

ENGAGEMENT PROFILE

Engagement Code No. _____ Office _____
Owner or Partner _____ Date of Financial Statements^2 _____
Manager _____ Date of Report _____
Engagement Quality Control Reviewer^1 _____ Date Report Released _____

This engagement involves reporting on the following:

- Financial statements (single entity)
Consolidated or combined financial statements of financially interrelated NFPs or voluntary health and welfare organizations
Financial statements of a component of the organization
Special Reports
Internal Control Over Financial Reporting and Compliance and Other Matters Based on an Audit Performed in Accordance with Government Auditing Standards (See Supplemental Yellow Book Checklist)
Compliance for Each Major Program; Internal Control Over Compliance; and Schedule of Expenditures of Federal Awards required by OMB Circular A-133 (Complete Single Audit Data on next page)
Other (explain)

Is this engagement part of a group audit? Yes [] No []

Were other auditors involved in this engagement? Yes [] No []

At the time the report or financial statement(s) on the client's current year was issued or released, were there billed or unbilled fees, or note(s) receivable arising from such fees, that remained unpaid for any professional services provided more than one year prior to the date of the report? Yes [] No []

Key data reported on by this office for this engagement:

Total revenues (memorandum total) \$ _____
Total assets \$ _____
Total net assets \$ _____

General description of audited entity (type of entity (including identification of the financial reporting entity and any special purpose entities), services provided, and so on): _____

What types of non-attest services will be performed for this client? (Check all that apply.)^3

- Activities such as financial statement preparation, cash-to-accrual conversions, and reconciliations^4 [ET sec. 1.295.010.06]
Bookkeeping, payroll, and other disbursements [ET sec. 1.295.120]
Tax preparation services [ET sec. 1.295.160]
Other, which may include advisory services [ET sec. 1.295.105], appraisal, valuation, and actuarial services [ET sec. 1.295.110], benefit plan administration [ET sec. 1.295.115], business risk consulting [ET sec. 1.295.125], corporate finance consulting [ET sec. 1.295.130], executive or employee recruiting [ET sec. 1.295.135], forensic accounting [ET sec. 1.295.140], information systems design, implementation, or integration [ET sec. 1.295.145], internal audit [ET sec. 1.295.150], investment advisory or management [ET sec. 1.295.155]

^1 Not applicable unless required by firm policy.

^2 To determine the applicability of all cross-referenced pronouncements, consider their effective dates.

^3 To determine the applicability of all cross-referenced Code sections, consider their effective dates.

^4 Effective for periods beginning after December 15, 2014, activities such as financial statement preparation, cash-to-accrual conversions, and reconciliations are considered outside the scope of the attest engagement and, therefore, constitute a non-attest service.

Identify the following for each non-attest service type previously identified (attach additional sheets, if necessary):

Specific non-attest service: _____

Individual in your firm responsible: _____

Provide the working paper reference location that documents the understanding with the attest client regarding the (i) objectives of the engagement, (ii) services to be performed, (iii) attest client's acceptance of its responsibilities, (iv) member's responsibilities, and (v) any limitations of the engagement.

Title of client personnel overseeing this service: _____

Please describe your assessment and factors leading to your satisfaction that the client personnel overseeing the service had sufficient skills, knowledge and experience (SKE) to do so:

Did any of the non-attest service(s) involve leading and directing the entity, including making significant decisions or assuming management responsibilities?

Examples of such services include, but are not limited to, the following: (Check all that apply.)

- Accepting responsibility for the preparation and fair presentation of the client's financial statements
- Having check signing authority or power of attorney, whether used or not
- Preparing invoices, receipts, or other documents that evidence the occurrence of a transaction (including data entry)
- Authorizing or executing transactions, or making decisions on behalf of the client
- Supervising, hiring, or terminating client employees
- Serving on the client's board of directors
- Serving as a client's stock transfer or escrow agent, registrar, general counsel, or equivalent
- Accepting responsibility for the management of a client's project
- Performing ongoing evaluations of the client's internal control as part of its monitoring activities
- Other: _____

If any of the preceding boxes are checked, please provide a description: _____

If this engagement was performed in accordance with *Government Auditing Standards*:

Has the assessment of the skills, knowledge, or experience of the individual(s) designated to oversee the non-attest service(s) been documented? Yes No N/A If yes, working paper reference location. _____

Were any significant threats identified in regard to non-attest services? Yes No N/A
(If significant threats were ultimately reduced to an acceptable level through the application and documentation of appropriate safeguards, you should still answer “yes”.) If yes:

Describe what safeguards, if any, were applied to address the significant threats. _____

Provide the working paper reference location of the documentation regarding threats and safeguards.

	<i>Owner or Partner</i>	<i>Manager or Equivalent</i>
<i>Personnel Continuity:</i>		
Number of years assigned on this engagement.....	_____	_____
Number of years in current position on this engagement	_____	_____

Audit hours on this engagement:

	<i>Total</i>	<i>Prior to Commencement of Field Work</i>	<i>During Field Work</i>	<i>After Completion of Field Work</i>
Owner or Partner.....	_____	_____	_____	_____
Engagement Quality Control Reviewer ⁵	_____	_____	_____	_____
Manager (or equivalent).....	_____	_____	_____	_____
Senior or Other Professionals	_____	_____	_____	_____
Total Hours.....	_____	_____	_____	_____

Describe the engagement team’s experience and training relevant to this engagement. _____

⁵ See footnote 1.

Single Audit Data (from final audited financials):

NOTE: This engagement profile (including the major program determination worksheet on the following page) has not been updated for Uniform Guidance audit requirements, which are effective for periods beginning on or after December 26, 2014. This profile is applicable to OMB Circular A-133, *Audits of States, Local Governments and Non-Profit Organizations*, Single Audits only.

Total amount of federal assistance expended⁶..... \$ _____

Threshold for Type A programs \$ _____

Were any large loans or loan guarantees excluded in determining Type A programs?..... N/A Yes No

Dollar amount of total federal assistance expended that was tested as major programs \$ _____

Percent of total federal assistance expended that was tested as major programs..... _____ percent

In accordance with OMB Circular A-133 Section .530, was auditee considered a low-risk auditee?..... Yes No

If the auditee was considered low risk, did it meet the following **for each of the two preceding years?**..... N/A

Were OMB Circular A-133 single audits performed and submitted on a timely basis?..... Yes No

Date data collection forms were accepted by the Federal Audit Clearinghouse:

Current year audit: _____

First preceding year audit: _____

Second preceding year audit: _____

Were unqualified opinions issued on the financial statements and the schedule of expenditures of federal awards? Yes No

Did the auditee have no material weaknesses in internal control over financial reporting? Yes No

Did the auditee have no findings in Type A programs from any of the following:

Material weaknesses in internal control over compliance?..... Yes No

Material noncompliance?..... Yes No

Known or likely questioned costs > 5 percent of expenditures for that Type A program?..... Yes No

Dollar amount required to be tested as major to meet percent of coverage based on low-risk auditee determination \$ _____

If applicable did auditor use the first year audit exception and deviate from the risk based approach? N/A Yes No

⁶This amount should include “pass through” federal assistance received indirectly from another state or local government.

AUDIT ENGAGEMENT RISK ASSESSMENT

This section of the engagement profile should be completed by the engagement partner or manager (or by the reviewer based on the interview of the engagement team).

- 1. Summarize key factors the engagement team considered with regard to the entity, its environment, fraud risk factors, and entity level controls and how they affected the audit approach.** _____

- 2. What are the two or three areas with the highest risk of material misstatement in the financial statements?**

- 3. If a group audit was performed, describe the level of reliance on the work of component auditors.**

Date Engagement Review Performed _____

Date Checklist Reviewed by Team Captain _____

Reviewer Signature _____

Team Captain Signature _____