Members of the Board of Regents of the
University System of Georgia and
Honorable G. P. "Bud" Peterson, President
Georgia Institute of Technology

INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR PROGRAM AND ON
INTERNAL CONTROL OVER COMPLIANCE IN ACCORDANCE WITH OMB CIRCULAR A-133

Ladies and Gentlemen:

Report on Compliance for Each Major Federal Program

We have audited the compliance of the Georgia Institute of Technology (GIT) with regard to three compliance requirements that relate to (1) equipment and real property management; (2) procurement and suspension and debarment; and (3) real property acquisition and relocation assistance. These three compliance requirements are described in the OMB Circular A-133 Compliance Supplement that could have a direct and material effect on each of the GIT's major Federal programs for the year ended June 30, 2014. Our audit of these three compliance requirements was applied solely to three major Federal programs administered by the GIT. The major Federal programs are the Research and Development Cluster, Education and Human Resources (CFDA 47.076) and State Fiscal Stabilization Fund - Race-To-The-Top Incentive Grants, Recovery Act (CFDA 84.395).

Management’s Responsibility
Management is responsible for compliance with the requirements of laws, regulations, contracts and grants applicable to each of its Federal programs.

Auditor's Responsibility
Our responsibility is to express an opinion on compliance related to the three compliance requirements listed above for each of the GIT’s major Federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in Government Auditing Standards issued by the Comptroller General of the United States; and OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations. Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major Federal program occurred. An audit includes examining, on a test basis, evidence about the GIT's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.
We believe that our audit provides a reasonable basis for our opinion on compliance related to the three compliance requirements listed above for each major federal program. However, our audit does not provide a legal determination of the GIT's compliance.

**Opinion on Each Major Federal Program**

In our opinion, the GIT complied, in all material respects, with the three compliance requirements referred to above that could have a direct and material effect on each of its major Federal programs for the year ended June 30, 2014. As discussed in the first paragraph, our audit opinion applies only to the Research and Development Cluster, Education and Human Resources (CFDA 47.076) and State Fiscal Stabilization Fund - Race-To-The-Top Incentive Grants, Recovery Act (CFDA 84.395) awards.

**Report on Internal Control Over Compliance**

Management of the GIT is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit, we considered the GIT's internal control over compliance with the types of requirements that could have a direct and material effect on each major Federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance and to test and report on internal control over compliance in accordance with OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*, but not for the purpose of expressing an opinion on the effectiveness of the GIT's internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the GIT's internal control over compliance.

A *deficiency in internal control over compliance* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct noncompliance with a type of compliance requirement of a Federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a Federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance with a type of compliance requirement of a Federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of the internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. Additionally, as noted in the first paragraph, audit procedures were limited to specific requirements for the identified major Federal programs only. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

This purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of OMB Circular A-133. Accordingly, this report is not suitable for any other purpose.

Respectfully submitted,

Greg S. Griffin
State Auditor

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