

Audit Requirement Form

Name of Local Agency (Entity): West River Transit Authority

Local Agency Number for Child & Adult Nutrition Services: Prairie Hills Child Care Center

1) What type of entity? (Choose one)

South Dakota Public School District. Continue to complete this form.

Non-federal entity other than public district and is required to submit audit and financial information. Continue to complete this form.

Federal entity and as such is exempt from submitting an audit report. Skip to signature section and submit this form.

2) What level of federal funds did your entity expend? (Choose one)

Expended less than \$750,000 in federal financial assistance in the most recently completed fiscal year. Entity is not subject to the Single Audit Requirements of 2 CFR Part 200. Records will be kept on file. Skip to signature section and submit this form.

Expended more than \$750,000 in federal financial assistance in the recent fiscal year. Continue completing this form, please go to Question 3.

3) What are the sources of the federal funds and what type of audit is required? (Choose one)

Federal funds are from a variety of sources. We will submit a single audit.

All federal funds are USDA Food Distribution and/or Child Nutrition Program funds.

We will submit (check one): Single audit Program-specific audit

4) What are the dates of your entity's fiscal year?

a) Our fiscal year is Oct, 2022 to Sept, 2023

5) When was the last audit submitted? (Answer "a" or "b")

a) Our last audit was for the fiscal year ending 2021 and submitted on 3/11/2022. Audits must be submitted within nine months after the fiscal year end. If the audit was not submitted within the required nine months, please provide, and attach an explanation with an estimated completion date.

b) We are on a two-year audit cycle. Our last audit was for the fiscal year ending _____ and submitted on _____ (Date). If the audit was not submitted within the nine months after the end of the fiscal year completing the two-year cycle, please provide and attach an explanation with an estimated completion date.

Name and Title of Authorized Business or Financial Official responsible for audit requirement (print or type):

Karley LaFountain - Child Care Director

Signature of Authorized Business or Financial Official:



Date: 9/26/2022