Please answer all questions, and attach documentation to support your assertions. Acceptable documentation is listed for each question. Please note the page in each document that supports your answer. If you have any questions about questions on this form or how to document your answers, please request clarification by writing to SBDCrisk@sba.gov to receive a response by email or phone call.

Name of SBDC Network _____________________________

I. SBDC Center Management Questions

1. Has there been turnover in the State Director position since center's last SBA financial examination?
   
   Yes   No

2. Is the current State Director permanent, i.e., not acting in the position?
   
   Yes   No

   Documentation: _______________________________
   Acceptable Documents include: Annual Proposal/Key Personnel List, Current Vacancy List

3. Does the State Director have signatory authority for all expenditures incurred under the SBDC Program and is he/she the approving official?
   
   Yes   No

   Documentation: _______________________________
   Acceptable Documents include: Signatory Authority Document AND Chart of Accounts identifying responsible official for each account

4. Does State Director oversee other Federal or state programs (i.e. Jobs Act, PTAC, Portability, etc.) by serving as their principle investigator?
   
   Yes   No

   Documentation: _______________________________
   Acceptable Documents include: List of Programs and general ledger accounts supporting those programs

   If Yes, Please list other programs below:
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
5. Does Lead Center have a dedicated financial manager/specialist? (Note: Dedicated means one person who is responsible for managing network expenses, this includes someone who may handle other programs as well, or who is employed by the host institution.)

Name of financial manager/specialist: ________________________________

Yes                                  No

6. If yes, how long has this person been in this position?

Months/Years managing SBDC finances: ________________________________

Documentation: ________________________________
Acceptable Documents include: Annual Proposal/Key Personnel List, Position Description from host institution

7. Has there been any turnover or vacancy in key management positions (included on the key personnel list other than state director) at the lead center since last SBA Financial Examination?

Yes                                  No

Documentation: ________________________________
Acceptable Documents include: Annual Proposal/Key Personnel List annotated to identify personnel new to positions in the past two years and Current Vacancy List

8. Has there been any change in accounting systems since the last review (this includes a total system replacement OR a version update that may positively or negatively impact the capability to retrieve financial information in order to track budget to actual expenditures for the SBDC) at the lead center/host institution or any of the service centers with program funding exceeding $500K?

Yes                                  No

If yes, please describe:

<table>
<thead>
<tr>
<th>Name of System</th>
<th>Type of Change (Version Update or Total System Replacement)</th>
<th>Date Implemented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current System</td>
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<tr>
<td>Previous System</td>
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</tbody>
</table>
9. Does your network claim indirect costs?

   Yes   No

Documentation: ________________________________
Acceptable Documents include: Schedule of Indirect Costs, SF-425

10. Does your network claim in-kind contributions?

     Yes   No

Documentation: ________________________________
Acceptable Documents include: SF-425

11. Does your network collect and use program income?

     Yes   No

Documentation: ________________________________
Acceptable Documents include: SBA-2113

Annual Program Income Revenue: ____________________

12. Does your network have an established service centering monitoring approach and established annual schedule?

     Yes   No

Documentation: ________________________________
Acceptable Documents include: Copy of service center monitoring process documentation incorporated in your standard operating procedure manuals, the annual review schedule, and review documentation showing reviews completed.

<table>
<thead>
<tr>
<th>Service Center</th>
<th>Date of Last Oversight Review</th>
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II. Network Complexity Questions

13. What is the size of your SBDC network?

13.1 10 centers or fewer
13.2 11 to 20 centers
13.3 More than 20 centers

Documentation: _______________________________
Acceptable Documents include: Sections from Proposal Narrative, Service Center Budget Justifications from Proposal, Notice of Award SBDC Center List

14. Did your network add or close centers since the last review?

<table>
<thead>
<tr>
<th>Number Added</th>
<th>Number Closed</th>
</tr>
</thead>
</table>

Documentation: _______________________________
Acceptable Documents include: Proposal, Service Center Close-out Reports, Notice of Award

15. What are the types of organizations in your network?

15.1 higher-learning institutions only
15.2 combination of higher learning, state, and nonprofit centers

Documentation: _______________________________
Acceptable Documents include: Proposal, Notice of Award Network Center List

16. Other Federal Funding sources this Fiscal Year:

16.1 How many federal grants (include all SBA Grants) are under the control of the lead center received as recipient or sub-recipient?

16.2 Number of federal grants __________

Documentation: _______________________________
Acceptable Documents include: Funding List

17. Program Revenue this Fiscal Year:

What is the amount of Federal, Cash Match, Indirect Match, In-kind Match, and Program Income Revenue applied to the program by the lead center and sub-recipients?

Amount: ______________

Documentation: _______________________________
Acceptable Documents include: SF-425, SBA 2113
III. External Audits and A 133 Findings - Internal Controls

18. Did your center undergo an external audit in the past fiscal year? (State auditors are considered to be internal auditors.)

Yes  No

If yes, please list:

<table>
<thead>
<tr>
<th>Name of Auditor</th>
<th>Date Completed</th>
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Documentation: ________________________________
Acceptable Documents include: Audit Report, Auditor’s Letter on Internal Control over Financial Reporting and Internal Control over Compliance

19. Did your host institution have an A-133 Review for the last and prior fiscal years?

<table>
<thead>
<tr>
<th>Last Fiscal Year</th>
<th>Yes/No A-133 Review</th>
<th>Date Completed</th>
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<table>
<thead>
<tr>
<th>Prior Fiscal Year</th>
<th>Yes/No A-133 Review</th>
<th>Date Completed</th>
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Documentation: ________________________________
Acceptable Documents include: A-133 Report

20. Was the SBDC program separately reviewed during the A-133 audit?

Yes  No

Documentation: ________________________________  page _____
Acceptable Documents include: A-133 Report
21. Date of the most recent A-133 review for each service center:

<table>
<thead>
<tr>
<th>Service Center Name</th>
<th>Date Most Recent A-133 Audit Completed</th>
<th>Date of Most Recent External Audit (for centers not required to have A-133 audits)</th>
</tr>
</thead>
<tbody>
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22. List any Reportable Conditions or Material Weaknesses cited in the external audit reports. Also indicate whether the audit identified deficiencies in internal controls.

<table>
<thead>
<tr>
<th>Lead Center or Service Center Name</th>
<th>Findings related to statement of internal controls or other reportable conditions or material weaknesses</th>
</tr>
</thead>
<tbody>
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Explanations:

________________________________________________________________________

________________________________________________________________________

Documentation: ____________________________                        page _____
Acceptable Documents include: A-133 report
IV. SBA Financial Review Past Findings

23. Did your network receive any recommendations on Service Center Monitoring Requirements?

<table>
<thead>
<tr>
<th>Findings/Recommendations</th>
<th>Corrective Actions Taken</th>
<th>Date of Action</th>
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Yes   No

If yes, please list:

Documentation: _________________________________  page ____
Acceptable Documents include: Please attach narrative status update on progress from your last SBA Financial Review, Response letter to the Project Officer Outlining Corrective Actions

24. Did your network have any repeat findings on the Financial Examinations Report?

<table>
<thead>
<tr>
<th>Findings/Recommendations</th>
<th>Corrective Actions Taken</th>
<th>Date of Action</th>
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Yes   No

Documentation: _________________________________  page ____
Acceptable Documents include: OSBDC examination report

If yes, please list:
25. Did your network receive any recommendations on the cash disbursements requirement of the Financial Examinations Report?

   Federal: Yes No
   Cash Match: Yes No

   Documentation: ________________________________ page _____
   Acceptable Documents include: OSBDC examination report

   If yes, please list:

<table>
<thead>
<tr>
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26. Did your network receive any recommendations on the indirect costs requirement of the Financial Examinations Report?

   Yes No

   Documentation: ________________________________ page _____
   Acceptable Documents include: OSBDC examination report, SF 425

   If yes, please list:

<table>
<thead>
<tr>
<th>Findings/Recommendations</th>
<th>Corrective Actions Taken</th>
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27. Did your network receive any recommendations on the in-kind contributions requirement of the Financial Examinations Report? (If not claimed, check “No”)

   Yes No

   If yes, please list:

<table>
<thead>
<tr>
<th>Findings/Recommendations</th>
<th>Corrective Actions Taken</th>
<th>Date of Action</th>
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   Documentation: ________________________________ page _____
   Acceptable Documents include: Please attach narrative status update on progress from your last SBA Financial Review
28. Did your network receive any recommendations on the program income requirement of the Financial Examinations Report?  

Yes  
No

Documentation: _________________________________  page ______
Acceptable Documents include: OSBDC examination report

If yes, please list:

<table>
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29. Are there service centers within your network that haven’t received an on-site visit within the last two on-site review cycles?  

Yes  
No