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? ***[ ]*** Yes***[ ]*** No If yes, which states: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Will you have an Audited Indirect Cost Rate for **FY / CY 2021**? ***[ ]*** Yes***[ ]*** No
* Will you have Audited Financial Statements for the **FY / CY 2021**? ***[ ]*** Yes***[ ]*** No
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 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? ***[ ]*** Yes***[ ]*** No
3. Have you had an accounting software change in the past year? ***[ ]*** Yes***[ ]*** No
4. Do you perform work in other states: ***[ ]*** Yes***[ ]*** No 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? ***[ ]*** Yes***[ ]*** No
7. Did the firm receive a loan through the Paycheck Protection Program? ***[ ]*** Yes***[ ]*** No **If Yes, please list amount:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was any amount forgiven? ***[ ]*** Yes***[ ]*** No 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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_