

PROVIDER RELIEF FUND REPORTING PORTAL







## STEP BY STEP COMMERCIAL AUDIT SUBMISSION PREVIEW

Date: February 25, 2025

# HAVING SERVICES - 100 HEAVING THE WAVE OF THE WAVE OF

## HEALTH RESOURCES AND SERVICES ADMINISTRATION

#### PROVIDER RELIEF FUND REPORTING PORTAL



## COMMERCIAL AUDIT SUBMISSION REPORTING PORTAL PREVIEW

#### **Table of Contents**

1	General Information	3
2	Auditee Contact Information	5
3	Auditor Contact Information	6
4	Federal Awards – Add Federal Award	8
5	Audit Findings – Add Audit Finding	11
6	Audit Information	14
7	Upload Documents	16
8	Review and Submit	17
Lis	t of Figures	
	re 1 General Information with Type of Audit as Single Audit	
	re 2 General Information with Save & Next Buttonre 3 Commercial Audit Submission Auditee Contact Information	
_	re 4 Auditor Contact Information	
_	re 5 Commercial Audit Submission Federal Awards - Add Federal Award	
_	re 6 Commercial Audit Submission Audit Findings - Add Audit Finding	
Figu	re 7 Commercial Audit Submission Audit Info	15
Figu	re 8 Commercial Audit Submission Upload Documents	16
_	re 9 Commercial Audit Review & Submit	
	re 10 Commercial Audit Review & Submit - Federal Awards	
Figu	re 11 Commercial Audit Review & Submit - Audit Info	20
Lis	t of Tables	
	e 1 General Information	_
	e 2 Auditee Contact Information	
	e 3 Auditor Contact Information	
	e 4 Federal Awards – Add Federal Award	
	e 5 Audit Findings – Add Audit Finding	
Tabl	e 6 Audit Informatione 6 Audit Information	14



## PROVIDER RELIEF FUND REPORTING PORTAL



## COMMERCIAL AUDIT SUBMISSION REPORTING PORTAL PREVIEW

#### 1 General Information

#### Table 1 General Information

Required Field	Field Name	Description	
Yes	Fiscal Year	Dropdown listing of permissible values indicating the	
		Fiscal Year of the Commercial Audit report.	
Yes	Fiscal Year Start Date	Fiscal year start date in MM/DD/YYYY format.	
Yes	Fiscal Year End Date	Fiscal year end date in MM/DD/YYYY format.	
Yes	Type of Audit	Financial related or program specific audit or Single audit.	
Yes	Audit Period Covered	Annual, biennial, or other. (See Audit Period Covered	
		- Number of Months).	
Yes	Audit Period Covered -	Number of months.Required if "Other" option is	
	Number of Months	selected for "Audit Period Covered" field.	
Yes	TIN Number	Auditee Tax Identification Number (TIN) without the	
		dashes.	
Yes	Type of TIN	Employer Identification Number (EIN), Social Security	
		Number (SSN), or Tax Identification Number (TIN).	
Yes	Multiple TINs Covered	Dropdown listing of "Yes" or "No" to indicate if	
		multiple TINs covered in the audit report.	
Yes	Additional TIN(s)	EIN, SSN, or TIN for subsidiary(ies). Required if "Yes"	
	Covered	is selected for "Multiple TINs Covered" field with	
		Table format.	
No	DUNS Number	Auditee Data Universal Numbering System (DUNS)	
		Number without the dashes.	
Yes	Multiple DUNS	Dropdown listing of "Yes" or "No" to indicate if	
	Numbers Covered?	multiple DUNS numbers covered in the audit report.	
Yes	Additional DUNS	Required if "Yes" is selected for "Multiple DUNS	
	Covered	Numbers Covered?" field with Table format.	
No	UEI Number	Auditee Unique Entity Identifier (UEI) Number.	
Yes	Are multiple UEI	Dropdown listing of "Yes" or "No" to indicate if	
	numbers covered in	multiple UEI numbers covered in the audit report.	
	this?		
Yes	Additional UEIs	Required if "Yes" is selected for "Are multiple UEI	
		numbers covered in this?" field.	



#### PROVIDER RELIEF FUND REPORTING PORTAL



## COMMERCIAL AUDIT SUBMISSION REPORTING PORTAL PREVIEW

Figure 1 General Information with Type of Audit as Single Audit

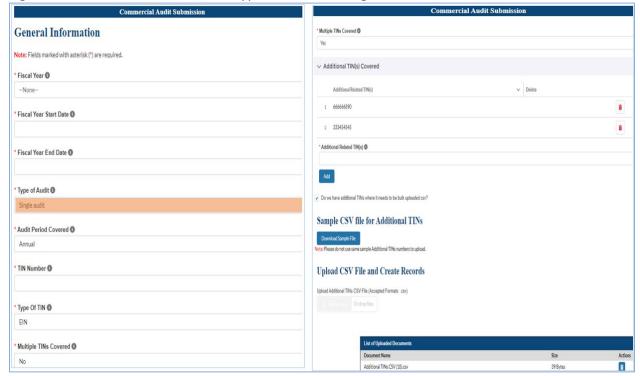
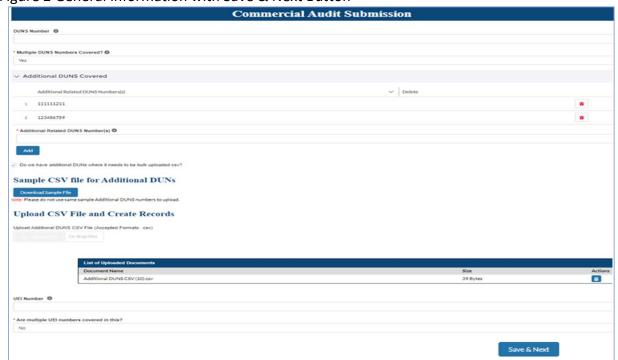


Figure 2 General Information with Save & Next Button





#### PROVIDER RELIEF FUND REPORTING PORTAL



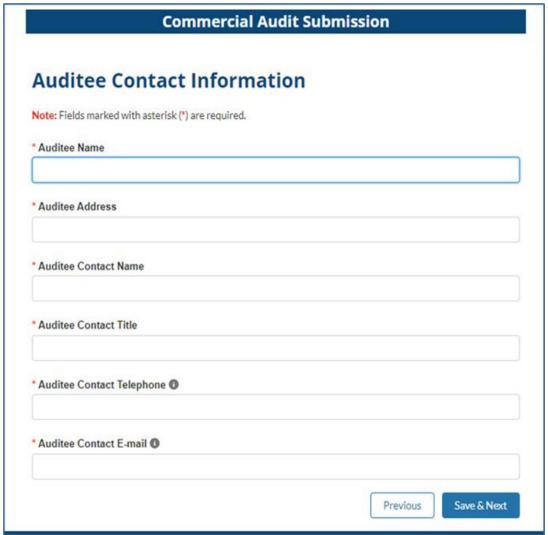
COMMERCIAL AUDIT SUBMISSION REPORTING PORTAL PREVIEW

#### 2 Auditee Contact Information

#### **Table 2 Auditee Contact Information**

Required Field	Field Name	Description
Yes	Auditee Name	Auditee Name
Yes	Auditee Address	Auditee Address
Yes	Auditee Contact Name	Auditee Contact Name
Yes	Auditee Contact Title	Auditee Contact Title
Yes	Auditee Contact Telephone	Enter a 10-digit phone number without any
		formatting. Example: 9876543210
Yes	Auditee Contact Email	Enter a valid email address up to 80 characters

Figure 3 Commercial Audit Submission Auditee Contact Information





## PROVIDER RELIEF FUND REPORTING PORTAL COMMERCIAL AUDIT SUBMISSION REPORTING

PORTAL PREVIEW



#### 3 Auditor Contact Information

#### **Table 3 Auditor Contact Information**

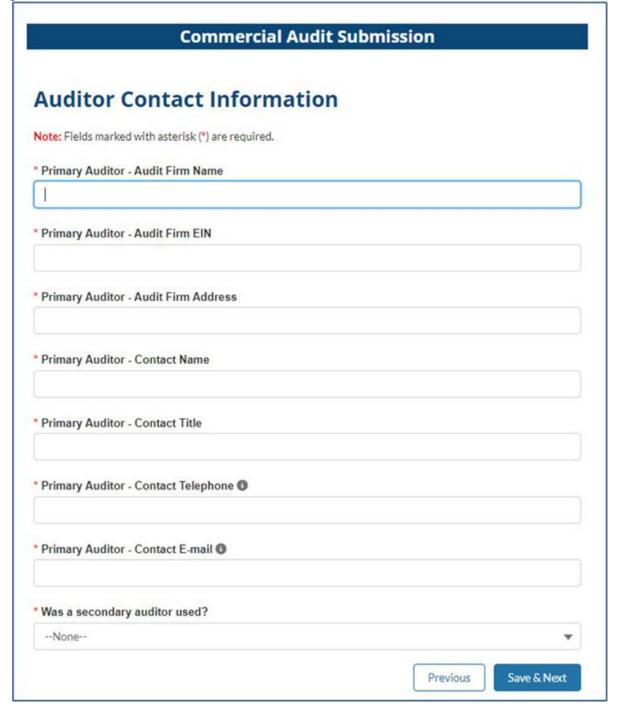
Required Field	Field Name	Description
Yes	Primary Auditor – Audit	Primary Auditor - Audit Firm Name.
	Firm Name	
Yes	Primary Auditor – Audit	Primary Auditor - Audit Firm EIN.
	Firm EIN	
Yes	Primary Auditor – Audit	Primary Auditor - Audit Firm Address.
	Firm Address	
Yes	Primary Auditor – Contact	Primary Auditor - Contact Name.
	Name	
Yes	Primary Auditor – Contact	Primary Auditor - Contact Title.
	Title	
Yes	Primary Auditor – Contact	Enter a 10-digit phone number without any
	Telephone	formatting. Example: 9876543210.
Yes	Primary Auditor – Contact	Enter a valid email address up to 80 characters.
	Email	
Yes	Was a secondary auditor	Dropdown listing of "Yes" or "No" to indicate if a
	used?	secondary auditor was used.
Yes	Secondary Auditor – Audit	Secondary Auditor - Audit Firm Name.
	Firm Name	
Yes	Secondary Auditor – Audit	Secondary Auditor - Audit Firm EIN.
	Firm EIN	
Yes	Secondary Auditor – Audit	Secondary Auditor - Audit Firm Address.
	Firm Address	
Yes	Secondary Auditor -	Secondary Auditor - Contact Name.
	Contact Name	
Yes	Secondary Auditor -	Secondary Auditor - Contact Title.
	Contact Title	
Yes	Secondary Auditor -	Enter a 10-digit phone number without any
	Contact Telephone	formatting. Example: 9876543210.
Yes	Secondary Auditor -	Enter a valid email address up to 80 characters.
	Contact Email	



#### PROVIDER RELIEF FUND REPORTING PORTAL



Figure 4 Auditor Contact Information





#### PROVIDER RELIEF FUND REPORTING PORTAL



## COMMERCIAL AUDIT SUBMISSION REPORTING PORTAL PREVIEW

#### 4 Federal Awards – Add Federal Award

#### Table 4 Federal Awards – Add Federal Award

Required Field	Field Name	Description
Yes	AL#-Fed Agency	First two digits of the awarding agency's Assistance
	Prefix	Listing (AL) # (formerly CFDA #). (e.g., agency under
		HHS (HRSA) is 93).
Yes	AL # - Three-Digit	Last three digits of the awarding agency's AL #.
	Extension	
Yes	Additional Award	Enter Non-ALN identifying data for the award (e.g.,
	Identification	program year, contract number, state issued numbers,
		etc.) if applicable.
Yes	Federal Program	Authoritative program name (look up authoritative
	Name	program name for your award using the AL # on
		SAM.gov).
Yes	Amount Expensed	Amount for each Federal award, rounding to the
		nearest whole dollar (e.g., amount reported on the
		SEFA for the reporting AL #).
No	Cluster Name	Name of cluster of programs if applicable.
Yes	Loan/Loan	Dropdown listing of "Yes" or "No" if the AL # is a
	Guarantee	Federal loan or Federal loan guarantee.
Yes	Outstanding Loan	Loan or loan guarantee balance outstanding at the
	Balance	end of the audit period, rounding to the nearest
		whole dollar Required if "Yes" is selected for
		"Loan/Loan Guarantee" field.
Yes	Direct Award	Dropdown listing of "Yes" or "No" if the award came
		directly from a Federal awarding agency.
Yes	Pass-through Entity	Name of the pass-through entity. Required if "No" is
	Name	selected for "Direct Award" field.
Yes	Pass-through Entity	Identifying number assigned by the pass- through
	ID Number	entity. Required if "No" is selected for "Direct Award"
		field.
Yes	Pass-through	Amount from the pass-through entity. Required if "No"
	Amount	is selected for "Direct Award" field.
Yes	Sub recipients	Dropdown listing of "Yes" or "No" if the auditee
		passed the Federal award to a subrecipient. Direct
		awards transferred within departments of the
		auditee are not considered pass-through funds.
Yes	Sub recipients	Required if "Yes" is selected for "Sub recipients" field.
	Entity ID Number(s)	



#### PROVIDER RELIEF FUND REPORTING PORTAL



Required Field	Field Name	Description
Yes	Major Program	Dropdown listing of "Yes" or "No" if the AL # is
	(MP)	designated as a major program.
Yes	Type of Audit	Unmodified opinion, Qualified opinion, Adverse
	Report	opinion, or Disclaimer of opinion. Required if "Yes" is
		selected for "Major Program (MP)" field.
Yes	Did the auditee	Dropdown listing of "Yes" or "No" if the auditee used
	use the de	the de minimis rate of !0% of modified total direct
	Minimis cost rate?	costs.
	(2 CFR 200.414(f))	
Yes	Describe the	Describe the significant accounting policies used in
	significant	preparing the SEFA (please explain in detail).
	accounting policies	
	used in preparing	
	the SEFA (please	
	explain in detail). (2	
	CFR 200.510(b)(6))	



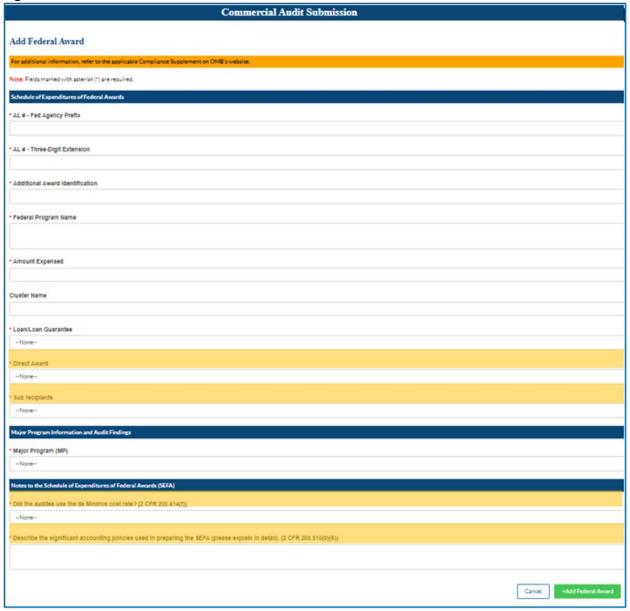
#### PROVIDER RELIEF FUND REPORTING PORTAL



## COMMERCIAL AUDIT SUBMISSION REPORTING PORTAL PREVIEW

Only applicable and visible if Single Audit is selected as the Type of Audit.

Figure 5 Commercial Audit Submission Federal Awards - Add Federal Award





#### PROVIDER RELIEF FUND REPORTING PORTAL



## COMMERCIAL AUDIT SUBMISSION REPORTING PORTAL PREVIEW

#### 5 Audit Findings – Add Audit Finding

Table 5 Audit Findings – Add Audit Finding

Required Field	field Name	Description
Yes	Related	Select the federal award from the dropdown list
	Federal Award	compiled from what was entered in the previous
		screen (Federal Awards).
Yes	Audit Finding	Audit finding reference number must be formatted as
	Reference	YYYY-###.
	Number	
Yes	Type of Compliance	Select from the following options:
	Requirement	"Activities allowed or unallowed.", "Allowable
		costs/cost principles", "Cash management",
		"Reserved", "Eligibility", "Equipment and real
		property management", "Matching, level of effort,
		earmarking.", "Period of performance (or availability)
		of Federal Funds", "Procurement and suspension and
		debarment", "Program income", "Reporting", "Sub
		recipient monitoring", "Special tests &
		provisions","Other".
Yes	Type of Compliance	Explain if "Other" is selected for "Type of Compliance
	Requirement -	Requirement" field.
	Other	
Yes	Modified Opinion	Dropdown listing of "Yes" or "No" if auditor identified
		the audit finding as the basis for a modified opinion.
Yes	Other Matters	Dropdown listing of "Yes" or "No" if the auditor
		identified the audit finding in the "Other Matters"
		section of the audit report.
Yes	Material Weakness	Dropdown listing of "Yes" or "No" if the auditor
		identified the audit finding as a Material Weakness in
Voc	Cignificant	the audit report.
Yes	Significant Deficiency	Dropdown listing of "Yes" or "No" if the auditor
	Deliciency	identified the audit finding as a Significant Deficiency in
Voc	Other Audit	the audit report.
Yes	Findings	Dropdown listing of "Yes" or "No" if the auditor
	i iliuliigs	identified the audit finding as a Modified Opinion,
		Other Matters, Material Weakness, and Significant
Voc	Questioned Casts	Deficiency in the audit report.
Yes	Questioned Costs	Dropdown listing of "Yes", "No", or Unknown if there is
		questioned cost amount related to the audit finding.



#### PROVIDER RELIEF FUND REPORTING PORTAL



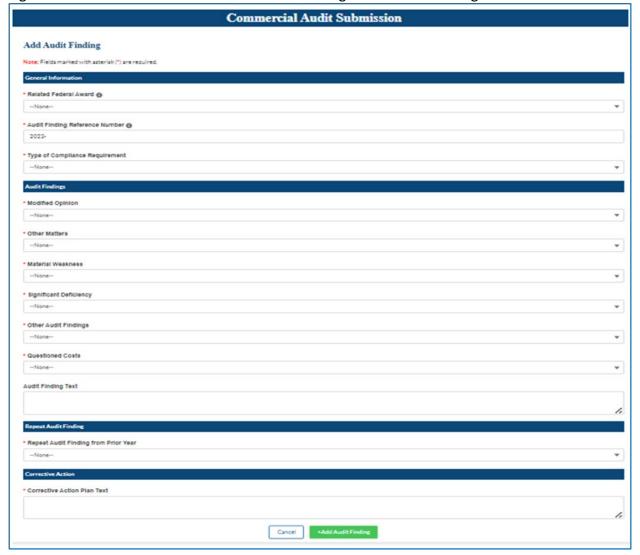
Required Field	Field Name	Description
Yes	Questioned Costs	Required if "Yes" is selected for Questioned Costs.
	Amount	
No	Audit Finding Text	Full text of the audit finding as it appears in the
		Schedule of Findings and Questioned Costs.
Yes	Repeat Audit	Dropdown listing of "Yes" or "No" if the audit finding is
	Finding from	a repeat from the immediate prior audit.
	Prior Year	
Yes	Reference	Prior Year Audit Finding Reference Number(s) from
	Number(s)	the most recent prior audit (e.g., YYYY-###). Required
		if "Yes" is selected for "Repeat Audit Finding from
		Prior Year" field.
Yes	Corrective Action	Full text of the Corrective Action Plan.
	Plan Text	



#### PROVIDER RELIEF FUND REPORTING PORTAL



Figure 6 Commercial Audit Submission Audit Findings - Add Audit Finding





#### PROVIDER RELIEF FUND REPORTING PORTAL



## COMMERCIAL AUDIT SUBMISSION REPORTING PORTAL PREVIEW

#### 6 Audit Information

#### Table 6 Audit Information

Table 6 Audit Information			
Required Field	Field Name	Description	
Yes	What were the results of the	Select from the following options:	
	auditor's determination of whether	"Unmodified opinion", "Qualified	
	the financial statements of the	opinion", "Adverse opinion",	
	auditee were prepared in	"Disclaimer of opinion", or "Financial	
	accordance with generally accepted	statements were not prepared in	
	accounting principles (GAAP)?	accordance with GAAP but were	
	(Select only one).	prepared with a special purpose	
		framework".	
Yes	What was the special purpose	Select from the following options: "Cash	
	framework used? (Select only	basis", "Tax basis", "Regulatory basis",	
	one).	"Contractual basis", or "Other basis".	
Yes	Was the special purpose	Dropdown listing of "Yes" or "No".	
	framework used as a basis of		
	accounting required by state law?		
Yes	What was the auditor's opinion	Select from the following options:	
	on the special purpose	"Unmodified opinion", "Qualified	
	framework? (Select any	opinion", "Adverse opinion", or	
	combination).	"Disclaimer of opinion".	
Yes	Is a "Going Concern" emphasis-	Dropdown listing of "Yes" or "No".	
	of-matter paragraph included in		
	the auditor's report?		
Yes	Is a significant deficiency in	Dropdown listing of "Yes" or "No".	
	internal control disclosed?		
Yes	Is a material weakness in internal	Dropdown listing of "Yes" or "No".	
control disclosed?		_	
Yes Is a material noncompliance		Dropdown listing of "Yes" or "No".	
	disclosed?	6/6-11	
Yes	Did the auditee qualify as a low-	Dropdown listing of "Yes" or "No".	
Vec	risk auditee? (2 CFR 200.520)	Decoder in listing of (VI - 1) - 1 (NI - 1)	
Yes	Does the auditor's report include	Dropdown listing of "Yes" or "No".	
	a statement that the auditee's		
	financial statements include		
	departments, agencies, or other		
	organizational units expending		
	Federal awards which are not		
	included in this audit? (AICPA		
	Audit Guide)		



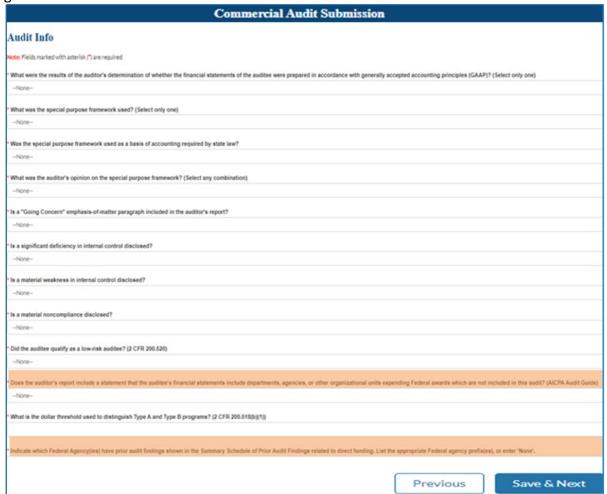
#### PROVIDER RELIEF FUND REPORTING PORTAL



Required Field	Field Name	Description
Yes	What is the dollar threshold used to	What is the dollar threshold used to
	distinguish Type A and Type B	distinguish Type A and Type B
	programs? (2 CFR 200.518(b)(1))	programs?
Yes	Indicate which Federal Agency(ies)	Indicate which Federal Agency(ies) have
	have prior audit findings shown in	prior audit findings shown in the
	the Summary Schedule of Prior	Summary Schedule of Prior Audit
	Audit Findings related to direct	Findings related to direct funding. List
	funding. List the appropriate	the appropriate Federal agency
	Federal agency prefix(es) or enter	prefix(es) or enter 'None'.
	'None'.	

<sup>\*</sup>Only applicable and visible if Single Audit is selected as the Type of Audit.

Figure 7 Commercial Audit Submission Audit Info





#### PROVIDER RELIEF FUND REPORTING PORTAL



## COMMERCIAL AUDIT SUBMISSION REPORTING PORTAL PREVIEW

#### 7 Upload Documents

There are no fields to be entered on this screen. Once you have entered the information from previous fields, you can upload a series of supporting documents.

Figure 8 Commercial Audit Submission Upload Documents





## PROVIDER RELIEF FUND REPORTING PORTAL COMMERCIAL AUDIT SUBMISSION REPORTING

PORTAL PREVIEW



#### 8 Review and Submit

Summary of all information entered in previous screens and fields for review of accuracy/correctness before the final submission.

Additionally, the fields in the following table are required to be completed.

Required Field	Field Name	Description
Yes	Are you submitting your report the	Dropdown listing of "Yes" or "No" regarding timely submittal
	earlier of 30 calendar days after the	of the audit report.
	receipt of the audit or 9 months after	
	the end of your fiscal year?	
Yes	Are you using an OMB extension?	Dropdown listing of "Yes" or "No" if submitting late audit
		report.
		Required if "No" is selected for "Are you submitting your
		report the earlier of 30 calendar days after the receipt of the
		audit or 9 months after the end of your fiscal year?" field.



#### PROVIDER RELIEF FUND REPORTING PORTAL



Figure 9 Commercial Audit Review & Submit

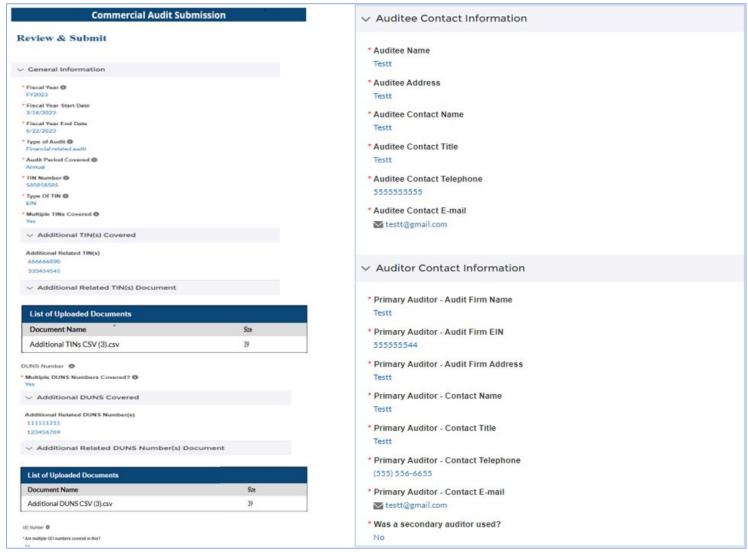
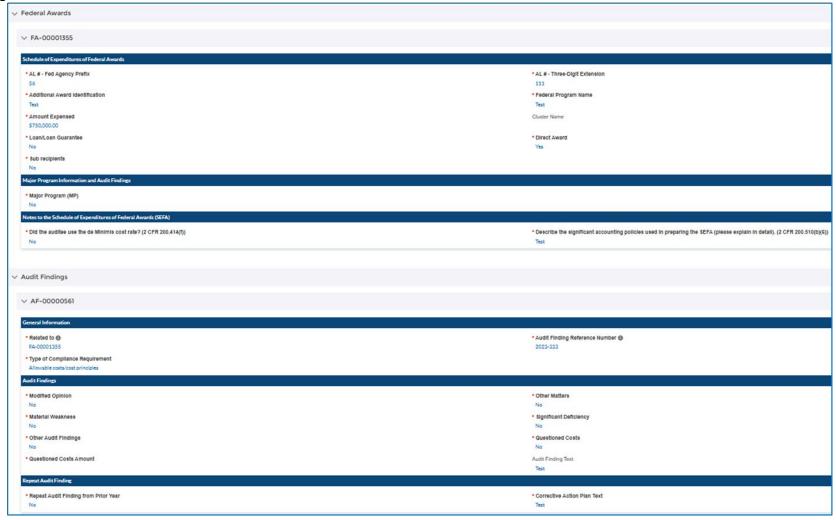




Figure 10 Commercial Audit Review & Submit - Federal Awards





#### Figure 11 Commercial Audit Review & Submit - Audit Info

