



2016 AUDIT QUESTIONNAIRE
D.C. Free Summer Meals Program

NAME OF SPONSOR _____

ADDRESS _____

PHONE _____

(Check appropriate box)

GOVERNMENT

NON-GOVERNMENTAL

Did your agency expend \$500,000 or more in total **federal** funds from **all** sources during the fiscal year ending September 30, 2015?

_____ **YES**, I expended \$500,000 or more in total federal funds.

_____ **NO**, I am exempt from audit. (If you checked NO, please do not send audit.)

If “**YES**”, please explain what arrangements have been made for an independent audit of the organization for the fiscal year ending 2015. If your organization has a 2015 audit report that is not on file at our office, **please forward a copy.**

Signature of Person Completing Questionnaire

Date

Printed Name and Title