



Subrecipient Audit Form

Check all items that apply and fill in applicable information

This Audit Form is for Fiscal Year []

To ensure compliance, any subrecipient of federal flow through funding receiving \$1,000,000 or more in federal funds in a given year is required to submit to UNO an updated copy of this form and/or a copy of the 2 CFR Part 200 compliant audit report for each fiscal year in which the subcontract is active. The subrecipient is also required to provide copies to UNO of any independent auditor's reports presenting instances of noncompliance with federal regulations and copies of their responses to auditors' comments and plan for corrective action. If you receive less than \$1,000,000 in federal funds in the subject year, complete the last check box below.

Please check the appropriate box and provide all applicable reports

Our audit report for the subject fiscal year has been completed. The audit disclosed no material instances of noncompliance with federal laws or regulations, or reportable conditions specifically related to any award(s) from The University of New Orleans, and there are no unresolved findings from prior years.

Our audit report for the subject fiscal year has been completed. The audit report noted material noncompliance issues and/or reportable conditions related to awards made by the University of New Orleans. Therefore, we have enclosed a copy of the audit report package and agree to notify UNO of the corrective action taken within six (6) months of furnishing to them the audit report.

We have not yet completed our audit for the subject fiscal year. We expect the audit to be completed on []. Within thirty (30) days of completion, we will send you a copy of the audit reporting package.

We certify that we are not subject to the audit requirements in 2 CFR Part 200.501 because:

We received less than \$1,000,000 in Federal funds in the subject fiscal year

Other (please explain) []

Legal Entity Name []

Contact Title []

Contact Name []

Contact Phone [] Fax []

Contact Email []

Date of Your Organization's Fiscal Year: [] to [] (MM/DD/YYYY)

Authorizing Signature [] Date []

Printed Name []

Return this form and all related materials to: Office of Research, University of New Orleans, 1005 Admin Bldg, 2000 Lakeshore Dr., New Orleans, LA 70148

Office use only: Received by [] Date []