## GAAP INFORMATION CHECKLIST:

We have enclosed the following GAAP information as of June 30, 2024:

***\* Please note \****

**Do not enclose anything that has already been recorded on ADVANTAGE**

|  |  |  |
| --- | --- | --- |
|  | Completed | Not applicable |
| GASB 83 – Asset Retirement Obligations – All agencies |  |  |
| GASB 87 – Leases Survey – All agencies |  |  |
| GASB 51/96 – Software and IT Subscriptions Survey – All agencies |  |  |
| GASB 94 – PPP Arrangements Survey – All agencies |  |  |
| GASB 56/62 - Related Parties Survey – All agencies |  |  |
| Revenues and Amounts Receivable |  |  |
| Reserve for bad debts |  |  |
| Amounts deferred (deferred revenue) |  |  |
| Federal reimbursements expected |  |  |
| Expenditures/Expenses and Amounts Payable |  |  |
| Accounts Payable |  |  |
| Accounts Payable from interface system |  |  |
| GASB 49 Survey (DEP only) |  |  |
| Due To/Due From Other Funds |  |  |
| Inventories |  |  |
| Significant unrecorded inventory |  |  |
| Custodial Funds (formerly called Agency Funds) |  |  |
| Assets held in trust for others |  |  |
| Interest and other assets |  |  |
| Fixed Assets |  |  |
| Reconciliation of Contributed Capital |  |  |
| Financing Arrangements |  |  |
| Loans payable |  |  |
| Capital leases |  |  |
| Certificates of Participation (COP’s) |  |  |
| Other financing arrangements |  |  |
| Other Assets |  |  |
| Lottery Prizes Payable |  |  |
| Due To Component Units |  |  |
| Compensated Absences |  |  |
| Prior Period Corrections |  |  |
| Commitments and Contingencies |  |  |
| Agency-specific Information |  |  |
|  |  |  |

*“I have attached copies of prior period corrections and reversing entries.”*

**Prepared by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## COMMENTS:

Please add any comments

## FINANCIAL DISCLOSURE CERTIFICATE:

Agency Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency Code \_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Financial Disclosure Certificate for the Fiscal Year Ended June 30, 2024** |

|  |  |  |
| --- | --- | --- |
| **I certify that to the best of my knowledge the following statements are true:** | | |
| 1. The transactions and adjustments submitted to the Maine Financial and Administrative Statewide Information System (ADVANTAGE) for the fiscal year accurately and completely reflect the agency's activity and ending account balances, in conformity with Generally Accepted Accounting Principles (GAAP) as outlined in the *State Administrative and Accounting Manual* (SAAM) and demonstrate legal compliance, where applicable. | | |
| 1. There are no outstanding litigations, contingencies, or unasserted claims in the agency that will materially affect these balances; or if such conditions exist, we have disclosed them by attachment to this certification, such as a letter from the Attorney General's Office. | | |
| 1. We are responsible for compliance with laws, regulations, and provisions of contracts and grant agreements applicable to this agency. | | |
| 1. We have identified and disclosed to the State Controller and State Auditor violations and possible violations of laws, regulations, and provisions of contracts and grant agreements that could have a direct and material effect on financial statement amounts, including legal and contractual provisions for reporting specific activities in separate funds. | | |
| 1. We are responsible for establishing and maintaining effective internal control over financial reporting. The agency's system of internal controls complies with the prescribed requirements as contained in Chapter 20 of SAAM. | | |
| 1. We are responsible for designing and implementing programs and controls to prevent and detect fraud. We have disclosed to the State Controller and State Auditor known instances and allegations of fraud or suspected fraud involving management, employees and others where the fraud could have a material effect on the financial statements. | | |
| 1. We have appropriately classified, and, if applicable, approved net asset components and fund balance reserves and designations. | | |
| 1. We have properly identified and recorded provisions for uncollectible receivables. | | |
| 1. We have appropriately classified and reported interfund and interagency activity and balances. | | |
| 1. We have properly identified, and recorded inventories and we have made provisions to reduce excess or obsolete inventory, when material, to their estimated net realizable value. | | | |
| 1. We have properly capitalized, reported, and, if applicable, depreciated capital assets, including infrastructure assets. The State has satisfactory title to all owned assets and there are no liens or encumbrances on such assets nor has any asset been pledged. The balances shown for capital assets in the Fixed Assets Subsystem reflect fairly the agency's capital assets at fiscal year end. | | | |
| 1. If the modified approach is used to account for eligible infrastructure assets, the agency meets the GASB-established requirements as outlined in SAAM Subsection 30.20.80. | | | |
| 1. We have completed and submitted all disclosure forms applicable to the agency’s accounts and activities. | | | |
| 1. We have completed and submitted the following required documentation: fixed asset inventory, GASB 51/96 survey, GASB 87 summary list of lease commitments. GASB 83 list of Asset Retirement Obligations, and GASB 94 PPP/APA survey. | | | |
| 1. No exceptions to the above certifications have occurred subsequent to fiscal year end, through the date of this certification; or if such conditions exist, we have disclosed them by attachment to this certification. | | | |
| **Note: Any exceptions to the above certifications are attached with a narrative detailing the variance(s) and our proposed or completed corrective actions**. | | | |
| **In addition, please provide the contact’s name and phone number for the person responsible for providing the data from your department/agency.**  **Name:**  **Phone number:** | | | |
|  |  |  |
| Printed Name and Title of Agency Head | Signature | Date |
|  |  |  |
| Printed Name and Title of Chief Financial Officer | Signature | Date |