

STATE OF ARIZONA

Federal Financial Assistance Checklist

At June 30, 20

Exhibit H (1)

The State Communication of the State Communicati		
Agency:		
ID Code Agency Name:		
Prepared: By: Employee Name Title		
Phone Email		
Approved: By: Email		
** NOTE - Please submit this Checklist by August 11, 2023. **		
Identify the source[s] of your agency's Federal assistance. Check all that apply.	+	
	6 A 7	
Federal Government Non-Federal, non-State of	I AZ agency	
Another State of AZ agency State Universities (3 major; NAU, ASU, UofA)		
1. Are cost structure elements (Program) used to capture the activity related to your agency's Federal	Yes	No
assistance? If no, complete the ADDITIONAL FEDERAL EXPENDITURE REPORTING Form for each agreement.		
2. Review InfoAdvantage report C083 (all tabs) for your agency related to the appropriate FY. Does		
the report reflect the total expenditures for your agency by CFDA in the corresponding FY?	Yes	No
If no, please complete the FEDERAL EXPENDITURE ADJUSTMENTS Form.		
3. Are there any expenditures that occurred after the FY under audit that are related to grant activity	Yes	No
in that FY and need to be accrued for SEFA reporting? If yes, complete the FEDERAL EXPENDITURE ADJUSTMENTS Form 18 for Accrual.		
4. Does your agency pass through grant funds to NAU, ASU, or UofA (3 major) as a sub-recipient? If	Yes	No
yes, complete the FEDERAL EXPENDITURE ADJUSTMENTS Form for each university.	1 03	140
5. Are match expenditures captured in an established federal cost structure?	Yes	No
If yes, complete the FEDERAL EXPENDITURE ADJUSTMENTS Form 18 for all instances.		
 Does your agency recover indirect costs from grants? If yes, answer question 7. 	Yes	No
7. Is your indirect cost rate negotiated or the de minimis rate as per 2 CFR 200.414(f)?	Neg	gotiated rate
	De	minimis rate
8. Does your agency have a Grant Program (Assistance Listing) near or above \$30 million in	Yes	No
expenditures for the FY? If yes, list the Assistance Listings:		
9. As related to a Federal grantor 'review' (site visit), does your agency meet any of the following	Yes	No
criteria; had a review during the FY under audit, are currently conducting a review, or have an upcoming review scheduled?	105	110
0. Did your agency receive any donated Personal Protective Equipment (PPE)?	Yes	No
11. Please provide your agency's Unique Entity Identifier (UEI).		
11. I lease provide your agency's omque Emity Identifier (OEI).		