

**Data Collection Form for Reporting on
AUDITS OF STATES, LOCAL GOVERNMENTS, AND NON-PROFIT ORGANIZATIONS
For Fiscal Year Ending Dates on or After January 1, 2001**

▶ Complete this form, as required by OMB Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations." **RETURN TO** **Federal Audit Clearinghouse**
1201 E. 10th Street
Jeffersonville, IN 47132

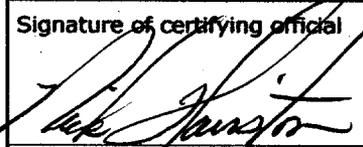
Part I GENERAL INFORMATION (To be completed by Auditee, except for Item 7)

<p>1. Fiscal period ending date for this submission mm / dd / yy Fiscal Period End Dates Must Be On or After January 1, 2001</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; text-align: center;">09</td> <td style="width:15%; text-align: center;">30</td> <td style="width:15%; text-align: center;">03</td> </tr> </table>	09	30	03	<p>2. Type of Circular A-133 Audit</p> <p>1 <input checked="" type="checkbox"/> Single audit 2 <input type="checkbox"/> Program-specific audit</p>						
09	30	03								
<p>3. Audit Period Covered</p> <p>1 <input checked="" type="checkbox"/> Annual 3 <input type="checkbox"/> Other: <input type="checkbox"/> Months</p> <p>2 <input type="checkbox"/> Biennial</p>	<p>4. Date Received by Federal Clearinghouse</p> <p>FEDERAL GOVERNMENT USE ONLY</p>									
<p>5. Employer Identification Number (EIN)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:12.5%; text-align: center;">6</td> <td style="width:12.5%; text-align: center;">4</td> <td style="width:12.5%; text-align: center;">6</td> <td style="width:12.5%; text-align: center;">0</td> <td style="width:12.5%; text-align: center;">0</td> <td style="width:12.5%; text-align: center;">0</td> <td style="width:12.5%; text-align: center;">6</td> <td style="width:12.5%; text-align: center;">4</td> <td style="width:12.5%; text-align: center;">1</td> </tr> </table> <p>a. Auditee EIN</p>		6	4	6	0	0	0	6	4	1
6	4	6	0	0	0	6	4	1		
<p>b. Are multiple EINs covered in this report? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No</p> <p><i>If Part I, Item 5b = "Yes", complete Part I, Item 5c (Complete the continuation sheet on Page 4)</i></p>										

<p>6. AUDITEE INFORMATION</p> <p>a. Auditee name Lowndes County</p> <p>b. Auditee address (Number and street) P.O. Box 1364</p> <p>City Columbus</p> <p>State Zip+4 Code MS 39703 -</p> <p>c. Auditee Contact</p> <p>Name Nick Hairston</p> <p>Title County Administrator</p> <p>d. Auditee contact telephone (662) 329 - 5896</p> <p>e. Auditee contact FAX (Optional) () -</p> <p>f. Auditee contact E-mail (Optional)</p>	<p>7. AUDITOR INFORMATION (To be completed by auditor)</p> <p>a. Auditor name Office of the State Auditor</p> <p>b. Auditor address (Number and street) P.O. Box 956</p> <p>City Jackson</p> <p>State Zip+4 Code MS 39205 - 0956</p> <p>c. Auditor Contact</p> <p>Name Kathy Albritton</p> <p>Title Senior Managing Accountant</p> <p>d. Auditor contact telephone (601) 477 - 3066</p> <p>e. Auditor contact FAX (Optional) () -</p> <p>f. Auditor contact E-mail (Optional)</p>
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g. AUDITEE CERTIFICATION STATEMENT - This is to certify that, to the best of my knowledge and belief, the auditee has: (1) engaged an auditor to perform an audit in accordance with the provisions of OMB Circular A-133 for the period described in Part I, Items 1 and 3; (2) the auditor has completed such audit and presented a signed audit report which states that the audit was conducted in accordance with the provisions of the Circular; and, (3) the information included in **Parts I, II, and III** of this data collection form is accurate and complete. I declare that the foregoing is true and correct.

g. AUDITOR STATEMENT - The data elements and information included in this form are limited to those prescribed by OMB Circular A-133. The information included in Parts II and III of the form, except for Part III, Items 8, 9, and 10, was transferred from the auditor's report(s) for the period described in Part I, Items 1 and 3, and is **not a substitute** for such reports. The auditor has not performed any auditing procedures since the date of the auditor's report(s). A copy of the reporting package required by OMB Circular A-133, which includes the complete auditor's report(s), is available in its entirety from the auditee at the address provided in Part I of this form. As required by OMB Circular A-133, the information in **Parts II and III** of the form was entered in this form by the auditor based on information included in the reporting package. The auditor has not performed any additional auditing procedures in connection with the completion of this form.

Signature of certifying official	Date
	Month / Day / Year
	4 / 15 / 04

Printed Name/Title of certifying official

Nick Hairston, County Administrator

Signature of auditor	Date
	Month / Day / Year
	9 / 8 / 04

Part I GENERAL INFORMATION - Continued

8. Did the auditee expend more than \$25,000,000 in Federal awards during the fiscal year? (Mark (X) one box)
 1 Yes - Identify Cognizant Agency in Part I, Item 9 2 No - Skip to Part II, Item 1

9. Indicate which Federal awarding agency provided the predominant amount of direct funding in fiscal year

02	<input type="checkbox"/> Agency for International Development	81	<input type="checkbox"/> Energy	14	<input type="checkbox"/> Housing and Urban Development	47	<input type="checkbox"/> National Science Foundation
10	<input type="checkbox"/> Agriculture	66	<input type="checkbox"/> Environmental Protection Agency	15	<input type="checkbox"/> Interior	20	<input type="checkbox"/> Transportation
11	<input type="checkbox"/> Commerce	83	<input type="checkbox"/> Federal Emergency Management Agency	16	<input type="checkbox"/> Justice		<input type="checkbox"/> Other - Specify:
12	<input type="checkbox"/> Defense	93	<input type="checkbox"/> Health and Human Services	17	<input type="checkbox"/> Labor		
04	<input type="checkbox"/> Education						

Part II FINANCIAL STATEMENTS (To be completed by auditor)

1. Type of audit report? (Mark (X) one box)
 1 Unqualified opinion 2 Qualified opinion 3 Adverse opinion 4 Disclaimer of opinion

2. Is a "going concern" explanatory paragraph included in the audit report? 1 Yes 2 No

3. Is a reportable condition disclosed? If No, Skip to Item 5 1 Yes 2 No

4. Is any reportable condition reported as a material weakness? 1 Yes 2 No

5. Is a material noncompliance disclosed? 1 Yes 2 No

Part III FEDERAL PROGRAMS (To be completed by auditor)

1. Type of audit report on major program compliance
 1 Unqualified opinion 2 Qualified opinion 3 Adverse opinion 4 Disclaimer of opinion

2. Does the auditor's report include a statement that the auditee's financial statements include departments, agencies or other organizational units expending greater than \$300,000 in Federal awards that have separate A-133 audits which are not included in this audit? (AICPA SOP 98-3 chapter 10) 1 Yes 2 No

3. What is the dollar threshold to distinguish Type A and Type B programs? (§___.520(b)) \$ 300,000

4. Did the auditee qualify as a low-risk auditee? (§___.530) 1 Yes 2 No

5. Is a reportable condition disclosed for any major program? If No, Skip to Item 7 1 Yes 2 No

6. Is any reportable condition reported as a material weakness? (§___.510(a)(1)) 1 Yes 2 No

7. Are any known questioned costs reported? (§___.510(a)(3) or (4)) 1 Yes 2 No

8. Was a summary Schedule of Prior Audit Findings prepared? (§___.315(b)) 1 Yes 2 No

EIN:

9. Indicate which Federal agency(ies) have current year audit findings related to direct funding or prior audit findings shown in the Summary Schedule of Prior Audit Findings related to direct funding. (Mark (X) all that apply or None)

- | | | | |
|---|---|---|--|
| 02 <input type="checkbox"/> Agency for Int'l Development | 83 <input type="checkbox"/> Federal Emergency Management Agency | 43 <input type="checkbox"/> National Aeronautics & Space Administration | 96 <input type="checkbox"/> Social Security Administration |
| 10 <input type="checkbox"/> Agriculture | 39 <input type="checkbox"/> General Services Administration | 89 <input type="checkbox"/> National Archives and Records Admin | 19 <input type="checkbox"/> State |
| 23 <input type="checkbox"/> Appalachian Regional Commission | 93 <input type="checkbox"/> Health and Human Services | 05 <input type="checkbox"/> National Endowment for the Arts | 20 <input type="checkbox"/> Transportation |
| 11 <input type="checkbox"/> Commerce | 14 <input type="checkbox"/> Housing and Urban Development | 06 <input type="checkbox"/> National Endowment for the Humanities | 21 <input type="checkbox"/> Treasury |
| 94 <input type="checkbox"/> Corp for National and Community Service | 03 <input type="checkbox"/> Institute for Museum Services | 47 <input type="checkbox"/> National Science Foundation | 82 <input type="checkbox"/> United States Information Agency |
| 12 <input type="checkbox"/> Defense | 15 <input type="checkbox"/> Interior | 07 <input type="checkbox"/> Office of National Drug Control Policy | 64 <input type="checkbox"/> Veterans Affairs |
| 84 <input type="checkbox"/> Education | 16 <input type="checkbox"/> Justice | 59 <input type="checkbox"/> Small Business Admin | 00 <input checked="" type="checkbox"/> None |
| 81 <input type="checkbox"/> Energy | 17 <input type="checkbox"/> Labor | | <input type="checkbox"/> Other - Specify: |
| 66 <input type="checkbox"/> Environmental Protection Agency | 09 <input type="checkbox"/> Legal Services Corp | | |

Each agency identified is required to receive a copy of the reporting package.

In addition, one copy each of the reporting package is required for:

- the Federal Audit Clearinghouse archives
- and, if not marked above, the cognizant agency (if identified in Part I, Item 9)

Count total number of boxes marked above and submit this number of reporting packages 1

Part III **FEDERAL PROGRAMS - Continued**

10. FEDERAL AWARDS EXPENDED DURING FISCAL YEAR										11. AUDIT FINDINGS			
CFDA Number (a)		Research and Development (b)		Name of Federal Program (c)	Amount expended (d)	Direct award (e)		Major Program (f)		Types of compliance requirement(s) ³ (g)	Audit finding reference number(s) ⁴ (h)		
Federal Agency Prefix ¹	Extension ²	1	2			1	2	1	2				
14	228	1	Yes	Community Development Block Grants/State's Program	766,878 .00	1	Yes	1	X	B	03-5		
		2	No			2	X	2	No				
20	205	1	Yes	Highway Planning and Construction	880 .00	1	Yes	1		O	N/A		
		2	No			2	X	2	No				
97	036	1	Yes	Public Assistance Grants	271,135 .00	1	Yes	1		O	N/A		
		2	No			2	X	2	No				
.		1	Yes		.00	1	Yes	1					
		2	No			2	No	2					
.		1	Yes		.00	1	Yes	1					
		2	No			2	No	2					
.		1	Yes		.00	1	Yes	1					
		2	No			2	No	2					
.		1	Yes		.00	1	Yes	1					
		2	No			2	No	2					
.		1	Yes		.00	1	Yes	1					
		2	No			2	No	2					
.		1	Yes		.00	1	Yes	1					
		2	No			2	No	2					
TOTAL FEDERAL AWARDS EXPENDED					1,038,893 .00	IF ADDITIONAL LINES ARE NEEDED, PLEASE USE THE EXTRA PAGE 3 FILE, ATTACH ADDITIONAL PAGES TO THE FORM, AND SEE INSTRUCTIONS.							

¹See Appendix 1 of instructions for valid Federal Agency two-digit prefixes.

²Or other identifying number when the Catalog of Federal Domestic Assistance (CFDA) number is not available. (See Instructions)

³Enter the letter(s) of all type(s) of compliance requirement(s) that apply to audit findings (i.e., noncompliance, reportable conditions (including material weaknesses), questioned costs, fraud, and other items reported under § 510(a)) reported for each Federal program.

- A. Activities allowed or unallowed Allowable
- B. costs/cost principles
- C. Cash management
- D. Davis - Bacon Act
- E. Eligibility

- F. Equipment and real property management
- G. Matching, level of effort, earmarking
- H. Period of availability of Federal funds
- I. Procurement and suspension and debarment
- J. Program Income

- K. Real property acquisition and relocation assistance
- L. Reporting
- M. Subrecipient monitoring
- N. Special tests and provisions

- O. None
- P. Other

⁴N/A for None