MISSISSIPPI HOME CORPORATION

FEDERAL/STATE GRANTS DIVISION

Funding Certification Form

This form must be completed by all applicants applying for funding under the HOME Investment Partnerships Program (HOME), the Housing Trust Fund (HTF) Program, the Emergency Solutions Grant (ESG), the Housing Opportunities for Persons with Aids (HOPWA) Program, or the HOME-American Rescue Plan (HOME-ARP) Program. In addition, applicants that expended $1 million or more in federal funds during the reported fiscal year must also provide a copy of their single audit.

Organization: _____

Fiscal Year End: _____

Federal Grants Expenditures

Please complete the following for all federal funds expended for the reported fiscal year. Add additional pages if necessary.

Federal Grantor	Pass-thru Grantor	Program Name & CFDA No.	Contract No.	Expenditure Amount
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
		Total Federal Expenditures for the reported Fiscal Year:		$ 0.00

Single Audit Requirements

Pursuant to 2 CFR Part 200, a non-Federal entity that expends $1,000,000 or more in Federal awards during the non-Federal entity's fiscal year must have a single or program-specific audit conducted and submitted to the Federal Audit Clearinghouse (FAC). The audit must be completed and submitted within thirty (30) calendar days after the auditee receives the auditor's report or nine (9) months after the end of the audit period (whichever is earlier). Failure to meet these requirements will deem the organization to be out of compliance and may impact current and future fundings.

Please select the applicable statement:

☐ We **have exceeded** the federal expenditure threshold of $1,000,000. We will have our single audit or program-specific audit completed and submitted to the Federal Audit Clearinghouse within 30 calendar days of receiving the audit or nine months after the end of the audit period, whichever is earlier.

We anticipate submitting the audit to MHC by: _____

☐ We **did not exceed** the $1,000,000 federal expenditure threshold required for a single audit or program-specific audit to be performed this fiscal year.

Authorized Signature

_____

Authorized Signature *(Executive Director, Mayor, Board President)*

Printed Name: _____

Title: _____

Date: _____

EQUAL HOUSING OPPORTUNITY