

**Data Collection Form for Reporting on  
AUDITS OF STATES, LOCAL GOVERNMENTS, AND NON-PROFIT ORGANIZATIONS  
for Fiscal Year Ending Dates in 2004, 2005, or 2006**

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

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

**GENERAL INFORMATION (To be completed by auditee, except for Items 4 and 7)****1. Fiscal period ending date for this submission**

Month	Day	Year
9	30	05

 Fiscal Period End Dates Must Be in 2004, 2005, or 2006
**3. Audit period covered**
☒ Annual ☐ Biennial ☐ Other -  Months
**2. Type of Circular A-133 audit**
☒ Single audit ☐ Program-specific audit
**4. FEDERAL GOVERNMENT USE ONLY**

Date received by Federal clearinghouse

**5. Auditee Identification Numbers****a. Primary Employer Identification Number (EIN)**

6	4	-	6	0	0	6	2	2
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**b. Are multiple EINs covered in this report?** 1 ☐ Yes 2 ☒ No**c. If Part I, Item 5b = "Yes," complete Part I, Item 5c on the continuation sheet on Page 4.****d. Data Universal Numbering System (DUNS) Number**

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**e. Are multiple DUNS covered in this report?** 1 ☐ Yes 2 ☒ No**f. If Part I, Item 5e = "Yes," complete Part I, Item 5f on the continuation sheet on Page 4.****6. AUDITEE INFORMATION****a. Auditee name**

Lincoln County

**b. Auditee address (Number and street)**

P. O. Box 555

City

Brookhaven

State

MS

ZIP + 4 Code

3	9	6	0	1	-
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**c. Auditee contact**

Name

David Fields

Title

County Administrator

**d. Auditee contact telephone**

(601) 835 - 3421

**e. Auditee contact FAX**

(601) 835 - 3455

**f. Auditee contact E-mail****7. AUDITOR INFORMATION (To be completed by auditor)****a. Auditor name**

Office of the State Auditor

**b. Auditor address (Number and street)**

P. O. Box 956

City

Jackson

State

MS

ZIP + 4 Code

3	9	2	0	5	-	0	2	0	5
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**c. Auditor contact**

Name

Kathy Albritton

Title

Audit Manager

**d. Auditor contact telephone**

(601) 477 - 3066

**e. Auditor contact FAX**

(601) 477 - 3227

**f. Auditor contact E-mail**

**9. 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.

Signature of certifying official



Date

Month	Day	Year
3	1	07

Printed Name of certifying official

David Fields

Printed Title of certifying official

County Administrator

**9. 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 7, 8, and 9a-9f, 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 auditor



Date

Month	Day	Year
03	01	07

## PART II FINANCIAL STATEMENTS (To be completed by auditor)

1. Type of audit report  
Mark either: 1 ☐ Unqualified opinion **OR**  
any combination of: 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. Does the auditor's report include a statement that the auditee's financial statements include departments, agencies, or other organizational units expending \$500,000 or more in Federal awards that have separate A-133 audits which are not included in this audit? (AICPA Audit Guide, Chapter 12) 1 ☐ Yes 2 ☒ No

2. What is the dollar threshold to distinguish Type A and Type B programs? (OMB Circular A-133 § .520(b))

3. Did the auditee qualify as a low-risk auditee? (§ .530) 1 ☐ Yes 2 ☒ No

4. Is a reportable condition disclosed for any major program? (§ .510(a)(1)) 1 ☐ Yes 2 ☒ No -SKIP to Item 6

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

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

7. Were Prior Audit Findings related to **direct** funding shown in the Summary Schedule of Prior Audit Findings? (§ .315(b)) 1 ☐ Yes 2 ☒ No

8. 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)

98 <input type="checkbox"/> U.S. Agency for International Development	83 <input type="checkbox"/> Federal Emergency Management Agency	43 <input type="checkbox"/> National Aeronautics and Space Administration	96 <input type="checkbox"/> Social Security Administration
10 <input type="checkbox"/> Agriculture	39 <input type="checkbox"/> General Services Administration	89 <input type="checkbox"/> National Archives and Records Administration	19 <input type="checkbox"/> U.S. Department of State
23 <input type="checkbox"/> Appalachian Regional Commission	93 <input type="checkbox"/> Health and Human Services	05 <input type="checkbox"/> National Endowment for the Arts	20 <input type="checkbox"/> Transportation
11 <input type="checkbox"/> Commerce	97 <input type="checkbox"/> Homeland Security	08 <input type="checkbox"/> National Endowment for the Humanities	21 <input type="checkbox"/> Treasury
94 <input type="checkbox"/> Corporation for National and Community Service	14 <input type="checkbox"/> Housing and Urban Development	47 <input type="checkbox"/> National Science Foundation	82 <input type="checkbox"/> United States Information Agency
12 <input type="checkbox"/> Defense	03 <input type="checkbox"/> Institute of Museum and Library Services	07 <input type="checkbox"/> Office of National Drug Control Policy	64 <input type="checkbox"/> Veterans Affairs
84 <input type="checkbox"/> Education	15 <input type="checkbox"/> Interior	00 <input checked="" type="checkbox"/> None	00 <input type="checkbox"/> Other - Specify: <input type="text"/>
81 <input type="checkbox"/> Energy	16 <input type="checkbox"/> Justice	59 <input type="checkbox"/> Small Business Administration	
66 <input type="checkbox"/> Environmental Protection Agency	17 <input type="checkbox"/> Labor		
	09 <input type="checkbox"/> Legal Services Corporation		

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 Federal cognizant agency ☐

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

Primary EIN:

# PART III FEDERAL PROGRAMS - Continued

## 9. FEDERAL AWARDS EXPENDED DURING FISCAL YEAR

CFDA Number		Research and development (c)	Name of Federal program (d)	Amount expended (e)	Direct award (f)	Major program (g)		If yes, type of audit report (h)	10. AUDIT FINDINGS	
Federal Agency Prefix 1 (a)	Extension 2 (b)					1	2		Type(s) of compliance requirement(s) 4 (a)	Audit finding reference number(s) 5 (b)
9	7 036	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	Disaster grants - public assistance	\$ 374,278 .00	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No	U	O	N/A	
1	6 607	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	Bulletproof vest partnership program	\$ 821 .00	1 <input checked="" type="checkbox"/> Yes 2 <input 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 and construction	\$ 75,958 .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	7 004	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	State domestic preparedness equipment support program	\$ 73,214 .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	
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