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Fiscal Year 2015 Sub-recipient Monitoring Form  
(Including financial reports and internal controls)

Part 1 – SUBRECIPIENT (Please check all applicable boxes)

ALL of the fields MUST be completed; else, it may delay processing of pending Subagreement

U.S. Non-Profit, Educational Institution, or State/Local Government entity subject to:

OMB Circular A-133; OR  Exempt since we expended  $\leq$  \$500,000 of Federal Funds during this Fiscal Year.

U.S. For-Profit entity, Sole Proprietor, Independent Contractor or Foreign entity:

With OR  Without FEDERAL awards and we certify we comply with:

FAR Part 30 or 31; OR,

Generally Accepted Accounting Principles or financial standards and internal controls for sound business practices and where our signature below certifies that the cost estimates and prices we provide to ACC are not greater than those prices charged our most favored customers for like quantities and conditions of sale.

Legal Name of Sub-recipient: \_\_\_\_\_

Sub-recipient's Financial Point of Contact: \_\_\_\_\_

Title: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

City: \_\_\_\_\_ FAX: \_\_\_\_\_

Financial Fiscal Year: \_\_\_\_\_ to \_\_\_\_\_ Employer Identification Number (EIN): \_\_\_\_\_

Commercial and Governmental Entity (CAGE) or NATO CAGE (NCAGE) Code: \_\_\_\_\_ DUNS+4 number: \_\_\_\_\_

Central Contractor Registration (CCR): YES  NO  Registration Valid until: \_\_\_\_\_ (Date) \_\_\_\_\_

Part 2 – Representation of Financial Statements & Controls

Please check the appropriate item and provide any required reports, as applicable:

Our audit report for the subject fiscal year has been completed and there

**were**  **were not** material weakness(es) or instances of noncompliance, significant deficiency(ies), and/or findings regarding financial internal controls and any or all  **did** or  **did not** relate to any subaward(s) from the ACC. If the audit was qualified, please provide a copy of the audit report.

Our audit report for the subject fiscal year has not been completed. We expect the audit to be completed on \_\_\_\_\_ (insert date). Within thirty (30) days of completion, we will advise you of the results.

No audit report as a Sole Proprietor or Other Entity, but we adhere to Generally Accepted Accounting Principles or financial standards and internal controls for sound business practices.

Authorized Official's Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_