

## STATE OF ARIZONA

## **Federal Financial Assistance Checklist**

At June 30, 20

Exhibit H (1)

	The State Comp									, ,		
1	Agency:											
		ID Code	-	Agency Name:								
]	Prepared:	Date	_ By:	Employee Name			Title					
1	Approved:		By:	Phone		Email						
Date Name/Title Email												
	** NOTE - Please submit this Checklist by July 22, 2024. **											
Identify the source[s] of your agency's Federal assistance. Check all that apply.												
Federal Government Non-Federal, non-State							e of AZ agency					
Another State of AZ agency State Universities (3 major; NAU, ASU, UofA)									ASU, UofA)			
1.				- '			ency's Federal assistance? for each agreement.	1.	Yes	No		
<ol> <li>Review AZ360 report C083 (all tabs) for your agency related to the appropriate FY. Does the report reflect the total expenditures for your agency by Assistance Listing in the corresponding FY? If no, please complete the FEDERAL EXPENDITURE ADJUSTMENTS Form 18.</li> </ol>							2.	Yes	No			
3.	Are there any expenditures that occurred after the FY under audit that are related to grant activity in that FY and need to be accrued for SEFA reporting?  If yes, complete the FEDERAL EXPENDITURE ADJUSTMENTS Form 18 for Accrual.							3.	Yes	No		
4.	Does your agency pass through grant funds to NAU, ASU, or UofA (3 major) as a sub-recipient?  If yes, complete the FEDERAL EXPENDITURE ADJUSTMENTS Form 18 for each university.							4.	Yes	No		
5.		Are match expenditures captured in an established federal cost structure?  f yes, complete the FEDERAL EXPENDITURE ADJUSTMENTS Form 18 for all instances.							Yes	No		
6.		agency recover question 7.		rect costs from g	grants?			6.	Yes	No		
7.	. Is your indirect cost rate negotiated or the de minimis rate as per 2 CFR 200.414(f)?						?	7.		Negotiated rate		
										De minimis rate		
8.	Does your a	agency have	a Grant	: Program (Assis	stance Listing) ne	ear or above \$30 m	illion in expenditures for	8.	Yes	No		
	If yes, list th	he Assistance I	Listings	:								
9.	As related to a Federal grantor 'review' (site visit), does your agency meet any of the following criteria; had a review during the FY under audit, are currently conducting a review, or have an upcoming review scheduled?							9.	Yes	No		
0.	Did your as	gency receive	any do	onated Personal	Protective Equip	ment (PPE)?		10.	Yes	No		
1.	Please prov	vide your age	ncy's U	Inique Entity Ide	entifier (UEI).							