

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

OPERATIONS ISSUANCE

OPERATIONS ISSUANCE NO. 2015-02

DATE: November 7, 2014

TO: Adult & Youth Program Service Providers
America's Job Center of California (AJCC)

FROM: Emilia Gabriele
Vice President and Chief Financial Officer

SUBJECT: FY 2013-2014 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 (SDWP), 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 and June 26, 2007).

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. SDWP 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 SDWP's 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 SDWP 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 SDWP **no later than Friday, December 12, 2014**. The correctly completed questionnaire will help SDWP to identify your audit requirements. This questionnaire 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 Friday, December 12, 2014 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
Mayer Hoffman McCann P.C.

SUBRECIPIENT/CONTRACTOR QUESTIONNAIRE

By Friday, December 12, 2014 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

Retain a copy for your records. Questionnaires postmarked by Friday, December 12, 2014 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 most recent fiscal year end date: _____

Total Amount of Federal Awards in most recent fiscal year ended: \$ _____

Total Amount of Federal Awards expended in most recent fiscal year ended:

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/omb/circulars_default