

Date: ____ / ____ / ____

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

RE: State Single Audit Exemption/Grant Expenditure Notification

Dear Ms. Hunter:

This is in response to the letter dated ____ / ____ / ____ which pertains to the State Single Audit Act filing requirements. During our fiscal year, which ended _____, less than \$500,000 of State Financial Assistance was expended. Total expenditures of State Financial Assistance for all programs was \$_____ (see below for OPM related expenditures). Based on the guidelines of the State Single Audit Act, we are exempt from filing a State 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 State Financial Assistance Expenditures

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

Project Title	Grant Award Number	SID #	Total Expenditures

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

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Office of Policy and Management
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Hartford, CT 06106-1379
Crystal.Hunter@ct.gov