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| 2017 Audit Questionnaire (for FY/CY16) |
| Company Name: |  | Federal Tax ID: |
| Address: |  | Phone Number: |  |
| Contact Person and email: |  |
| Location of Headquarters(Home State): |  |
| 1. Amount of Revenue by contract type from KYTC for your most recent fiscal year: Lump Sum:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cost Plus:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit Price: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2. (KY firms ONLY) Do you require a cognizant audit for another state? *[ ]* Yes *[ ]* No Which States:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3. Will a cognizant audit or letter from your home state be available for your FY 2016 Indirect Cost Rate?  [ ]  Yes – STOP return form and copy of cognizant audit [ ]  No |
| If yes and not currently available, what is the expected date of availability? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 4. Will you have an audited Indirect Cost rate for FY 2016? [ ]  Yes [ ]  No |
| If Yes, has a CPA performed or will perform Indirect Cost rates for the most recent fiscal year? [ ]  Yes [ ]  No  |
| 5. Will you have audited FY 2016 Financial Statements? [ ]  Yes [ ]  No |
| 6a. If you are presently prequalified by KYTC **AND** received payment/contracts in 2016 please provide the following information by 5/31/17 – 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)

6b. If you are **only** presently **prequalified** to perform work for KYTC please send items 1:5:6.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 log on questions or issues. |
| 7. How long have you had contracts with KYTC? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 8. Has key accounting personnel changed in the past year? [ ]  Yes [ ]  No  |
| 9. Have you had an accounting software change in the past year? [ ]  Yes [ ]  No  |
| 10. Do you have personnel familiar with Federal Acquisition Regulations? [ ]  Yes [ ]  No |
| 11. Do you perform work in other states? [ ]  Yes [ ]  No If yes, list states: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 12. Number of Employees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Annual Revenue \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 13. 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 |