

STATE OF VERMONT CERTIFICATION OF AUDIT REQUIREMENT

Pursuant to OMB Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations", a subrecipient that **expends \$500,000 or more** in total federal assistance during its fiscal year is required to have a single audit conducted in accordance with the Single Audit Act, except when it elects to have a program specific audit. The subrecipient may elect to have a program specific audit if it expends funds under only one federal program and the federal program's laws, regulations or grant agreements do not require a financial statement audit of the entity.

Instructions: Fill out this form entirely. Check YES if you will have a single audit for this fiscal year. Check NO if you expend less than \$500,000 in federal grants/loans. *If you check NO, you must also complete the **Subrecipient Schedule of Federal Expenditures** form which is on the back side of this document.*

As a condition of your grant award from the State of Vermont, you must complete the Certification of Audit Requirement annually within forty-five (45) days after your fiscal year end.

FISCAL YEAR ENDING DATE: _____ **VENDOR NUMBER:** _____

SUBRECIPIENT NAME: _____

ADDRESS: _____

A SINGLE AUDIT IS REQUIRED FOR THE ABOVE FISCAL YEAR:

YES NO

If you checked YES above, you must submit a copy of your single audit report to the State within nine (9) months after your fiscal year-end. The State of Vermont will assign a Primary Pass-Through Entity responsible for coordinating the review of your audit report. You must submit your single audit report to that entity as well as any other pass-through entity that requests it. Do not submit a copy of the single audit report with this form, or directly to the Department of Finance and Management.

The Certification of Audit Requirement must be completed by the Chief Financial Officer, Controller, Business Manager, Treasurer, or other person responsible for the financial records of the organization. (Under normal circumstances, it should not be completed by the program manager.)

Submit to: Department of Finance & Management, Financial Operations Division, 109 State Street, 4th Floor, Montpelier, VT 05609-5901

I certify that the above information is correct:

Name: _____ Title: _____

Signature: _____ Date: _____

Phone: _____ Email: _____

(Phone and email will be used only to contact you with questions about this submission.)