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| 2016 Audit Questionnaire (for FY/CY15) |
| Company Name: |  | Federal Tax ID: |
| Address: |  | Phone Number: |  |
| Contact Person and email: |  |
| Location of Headquarters(Home State): |  |
| 1. Are you presently or do you anticipate being a prime or sub on a KYTC contract this calendar year? |
| [ ]  Yes[ ]  No If no – STOP: Please return form |
| If yes: please continue; |
| 2. Amount of Revenue by contract type from KYTC for your most recent fiscal year: Lump Sum:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cost Plus:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit Price: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3. (KY firms ONLY) Do you require a cognizant audit for another state? *[ ]* Yes *[ ]* No Which States:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_4. Will a cognizant audit or letter from your home state be available? [ ]  Yes – STOP return form and copy of cognizant audit [ ]  No |
| If yes and not currently available, what is the expected date of availability? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 5. Do you have an audited Indirect Cost rate? [ ]  Yes [ ]  No |
| If Yes, has a CPA performed or will perform Indirect Cost rates for the most recent fiscal year? [ ]  Yes [ ]  No  |
| 6. Do you have audited Financial Statements? [ ]  Yes [ ]  No |
| 7. If you are presently or anticipate being a prime or sub on a KYTC contract, please provide the following information by 5/31/16 – to insure a timely audit; **information should be submitted at least 10 weeks in advance**:* Statement of Direct Labor, Fringe Benefits and General Overhead
* Listing of Current Personnel and Classifications
* Current Payroll Register
* Detailed General Ledger
* FHWA Certification of Indirect Costs
* [Internal Control Questionnaire](http://audit.transportation.org/Pages/default.aspx) (including attachments)

Template to the above documents can be found on our website here: [KYTC External Audit](http://transportation.ky.gov/Audits/Pages/External-Audit.aspx)Submissions can be emailed or submitted via our secure ftp site at [www.ftp.ky.gov](http://www.ftp.ky.gov). Please contact Carly with questions. |
| 8. How long have you had contracts with KYTC? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 9. Has key accounting personnel changed in the past year? [ ]  Yes [ ]  No  |
| 10. Have you had an accounting software change in the past year? [ ]  Yes [ ]  No  |
| 11. Do you have personnel familiar with Federal Acquisition Regulations? [ ]  Yes [ ]  No |
| 12. Do you perform work in other states? [ ]  Yes [ ]  No If yes, list states: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 13. Number of Employees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Annual Revenue \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 14. Have you had any changes in organizational structure since your last audit? Mergers? Acquisitions? [ ]  Yes [ ]  No  |
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| I, the undersigned, certify that the above information is correct to the best of my knowledge and belief |
|  |
|  Signature | Date |