

Department Identification
For the
Schedule of Expenditures of Federal Awards

Please provide the following information:

Dept./Agency Number

Dept./Agency Name

Responsible official:

Name and title

Phone number

E-mail address

FAX number

Preparer:

Name and title

Phone number

E-mail address

FAX number

Questionnaire:

1. During fiscal year 2004 (July 1, 2003 - June 30, 2004), did the department or agency receive any federal financial assistance either through a federal or state grantor or both?

YES _____

NO _____

If YES, Please continue with this package. IF NO, please submit this sheet only. Thank you.

This package must be submitted to the Controller's Office by September 1, 2004.