Division of Aging and Adult Services Financial Management Self Assessment

INTERIM REPORT ☐ FINAL REPORT ☐ Region _____

Part B: Follow-Up Monitoring & Audit Indicators for Fiscal Year Ending June 30, 2018

NOTE:
List each subrecipient of the AAA for Fiscal Year 2017-2018 and complete the appropriate response for each indicator. Check (X) if this is the INTERIM REPORT, due December 12, 2019 or the FINAL REPORT, due March 31, 2020. Reports are to be submitted via email to jennifer.a.powell@dhhs.nc.gov. Save this document as XFISCALPARTB.XLS, X = regional designation, i.e. A, B, C, etc.

Subrecipient Name	1. Indicate Date(s) of Site Visits(s)		2. Indicate if the Internal Control Questionnaire is on file (Yes or No).	3. Indicate the review date of the Internal Control Guide.	4. Indicate (Yes or No) if subrecipient is using the grant funds to meet Program or service goals effectively.	5. Indicate the type of documentation that supports item 4.	6. Enter date the audit or sworn was statement received.	7. Were there any findings or corrective action resulting from the review? (Yes or No)	8. Enter date of Management Decision (if applicable) made by pass-through agency.	9. Enter date the Management Decision or other corrective action was resolved.	10. Did Management Decision require any adjustment to records of pass-through agency or DAAS?	11. Enter date adjustments were made.	12. Enter date audit was closed.	13. Was audit unresolved at the end of the current year? (Yes or No)
	Program	Fiscal												