a new program, check for yes.** | | | | | | | | | | |  | | | | 2a. If this part of a cluster of programs, check for yes. | | | | | | | | | | | | | | | | | | | | | | |  |
| **3. Identify the award(s):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Federal award name if any:** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| State award name if any | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CFDA#(s) if any: | | | | | |  | | | | | | | **State ID #(s) (wired transfer # or confirmation reference):** | | | | | | | | | | | | | |  | | | | | | | | | | | |
| **4. What is the type of the above award (check all that apply):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Grant | | | | | |  | | **Cost reimbursement contract** | | | | | | | | | | | |  | | | | Cooperative agreement | | | | | | | | | | | | | |
|  | Direct appropriation | | | | | |  | | **Loan or loan guarantee** | | | | | | | | | | | |  | | | | Distribution of property | | | | | | | | | | | | | |
|  | Interest subsidy | | | | | |  | | **Insurance guarantee** | | | | | | | | | | | |  | | | | Food stamps | | | | | | | | | | | | | |
|  | Medicaid | | | | | |  | | **Non cash** | | | | | | | | | | | |  | | | | **Free rent to carry out a program** | | | | | | | | | | | | | |
|  | Distribution/consumption of food commodities | | | | | | | | | | | | | | | | | | | |  | | | | | **Other (explain):** | | | | | | | | |  | | | |
| **5. Percentage of each source:** | | | | | | | | | | | | **Federal** | | | | **%** | | | | | **State:** | | | | | | | **%** | | | | | **Local** | | | | **%** | |
| **6. What type of units will receive the funding? (Check all that apply):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | **Local government or Public Authorities** | | | | | | | | | | | | | | |  | | **Not for Profits** | | | | | | | | | | | |  | | **Other (explain)** | | | | |
| **7. What type(s) of local government or Public Authorities will receive funding for the program? (Counties, district health, etc.):** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | |  | | | | | | | |
| 8. To how many units will funds be disbursed under this program? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **9. How many units in question 6 and 7 will receive $750,000 or more in federal awards for this program?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **How many units in question 6 and 7 will receive $200,000 or more in State awards for this program?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **10. How many units in question 6 and 7 receive less than $750,000, but $187,500 or more in federal awards for this program?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **11. Are there any major changes to this program this year? If yes, please explain briefly:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| If the compliance supplement needs to be amended as a result of the changes, check here for yes? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **12**. **Agency Contact Person:** | | | | | | | |  | | | | | | | | | | | | | | | | **Title**: | | | | | |  | | | | | | | | |
|  | Address | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Phone:** | | |  | | | | | | **Fax:** | | | |  | | | | | | | | **Email:** | | | | | | |  | | | | | | | | | |
|  | Signature | | | |  | | | | | | | | | | | | | | Date | | | |  | | | | | | | | | | | | | | | |

Instructions for 2023 Compliance Supplement Questionnaire

1. Name of each State program whether it is a federal program with State funding or a State program with only State funding. This is the name that will appear in the Compliance Supplement. If the program is considered a cluster (please refer to 2a for an explanation of a cluster of programs), then include “cluster” as part of the name of the State program.
2. If this is a new program, check to note yes.

2a If the program has several funding sources, this may be a “cluster of programs.” Uniform Guidance §200.17 defines a cluster of programs as a group of closely related programs that share common compliance requirements. A cluster of programs shall be considered as one program for determining major programs, as described in question 7. A State shall identify federal awards included in a cluster and advise the subrecipients of compliance requirements applicable to the cluster.

Federal cluster of programs can be found in the 2022 State Compliance Supplement, Section A. Cluster of programs that are designated by State agencies may

* Be identical to the federal clusters in section A.
* Include additional federal programs that have been added by a State agency
* Include State awards that have been added by a State agency
* May provide multiple supplements for one cluster

Programs that have been clustered by federal agencies cannot be “unclustered” by State agencies; however, State agencies may add additional federal programs and/or State programs.

If it is uncertain whether the program should be considered as part of a cluster, answer “?” or you may contact the LGC.

3. If the State Program has a federal funding source, include the name of the federal award. Likewise, for a State funding source, include the name of the State award. If the State Program is a cluster of programs, please list all the appropriate federal awards and State awards. If necessary, use additional pages, but consistently use the same State program name on each page it appears.

Include the appropriate CFDA numbers for federal awards. For State awards, include any State ID number that will distinguish the State award from others, if any.

1. All items listed are specifically defined as awards or financial assistance according to Uniform Guidance §200.40 except for non-cash and other. If the State agency requires it, certain non-cash assistance and other assistance may be considered awards. Awards and financial assistance do not include procurement contracts, under grants or contracts, used to buy goods or services from vendors. Characteristics to consider whether the award passed to a subrecipient are either awards or goods or services can be found in Uniform Guidance §200.330.
2. What are the matching requirements for the award?
3. Check all the type of units that receive funding, local governments, public authorities, or non-profits. If other then, list.

7. If several type of governmental units or public authorities receive the award, list all (municipalities, counties, airports, etc.)

1. Approximately, how many local governments and not-for-profits receive the funding?
2. This information will help identify the key programs that are likely to be selected and audited as major programs, as required by OMB Uniform Guidance §200.518 and the State Single Audit Act (G.S. 159-34). Current law requires that units of local government, public authorities, and not-for-profits that expend less than $25 million of federal financial assistance must audit programs that expend $750,000 or more in federal awards as a major program at least once every three years. State Single Audit Act (G.S. 159-34) requires that units of governments or public authority must audit, as a major, programs with State expenditures of $500,000 or more at least once every three years Therefore standard compliance supplements will be needed for these programs.
3. OMB Uniform Guidance §200.518 does not require auditors to perform risk assessments on programs that have $187,500 or less in expenditures. Therefore a short-form compliance supplement is needed.
4. If there are any major changes to the program that effect the compliance supplements it should be addressed here.
5. Agency contact person should be someone familiar with all the agencies programs and financial policies concerning those programs. If the agency has more than one State program for which it plans to issue a Compliance Supplement, this person shall be the central point for that agency in submitting the compliance supplements to the LGC for approval.