

UNIVERSITY OF HAWAI'I SUB-RECIPIENT AUDIT INFORMATION FORM

Please complete sections A, B and C below:

Section A:	
LEGAL ENTITY NAME	
CONTACT NAME AND TITLE	
ADDRESS	
EMAIL ADDRESS	
PHONE NUMBER	
AUDIT REPORT URL	
ORGANIZATION FISCAL YEAR (MM/DD/YY to MM/DD/YY)	
ORGANIZATION EIN	

Section B: Please check the appropriate item and provide any required reports, as applicable:

- Our A-133 audit report for the fiscal year _____ has been completed. There were no material weaknesses, no material instances of noncompliance, and no findings related to any sub-award(s) from the University of Hawai'i. *A copy or link to the report and corrective actions are provided.*
- Our A-133 audit report for the fiscal year _____ has been completed. There were material weaknesses, material instances of noncompliance, or findings related to sub-award(s) from the University of Hawai'i. *A copy or link to the report and corrective actions are provided.*
- Our A-133 audit report for the fiscal year _____ has not yet been completed. We expect the audit to be completed on _____. *Within thirty days of completion, we will advise you of the results.*
- We are not subject to audit requirements set forth by A-133 because of the reason checked below.
We have completed the attached Sub-Recipient Questionnaire.
 - Expended less than or equal to \$500,000 federal funds for fiscal year ended _____. (Please complete the attached Sub-Recipient Questionnaire)
 - Are a for profit entity. (Please complete the attached Sub-Recipient Questionnaire)
 - Are a foreign (non-US) entity. (Please complete the attached Sub-Recipient Questionnaire)

Section C: Please indicate if the items below applied to your project/institution during the most recent fiscal year:

- Our project/institution has been cited for noncompliance either as a sub-recipient of *another organization* or as a *direct recipient of federal funds*. *Please provide an explanation and any relevant report(s).*
- Project personnel and/or systems have undergone significant changes since the granting of the subaward. *Please provide an explanation.*
- If there are any other factors, not addressed above, that would affect your organization's ability to administer your Federal subaward in compliance with applicable laws, regulations, or the provisions of contracts or grant agreements, please provide a written explanation.
- Not applicable.

Authorized signature: _____

Date: _____