|  |  |
| --- | --- |
| A] | [B] |
| State Project/Program: | [C] |

[D]

|  |  |
| --- | --- |
| **Federal Authorization:** | **[E]** |

|  |  |
| --- | --- |
| **State Authorization:** | **[F]** |

[G]

[H]

|  |  |
| --- | --- |
| **Agency Contact Person – Program**  **[I]**  **Agency Contact Person – Financial**  **[I]** | **Address Confirmation Letters To:**  **[J]** |

**The auditor should not consider the Supplement to be “safe harbor” for identifying audit procedures to apply in a particular engagement, but the auditor should be prepared to justify departures from the suggested procedures. The auditor can consider the supplement a “safe harbor” for identification of compliance requirements to be tested if the auditor performs reasonable procedures to ensure that the requirements in the Supplement are current.**

**The grantor agency may elect to review audit working papers to determine that audit tests are adequate.**

**Auditors may request documentation of monitoring visits by the State Agencies.**

This State compliance supplement must be used in conjunction with the OMB 2025 Compliance Supplement which is scheduled to be issued in May 2025. The OMB supplement will include “Part 3 - Compliance Requirements,” for the types that apply, and “Part 6 - Internal Control.” If a federal Agency issued guidance for a specific program, this will be included in “Part 4 - Agency Program”. The OMB Compliance Supplement is Section A of the State Compliance Supplement.

I. PROGRAM OBJECTIVES

II. PROGRAM PROCEDURES

III. COMPLIANCE REQUIREMENTS

Noted below in the following matrix are the types of compliance requirements (Types) that are applicable to the federal program. These Types are either determined by the federal agency or the State Agency may have added the Type. This is noted by “Y.” If the State determines that the federal requirement does not apply at the local level or if the State modifies the federal requirements, this is discussed in the supplement under the type of compliance requirement. If the federal and/or State agencies have determined that the type is not applicable, this is indicated by “N.”

If the Type is applicable, the auditor must determine if the Type has a direct and material effect on the federal program for the auditee. The auditor must use the OMB 2025 Compliance Supplement, Part 3 and Part 4 (if an OMB supplement is issued) in addition to this State supplement to perform the audit.

State Agency: Please note the Type of Compliance Requirements that apply to the program below must be consistent with Part 2 of the OMB Compliance Supplement. If the Type does not apply, change “Y” to a “N”.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CC | A | B | C | E | F | G | H | I | J | L | M | N |
| Cross Cutting Requirements | Activities Allowed or Unallowed | Allowable Costs/Cost Principles | Cash Management | Eligibility | Equipment/ Real Property Management | Matching, Level of Effort, Earmarking | Period Of Performance | Procurement Suspension & Debarment | Program Income | Reporting | Subrecipient Monitoring | Special Tests and Provisions |
| Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |

A. Activities Allowed or Unallowed

B. Allowable Costs/Cost Principles

C. Cash Management

D. Reserve

E. Eligibility

# F. Equipment and Real Property Management

# G. Matching, Level of Effort, Earmarking

## H. Period of Performance

I. Procurement and Suspension and Debarment

J. Program Income

K. Reserve

L. Reporting

M. Subrecipient Monitoring

N. Special Tests and Provisions