Purpose

To comply with federal single audit identification requirements, HHSC collects source of funds information from each contractor participating in the Special Nutrition Programs (SNP).

Procedure

When to Complete

HHSC mails Form H1569 to contractors/applicants with the application to participate in the SNP. Contractors/applicants must complete a Form H1569 for each SNP program

- in which they currently participate, or
- for which they are making application to participate.

Number of Copies

Complete an original and two copies.

Transmittal

Send the original and one copy to your area program office with your completed application packet. Keep one copy for your files.

How to Obtain Forms

Make additional copies as needed or download Form H1569 from the SNP website at www.snptexas.org.

Form Retention

Keep Form H1569 for three years and 90 days from the end of the program year.
Exception: If audit findings, claims or litigation have not been resolved by the end of the retention period, all forms and records must be retained until all issues are resolved.

DETAILED INSTRUCTIONS

Part I

**Name of Contracting Organization** — Enter your organization's name as it appears on the agreement and/or policy statement form for the SNP in which you are participating.

**Contact Person** — Enter the name and title of the person in your organization who can answer any and all questions about your revenue sources and the information provided on this form.

**Address** — Enter your organization's address as it appears on the agreement and/or policy statement form for the SNP in which you are participating.

**Area Code and Telephone No.** — Enter the area code and telephone number of the contact person identified above.

**Texas ID No.** — Enter the 14-digit number as assigned by the Texas Comptroller of Public Accounts. If you do not know your organization's Texas ID number, please contact the comptroller at 512-463-3660.

**Contract No.** — If you are

- a current contractor, enter your seven-digit number assigned by HHSC that begins with the pre-printed numerals "75."
- an applicant, leave this item blank. You do not have an agreement/contract number at this time.

**Contractor Fiscal Year End (mm/dd/yyyy)** — Enter the month, day and year of your organization's most recently completed fiscal year for accounting purposes. This date can't be a future date. **Example:** If your organization's most recently completed fiscal year ended on December 31, 2003, enter 12/31/2003.

**Type of Contract** — Mark the appropriate box to identify which term correctly describes your organization: for profit, nonprofit, state agency or other (local and county government entities, military bases, Indian reservation).
Note: Although state agencies are subject to single audits, these are not submitted to SNP.

Part II

Type of Program(s) — Check the appropriate box(es) to indicate the type(s) of program(s) in which you currently participate or for which you are applying. Enter the Program Number (TX Number) assigned by HHSC for each specific program you have marked. If you are a new applicant, you will not yet have this number, so leave the space blank.

Part III

A. Receive Other Federal Funds — Check the appropriate box to indicate if your organization receives other federal funds. If "Yes," complete Part III, B.

B. Source and Amount of Federal Funds — Indicate all other sources of federal funding assistance, excluding funds from SNP, and the amount your organization expended in your most recent completed fiscal year. The term "expended" means any expense or obligation you incurred in the operation of a program. The amount must be what your organization expended in the fiscal year that ended as identified in Part I.

Part IV

Single Audit Exemption — Complete this section only if you are exempt from the single audit requirements. Mark the appropriate box indicating the reason for declaring exempt status from the Single Audit Act requirements.

Signature — Authorized Representative and Date — A person authorized on Form H4508, Certificate of Authority, must sign and date this form. Type or print the signer's name and title in the space provided.

If you meet the requirement for a single audit, obtain and submit an audit according to the requirements of the Single Audit Act in order to remain eligible to participate in the SNP.

The scope and frequency of audits are determined by the amount of federal funds expended in any year.

- If you expended $500,000 or more in federal funding assistance in your fiscal year, then you must have an organization-wide audit conducted for that year (see Note below).
If you expended less than $500,000 in federal funding assistance in your fiscal year, then you are exempt from the single audit requirement but must comply with other audit requirements prescribed by state or local laws or regulations. Other audit requirements of state or local authorities may include requirements imposed as a condition of contracts with local authorities and other state agencies, in addition to HHSC.

Note: If you are a private nonprofit organization subject to the audit requirements of Office of Management and Budget (OMB) Circular A-133, you must obtain an organization-wide audit*; however, you may elect to have a program-specific audit instead of an organization-wide audit if 100% of your federal funding assistance is solely from participation in the following programs that are listed in the same cluster of programs.

Child Nutrition Programs

- National School Lunch Program (NSLP),
- School Breakfast Program (SBP),
- Special Milk Program (SMP),
- Summer Food Service Program (SFSP), or
- receipt of commodities donated for use in the programs listed above.

USDA-Donated Commodity Programs

- Food Distribution Program (FDP),
- Texas Commodity Assistance Program (TEXCAP), or
- Commodity Supplemental Food Program (CSFP).

Child and Adult Care Food Program (CACFP)

- CACFP for Adult Day Care,
- CACFP for Child Care Centers, or
- CACFP for Day Care Homes.

*If you have a financial audit performed annually, you must also obtain a single audit on an annual basis.
Upon approval of your application to participate, your **area program office** will send you a contract application approval letter. The approval letter will contain the date by which you must submit the appropriate audit(s) for your contract and which contractor fiscal year(s) must be covered in the audit(s).