

## ANNUAL STATEMENT OF ASSURANCE OF COMPLIANCE WITH CONTRACT REQUIREMENTS FOR AUDITS AND FINANCIAL REPORTING

1. Contract number:		
2. Legal name of organization:		
3. Date of fiscal year end:	<input type="checkbox"/> June 30 each year	<input type="checkbox"/> Dec 31 each year
	<input type="checkbox"/> Other:	
4. Date of fiscal year for which you are completing this form:		
5. What was the total amount of <b>State funds</b> spent by this organization during the fiscal year shown above (line 4)?		
6. What was the total amount of <b>Federal Funds</b> spent by this organization during the fiscal year shown above (line 4)?		

7. *During the fiscal year shown above . . .* [Select one or more of the following boxes.]

A  This organization spent less than \$100,000 in State Funds.  
 ▪ This means we must submit unaudited financial statements for the fiscal year.  
 ▪ See O.C.G.A. 50-20-3(b)2.

B  This organization spent \$100,000 or more in State Funds.  
 ▪ This means we must submit an audit from an independent auditor.  
 ▪ See O.C.G.A. 50-20-3(b)1.

C  This organization spent at least \$500,000 in Federal Funds.  
 ▪ This means we are required to submit an audit from an independent auditor that meets the requirements of the Single Audit Act (A-133 Audit).

D  None of the above situations apply to this organization for this fiscal year.  
 ▪ This means we are not required to submit an audit or financial statements.

If A, B, or C marked,  
complete this box.

I hereby certify that we sent the required number of copies of our financial statements or audit to the DCH Office of Audits and the Georgia Department of Audits and Accounts on the following date:

\_\_\_\_\_ (date)

To the best of my knowledge, belief, and ability, all of the information provided on this form is complete and accurate and no pertinent information has been omitted.

\_\_\_\_\_  
Signature of chief executive

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

## Instructions for using this form:

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**Purpose.** The Georgia Department of Community Health (DCH) is responsible for ensuring that funds allocated for provision of services to the State are used appropriately. Depending on the total of all public funds awarded to the contractor, there are specific audit and financial reporting requirements.

The purpose of this form is to obtain a written assurance of compliance from the contractor, attesting that the contractor has met all of the contract requirements for audits and financial reporting.

**Date due.** Please complete this form and send it to your assigned contract monitor no later than 180 days following the end of your fiscal year.

**Submission.** This form may be sent by fax, mail or as a scanned email attachment.

**1. Contract number.** Insert the organization's DCH contract number. This number may be found on the organization's executed contract, contract amendment or contract renewal letter.

**2. Legal name of organization.** Insert the complete legal name of the organization contracted to perform services for the Georgia Department of Community Health.

**3. Date fiscal year end.** State the date upon which the organization concludes its fiscal year. For many organizations, this date is June 30 each year.

**4. Date of fiscal year for which you are completing this form.** State the fiscal year for which this form is being completed. The information reported on this form should describe the amount of money spent by this organization (in Federal Funds and State funds) during that fiscal year only.

• For example: The fiscal year of the "XYZClinic" ends on June 30 each year. The organization has been asked to complete this form in order to provide information about the amount of money spent by during the 12 months of July 1, 2008, through June 30, 2009. Therefore, Section 4 should state "Fiscal year ended June 30, 2009." In addition, in order to meet the deadline the

chief executive must complete this form by December 31, 2009 (180 days following the end of the organization's fiscal year.).

**5. Total State funds spent.** State the total amount of State funds spent (disbursed or obligated) by this organization during the fiscal year shown on line 4. The term 'State funds' is defined by OCGA 50-20-2 as "that portion of contracts funded by State appropriations or other revenue sources retained by the contracting State organization but does not include federal pass-through assistance."

In some instances, as much as 100% of a contract may be funded with Federal Funds. You may contact the assigned contract monitor with questions about the amount of your contract that is actually supported by State funds.

▪ The total in line 5 should be the sum total of State funds spent in any and all of this organization's activities during the fiscal year.

**6. Total Federal Funds spent.** State the total amount of Federal Funds spent (disbursed or obligated) by this organization during the fiscal year shown on line 4. Include in this amount any federal "pass-through" funds. Also see line 5.

▪ The total in line 6 should be the sum total of Federal Funds spent in any and all of this organization's activities during the fiscal year.

**7. Mark one or more box.** See instructions within this section.

**Date box.** If A, B, or C were marked in line 7, complete the date box. Enter the date when the organization mailed its financial statements or audit to the DCH Office of Audits and the Georgia Department of Audits and Accounts.

**Signature of chief executive.** This form must be signed and dated by the organization's authorized chief executive.

The format and content of this report may be modified from time to time. You should visit the web site of the HIV Unit periodically to check that you have the most current version:

[www.health.state.ga.us/programs/stdhiv/](http://www.health.state.ga.us/programs/stdhiv/)