Virginia Department of Transportation

Federal Pass-through Payments and Single Audit – **Response Form**

Fiscal Year 2019

*Please submit the completed form along with a copy of your CAFR or annual financial audit, and Single Audit (if separate from the CAFR) to* *CAFR@VDOT.Virginia.Gov*

Name of Subrecipient:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. The spreadsheet (Column W) provided by VDOT which represents the sum of the Federal Portion of Total Expenditures for my entity for FY 2019 (place check where applicable):

\_\_\_\_\_ Agrees with my organization’s records and the Single Audit Schedule of Expenditures of Federal Awards (SEFA) for FY 2019

\_\_\_\_\_ Does not agree with my organization’s records and the Single Audit Schedule of Expenditures of Federal Awards (SEFA) for FY 2019

|  |  |
| --- | --- |
| Description | Amount |
| Amount reported on FY 2019 SEFA | $x |
| Federal share of VDOT payments | $x |
| Difference  | $x |
| Explanations for differences (Document discrepancies on the original VDOT spreadsheet) |  |

(Please use the original VDOT spreadsheet of pass-through payments on VDOT’s website to identify your discrepancies and/or reconciliation. Do not use the Cardinal report on the APA website for this reconciliation *(questions about the spreadsheet may be addressed to Ms. Terelle Walker at (804) 786-4115 or* *Terelle.Walker@vdot.virginia.gov**)*

1. The amount of total federal funds expended by my organization from all sources (including VDOT, other state agencies and other entities) for FY 2019:

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. FY 2019 Single Audit for my organization:

\_\_\_\_\_\_\_ FY 2019 Single Audit not required (total federal expenditures from all sources < $750,000)

\_\_\_\_\_\_\_ FY 2019 Single Audit required (total federal expenditures from all sources > or = $750,000)

1. Per Federal requirements, a data collection form and reporting package are to be submitted to the federal clearinghouse within the earlier of 30 days after the receipt of the auditor’s report or nine months after the end of the audit period. Please notify VDOT at the following email address when the submission has been made to the federal clearinghouse: CAFR@VDOT.Virginia.Gov Please ensure that you include your entity name in the subject line of your email to ensure proper distribution. For example, “FY2019 CAFR City of Suffolk”

Submitted by

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Finance Director

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_