

**SAN DIEGO WORKFORCE PARTNERSHIP, INC.**  
**3910 University Avenue, Suite 400**  
**San Diego, CA 92105**  
**(619) 228-2900**

<b>OPERATIONS ISSUANCE</b>
----------------------------

**OPERATIONS ISSUANCE NO. 2016-04**

**DATE:** November 3 2015

**TO:** Adult & Youth Program Service Providers  
One-Stop Career Center Operators

**FROM:** Gina Charest  
Chief Financial Officer

**SUBJECT: FY 2014-2015 AUDIT REQUIREMENTS & QUESTIONNAIRE**

---

**PURPOSE**

This operations issuance is to transmit a copy of the **Subrecipient/Contractor Questionnaire** (Attachment A) for completion and submittal to the San Diego Workforce Partnership (Workforce Partnership), and a reference to the Office of Management and Budget (OMB) Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations" (which was last revised on June 27, 2003).

**AUDIT THRESHOLD**

The OMB A-133 audit threshold is \$500,000. This applies to non-profits and local government organizations that expend \$500,000 or more per year in Federal awards (all sources). This includes all Federal awards and not only those awarded under WIA. The Workforce Partnership will consider additional compliance monitoring or other actions for agencies with less than \$500,000 per year in Federal awards. Non-profit and government organizations may not charge the cost of an audit to WIA or any other Federal grant, if the organization expended less than \$500,000 in total Federal Awards. Note that this Federal rule supersedes and replaces any conflicting requirements in your contracts, including the Workforce Partnership Operations Manual and previous Operations Issuances.

**AUDITOR INDEPENDENCE REQUIREMENTS**

An auditor that prepares the indirect cost proposal or cost allocation plan for an organization, when indirect costs exceeded \$1 million in the prior year may not perform the organization's audit required by OMB Circular A-133 (Attachment B). [See §.305(b) on page 16 of the referenced Circular]

## **REPORT DUE DATE**

The audit reports of contractors are to be completed within 9 months after the end of the contractor's fiscal year and are to be delivered to the Workforce Partnership within thirty (30) days after the completion of the audit.

The revised OMB Circular A-133 contains additional requirements, which are less significant, and we encourage organizations to carefully read the OMB Circular A-133 and appropriately comply with these regulations if they are not already part of the organization's policies and procedures. The OMB Circular A-133 is law and must be followed.

## **SUBRECIPIENT/CONTRACTOR QUESTIONNAIRE REQUIREMENT**

Contractors are required to complete and return the attached "Subrecipient/Contractor Questionnaire" to the Workforce Partnership **no later than Monday, December 14, 2015**. This correctly completed questionnaire will help us to identify your audit requirements. This is not a substitute for, or all inclusive of OMB Circular A-133 requirements. Appropriate personnel in your organization should review this circular and make decisions as to the particular audit requirements applicable to your organization.

**Failure to submit your correctly completed questionnaire by Monday, December 14, 2015 shall result in a suspension of all contract invoice reimbursements and/or other sanctions for your organization.**

If you have any questions regarding this issuance contact your Program Specialist at (619) 228-2900.

### **Attachments**

- A. Subrecipient/Contractor Questionnaire
- B. Reference to OMB Circular A-133

cc: Workforce Partnership Internal Distribution List  
Davis Farr, LLC  
Simpson & Simpson CPA's. LLP

**SUBRECIPIENT/CONTRACTOR QUESTIONNAIRE**

*By Monday, December 14, 2015 please return the signed original of this form to:*

*San Diego Workforce Partnership, Inc.  
Attn: Finance  
3910 University Avenue, Suite 400  
San Diego, CA 92105.*

*Or fax to: 619-528-1159 Attn: Finance*

*Retain a copy for your records. Questionnaires postmarked by Monday, December 14, 2015 will be accepted, as well as faxed copies. There will be no extension of this due date.*

Mark one of the following that represents the Organization's type and fill in the blanks:

Local Government       Non-Profit Organization       Educational Institution       Commercial (For Profit)

Name of Organization: \_\_\_\_\_

Organization's Fiscal Year End Date: \_\_\_\_\_

Total Federal Awards for most recent fiscal year: \$ \_\_\_\_\_

Amount of Federal Awards expended for most recent fiscal year:

Under \$500,000       Over \$500,000

Estimated Date of Submission of Audit Report: \_\_\_\_\_

I certify that all information provided here is accurate and correct to the best of my knowledge and I am duly authorized to sign as a representative of the above named organization.

\_\_\_\_\_  
Authorized Signature/Representative

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Title or Position

\_\_\_\_\_  
Date

## Revised OMB Circular No. A-133

### Audits of States, Local Governments, and Non-Profit Organizations

(Revised to show changes published in the  
*Federal Register* on June 27, 2003 and June 26, 2007)

[http://www.whitehouse.gov/sites/default/files/omb/assets/a133/a133\\_revised\\_2007.pdf](http://www.whitehouse.gov/sites/default/files/omb/assets/a133/a133_revised_2007.pdf)

[http://www.whitehouse.gov/omb/circulars\\_default](http://www.whitehouse.gov/omb/circulars_default)