Financial Reporting Questionnaire
SFY 2016

This questionnaire must be completed by each agency/department no later than **May 31, 2016**. You must select Yes or No for every item below. **All fields on this document are required to be completed.** Please refer to the 2016 Year-End Closing Instructions for further information about each item to help you determine whether or not it applies to you. Submit the questionnaire by clicking the Submit by Email button at the bottom of the document. Click the Print Form button to print a copy for your files. Depending upon your version of Adobe Reader, you may not be able to save an electronic copy, so please print before submitting it.

For each **Yes** answer, you must submit the applicable report/form to Finance & Management by the due date in accordance with the closing instructions. For each **No** answer, you do not need to submit the corresponding form or any other information.

Please send an email to VISION.CAFR@vermont.gov if you have any questions about this questionnaire.

State Agency/Department: _____ **Business Unit #:** _____

CAFR-1- Accounts Receivable:
My agency/department has receivables to report on Form CAFR-1. ◯ **YES** ◯ **NO**

CAFR-2 -
Not used in 2016

CAFR-3 - Impaired Capital Assets:
My agency/department has one or more impaired assets to report on Form CAFR-3. ◯ **YES** ◯ **NO**

CAFR-4 - Construction in Process (CIP):
My agency/department has construction in process to report on Form CAFR-4. ◯ **YES** ◯ **NO**

CAFR-5 - Leases:
My agency/department has leases to report on Form CAFR-5. ◯ **YES** ◯ **NO**

CAFR-6 - Contractual Commitments:
My agency/department has contractual commitments to report on Form CAFR-6. ◯ **YES** ◯ **NO**

CAFR-7 - Grant Commitments:
My agency/department has grant commitments to report on Form CAFR-7. ◯ **YES** ◯ **NO**

CAFR-8 - Retainage Payable:
My agency/department has retainage payable to report on Form CAFR-8. ◯ **YES** ◯ **NO**

CAFR-9 - SEFA:
My agency/department expends federal funds and must complete the CAFR-9 SEFA Form. ◯ **YES** ◯ **NO**

CAFR-10 - Pollution Remediation Obligations:
My agency/department has pollution remediation obligations to report on Form CAFR-10. ◯ **YES** ◯ **NO**

Electronic Signature:

I hereby certify, to the best of my knowledge, that the items on this 2016 Financial Reporting Questionnaire have been accurately completed. For all **Yes** answers above, I will submit the required report, form, or other documentation per the 2016 Year-End Closing Instructions. I further certify that I am the primary business manager or other financial official for my department and am authorized to certify and submit this form.

☐ By checking this box I authorize the Department of Finance & Management to accept this document as my agency/department's official submission. In addition, I certify that my name as typed below shall be treated as my written signature for the purposes of certifying this document.

Preparer's Name _____ **Date** _____ **Phone** _____

Title _____ **Email** _____

Print Form Submit by Email