

**2004 Maine Single Audit  
Status of Prior Audit Findings and Corrective Action Plan**

Department or Agency \_\_\_\_\_ Number \_\_\_\_\_

**Responsible official**

Name and title \_\_\_\_\_ Phone number \_\_\_\_\_

e-mail address \_\_\_\_\_ FAX number \_\_\_\_\_

**Preparer:**

Name and title \_\_\_\_\_ Phone number \_\_\_\_\_

e-mail address \_\_\_\_\_ FAX number \_\_\_\_\_

**PLEASE ANSWER ALL QUESTIONS BELOW:**

**1. Have costs associated with any federal financial assistance been reported as Disallowed or Questioned Costs?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**2. Were any Disallowed or Questioned Costs not repaid as of June 30, 2004?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**3. If YES to #1 or #2, please list separately the**

- program name
- contract period
- amount disallowed or questioned
- the status as of June 30, 2004 if not repaid
- the person to contact for additional information

**5. Did the federal government terminate any financial assistance between July 1, 2003 and June 30, 2004?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**If YES, list separately:**

- the program name
- the contract number
- the amount of the termination claims or settlements receivable from or due to the federal government at June 30, 2004.

[Use a separate sheet for each Audit Finding]

**2004 Maine Single Audit  
Status of Prior Audit Findings and Corrective Action Plan**

**Summary Schedule of Prior Audit Findings**

**Department Number**

**Department Name**

**Finding Number**

**Fiscal Year of Initial Finding**

**Prior Audit Finding:**

**Status of Corrective Action Plan or Reasons for no Further Action:**

**Contact Person Responsible for Corrective Action  
Phone**

**If Disagreement over Audit Finding, Explanation and Specific Reasons for Disagreement:**