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| 2018 Audit Questionnaire (for FY/CY17) | | | | | | | | |
| 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:Please indicate as prime (p) or sub-consultant (s)  Lump Sum:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cost Plus:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit Price: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| 2. (KY firms ONLY) Do you require a cognizant audit for another state? YesNo  Which States:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. Will a cognizant audit or letter from your home state be available for your FY 2017 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 2017?  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 2017 Financial Statements?  Yes  No | | | | | | |
| 6a. If you are presently prequalified by KYTC **and** received payment/contracts in 2017 please provide the following information (1 to 6) below by 5/31/18. **To ensure a timely audit; information should be submitted at least 10 weeks in advance**.   1. Statement of Direct Labor, Fringe Benefits and General Overhead 2. Listing of Current Personnel and Classifications 3. Current Payroll Register 4. Detailed General Ledger in Excel Format 5. FHWA Certification of Indirect Costs 6. [Internal Control Questionnaire](https://transportation.ky.gov/Audits/Documents/Internal%20Control%20Questionnaire%202015.doc)  (Please include attachments)   6b. If you are **only** presently **prequalified** to perform work for KYTC please send items 1:5:6.  Templates to some of the above documents can be found on our website. Click 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 <https://ftp.ky.gov/>. Please contact **Carly Cockley** 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: | | | | |