

## 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 &amp; CFDA Number</u>	<u>Contract Number</u>	<u>Expenditures</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<b>Total Federal Expenditures for this Fiscal Year</b>				<b>\$</b>

_____ 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.