

**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. Those CEs that do not use TX-UNPS or do not have access to the Annual Audit screen in TX-UNPS will, if applicable, complete and submit this form as part of their application process.

Non-Federal Contracting Entities (including States, federally recognized Indian Tribes, local governments, nonprofit organizations and for-profit organizations) that expend \$750,000 or more during their fiscal year in Federal awards must have an audit conducted for that year. Contracting Entities identify their fiscal year and the source and amount of Federal funds they are expected to expend that fiscal year below. For more details on audit requirements, please refer to Program handbooks.

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.
 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 your organization expend federal funds from a program other than those administered by TDA?** – Indicate Yes or No.
 8. **If yes, identify the federal fund 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.

SUBMISSION

CEs Not Using TX-UNPS and applying for Child and Adult Care Food Program (CACFP), Summer Food Service Program (SFSP), or School Nutrition Programs (SNP) – submit to **one** of the following:

E-mail to the appropriate Program address:

Fax to: 888-203-6593

Child and Adult Care Food Program
CACFP.Bops@TexasAgriculture.gov

Summer Food Service Program
SFSP.Bops@TexasAgriculture.gov

Seamless Summer Option
SSO.Bops@TexasAgriculture.gov

National School Lunch Program/School Breakfast Program
NSLP-SBP.Bops@TexasAgriculture.gov

Mail to:

Texas Department of Agriculture
Food and Nutrition
Attn: Business Operations - Audits
P.O. Box 12847
Austin, Texas 78711-2847

Overnight to:

Texas Department of Agriculture
Food and Nutrition
Attn: Business Operations - Audits
1700 North Congress Avenue, Suite 1125E
Austin, Texas 78701-1496

Those CEs that do not have access to the Annual Audit screen in TX-UNPS and applying for the Senior Farmers' Market Nutrition Program (SFMNP), the Farmers' Market Nutrition Program (FMNP), The Emergency Food Assistance Program (TEFAP), or the Commodity Supplemental Food Program (CSFP) submit the Annual Audit form with their application to the following:

Email to: CommodityOperations@TexasAgriculture.gov

Fax to: 888-203-6593

Mail to:

Texas Department of Agriculture
Food and Nutrition
Attn: Commodity Operations
P.O. Box 12847
Austin, Texas 78711-2847

Overnight to:

Texas Department of Agriculture
Food and Nutrition
Attn: Commodity Operations
1700 North Congress Avenue, Suite 1125E
Austin, Texas 78701-1496

Those contracting entities that do not use TX-UNPS or do not have access to the Annual Audit screen in TX-UNPS must, if applicable, complete and submit this form as part of their application process.

SECTION I – CONTRACTING ENTITY (CE) INFORMATION

1. Name of Contracting Entity (CE):	2. CE ID:

NAME AND TITLE OF CONTRACTING ENTITY FINANCIAL AUDIT CONTACT

1. Name of Financial Audit Contact			
Salutation	First Name	Last Name	2. Email Address
3. Phone (include area code)	Extension	Fax (include area code)	
4. Title			

ORGANIZATION TYPE

5. Type of Agency

CONTRACTING ENTITY'S 12-MONTH FISCAL YEAR

6. Fiscal Year (example; January – December):

FEDERAL FUNDS

7. Does your organization expend federal funds from a program other than those administered by TDA? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. If yes, identify the federal fund source and the total amount for each source that your organization projects to expend for the fiscal year.

Federal Fund Source	Amount
	\$
	\$
	\$
	\$
	\$

SECTION II – CERTIFICATION

I understand that if my organization meets the audit requirements as specified by regulation and Texas Department of Agriculture (TDA) policy, now or in the future, I must submit an audit as a condition of continued participation in the Programs administered by the TDA, and that failure to do so as required could result in adverse action, including placement in the serious deficiency process and termination of my organization's contract.

Signature - Authorized Representative Date _____
Title - Authorized Representative

Printed Name - Authorized Representative