



# Winston-Salem State University

601 Martin Luther King Jr. Drive  
Winston-Salem, NC 27110

Date:

To:

Re: Sub-Recipient Compliance  
Subcontract (s):

Our records indicate that your organization was a sub-recipient of federal funds awarded to Winston-Salem State University during the fiscal year ending June **YEAR**. OMB Circular A-133, Audits of States, Local Government & Non-Profit Organizations, requires us to ensure that your organization is in compliance with the requirements of OMB Circular A-133. Accordingly, please check the appropriate boxes and provide any required documents:

1.  We have completed our A-133 audit for fiscal year **YEAR**. The audit presented no material reportable conditions, no material findings related to *internal controls*, nor were there any findings related to the sub-award (s) from Winston-Salem State University and there were no prior unresolved audit findings. Therefore, we are not enclosing a copy of the report.
2.  We have not yet completed our A-133 audit for fiscal year **YEAR**. We expect that audit to be completed by \_\_\_\_\_. Upon completion, we will provide you with written notification and, if material findings are reported to the sub-award (s) from Winston-Salem State University, we will end a copy of the audit report and corrective action plan.
3.  We have completed our A-133 audit for fiscal year **YEAR**. Material reportable conditions, material findings related to internal controls, or findings related to Winston-Salem State University's sub-award (s) to us were noted or there were prior unresolved audit findings. Enclosed is a copy of the audit report and our response.
4.  We are not subject to the provisions of A-133 because:
  - Our organization is for profit.
  - Our organization is expended less than \$500,000 in Federal funds in fiscal year **YEAR**.
  - Other (explain) \_\_\_\_\_.

I certify that the boxes checked above are appropriate for the entity I represent. In addition, I certify that all relevant material findings in the audit report have been disclosed.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone No.: \_\_\_\_\_ EIN/Tax ID #: \_\_\_\_\_

We request that this form be returned to us no later than **DATE**.

Reply to :	Valerie Howard, Director	By Mail:	601 Martin Luther King, Jr. Drive
	Sponsored Programs		Winston-Salem, NC 27110
	Phone: 336-750-2413	By Fax:	336-750-2412
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