

**2024 Compliance Supplement Questionnaire**  
**Please complete for each NEW State program or project**

1. State Project/Program:

2. Is this a new program, check for  
yes. ☐

2a. If this part of a cluster of programs, check for  
yes. ☐

3. Identify the award(s):

Federal award name:

State award name:

Assistance Listing(s) if any:

State ID #(s) (wired transfer #  
or confirmation reference):

4. What is the type of the above award (check all that apply):

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Grant  | <input type="checkbox"/> Cost reimbursement contract | <input type="checkbox"/> Cooperative agreement            |
| <input type="checkbox"/> Direct appropriation                         | <input type="checkbox"/> Loan or loan guarantee      | <input type="checkbox"/> Distribution of property         |
| <input type="checkbox"/> Interest subsidy                             | <input type="checkbox"/> Insurance guarantee         | <input type="checkbox"/> Food stamps                      |
| <input type="checkbox"/> Medicaid                                     | <input type="checkbox"/> Non cash                    | <input type="checkbox"/> Free rent to carry out a program |
| <input type="checkbox"/> Distribution/consumption of food commodities | <input type="checkbox"/> Other (explain):            |   |

5. Percentage of each source: Federal % State: % Local %

6. What type of units will receive the funding? (Check all that apply):

☐ Local government or Public Authorities ☐ Not for Profits ☐ Other (explain)

7. What type(s) of local government or Public Authorities will receive funding for the program? (Counties, district health, etc.):


8. To how many units will funds be disbursed under this program?

9. How many units in question 6 and 7 will receive \$750,000 or more in federal awards for this program?

How many units in question 6 and 7 will receive \$500,000 or more in State awards for this program?

10. How many units in question 6 and 7 receive less than \$750,000, but \$187,500 or more in federal awards for this program?

11. Agency Contact Person:

Title:

Address

Phone:

Fax:

Email:

Signature

Date

## Instructions for 2024 Compliance Supplement Questionnaire

1. Name of the State Project/Program. This will be the name included on the State Compliance Supplement. The name is not necessarily the funding source for the program, though a funding source is often a Project/Program name.
2. Check yes, if this is a new program.
- 2a. If the program has several funding sources, this may be a “cluster of programs.” Uniform Guidance defines a cluster of programs as a group of closely related programs that share common compliance requirements. If checked, LGC may contact you for more information.
3. If the State Project/Program is funded by a federal funding source, please provide the name of the federal program (refer to <https://sam.gov> for assistance). If the State award has a different name from the State program/project, please provide the name of the State program. If a federal funding, include the program’s five-digit Assistance Listing No. (formerly referred to as CFDA number). The Assistance Listing No. may be found at the website <https://sams.gov>. If no Assistance Listing number is provided on the form, it will be considered a State funded program/project.

Federal funds passed through a State Agency to a subrecipient are considered federal funds at the subrecipient level for determining if the funding is federal or State, unless the federal governments consider otherwise.

4. The type of non-State entity that may receive funding for the State program/project may be a local government or public authority subject to the Local Government Budget and Fiscal Control Act (G.S. 159, Article 3), nonprofit organizations, or other entities. If other entities, include the type, if known, such as for-profit organization.
5. What are the matching requirements for the award?
6. Check all the type of units that receive funding, local governments, public authorities, or non-profits. If other then, list.

This form only applies for financial assistance passed to subrecipients. Financial assistance provided to contractors do not require compliance supplements. By checking the applicable box indicates that the State Agencies has determined that the funding provided is awarded to a subrecipient.

7. If several types of governmental units or public authorities receive the award, list all (municipalities, counties, airports, etc.)
8. Approximately, how many local governments and not-for-profits receive the funding?
9. The remaining questions will help identify the key programs that are likely to be selected and audited as major programs, as required by OMB Uniform Guidance §200.518 and the State Single Audit Act (G.S. 159-34). Current law requires that units of local government, public authorities, and not-for-profits that expend less than \$25 million of federal financial assistance must audit programs that expend \$750,000 or more in federal awards as a major program at least once every three years. State Single Audit Act (G.S. 159-34) requires that units of governments or public authority must audit, as a major, programs with State expenditures of \$500,000 or more at least once every three years. Therefore standard compliance supplements will be needed for these programs.
10. OMB Uniform Guidance §200.518 does not require auditors to perform risk assessments on programs that have \$187,500 or less in expenditures. Therefore, a short-form compliance supplement is needed.
11. Agency contact person should be someone familiar with all the agencies programs and financial policies concerning those programs. If the agency has more than one State program for which it plans to issue a Compliance Supplement, this person shall be the central point for that agency in submitting the compliance supplements to the LGC for approval.