

FUNDING CERTIFICATION FORM

Organization: _____ Fiscal Year End: ____ / ____ / ____
Month Day Year

- We **have exceeded** the federal expenditure threshold of \$750,000. We will have our Single Audit or Program Specific Audit completed and will submit by _____, which is no later than nine (9) months after the end of the audited fiscal year.
- We **did not exceed** the \$750,000 federal expenditure threshold required for a Single Audit or a Program Specific Audit to be performed this fiscal year. *(Fill out schedule below)*

Must be filled out if Single Audit or Program Audit is not required:

Federal Funds				
<u>Federal Grantor</u>	<u>Pass-through Grantor</u>	<u>Program Name & CFDA Number</u>	<u>Contract Number</u>	<u>Expenditures</u>
Total Federal Expenditures for this Fiscal Year				\$ _____

Authorized Signature <i>(Executive Director, Mayor, Board President)</i>	Printed Name	Title
Mailing Address:	City, State	Zip Code
Email Address:	Phone Number	Fax Number
Chief Financial Officer / Comptroller	Phone Number	Fax Number

Failure to submit this completed form or a completed Single Audit package as described in the audit requirements by the required due date will affect eligibility for future funding.