FUNDING CERTIFICATION FORM

Organization: _____ **Fiscal Year End:** ___/___/_____
Month Day Year

☐ We **have exceeded** the federal expenditure threshold of $1,000,000. 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 agency's fiscal year.

☐ We **did not exceed** the $1,000,000 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				
Federal Grantor	**Pass-through Grantor**	**Program Name & CFDA Number**	**Contract Number**	**Expenditures**
	Total Federal Expenditures for the reported Fiscal Year			***$***

Authorized Signature *(Executive Director, Mayor, Board President)*	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 a completed form or required Single Audit package, in accordance with audit requirements and within the required timeframe, will result in enforcement actions consistent with 2 CFR 200.512, 2 CFR 200.339, 2 CFR 200.501, including but not limited to delayed or withheld reimbursements, designation as a high-risk subrecipient, and may impact eligibility for future funding in accordance with MHC policy and contract provisions.