

STATE SINGLE AUDIT  
FILING EXEMPTION NOTIFICATION

Date: \_\_\_\_\_

Municipal Finance Services  
Office of Policy and Management  
450 Capitol Avenue MS#54MFS  
Hartford, CT 06106-1379

To whom it may concern,

This letter is to inform the Office of Policy and Management that for our fiscal year ended  
/ / , the total expenditures of State financial assistance were less than \$300,000.  
Total expenditures of State financial assistance awards for all programs were \$ \_\_\_\_\_.

Based on the guidelines established in C.G.S. 4-231(b), we are exempt from filing a State  
Single Audit for this fiscal period. If you have any questions please contact:

Contact Person and Title: \_\_\_\_\_

Name of Nonprofit/Government: \_\_\_\_\_

\*Federal Employer Identification Number (FEIN): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Facsimile: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Very truly yours,

\_\_\_\_\_  
\*Chief Executive Officer

\_\_\_\_\_  
\*Chief Financial Officer

\* This form will not be accepted without a complete and accurate federal employer identification  
number and the appropriate signatures.

**Complete and return this form to OPM by email to [OPM.mfsforms@ct.gov](mailto:OPM.mfsforms@ct.gov).**