

APPENDIX VII**OTHER AUDIT ADVISORIES****I. Novel Coronavirus (COVID-19)**

This section provides guidance to the following areas affecting single audits arising due to COVID-19:

- Definition of COVID-19 funding
- Single audit due dates – Additional Extension
- Treatment of donated personal protective equipment (PPE) on the Schedule of Expenditures of Federal Awards (SEFA)
- Agency Guidance Document References
- Identification of COVID-19 related awards and single audit applicability
- Identification of COVID-19 related awards on the SEFA and SF-SAC
- Identification of COVID-19 related awards in audit findings
- Identification of compliance requirements for COVID-19 related awards
- Responsibilities for informing subrecipients

- Additional audit guidance for COVID-19 programs to be issued in follow-up addendum
- Alternative compliance examination engagement for eligible SLFRF recipients

Definition of COVID-19 Funding

As a result of the COVID-19 pandemic, many new federal programs have been established and funding has been added to existing federal programs from the following Acts:

- Coronavirus Preparedness and Response Supplemental Appropriations Act
- Families First Coronavirus Response Act
- Coronavirus Aid, Relief, and Economic Security Act (CARES Act)
- Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA)
- American Rescue Plan Act (ARP)

Funding arising from these sources, both to new and existing programs, is referred to as “COVID-19 funding,” “COVID-19 programs,” or “COVID-19 related awards” throughout this section.

Single Audit Due Dates – Additional Extension

Due to the large size of the COVID-19 programs and the federal government dependency on single audit reports to assist with proper oversight over these funds, we strongly encourage the auditees and auditors to complete and submit their relevant portions of single audit reporting packages for fiscal year ends as early as possible prior to the normal due dates of the earlier of 30 calendar days after receipt of the auditor’s reports or nine months after the end of the audit period.

However, to provide administrative relief to grantees during this pandemic period, OMB Memorandum M-21-20 (dated March 19, 2021), Appendix 3, item 9 provides that awarding agencies, in their capacity as cognizant or oversight agencies for audit, should allow recipients and subrecipients an extension of six month for the completion and submission of the single audit reporting package not yet submitted as of March 19, 2021 through June 30, 2021, fiscal year ends June 30,2021. No further action by awarding agencies is required to enact this extension. Note that the 30 calendar days aspect of the normal due date rule in 2 CFR section 200.512(a) for submitting the audit reporting package (i.e., even though there is a six month extension, recipients should not hold audits beyond 30 calendars days once they are in receipt of the auditor’s reports or they will not qualify as a low-risk auditee.

This extension does not require individual recipients and subrecipients to seek approval for the extension by the cognizant or oversight agency for audit; however, recipients and subrecipients should maintain documentation of the reason for the delayed filing. Recipients and subrecipients taking advantage of this extension would still qualify as a “low-risk auditee” under the criteria of 2 CFR section 200.520(a) – *Criteria for a low-risk auditee*.

Donated Personal Protective Equipment (PPE)

During the emergency period of COVID-19 pandemic and as allowed under OMB Memorandum M-20-20 (April 9, 2020), federal agencies and recipients can donate PPE purchased with federal assistance funds to various entities for the COVID-19 response. The donated PPE were mostly provided without any compliance or reporting requirements or assistance listing (CFDA) information from the donors. As such, the non-federal entities that received donated PPE should provide the fair market value of the PPE at the time of receipt as a stand-alone footnote accompanying their SEFA. The amount of donated PPE should not be counted for purposes of determining the threshold for a single audit or determining the type A/B threshold for major programs, and is not required to be audited as a major program. Because donated PPE has no bearing on the single audit, the donated PPE footnote may be marked “unaudited.”

As a reminder, the above only relates to donated PPE provided without any compliance or reporting requirements or assistance listing from donors. There could be some PPE that must appear on the SEFA as a federal program (e.g., when the recipient uses funds provided under an Assistance Listing to purchase PPE).

Agency Guidance Document References for COVID-19 Programs

The COVID-19 pandemic has led many federal agencies to issue implementing guidance (e.g., frequently asked questions, memos) outside of the normal regulatory process for new and existing programs receiving COVID-19 funding. Such guidance is issued to communicate an agency’s understanding of how the relevant statutes, regulations, or the terms and conditions of the federal awards and apply to a particular circumstance, but it does not create new compliance requirements. Due to the evolving nature of the pandemic environment, it has been common for federal agencies to update, change, or delete their specific guidance over time.

The Part 4 sections for COVI-19 programs often refer auditors to agency guidance documents to obtain a better understanding of statutory and regulatory compliance requirements subject to audit. When evaluating a non-federal entity’s compliance, auditors must consider provisions of federal statutes, regulations, and the terms and conditions of federal awards. However, auditors may also consider guidance documents in effect during the period to understand the program requirements. An auditor may conclude whether the non-federal entity is in compliance with a type of compliance requirement based on consideration of applicable implementing guidance in effect at the time of the activity or transaction.

When citing criteria for audit findings, 2 CFR 200.516(b)(2) states that the following information must be included in finding detail: “The criteria or specific requirement upon which the finding is based, including the Federal statutes, regulations, or the terms and conditions of the Federal awards.” Therefore, auditors should refer to a statute, regulation, or term and condition as criteria for the audit finding.

Identification of COVID-19 related awards and single audit applicability

Federal agencies may have incorporated COVID-19 funding into an existing program and assistance listing (CFDA) number or set up a separate COVID-19 program with a unique assistance listing (CFDA) number. Federal agencies are required to specifically identify COVID-19 related awards, regardless of whether the funding is provided under a new or existing assistance listing (CFDA) number. However, in the early days of the crisis caused by the COVID-19 pandemic and the need to respond quickly, in some cases cash was sent to non-Federal entities without application or assistance listing (CFDA) number. The non-Federal entity was required to either agree to the terms and conditions or return the funds.

When COVID-19 funding is subawarded by a pass-through entity from an existing program, the information furnished to subrecipients should distinguish the subawards of incremental COVID-19 funding included in the subawards from non-COVID-19 funding.

In order to assist recipients and auditors in the identification of all the COVID-19 funds and their related program assistance listing (CFDA) numbers, OMB has issued a summary of which federal programs received COVID-19 funding under the CARES Act [and other earlier COVID-19 legislation] as of May 20, 2020 which can be accessed at: https://www.cfo.gov/wp-content/uploads/2020/07/M-20-21_FAQ_07312020_UPDATED.pdf. It includes each program's assistance listing (CFDA) number and an asterisk (*) next to the assistance listing (CFDA) number denotes a new assistance listing (CFDA) number.

OMB is currently working to issue a new summary to identify new ARP programs, as well as which existing federal programs received COVID-19 funding from ARP. It will be posted at: [https://www.cfo.gov/financial-assistance/ under "Guidance, Policies, and Resources"](https://www.cfo.gov/financial-assistance/under%20%22Guidance,%20Policies,%20and%20Resources%22).

Identification of COVID-19 related awards on the SEFA and SF-SAC

As described in 2 CFR section 200.510(b), auditees must complete the SEFA and include assistance listing (CFDA) numbers when reporting their Federal awards and subawards. To maximize the transparency and accountability of COVID-19 related award expenditures, OMB M-20-26 (June 18, 2020) instructed recipients and subrecipients to separately identify the COVID-19 Emergency Acts expenditures on the Schedules of Expenditures of Federal Awards. Therefore, non-Federal entities should separately identify COVID-19 expenditures on the SEFA and SF-SAC. For existing programs that have both COVID-19 expenditures and non-COVID-19 expenditures, this may be accomplished by identifying COVID-19 expenditures on the:

- SEFA - On a separate line by assistance listing (CFDA) number with "COVID-19" as a prefix to the program name. Example:
 - COVID-19 - Temporary Assistance for Needy Families – 93.558 - \$1,000,000
 - Temporary Assistance for Needy Families – 93.558 - \$3,000,000
 - Total - Temporary Assistance for Needy Families – 93.558 - \$4,000,000
- SF-SAC - On a separate row by assistance listing (CFDA) number with "COVID-19" as the first characters in Part II, Item 1c, Additional Award Information. Example:

Row Number (auto-generated)	CFDA #		Additional Award Identification ³	Federal Program Name	Amount Expended	Cluster Name	Federal Program Total ⁴ (auto-generated)	Cluster Total ⁵ (auto-generated)
	Federal Awarding Agency Prefix ¹	CFDA Three-Digit Extension ²						
					(\$)		(\$)	(\$)
1	93	558		TEMPORARY ASSISTANCE FOR NEEDY FAMILIES	\$3,000,000.00		\$4,000,000.00	
2	93	558	COVID-19	COVID-19 - TEMPORARY ASSISTANCE FOR NEEDY FAMILIES	\$1,000,000.00		\$4,000,000.00	
Total Federal Awards Expended =					\$4,000,000.00			

Identification of COVID-19 related awards in audit findings

Consistent with identifying COVID-19 expenditures on the SEFA, auditors should include the COVID-19 identification for audit findings that are applicable to programs that are entirely COVID-19 funded and existing programs with COVID-19 funding.

Identification of compliance requirements for COVID-19 related awards

As noted in OMB Memorandum M-20-26 (June 18, 2020), federal awarding agencies are responsible for identifying COVID-19 related awards and communicating the applicable compliance requirements to the recipient. Similarly, pass-through entities are responsible for identifying COVID-19 related awards and communicating the applicable requirements to their subrecipients. Normally this information would be in the award terms and conditions. However, for COVID-19 related awards, the compliance requirements may have been communicated through an agency website and the compliance requirements may have been modified or compliance requirements not included in original terms and conditions may have been added.

Due to the timing of the issuance, this Supplement does not include new COVID-19 related programs funded under the American Rescue Plan Act (ARP) or CRRSAA or information on modified compliance requirements relevant to the types of compliance requirements in Part 3 that are unique to COVID-19 for existing programs. Procedures to identify the compliance requirements depend on the type of funding. See section below on ARP and CRRSAA programs that may have additional audit guidance in the Fall.

For new COVID-19 related programs not included in the list below, the auditor must use the framework provided by Part 7 of this Supplement. Part 7 includes procedures to determine which of the compliance requirements to test. Reports issued prior to the publication of the agency additional audit guidance are not required to adhere to the requirements in the agency published audit guidance.

For existing programs with incremental COVID-19 funding, the auditor must use the framework outlined in Part 1 of this Supplement to perform reasonable procedures to ensure that the compliance requirements identified as subject to audit (compliance requirements marked “Yes” in Part 2 (Matrix of Compliance Requirements for programs included in this Supplement) are current. These reasonable procedures would be inquiry of the non-Federal entity’s management about communications from Federal agencies modifying requirements and a review of any updated terms and conditions. Auditors should be alert that the original terms and conditions may have been modified to include additional compliance requirements not included in original terms and conditions or the types of compliance requirements marked “Yes” in Part 2 (Matrix of Compliance Requirements). For example, in addition to the original types of requirements identified in the Matrix of Compliance Requirements as subject to audit, the COVID-19 funding may also require the “Reporting” or “Subrecipient Monitoring” compliance areas to be subject to audit.

Documentation of the procedures performed to identify the compliance requirements is important.

Responsibilities for informing subrecipients

As noted in OMB Memorandum M-20-26 (June 18, 2020), pass-through entities agree to separately identify to each subrecipient, and document at the time of subaward and at the time of disbursement of funds, the Federal award number, assistance listing (CFDA) number, and amount of COVID-19 funds. When COVID-19 funds are subawarded for an existing program, the information furnished to subrecipients should distinguish the subawards of incremental COVID-19 funds from regular subawards under the existing program.

This information is needed to allow the pass-through entity to properly monitor subrecipient expenditures of COVID-19 funds, as well as for oversight by the Federal awarding agencies, Federal Offices of Inspector General, and the Government Accountability Office.

Additional Audit Guidance for COVID-19 Programs to be Issued in Follow-Up Addendum

At the time of publication of this Supplement, several Federal agencies are working to stand up and develop Part 4 program sections for new COVID-19 programs, as well as to revise existing program sections to address implications from ARP. The complete list of potential programs to be included in a follow-up Addendum to this Supplement are as follows. Final agency determination is pending for programs with an (*).

- Treasury
 - * Capital Projects Fund (Assistance Listing (CFDA) has not been assigned)
 - * Homeownership Assistance Fund (Assistance Listing (CFDA) 21.026)
 - * Local Assistance and Tribal Consistency Fund (Assistance Listing (CFDA) has not been assigned)

- State and Local Fiscal Recovery Fund (Assistance Listing (CFDA) 21.027)
- Education
 - Education Stabilization Fund (ESF) (Assistance Listing (CFDA) 84.425)
 - Note that while there is a planned release of this existing program in the upcoming Addendum, ESF is also included in this Supplement.

OMB will be posting an Addendum to this Supplement containing all of the above programs on the CFO.gov website (<https://www.cfo.gov/financial-assistance/resources/compliance-supplement.html>) when they are available. Although it will not be posted to the OMB Web site, the Addendum will still be reviewed by OMB prior to issuance and will be considered an official part of the 2021 OMB Compliance Supplement.

There will be no new other clusters formed by ARP or CRRSAA Assistance Listing numbers nor will any ARP or CRRSAA Assistance Listing numbers be added to existing other clusters. That is, the Addendum will not add any new clusters or revise any existing other clusters.

Alternative Compliance Examination Engagement for Eligible SLFRF Recipients

The U.S. Department of the Treasury (“Treasury”) recognizes that many recipients of Coronavirus State and Local Fiscal Recovery Funds (“SLFRF”) may newly be required to complete a Single Audit or a Program-Specific Audit pursuant to the Single Audit Act and its implementing regulations, 2 CFR Part 200, Subpart F, due to their receipt of an SLFRF award which may lead to them expending \$750,000 or more during their fiscal year in Federal awards. This may be because the recipient has not received federal financial assistance before, or the other federal financial assistance they expended did not exceed the \$750,000 audit threshold set forth 2 CFR 200.501(a). As a result, Treasury has developed an alternative approach that would be available for SLFRF recipients that would otherwise not be required to undergo an audit pursuant to 2 CFR Part 200, Subpart F, if it was not for the expenditures of SLFRF funds directly awarded by Treasury.

Under its authority 2 C.F.R. § 200.102(a), OMB is authorizing the use of an alternative compliance examination engagement in accordance with the Government Accountability Office’s Government Auditing Standards in lieu of a full single audit or program-specific audit as required per 2 CFR 200, subpart F. The alternative approach along with the criteria for eligible recipients are detailed in the Part 4 – Section IV. Other Information of assistance listing 21.027 – Coronavirus State and Local Recovery Funds. Similar to single audit reports, the compliance examination report is submitted to the Federal Audit Clearinghouse. Additional instructions will be forthcoming and posted to the Coronavirus State and Local Fiscal Recovery Funds’ [website](#).

This alternative is intended to reduce the burden of a full Single Audit or Program-Specific Audit on eligible recipients and practitioners, as well as uphold Treasury’s responsibility to be good stewards of federal funds.

II. Effect of Changes to Compliance Requirements and Other Clusters

Removal of Compliance Requirement from Part 2 Matrix

In any instance in which a compliance requirement has been removed from a program/cluster, as shown in the Part 2 matrix, if there was an audit finding related to that compliance requirement in an audit conducted using the prior year's Supplement, that finding must continue to be reported in the summary schedule of prior audit findings and considered in the major program determination under 2 CFR section 200.518. The procedures to assess the reasonableness of the summary schedule of prior year audit findings must include all prior audit findings included in the summary schedule, regardless of whether the current Part 2 matrix identified a requirement subject to audit. For example, if there was an audit finding relating to subrecipient monitoring in the prior year but the current year Part 2 matrix identified "M. Subrecipient Monitoring" as not subject to audit with a "No", the auditor's procedures to determine the reasonableness of the summary schedule of prior audit findings must include subrecipient monitoring. In any instance in which a compliance requirement was added to a program/cluster in the current year's Supplement, auditors are not expected to have tested for that requirement under the prior year's audit. This includes correction of an error, if any, as identified in Appendix V of the Supplement.

Addition of a New Program to an Other Cluster

One of the criteria for an "other cluster" to be considered a low-risk Type A program is that it must have been audited as a major program in at least one of the two most recent audit periods ("2-year look back" under 2 CFR section 200.518(c)(1)). In the year that this Supplement adds a new program to another cluster listed in Part 5, the determination of whether the resulting other cluster meets the 2-year look back criterion requires additional consideration. During that year, the other cluster cannot qualify as having been audited as a major program in one of the two most recent audit periods unless the auditee's current-year expenditures for the newly added program were less than or equal to twenty-five percent (0.25) of the Type A threshold, or all of the programs included in the resulting other cluster met the "2-year look back" criterion. The additional criteria in 2 CFR section 200.518(c) must also be evaluated by the auditor to determine if the other cluster can be considered a low-risk Type A program in the current year.

In years after this Supplement adds a program to another cluster, such addition in a prior year does not require additional consideration for the 2-year look back criterion.

The following examples are intended to illustrate consideration of the addition of a new program to another cluster. They are illustrative only and not based on the contents of the current Supplement.

Background for Examples:

Type A threshold \$750,000.

Human Services existing other cluster (93.123, 93.125, and 93.127) was audited in 2015 with no audit findings.

Part 5 of the 2017 Compliance Supplement added assistance listing (CFDA) 93.129 to form the new other cluster with the following Federal awards expended in 2017:

93.123: \$ 500,000

93.125: \$ 300,000

93.127: \$ 400,000

93.129: \$ 300,000

Considerations for 2017 major program determination using these facts:

Example 1

The Human Services cluster was audited in 2015. However, the auditee's current year expenditures for newly added assistance listing (CFDA) 93.129 exceed 0.25 of the Type A threshold of \$750,000 or \$187,500; therefore, the resulting other cluster fails the 2-year look back criterion and cannot be considered a low-risk Type A program in 2017.

If, however, the auditee's expenditures for newly added assistance listing (CFDA) 93.129 were equal to or less than \$187,500, the other cluster would pass the 2-year look back criterion and could be considered to have been audited as a major program in one of the two prior years.

Example 2

The Human Services cluster was audited in 2015. The newly added program assistance listing (CFDA) 93.129 was audited in 2016. If both the cluster and the newly added program met all criteria in 2 CFR section 200.518(c) to be considered low-risk programs for 2017, the other cluster would be a low-risk Type A program in 2017.

III. Due Date for Submission of Audit Reports and Low-Risk Auditee Criteria

As provided in 2 CFR part 200, subpart F (2 CFR section 200.520), in order to meet the criteria for a low-risk auditee in the current year, the two prior years' audits must have met the specified criteria, including report submission to the Federal Audit Clearinghouse (FAC) by the due date.

The auditor may consider using the following steps to identify FAC submissions that do not meet the due date.

Suggested Steps

1. Inquire of entity management and review available prior-year financial reports and audits to ascertain if the entity had Federal awards expended of \$750,000, in the prior two audit periods and, therefore, was required to have an audit under the uniform guidance and file with the FAC.
2. If the entity was below the \$750,000 threshold in either of the prior two audit periods, and an audit was not required under the uniform guidance obtain written representation

from management to this fact and no further audit procedures are necessary as the entity does not qualify as a low-risk auditee.

3. If a prior-year audit was conducted, obtain a copy of the data collection form (Form SF-SAC) and the reporting package.
 - a. Calculate the “Nine Month Due Date” to file with the FAC as the date 9 months after the end of the audit period. For example, for audit periods ending June 30, 2019, the audit report would be due March 31, 2020.
 - b. OMB M-20-26 dated June 18, 2020, Appendix A, item 2, revised the extensions originally provided in OMB M-20-17 beyond the normal Nine Month Due Date for entities that had not filed by March 19, 2020:
 - A non-Federal entity with a normal due date of March 31, 2020 through June 30, 2020, inclusive, a six (6) month extension. For example, an entity with a fiscal year end of September 30, 2019 the normal due date of June 30, 2020 is extended to December 31, 2020.
 - A non-Federal entity with a normal due of July 31, 2020 through September 30, 2020, inclusive, a three (3) month extension. For example, an entity with a fiscal year end of December 31, 2019 the normal due date of September 30, 2020 is extended to December 31, 2020.
 - c. OMB M-21-20 dated March 19, 2021, Appendix 3, item 9 provides additional extension of six month for the completion and submission of the single audit reporting package not yet submitted as of March 19, 2021 through June 30, 2021, fiscal year ends.
 - A non-Federal entity with a normal due date through March 19, 2021, inclusive, a six (6) month extension. For example, an entity with a fiscal year end of March 30, 2020, the normal due date of December 31, 2020 (and has not filed as of March 19, 2021) is extended to June 30, 2021.
 - A non-Federal entity with fiscal ends through June 30, 2021, a six (6) month extension. For example, an entity with a fiscal year end of June 30, 2021, the normal due date of March 30, 2022, is extended to September 30, 2022.

Auditees that filed after the normal due date but within the period of extension qualify as “low-risk auditee” under the criteria of 2 CFR section 200.520(a) – Criteria for a low-risk auditee if they met all other low-risk auditee criteria. Auditees should maintain documentation of the reason for the delayed filing.
- c. Access the FAC web page at <https://harvester.census.gov/facweb>.
 - Select the “Find Audit Information” option and using the “Federal Audit Clearinghouse IMS” and “Search for Single Audits” options for the audit year in

question, locate the FAC record for the entity. Verify correct record by comparing both the entity name and Entity Identification Number (EIN) number from the entity's copy of the SF-SAC to the FAC web page.

- For this record, located on the FAC web page, compare the "Date Received" to the Nine Month Due Date to determine if the due date was met.

If the entity was not in compliance with the Nine Month Due Date or Extended Due Date (if applicable) or did not submit the required audit to the FAC for either of the prior two audit periods, then the entity does not qualify as a low-risk auditee.

4. Contact the FAC at govs.fac@census.gov or 866 -306-8799 if additional information is needed on using the FAC website or determining the date the FAC accepted the report submission as complete.

IV. Treatment of National Science Foundation and National Institutes of Health Awards

National Science Foundation

Effective for proposals due on or after January 14, 2013, all awards issued by the National Science Foundation (NSF) meet the definition of "Research and Development" at 2 CFR section 200.87. As such, auditees must identify NSF awards as part of the R&D cluster on the Schedule of Expenditures of Federal Awards (SEFA) and the auditor must use the Research and Development cluster in Part 5 when testing any of those awards. NSF recognizes that some awards may have another classification for purposes of reimbursement of indirect costs. The auditor is not required to report this difference in treatment (i.e., the award is classified as R&D for 2 CFR part 200, subpart F purposes, but non-research for indirect cost rate purposes), unless the auditee is charging indirect costs at a rate other than the rate(s) specified in the award document(s).

There will be a transition period (probably 4 years) where SEFAs will include both awards funded previous to this change in approach and awards made subsequent to it. Previously funded awards may be identified on the SEFA at the university's discretion, but awards resulting from proposals due on or after January 14, 2013 must be included in the SEFA as part of the R&D cluster. This guidance complies with the NSF Proposal and Award Policies and Procedures Guide (PAPPG), the current and prior versions of which may be found at <http://www.nsf.gov/bfa/dias/policy/>.

National Institutes of Health

Effective for grants and cooperative agreements with budget periods beginning on or after December 26, 2014 and awards that receive supplemental funding on or after December 26, 2014, all awards issued by the National Institutes of Health (NIH) meet the definition of "Research and Development" at 45 CFR section 75.2. As such, auditees must identify NIH awards as part of the R&D cluster on the SEFA, and the auditor must use the Research and Development cluster in Part 5 when testing any of those awards. NIH recognizes that some

awards may have another classification for purposes of reimbursement of indirect costs. The auditor is not required to report this disconnect (i.e., the award is classified as R&D for 2 CFR part 200, subpart F, purposes, but non-research for indirect cost rate purposes), unless the auditee is charging indirect costs at a rate other than the rate(s) specified in the award document(s). (See the NIH Grants Policy Statement, the current and prior versions of which may be found at <http://grants.nih.gov/grants/policy/policy.htm>.)

V. Exceptions to the Guidance in 2 CFR Part 200

OMB does not maintain a complete listing of approved agency exceptions to the uniform guidance in 2 CFR part 200

For programs included in the Supplement, the auditor should review the program supplement and, as necessary, agency regulations adopting/implementing the OMB uniform guidance in 2 CFR part 200 to determine if there is any exception related to the compliance requirements that apply to the program. For programs not included in the Supplement that are audited using Part 7, the auditor should review agency regulations adopting/implementing 2 CFR part 200 to determine if an exception applies to the program.

Questions about the agency-level rulemakings that adopt/implement 2 CFR part 200 should be directed to the Federal agency key management liaisons specified in Appendix III to the Supplement.

VI. Audit Sampling

Certain suggested audit procedures in this *Compliance Supplement* lend themselves to testing using sampling. Auditors are reminded that when performing an audit under generally accepted auditing standards (GAAS), including single audits, that AU-C section 530, *Audit Sampling*, <https://www.aicpa.org/content/dam/aicpa/research/standards/auditattest/downloadabledocuments/au-c-00530.pdf>, provides auditor requirements and guidance related to an auditor's use of sampling. Failure to follow the standards, including the requirement to determine sample sizes that are sufficient to reduce sampling risk to an acceptably low level, may result in the audit being considered nonconforming by the Federal cognizant agency for audit as part of a quality control review.

The guidance in AU-C section 530 primarily addresses sampling considerations when performing a financial statement audit. The AICPA Audit Guide, *Government Auditing Standards and Single Audits*, contains auditor guidance for, among other things, designing an audit approach that includes audit sampling to achieve both compliance and internal control over compliance related audit objectives in a single audit or program-specific audit performed in accordance with the Uniform Guidance. It also includes suggested minimum sample sizes for tests of controls over compliance and tests of compliance based on certain engagement-specific inputs.

Another AICPA Audit Guide, *Audit Sampling* also provides additional guidance and technical background, which forms the basis of the practical application of audit sampling to Uniform Guidance audits.