2022 Audit Questionnaire (for FY / CY 2021)

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Federal Tax ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Headquarters (Home State): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Amount of Revenues by contract type from the KYTC from **2021.** Please indicate **Prime (P) or Subconsultant (S)**:

**Lump Sum: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cost Plus: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit Price: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Amount of KYTC Contracts negotiated in **2021**. **Please attach a detailed list and indicate if Prime (P) or Subconsultant (S).**
2. **KY Based Firms Only**: Please provide us with Items a – g listed in 5 below and complete Questions **6-12 below**:

* Do you require a Cognizant for another State? YesNo If yes, which states: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Will you have an Audited Indirect Cost Rate for **FY / CY 2021**? YesNo
* Will you have Audited Financial Statements for the **FY / CY 2021**? YesNo

1. **Non-KY Based Firms Only:** Will a Cognizant Audit/Letter from your home state be available for your **FY / CY 2021** Indirect Cost Rate?

Yes – please provide us with **Items a - e** listed in **5 below** and complete Questions **6-12 below**. If yes, and not currently available, what is the expected date of availability? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No – please provide us with **Items a - g** listed in **5 below** and complete Questions **6-12 below**.

1. If you are presently prequalified by the KYTC and received payments / contracts in **2021,** please provide the **Items a to g** listed below by **5/31/22**. **(To ensure a timely audit, information should be sent a least 10 weeks in advance of a specified due date).**
   1. Statement of Direct Labor, Fringe Benefits and General Overhead and / or Audit Report
   2. Listing of Current Personnel and Classifications
   3. Current Payroll Register
   4. FHWA Certification of Indirect Costs and Facilities Capital Cost of Money
   5. [Internal Control Questionnaire](https://transportation.ky.gov/Audits/Documents/Internal%20Control%20Questionnaire%202015.doc)  (Please include attachments)
   6. Detailed General Ledger in Excel Format
   7. Audited / Unaudited Financial Statements

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 to [Stephanie.Banks@ky.gov](mailto:Stephanie.Banks@ky.gov) or submitted via our secure ftp site at <https://ftp.ky.gov/>. Please contact **Carly Cockley** with log on questions or issues.

1. How long have you had contracts with the KYTC? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Has key accounting personnel changed in the past year? YesNo
3. Have you had an accounting software change in the past year? YesNo
4. Do you perform work in other states: YesNo If Yes, list state: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Number of Employees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Annual Revenue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Have you had any changes in organizational structure during FY / CY 2021? Mergers? Acquisitions? YesNo
7. Did the firm receive a loan through the Paycheck Protection Program? YesNo **If Yes, please list amount:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was any amount forgiven? YesNo If Yes, please list amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I, the undersigned, certify that the above information is correct to the best of my knowledge and belief:**

**Signature:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_