

**Data Collection Form for Reporting on
AUDITS OF STATES, LOCAL GOVERNMENTS, INDIAN TRIBES,
INSTITUTIONS OF HIGHER EDUCATION, AND NONPROFIT ORGANIZATIONS
for Fiscal Period Ending Dates in 2019, 2020, or 2021**

PART I: GENERAL INFORMATIONREPORT ID: **849317** VERSION: **1****1. Fiscal Period**a. Start Date
(MM/DD/YYYY)b. End Date
(MM/DD/YYYY)**2. Type of Uniform Guidance Audit** Single audit
 Program-specific audit**3. Audit Period Covered** Annual
 Biennial
Other: Number of Months **4. Auditee Identification Numbers**

a. Auditee Employer Identification Number (EIN)

d. Auditee Data Universal Numbering System (DUNS) Number

b. Are multiple EINs covered in this report?

 Yes No

e. Are multiple DUNS numbers covered in this report?

 Yes No

c. If Part I, Item 4b is Yes, complete the attached Auditee EIN Continuation Sheet

f. If Part I, Item 4e is Yes, complete the attached Auditee DUNS Continuation Sheet

5. Auditee Information

a. Auditee Name

b. Auditee Address

Number and Street

City State Zip Code

c. Auditee Contact

Name

Title

d. Auditee Contact Telephone

e. Auditee Contact E-mail

6. Primary Auditor Information

a. Audit Firm/Organization Name

b. Audit Firm/Organization EIN

c. Audit Firm/Organization Address

Number and Street

City State Zip Code

d. Auditor Contact

Name

Title

e. Auditor Contact Telephone

f. Auditor Contact E-mail

g. Was a secondary auditor used?

 Yes No

h. If Part I, Item 6g is Yes, complete the attached Secondary Auditors' Contact Information Sheet