**TO:**

**RE: Washington State Univ. A-133 Subrecipient Compliance Confirmation FY 2009 OGRD XXXXXX G00XXXX**

The Federal Office of Management and Budget requires prime recipients of Federal funds to monitor sub-awards to subrecipients for compliance with the requirements of OMB Circular A-133, *Audits of Institutions of Higher Education and Other Nonprofit Institutions.* As a subrecipient of federal funds subcontracted to you by Washington State University, we are requesting certification that your organization is in compliance with A-133 requirements. Accordingly, please check the appropriate box below and return with a copy of your audit, if required.

Our A-133 audit has been completed. We certify that for the period of to , 2009 there were no material weaknesses, instances of material non-compliances or findings related to any sub-awards with Washington State University for this period and no corrective actions were required; therefore, we are not enclosing a copy of the report.

Our A-133 audit for the period to included exceptions. **A copy of the audit report, including the exceptions and our responses, is enclosed.**

Our A-133 audit report is not yet complete. We expect that the report and institutional response (if necessary) will be completed by . Upon completion, we will provide written notification and, if material findings are reported, a copy of our audit report along with a corrective action plan.

We are not subject to the audit requirements of A-133 because we expended less than $500,000 in federal funds during the related fiscal year. **(Please complete page 2.)**

Other -- We are not subject to the A-133 audit requirements because: **(Please complete page 2.)**

* + - Our organization is for profit (fill in page 2).
    - Our organization expended less than $500,000 in federal funds during 2009 fiscal year (see page 2).
    - Other (explain)

(fill in page 2)

*I certify that the above-marked information accurately represents the organization of which I am a representative. Furthermore, I hereby certify that all relevant materials findings in the audit report, if completed, have been disclosed.*

Signature: Title: Date:

Name: Phone: Email:

Organization Name:

Address:

City/State/Zip Code: :

Website address of audit report or financial statements:

**Please mail or email your response to my attention at the address listed below within 30 days of receipt.**

Please Return to: Attn: Barbara Korzyk [korzykb@wsu.edu](mailto:korzykb@wsu.edu) Phone: 509-335-2046

**For A-133-exempt entities, please complete the following:**

We are certifying that, **for the fiscal year ending , 2009 (fill in date)**, we have annual financial statements that have been reviewed or audited by an independent audit firm and the financial statements received an unqualified opinion from our independent certified public accountants.

1. Does your organization have a financial management system that provides records that can identify the source and application of funds for award-supported activities (Reference FAR 52.216-7)? \_\_\_\_\_**Yes** \_\_\_\_\_\_**No**
2. Does your organization’s financial management system provide for the control and accountability of project funds, property and other assets? \_\_\_\_\_\_\_**Yes** \_\_\_\_\_\_\_**No**
3. Does your organization’s procurement system allow for free and open competition and eliminate or reduce conflict of interest in the procurement process? \_\_\_**Yes** \_\_\_**No**

In lieu of an A-133 audit, we enclose the following for your records:

\_\_\_\_\_ An audited financial statement

\_\_\_\_\_ An independent auditor’s management letter

\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title­­­­:­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sub-recipient’s Organization Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Website address of audit report or financial statements:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_