

**FY 2010 FINANCIAL AUDIT QUESTIONNAIRE
Child and Adult Care Food Program**

Center Name _____

Participant # _____

1. Does your organization expend more than \$500,000 annually in Federal monies?
If the answer is no, sign and return the form. If the answer is yes, complete questions 2-8. Yes No

2. Is your organization audited by an independent auditor? Yes No

3. Please list the name, address and telephone number of the auditing/CPA firm:

4. Is the Child and Adult Care Food Program (CACFP) included in the audit?
 Yes No

5. If the audit is in process, when can it be expected in the State Agency?
_____ date expected to be completed

6. What are the beginning and ending dates of your audit cycle?
Start Date _____ End Date _____

7. PLEASE INCLUDE A COPY OF YOUR MOST RECENT AUDIT REPORT. Your organizations audit for the Federal Fiscal Year must be submitted no later than nine months after the end of the audit period.

8. Are you doing Organization-wide audit Program specific audit? Yes No

If your organization fails to submit the required audit you will be declared seriously deficient and face termination from CACFP.

CACFP Program Contact (Signature)

Date

Complete, sign and date and return a copy to: CACFP Coordinator, Child Nutrition Programs, Idaho State Department of Education, P.O. Box 83720, Boise, Idaho 83720