

FORM SF-SAC (5-18-2010)

U.S. DEPT. OF COMM.— Econ. and Stat. Admin.— U.S. CENSUS BUREAU ACTING AS COLLECTING AGENT FOR OFFICE OF MANAGEMENT AND BUDGET

### Data Collection Form for Reporting on AUDITS OF STATES, LOCAL GOVERNMENTS, AND NON-PROFIT ORGANIZATIONS for Fiscal Year Ending Dates in 2010, 2011, or 2012

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

#### PART I

#### GENERAL INFORMATION (To be completed by auditee, except for Items 6, 7, and 8)

<b>1.</b> Fiscal period ending date for this submission Month Day Year <b>06 / 30 / 2010</b>	<b>2.</b> Type of Circular A-133 audit 1 <input checked="" type="checkbox"/> Single audit 2 <input type="checkbox"/> Program-specific audit	<b>3.</b> Audit period covered 1 <input type="checkbox"/> Annual 3 <input checked="" type="checkbox"/> Other — <b>10</b> Months 2 <input type="checkbox"/> Biennial
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**4. Auditee Identification Numbers**

**a.** Primary Employer Identification Number (EIN)  
**3 2 - 0 2 9 1 6 6 2**

**d.** Data Universal Numbering System (DUNS) Number  
**8 3 - 2 2 8 - 4 6 8 6**

**b.** Are multiple EINs covered in this report? 1  Yes 2  No

**e.** Are multiple DUNS covered in this report? 1  Yes 2  No

**c.** If Part I, Item 4b = "Yes," complete Part I, Item 4c on the continuation sheet on Page 4.

**f.** If Part I, Item 4e = "Yes," complete Part I, Item 4f on the continuation sheet on Page 4.

**5. AUDITEE INFORMATION**

**a.** Auditee name  
CALIFORNIA STATE UNIVERSITY, BAKERSFIELD, AUXILIARY

**b.** Auditee address (Number and street)  
9001 STOCKDALE HIGHWAY  
City  
BAKERSFIELD  
State ZIP + 4 Code  
CA 9 3 3 1 1 -

**c.** Auditee contact  
Name  
DOUGLAS S. WADE  
Title  
ASST VICE PRESIDENT, FISCAL SERVICES

**d.** Auditee contact telephone  
(661) 654 - 2251

**e.** Auditee contact FAX  
(661) 654 - 6824

**f.** Auditee contact E-mail  
DWADE3@CSUB.EDU

**6. PRIMARY AUDITOR INFORMATION (To be completed by auditor)**

**a.** Primary auditor name  
DANIELLS PHILLIPS VAUGHAN & BOCK

**b.** Primary auditor address (Number and street)  
300 NEW STINE ROAD  
City  
BAKERSFIELD  
State ZIP + 4 Code  
CA 9 3 3 0 9 -

**c.** Primary auditor contact  
Name  
NANCY C. BELTON  
Title  
PARTNER

**d.** Primary auditor contact telephone  
(661) 834 - 7411

**e.** Primary auditor contact FAX  
(661) 834 - 4839

**f.** Primary auditor contact E-mail  
NANCY@DPVB.COM

**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.

**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 7, 8, and 9a-9g, 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.

Auditee certification **ELECTRONICALLY CERTIFIED** Date **12/6/2010**

Name of certifying official  
**DOUGLAS WADE**

Title of certifying official  
**AVP FISCAL SERVICES**

**7a. Add Secondary auditor information? (Optional)**  
1  Yes 2  No

**b.** If "Yes," complete **Part I, Item 8** on the continuation sheet on page 5.

Auditor certification **ELECTRONICALLY CERTIFIED** Date **12/3/2010**

**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 significant deficiency disclosed?** 1  Yes 2  No

**4. Is a material weakness disclosed?** 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 13)** 1  Yes 2  No

**2. What is the dollar threshold to distinguish Type A and Type B programs? (OMB Circular A-133 § .526(b))** \$ 300,000

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

**4. Is a significant deficiency disclosed for any major program? (§ .510(a)(1))** 1  Yes 2  No

**5. Is a material weakness disclosed for any major program? (§ .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<br>10 <input type="checkbox"/> Agriculture<br>23 <input type="checkbox"/> Appalachian Regional Commission<br>11 <input type="checkbox"/> Commerce<br>94 <input type="checkbox"/> Corporation for National and Community Service<br>12 <input type="checkbox"/> Defense<br>84 <input type="checkbox"/> Education<br>81 <input type="checkbox"/> Energy<br>66 <input type="checkbox"/> Environmental Protection Agency | 39 <input type="checkbox"/> General Services Administration<br>93 <input type="checkbox"/> Health and Human Services<br>97 <input type="checkbox"/> Homeland Security<br>14 <input type="checkbox"/> Housing and Urban Development<br>03 <input type="checkbox"/> Institute of Museum and Library Services<br>15 <input type="checkbox"/> Interior<br>16 <input type="checkbox"/> Justice<br>17 <input type="checkbox"/> Labor<br>09 <input type="checkbox"/> Legal Services Corporation<br>43 <input type="checkbox"/> National Aeronautics and Space Administration | 89 <input type="checkbox"/> National Archives and Records Administration<br>05 <input type="checkbox"/> National Endowment for the Arts<br>06 <input type="checkbox"/> National Endowment for the Humanities<br>47 <input type="checkbox"/> National Science Foundation<br>07 <input type="checkbox"/> Office of National Drug Control Policy<br>59 <input type="checkbox"/> Small Business Administration<br>96 <input type="checkbox"/> Social Security Administration | 19 <input type="checkbox"/> U.S. Department of State<br>20 <input type="checkbox"/> Transportation<br>21 <input type="checkbox"/> Treasury<br>64 <input type="checkbox"/> Veterans Affairs<br>00 <input type="checkbox"/> None<br><input type="checkbox"/> Other - Specify: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; vertical-align: middle;"></span><br><input checked="" type="checkbox"/> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; vertical-align: middle;"></span> |
|--|---|--|--|

**PART III FEDERAL PROGRAMS - Continued**

9. FEDERAL AWARDS EXPENDED DURING FISCAL YEAR										10. AUDIT FINDINGS		
Federal Agency Prefix <sup>1</sup>	CFDA Number	Extension <sup>2</sup>	Research and development		Name of Federal program	Amount expended	Direct award	Major program		Type(s) of compliance requirement(s) <sup>5</sup>	Audit finding reference number(s) <sup>6</sup>	
			(c)	(d)				(h)	(i)			
8 4	.031		1 <input type="checkbox"/> Y 2 <input checked="" type="checkbox"/> N	1 <input type="checkbox"/> Y 2 <input checked="" type="checkbox"/> N	HIGHER EDUCATION - INSTITUTIONAL AID	\$ 189,151 .00	1 <input checked="" type="checkbox"/> Y 2 <input type="checkbox"/> N	1 <input type="checkbox"/> Y 2 <input checked="" type="checkbox"/> N		O	N/A	
8 4	.336		1 <input type="checkbox"/> Y 2 <input checked="" type="checkbox"/> N	1 <input type="checkbox"/> Y 2 <input checked="" type="checkbox"/> N	TEACHERS QUALITY ENHANCEMENT GRANTS FOR STATE AND PARTNERSHIPS	\$ 687,517 .00	1 <input checked="" type="checkbox"/> Y 2 <input type="checkbox"/> N	1 <input checked="" type="checkbox"/> Y 2 <input type="checkbox"/> N	U	O	N/A	
			1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N	<b>ARRCS</b>	\$	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N	<b>AWES</b>			
			1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N		\$	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N				
			1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N		\$	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N				
			1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N		\$	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N				
			1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N		\$	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N				
<b>TOTAL FEDERAL AWARDS EXPENDED</b>						\$ 876,668						

<sup>1</sup> See Appendix 1 of instructions for valid Federal Agency two-digit prefixes.  
<sup>2</sup> Or other identifying number when the Catalog of Federal Domestic Assistance (CFDA) number is not available. (See Instructions)  
<sup>3</sup> American Recovery and Reinvestment Act of 2009 (ARRA).  
<sup>4</sup> If major program is marked "Yes," enter only one letter (U = Unqualified opinion, Q = Qualified opinion, A = Adverse opinion, D = Disclaimer of opinion) corresponding to the type of audit report in the adjacent box. If major program is marked "No," leave the type of audit report box blank.  
<sup>5</sup> Enter the letter(s) of all type(s) of compliance requirement(s) that apply to audit findings (i.e., noncompliance, significant deficiency (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  
<sup>6</sup> 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	21	-	41	-	1	N / A	21	-
2	-	22	-	42	-	2	-	22	-
3	-	23	-	43	-	3	-	23	-
4	-	24	-	44	-	4	-	24	-
5	-	25	-	45	-	5	-	25	-
6	-	26	-	46	-	6	-	26	-
7	-	27	-	47	-	7	-	27	-
8	-	28	-	48	-	8	-	28	-
9	-	29	-	49	-	9	-	29	-
10	-	30	-	50	-	10	-	30	-
11	-	31	-	51	-	11	-	31	-
12	-	32	-	52	-	12	-	32	-
13	-	33	-	53	-	13	-	33	-
14	-	34	-	54	-	14	-	34	-
15	-	35	-	55	-	15	-	35	-
16	-	36	-	56	-	16	-	36	-
17	-	37	-	57	-	17	-	37	-
18	-	38	-	58	-	18	-	38	-
19	-	39	-	59	-	19	-	39	-
20	-	40	-	60	-	20	-	40	-

f. List the multiple DUNS covered in the report.

1	N / A	21	-
2	-	22	-
3	-	23	-
4	-	24	-
5	-	25	-
6	-	26	-
7	-	27	-
8	-	28	-
9	-	29	-
10	-	30	-
11	-	31	-
12	-	32	-
13	-	33	-
14	-	34	-
15	-	35	-
16	-	36	-
17	-	37	-
18	-	38	-
19	-	39	-
20	-	40	-

**PART I GENERAL INFORMATION - Continued**

**8.** Part I, Item 8, Secondary Auditor's Contact Information. (List the Secondary Auditor's Contact information)

<p><b>1. a.</b> Secondary Auditor name N / A</p>		<p><b>2. a.</b> Secondary Auditor name</p>		<p><b>3. a.</b> Secondary Auditor name</p>	
<p><b>b.</b> Secondary Auditor address (Number and street)</p>		<p><b>b.</b> Secondary Auditor address (Number and street)</p>		<p><b>b.</b> Secondary Auditor address (Number and street)</p>	
<p>City</p>		<p>City</p>		<p>City</p>	
<p>State ZIP + 4 Code</p>		<p>State ZIP + 4 Code</p>		<p>State ZIP + 4 Code</p>	
<p><b>c.</b> Secondary Auditor contact Name</p>		<p><b>c.</b> Secondary Auditor contact Name</p>		<p><b>c.</b> Secondary Auditor contact Name</p>	
<p>Title</p>		<p>Title</p>		<p>Title</p>	
<p><b>d.</b> Secondary Auditor contact telephone</p>		<p><b>d.</b> Secondary Auditor contact telephone</p>		<p><b>d.</b> Secondary Auditor contact telephone</p>	
<p><b>e.</b> Secondary Auditor contact FAX</p>		<p><b>e.</b> Secondary Auditor contact FAX</p>		<p><b>e.</b> Secondary Auditor contact FAX</p>	
<p><b>f.</b> Secondary Auditor contact E-mail</p>		<p><b>f.</b> Secondary Auditor contact E-mail</p>		<p><b>f.</b> Secondary Auditor contact E-mail</p>	
<p><b>4. a.</b> Secondary Auditor name</p>		<p><b>5. a.</b> Secondary Auditor name</p>		<p><b>6. a.</b> Secondary Auditor name</p>	
<p><b>b.</b> Secondary Auditor address (Number and street)</p>		<p><b>b.</b> Secondary Auditor address (Number and street)</p>		<p><b>b.</b> Secondary Auditor address (Number and street)</p>	
<p>City</p>		<p>City</p>		<p>City</p>	
<p>State ZIP + 4 Code</p>		<p>State ZIP + 4 Code</p>		<p>State ZIP + 4 Code</p>	
<p><b>c.</b> Secondary Auditor contact Name</p>		<p><b>c.</b> Secondary Auditor contact Name</p>		<p><b>c.</b> Secondary Auditor contact Name</p>	
<p>Title</p>		<p>Title</p>		<p>Title</p>	
<p><b>d.</b> Secondary Auditor contact telephone</p>		<p><b>d.</b> Secondary Auditor contact telephone</p>		<p><b>d.</b> Secondary Auditor contact telephone</p>	
<p><b>e.</b> Secondary Auditor contact FAX</p>		<p><b>e.</b> Secondary Auditor contact FAX</p>		<p><b>e.</b> Secondary Auditor contact FAX</p>	
<p><b>f.</b> Secondary Auditor contact E-mail</p>		<p><b>f.</b> Secondary Auditor contact E-mail</p>		<p><b>f.</b> Secondary Auditor contact E-mail</p>	