|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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? YesNo  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 | | | | | | | | | | |
|  |  | | | | | | | | | | |
| I, the undersigned, certify that the above information is correct to the best of my knowledge and belief | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Signature | | | | | | Date | | | | | |