

Date: ____ / ____ / ____

Crystal Hunter
Accounts Examiner
Office of Policy and Management
450 Capitol Avenue
MS #52 ADM
Hartford, CT 06106-1379

RE: Federal Single Audit Exemption/Grant Expenditure Notification

Dear Ms. Hunter:

This is in response to the letter dated ____ / ____ / ____ which pertains to the Federal Single Audit Act filing requirements. During our fiscal year, which ended _____, less than \$750,000 of Federal Financial Assistance was expended. Total expenditures of Federal Financial Assistance for all programs was \$_____ (see below for OPM related expenditures). Based on the guidelines of the Federal Single Audit Act, we are exempt from filing a Federal Single Audit for this period.

Regarding the completion of a financial audit, please be advised of the following:

A financial audit was not performed for this period.

A financial audit was performed for this period and has been uploaded to EARS.

Please contact _____ by phone at (____) ____ - ____ or by e-mail at _____ if you have any questions.

Sincerely,

Name of Signatory

Name of Organization

Federal Employer ID # (FEIN)

Schedule of Office of Policy and Management Federal Financial Assistance Expenditures

From ____ / ____ / ____ to ____ / ____ / ____

Project Title	Grant Award Number	SID #	Total Expenditures

This form can be submitted in hardcopy *or* by e-mail.

Crystal Hunter
Accounts Examiner
Office of Policy and Management
450 Capitol Avenue
MS #52 ADM
Hartford, CT 06106-1379
Crystal.Hunter@ct.gov

For Use By Entities With Fiscal Year Beginning on or After October 1, 2024

Date: ____ / ____ / ____

Crystal Hunter
Accounts Examiner
Office of Policy and Management
450 Capitol Avenue
MS #52 ADM
Hartford, CT 06106-1379

RE: Federal Single Audit Exemption/Grant Expenditure Notification

Dear Ms. Hunter:

This is in response to the letter dated ____ / ____ / ____ which pertains to the Federal Single Audit Act filing requirements. During our fiscal year, which ended _____, less than \$1,000,000 of Federal Financial Assistance was expended. Total expenditures of Federal Financial Assistance for all programs was \$_____ (see below for OPM related expenditures). Based on the guidelines of the Federal Single Audit Act, we are exempt from filing a Federal Single Audit for this period.

Regarding the completion of a financial audit, please be advised of the following:

A financial audit was not performed for this period.

A financial audit was performed for this period and has been uploaded to EARS.

Please contact _____ by phone at (____) ____ - ____ or by e-mail at _____ if you have any questions.

Sincerely,

Name of Signatory

Name of Organization

Federal Employer ID # (FEIN)

Schedule of Office of Policy and Management Federal Financial Assistance Expenditures

From ____ / ____ / ____ to ____ / ____ / ____

Project Title	Grant Award Number	SID #	Total Expenditures

This form can be submitted in hardcopy *or* by e-mail.

Crystal Hunter
Accounts Examiner
Office of Policy and Management
450 Capitol Avenue
MS #52 ADM
Hartford, CT 06106-1379
Crystal.Hunter@ct.gov