

**NEVADA DEPARTMENT OF EMPLOYMENT, TRAINING, AND REHABILITATION
 WORKFORCE INVESTMENT SUPPORT SERVICES STAFF- FISCAL
 REQUEST FOR FINANCIAL INFORMATION FORM
 ATTACHMENT #1**

REQUEST DATE: _____

LWIB/SUB-RECIPIENT: _____

ESD PROGRAM SPECIALIST: _____

TYPE OF REVIEW: _____

REVIEW PERIOD(S): _____

DUE DATE: _____

REVIEW TYPE	REVIEW PERIOD(S)	FINANCIAL STATEMENTS, REPORTS, SCHEDULES, & OTHER RELATED DOCUMENTS
<i>Title 2, Subtitle A, Chapter II, Part 200, Subpart D, 200.331</i>		
		<u>DESK</u>
<input type="checkbox"/> Single-Audit- \$500k-Desk <input type="checkbox"/> Single-Audit- \$750K-Desk <input type="checkbox"/> Financial Viability Analysis- Annual	<input type="checkbox"/> Calendar Year-end Y/E_____	<input type="checkbox"/> Completed Annual Audit Confirmation <input type="checkbox"/> Annual Financial Report, including- <ul style="list-style-type: none"> - Independent Auditor’s Report on Financials and Supplement Information - Management’s Discussion & Analysis - Basic Financial Statements - Notes to the Basic Financial Statements - Single Audit and Accompanying Information
<input type="checkbox"/> Monitoring- Desk <input type="checkbox"/> Monitoring- Onsite <input type="checkbox"/> Interim Financial Viability Analysis- Monitoring - Desk	<input type="checkbox"/> Most Recent Interim Period and/or Review Period(s) Ending_____	<input type="checkbox"/> LWIBs Annual Monitoring Reports <input type="checkbox"/> Approved Budget(s) For Program Year(s): PY_____/PY_____ <input type="checkbox"/> Approved Cost Allocations Plan(s) For Program Year(s): PY_____/PY_____ <input type="checkbox"/> Sub-Recipient Contracts & Memorandums) of Understanding– <i>Refer to Attached Listing #</i> _____

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		<ul style="list-style-type: none"> <input type="checkbox"/> LWIBs Quarterly Financial Reports <i>Refer to Attached Listing #</i> _____ <input type="checkbox"/> Request For Reimbursements <i>Refer to Attached Listing #</i> _____ List of Capital Expenditures (in excess of \$5,000) <i>Refer to Attached Listing #</i> _____ <input type="checkbox"/> Request For Previous FVA Reports <input type="checkbox"/> Chart of Accounts <input type="checkbox"/> Trial Balance(s)- (WIA Adult, Dislocated Worker, and Youth Programs) <input type="checkbox"/> General Ledgers <input type="checkbox"/> Statement of Net Position or Balance Sheet <input type="checkbox"/> Statement of Activities or Income Statement <input type="checkbox"/> Statement of Cash Flows <input type="checkbox"/> Accounts Receivable Aging <input type="checkbox"/> Accounts Payable Aging <input type="checkbox"/> Bank Statements (Up to 12 months) <input type="checkbox"/> Cash Management Policies & Procedures <li style="text-align: center;"><u>ONSITE</u> <input type="checkbox"/> Payroll Timesheets, Records & Registry <input type="checkbox"/> Petty Cash Records & Reports <input type="checkbox"/> Deposit Slips and/or Receipts <input type="checkbox"/> Cancelled Checks <input type="checkbox"/> Procurement Policy, Procedures and Records <input type="checkbox"/> List of Fixed Assets <input type="checkbox"/> Other- _____
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<input type="checkbox"/> Financial Viability Analysis- RFP	<input type="checkbox"/> Calendar Year–end Y/E_____ <input type="checkbox"/> Fiscal Year-end- FYE_____ <input type="checkbox"/> Interim Periods(s) Ending_____	<p style="text-align: right;"><u>DESK</u></p> <input type="checkbox"/> Statement of Net Position or Balance Sheet <input type="checkbox"/> Statement of Activities or Income Statement <input type="checkbox"/> Statement of Cash Flows <input type="checkbox"/> Accounts Receivable Aging <input type="checkbox"/> Accounts Payable Aging <input type="checkbox"/> Bank Statements (Up to 12 months) <input type="checkbox"/> Balance Sheet Projections <input type="checkbox"/> Income Statement Projections <input type="checkbox"/> Cash Receipt/Expense Projections <input type="checkbox"/> Capital Expenditure Projections <input type="checkbox"/> Other _____ _____ _____ _____
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