

INSTRUCTIONS FOR FOOD & NUTRITION ANNUAL AUDIT

Those contracting entities (CEs) that use the Texas Unified Nutrition Programs System (TX-UNPS) complete, if applicable, the Annual Audit screen in TX-UNPS and do not complete this form on paper. Those CE's that **do not** use TX-UNPS will, if applicable, complete and submit this paper form as part of the application process.

All Contracting Entities that may be subject to the Single Audit Act are required to complete the Annual Audit screen/form indicating their fiscal year and any other federal funds they receive. Non-profit Contracting Entities that expend \$500,000 or more in TOTAL federal funds during their fiscal year are required to submit an audit that meets the requirements of the Single Audit Act, as amended. For more details on Single Audit requirements, please refer to the Program Handbooks.

CEs who's Type of Agency is Military Installation, Indian Tribe, Government Agency or For Profit Organization are not required to complete and submit the Annual Audit screen/form.

SECTION I – CONTRACTING ENTITY (CE) INFORMATION

1. **Name of Contracting Entity (CE)** – Enter the name of the contracting entity.
 2. **CE ID** – Enter the five-digit CE ID that has been assigned to you by the Texas Unified Nutrition Programs System (TX-UNPS). If you do not know your CE ID, leave blank.
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NAME AND TITLE OF CONTRACTING ENTITY FINANCIAL AUDIT CONTACT

1. **Name of Financial Audit Contact** – Enter the following for the financial audit contact: salutation, first name and last name. The salutation is a required field and must be one of the following: Brother, Dr., Father, Honorable, Miss, Mr., Mrs., Ms., Msgr., Rabbi, Reverend or Sister.
 2. **Email Address** – Enter the email address for the financial audit contact.
 3. **Phone** – Enter the phone number (include area code), extension and fax number of the financial audit contact.
 4. **Title** – Enter the title of the financial audit contact.
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ORGANIZATION TYPE

5. **Type of Agency** – Enter the Type of Agency that the contracting entity is from the following list: Educational Institution, Private Non Profit Organization or Other. If you enter "Other", please explain.
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CONTRACTING ENTITY'S 12-MONTH FISCAL YEAR

6. **Fiscal Year** – Enter the contracting entity's 12-month fiscal year. Acceptable entries are: January – December, or February – January, or March – February, or April – March, or May – April, or June – May, or July – June, or August – July, or September – August, or October – September, or November – October, or December – November
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FEDERAL FUNDS

7. **Does the organization expend federal funds form a program other than those administered by TDA?** – Indicate Yes or No.
8. **Identify the federal funds source and the total amount for each source that your organization projects to expend for the fiscal year** – Enter the federal fund source and amount in the chart. Attach additional pages, if needed.
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SECTION IV – CERTIFICATION

Read the Certification Statement. An authorized representative of the contracting entity signs, dates and prints their name and title.

SUBMITTAL

CEs Not Using TX-UNPS – Submit to one of the following:

Mail to:

Texas Department of Agriculture
Food and Nutrition
Attn: F&N Business Operations – Applications
P.O. Box 12847
Austin, Texas 78711

Overnight to:

Texas Department of Agriculture
Food and Nutrition
Attn: F&N Business Operations – Applications
1700 North Congress Ave.
Austin, Texas 78701

E-mail to:

BOps.Applications@TexasAgriculture.gov

Fax to:

888-223-8645