

**NEW YORK STATE DEPARTMENT OF TRANSPORTATION  
SUB-RECIPIENT MONITORING CHECKLIST**

To be completed by Chief Financial Officer: Fiscal Year End 2021

For each Audit section below, please check the appropriate boxes and if applicable, complete the date information requested therein.

**Federal Single Audit**

1.  We expect our FSA report to be completed by 9/28/22 (date). Once completed, we will provide to NYSDOT (1) an e-mail certifying the schedule of findings and questioned costs did not disclose audit findings relating directly or indirectly to the Federal awards that passed through NYSDOT, and the summary schedule of prior audit findings did not report on the status of audit findings relating to Federal funds passed through NYSDOT or (2) a copy of our audit report and action plan (if one was required) within 30 days of receipt of the report.
2.  We are **not** subject to a FSA report because we expended \_\_\_\_\_ (specify amount) in federal awards in our fiscal year.

**State Single Audit**

1.  We are required to file a FSA report **and** have expended more than \$100,000 in State transportation funds.
  - a.  Our State Single Audit is complete. A copy of the report has been submitted to NYSDOT with this form.
  - b.  We expect to have our State Single Audit completed by \_\_\_\_\_ (date).
2.  We are not required to file a State Single Audit.

County of Saratoga  
Sub-recipient Name

9/29/2022  
Date

Andrew B. Jarosh  
Name

Treasurer  
Title

ajarosh@saratogacounty.ny.gov  
Email

Please return this form to: dot.sm.mo.fsa.coordinator@dot.ny.gov