

**Data Collection Form for Reporting on
AUDITS OF STATES, LOCAL GOVERNMENTS, AND NON-PROFIT ORGANIZATIONS
for Fiscal Year Ending Dates On or After January 1, 2001**

▶ Complete this form, as required by OMB Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations."

RETURN TO Federal Audit Clearinghouse
1201 E. 10th Street
Jeffersonville, IN 47132

PART I GENERAL INFORMATION (To be completed by auditee, except for Item 7)

1. Fiscal period ending date for this submission Month <u>06</u> / Day <u>30</u> / Year <u>2003</u> Fiscal Period End Dates Must Be On or After January 1, 2001	2. Type of Circular A-133 audit 1 <input checked="" type="checkbox"/> Single audit 2 <input type="checkbox"/> Program-specific audit
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3. Audit period covered 1 <input checked="" type="checkbox"/> Annual 2 <input type="checkbox"/> Biennial 3 <input type="checkbox"/> Other – _____ Months	FEDERAL GOVERNMENT USE ONLY 4. Date received by Federal clearinghouse
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5. Employer Identification Number (EIN)

a. Auditee EIN: <table border="1" style="display:inline-table; text-align:center"> <tr><td>5</td><td>8</td><td>0</td><td>8</td><td>9</td><td>9</td><td>8</td><td>3</td><td>9</td></tr> </table>	5	8	0	8	9	9	8	3	9	b. Are multiple EINs covered in this report? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No If Part I, Item 5b = "Yes," complete Part I, Item 5c (Complete the continuation sheet on Page 4)
5	8	0	8	9	9	8	3	9		

6. AUDITEE INFORMATION

a. Auditee name
CENTRAL SAVANNAH RIVER AREA REGIONAL DEVELOPMENT CENTER

b. Auditee address (Number and street)
3023 RIVER WATCH PARKWAY SUITE A

City
AUGUSTA

State	ZIP + 4 Code
GA	3 0 9 0 7 - 2 0 1 6

c. Auditee contact Name
L. MACK SHEALY, CPA, CGFM

Title
CFO

d. Auditee contact telephone
(706) 210 - 2014

e. Auditee contact FAX (Optional)
(706) 210 - 2006

f. Auditee contact E-mail (Optional)
MSHEALY@CSRADC.ORG

g. AUDITEE CERTIFICATION STATEMENT – This is to certify that, to the best of my knowledge and belief, the auditee has: (1) engaged an auditor to perform an audit in accordance with the provisions of OMB Circular A-133 for the period described in Part I, Items 1 and 3; (2) the auditor has completed such audit and presented a signed audit report which states that the audit was conducted in accordance with the provisions of the Circular; and, (3) the information included in **Parts I, II, and III** of this data collection form is accurate and complete. I declare that the foregoing is true and correct.

7. AUDITOR INFORMATION (To be completed by auditor)

a. Auditor name
CLEVELAND AND ANDERSON

b. Auditor address (Number and street)
3740 EXECUTIVE CENTER DRIVE

City
MARTINEZ

State	ZIP + 4 Code
GA	3 0 9 0 7 -

c. Auditor contact Name
ESTEVAN R. PRICE

Title
MANAGER

d. Auditor contact telephone
(706) 868 - 5916

e. Auditor contact FAX (Optional)
(706) 868 - 7343

f. Auditor contact E-mail (Optional)
ESTEVAN@EPRICECPA.COM

g. AUDITOR STATEMENT – The data elements and information included in this form are limited to those prescribed by OMB Circular A-133. The information included in Parts II and III of the form, except for Part III, Items 8, 9, and 10, was transferred from the auditor's report(s) for the period described in Part I, Items 1 and 3, and is **not a substitute** for such reports. The auditor has not performed any auditing procedures since the date of the auditor's report(s). A copy of the reporting package required by OMB Circular A-133, which includes the complete auditor's report(s), is available in its entirety from the auditee at the address provided in Part I of this form. As required by OMB Circular A-133, the information in **Parts II and III** of this form was entered in this form by the auditor based on information included in the reporting package. The auditor has not performed any additional auditing procedures in connection with the completion of this form.

Signature of certifying official _____ Date _____
Month / Day / Year

Printed Name/Title of certifying official _____

Signature of auditor _____ Date _____
Month / Day / Year

PART I GENERAL INFORMATION - Continued

8. Did the auditee expend more than \$25,000,000 in Federal awards during the fiscal year? (Mark (X) one box)

- 1 Yes - Identify Cognizant Agency in Part I, Item 9 2 No - SKIP to Part II, Item 1

9. Indicate which Federal awarding agency provided the predominant amount of direct funding in fiscal year 2000. (Mark (X) one box) However, if cognizance has been reassigned, see instructions.

- 02 Agency for International Development 81 Energy 14 Housing and Urban Development 47 National Science Foundation
- 10 Agriculture 66 Environmental Protection Agency 15 Interior 20 Transportation
- 11 Commerce 83 Federal Emergency Management Agency 16 Justice Other - Specify:
- 12 Defense 93 Health and Human Services 17 Labor
- 84 Education

PART II FINANCIAL STATEMENTS (To be completed by auditor)

1. Type of audit report (Mark (X) one box)

- 1 Unqualified opinion 2 Qualified opinion 3 Adverse opinion 4 Disclaimer of opinion

2. Is a "going concern" explanatory paragraph included in the audit report? 1 Yes 2 No

3. Is a reportable condition disclosed? 1 Yes 2 No - SKIP to Item 5

4. Is any reportable condition reported as a material weakness? 1 Yes 2 No

5. Is a material noncompliance disclosed? 1 Yes 2 No

PART III FEDERAL PROGRAMS (To be completed by auditor)

1. Type of audit report on major program compliance

- 1 Unqualified opinion 2 Qualified opinion 3 Adverse opinion 4 Disclaimer of opinion

2. Does the auditor's report include a statement that the auditee's financial statements include departments, agencies, or other organizational units expending greater than \$300,000 in Federal awards that have separate A-133 audits which are not included in this audit? (AICPA SOP 98-3 chapter 10)

- 1 Yes 2 No

3. What is the dollar threshold to distinguish Type A and Type B programs? (§ __ .520(b)) \$ 300,000

4. Did the auditee qualify as a low-risk auditee? (§ __ .530) 1 Yes 2 No

5. Is a reportable condition disclosed for any major program? (§ __ .510(a)(1)) 1 Yes 2 No - SKIP to Item 7

6. Is any reportable condition reported as a material weakness? (§ __ .510(a)(1)) 1 Yes 2 No

7. Are any known questioned costs reported? (§ __ .510(a)(3) or (4)) 1 Yes 2 No

8. Was a Summary Schedule of Prior Audit Findings prepared? (§ __ .315(b)) 1 Yes 2 No

9. Indicate which Federal agency(ies) have current year audit findings related to direct funding or prior audit findings shown in the Summary Schedule of Prior Audit Findings related to direct funding. (Mark (X) all that apply or None)

- 02 Agency for International Development 83 Federal Emergency Management Agency 43 National Aeronautics and Space Administration 96 Social Security Administration
- 10 Agriculture 39 General Services Administration 89 National Archives and Records Administration 19 State
- 23 Appalachian Regional Commission 93 Health and Human Services 05 National Endowment for the Arts 20 Transportation
- 11 Commerce 14 Housing and Urban Development 06 National Endowment for the Humanities 21 Treasury
- 94 Corporation for National and Community Service 03 Institute for Museum Services 47 National Science Foundation 82 United States Information Agency
- 12 Defense 15 Interior 07 Office of National Drug Control Policy 64 Veterans Affairs
- 84 Education 16 Justice 59 Small Business Administration 00 None
- 81 Energy 17 Labor Other - Specify:
- 66 Environmental Protection Agency 09 Legal Services Corp

Each agency identified is required to receive a copy of the reporting package.

In addition, one copy each of the reporting package is required for:

- the Federal Audit Clearinghouse archives
- and, if not marked above, the cognizant agency (if identified in Part I, Item 9)

Count total number of boxes marked above and submit this number of reporting packages 1

EIN:

12/11/03

INTERNET REPORT ID: 104588

PART III FEDERAL PROGRAMS - Continued (Page 3 - #1 of 2)

CFDA Number (a)		Research and development (b)	Name of Federal program (c)	Amount expended (d)	Direct award (e)		Major program (f)		11. AUDIT FINDINGS	
Federal Agency Prefix 1	Extension 2				1	2	1	2	Type(s) of compliance requirement(s) 3	Audit finding reference number(s) 4
1	0 .570	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	NUTRITION PROGRAM FOR THE ELDERLY	\$ 189,973 .00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	O	N/A	
1	0 .767	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	INTERMEDIARY RELENDING PROGRAM	\$ 330,000 .00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	O	N/A	
1	0 .773	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	RURAL BUSINESS OPPORTUNITY	\$ 90,278 .00	1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	O	N/A	
1	1 .302	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	ECONOMIC DEVELOPMENT: SUPPORT FOR PLANNING ORGANIZATIONS	\$ 66,560 .00	1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	O	N/A	
1	7 .253	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	EMPLOYMENT & TRAINING ADMINISTRATION	\$ 44,298 .00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	O	N/A	
2	0 .205	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	HIGHWAY PLANNING & CONSTRUCTION	\$ 103,374 .00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	O	N/A	
2	0 .513	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	FEDERAL TRANSIT ADMINISTRATION	\$ 53,682 .00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	O	N/A	
6	6 .454	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	WATER QUALITY MANAGEMENT PLANNING	\$ 9,952 .00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	O	N/A	
9	3 .41	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	AGING TITLE VII CHPT 3: PREVENTION OF ELDER ABUSE, NEGLECT, & EXPLOIATION	\$ 7,711 .00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	O	N/A	
9	3 .41	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	AGING TITLE VII CHPT. 2: LTCO SERVICES OF OLDER INDIVIDUALS	\$ 14,634 .00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	O	N/A	
TOTAL FEDERAL AWARDS EXPENDED				\$ 5,229,221 .00					IF ADDITIONAL LINES ARE NEEDED, PLEASE PHOTOCOPY THIS PAGE, ATTACH ADDITIONAL PAGES TO THE FORM, AND SEE INSTRUCTIONS	

¹ See Appendix 1 of instructions for valid Federal Agency two-digit prefixes.

² Or other identifying number when the Catalog of Federal Domestic Assistance (CFDA) number is not available. (See Instructions)

³ Enter the letter(s) of all type(s) of compliance requirement(s) that apply to audit findings (i.e., noncompliance, reportable conditions (including material weaknesses), questioned costs, fraud, and other items reported under § 510(a)) reported for each Federal program.

- A. Activities allowed or unallowed
- B. Allowable costs/cost principles
- C. Cash management
- D. Davis - Bacon Act
- E. Eligibility
- F. Equipment and real property management
- G. Matching, level of effort, earmarking
- H. Period of availability of Federal funds
- I. Procurement and suspension and debarment
- J. Program income
- K. Real property acquisition and relocation assistance
- L. Reporting
- M. Subrecipient monitoring
- N. Special tests and provisions
- O. None
- P. Other

⁴ N/A for NONE

PART III FEDERAL PROGRAMS - Continued (Page 3 - #2 of 2)

CFDA Number (a)		Research and development (b)	Name of Federal program (c)	Amount expended (d)	Direct award (e)	Major program (f)	11. AUDIT FINDINGS	
Federal Agency Prefix 1	Extension 2						Type(s) of compliance requirement(s) 3	Audit finding reference number(s) 4
9	3 .43	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	AGING TITLE III PART F DISEASE PREVENTION & HEALTH SERVICES PROMOTION SERV	\$ 36,700 .00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	O	N/A
9	3 .44	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	AGING TITLE III PART B: GRATNS FOR SUPPORTIVE SERVICES & SENIOR CENTERS	\$ 678,433 .00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No	O	N/A
9	3 .45	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	SPECIAL PROGRAMS FOR THE AGING TITLE III PART C; NUTRITION SERVICES	\$ 689,861 .00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No	O	N/A
9	3 .48	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	AGING TITLE IV: TRAINING, RESEARCH & DISCRETIONARY PROJECTS & PROGRAMS	\$ 10,000 .00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	O	N/A
9	3 .52	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	NATIONAL CAREGIVER SUPPORT	\$ 240,941 .00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	O	N/A
9	3 .558	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	TEMPORARY ASSISTANCE FOR NEEDY FAMILIES	\$ 1,088,945 .00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No	O	N/A
9	3 .667	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	SOCIAL SERVICE BLOCK GRANT	\$ 660,012 .00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No	O	N/A
9	3 .778	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	MEDICAL ASSISTANCE PROGRAM	\$ 905,042 .00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No	O	N/A
9	3 .779	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	HEALTH CARE FINANCING RESEARCH, DEMONSTRATIONS, AND EVALUATIONS	\$ 8,825 .00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	O	N/A
TOTAL FEDERAL AWARDS EXPENDED				\$ 5,229,221 .00			IF ADDITIONAL LINES ARE NEEDED, PLEASE PHOTOCOPIY THIS PAGE, ATTACH ADDITIONAL PAGES TO THE FORM, AND SEE INSTRUCTIONS	

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- H. Period of availability of Federal funds
- I. Procurement and suspension and debarment
- J. Program income
- K. Real property acquisition and relocation assistance
- L. Reporting
- M. Subrecipient monitoring
- N. Special tests and provisions
- O. None
- P. Other

⁴ N/A for NONE

PART I Item 5 Continuation Sheet

c. List the multiple Employer Identification Numbers (EINs) covered in this report.

1	N / A	16	31	46	61
2		17	32	47	62
3		18	33	48	63
4		19	34	49	64
5		20	35	50	65
6		21	36	51	66
7		22	37	52	67
8		23	38	53	68
9		24	39	54	69
10		25	40	55	70
11		26	41	56	71
12		27	42	57	72
13		28	43	58	73
14		29	44	59	74
15		30	45	60	75

IF ADDITIONAL LINES ARE NEEDED, PLEASE PHOTOCOPY THIS PAGE, ATTACH ADDITIONAL PAGES TO THE FORM, AND SEE INSTRUCTIONS.