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FSA Annual Submission COMPLIANCE AUDIT

» Academy of Hair Design
• OPEID:03276300 — **Locator OPEID**

*You are currently viewing the Compliance Audit for OPEID: 03276300 — **Message Displaying Institution OPEID currently being viewed**

All fields are required.

1. Our records indicate that this group contains the following OPEIDs:

*If this information is incorrect, please contact the eZ-Audit Help desk at fsaezaudit.ed.gov

OPE_ID	NAME	LOCATOR	City	State
03276300	Academy of Hair Design	X	Baltimore	MD
03277300	<u>Academy of Hair Design</u>		Annapolis	MD

Added City/State Columns

2. Indicate the Title IV program(s) in which your institution participates:

	Audited	Closeout
FSEOG 84.007	<input type="checkbox"/>	<input type="checkbox"/>
FFELP 84.032	<input type="checkbox"/>	<input type="checkbox"/>
FWS 84.033	<input type="checkbox"/>	<input type="checkbox"/>
FPL 84.038	<input type="checkbox"/>	<input type="checkbox"/>
Pell 84.063	<input type="checkbox"/>	<input type="checkbox"/>
FDLP 84.268	<input type="checkbox"/>	<input type="checkbox"/>

Link to Child Compliance Audit Info Page

3. Indicate the Period Audited (mm/dd/yyyy):

Begin Date:

End Date:

Reason if Less than 1 Year:

4. Review Auditor Information:

Records Indicate your Current Auditor Is: **11111111**

Is this information correct?: YES NO

Enter Auditors TIN:

5. Does this compliance audit contain any findings related to the FSA Title IV programs?

YES NO

If yes, do these include findings of the following types?

Pell Adjustment: YES NO

Student Eligibility: YES NO If Yes, Summary **Schedule A** is required in the attached audit

Disbursement: YES NO If Yes, Summary **Schedule B** is required in the attached audit

Refunds: YES NO If Yes, Summary **Schedule C** is required in the attached audit

6. Does the attached audit indicate that this examination was conducted in accordance with:

Generally Accepted Government Auditing Standards (GAGAS): YES NO

Audit Guide: YES NO

7. Opinion Type

-- Select an Opinion Type --

8. Were there audit findings in the previous year's audit?

YES NO

9. Does Institution utilize a Third-Party Servicer?

YES NO

10. Does the attached audit indicate that management assertions have been examined, that the institution complied with the specified compliance requirements regarding:

Institutional Eligibility and Participation: YES NO

Reporting: YES NO

Student Eligibility: YES NO

Disbursements: YES NO

Refunds: YES NO

GAPS and Cash Management: YES NO

Perkins: YES NO

Administrative Capability: YES NO

CANCEL SAVE SAVE AND PROCEED