

Sponsored Programs Services OMB Circular A-133 Certification form

DATE:	
INSTITU	TION NAME:
AUDIT C	ONTACT INFORMATION EMAIL:
	ords indicate that your organization is a sub-recipient of funds from Washington State University. In order to fulfill our ons under OMB Circular A-133, we require all sub-recipients to provide the information requested below for FY 2013 within 30 days
Please n	nark the appropriate box:
	/e completed our A-133 audit on for Fiscal Year ending . There were no findings related to ubaward(s) from WSU. No follow-up action is required by WSU as the pass-through entity.
	A complete copy of the audit report, which includes exceptions, corrective action plan and
	management response, is either enclosed or available online at:
	http://www.
	/e completed our A-133 Audit on for Fiscal Year ending . here were findings related to subaward(s) from WSU.
	A complete copy of the audit report, which includes exceptions, corrective action plan and
	management response, is either enclosed or available online at: http://www.
	ur completed A-133 Audit will be available on for Fiscal Year ending . /e will forward a complete copy of the audit report at that time unless it will be available online at: http://www.
W	/e are not subject to the requirements of A-133 because: (check all that apply)
	Our organization is for-profit. Our organization is based outside the United States. Our organization expended less than \$500,000 in Federal funds. Other
	owever, we enclose the following for your records for Fiscal Year ending submit one of the following - REQUIRED) Audited Financial Statement. Independent Auditor's Management Letter. Other
	Our organization does not have audited financials. NOTE: WSU may request additional information and/or documentation to ensure proper stewardship of federal funds.
	ave any questions, please contact the Washington State University Sponsored Programs Services by e- se@wsu.edu Thank you for your prompt attention to this matter.
	that the above checked box is appropriate for the organization I represent. Further, I certify that all relevant I findings contained in the audit report/statement have been disclosed.
Signatu	re of Authorized Institutional Official:
Print Na	me: Print Title: