

## State Program Template

The following information is to be entered in the template for the State programs' compliance supplements found in Section C of the State's Compliance Supplement. Be sure you write over or erase the corresponding letters.

- A. Enter the name of the State grant/award.
- B. List the State statute that authorizes the program and its requirements.
- C. Enter the name of the State Agency granting the State award/grant.
- D. Enter the Division of the State Agency granting the State award/grant, if applicable.
- E. Enter the name, phone number, and e-mail address of the State Agency contact person for the program and financial. (Include the area code)
- F. Enter information on how confirmation for the amount provided to a subrecipient may be obtained (where to send confirmation letters). Please provide the following information, if to be mailed:
  - Name
  - State Agency
  - Mailing Address
- G. Footer should contain the Department abbreviation as noted below along with numerical sequencing. In all cases possible, agencies should use the numbering that was used in the prior year. Example: Program #1 from Commerce would be COM-1  
Program #2 from Commerce would be COM-2, etc

### Program Abbreviations:

AGRI	Department of Agriculture and Consumer Services
COM	Department of Commerce
DOA	Department of Administration
DCNR	Department of Cultural Resources
DEQ	Department of Environment and Natural Resources
DHHS	Department of Health and Human Resources (all Divisions)
DPI	Department of Public Instruction
DPS	Department of Public Safety
DOT	Department of Transportation
GOV	Office of the Governor
NCHFA	N. C. Housing Finance Agency

### Subsequent Pages:

See [A] and [G] above

**III. Compliance Requirements matrix:** Indicate by a “Y” or “N” for the Type of Compliance Requirements that apply to the program at the local level on the matrix provided.

For State Agencies that have issued a Crosscutting supplement, if the program is applicable to the requirements in the Crosscutting supplement, place a “Y” on the matrix. (A Crosscutting Supplement is currently issued only by DHHS-DSS, DHHS-DMHDDSAS, and DPI. The StateTemplate-CC programs.docx should be used).

**Compliance Requirements 1 – 14:** Under each Type of Compliance Requirement listed, prepare for the local auditor, the requirements that are to be tested. If the Type has an “N” on the matrix, the Type can be either be removed or noted as “not applicable.”