

**STATE SINGLE AUDIT FILING EXEMPTION NOTIFICATION**

Please complete this fillable form and return by e-mail attachment to [OPM.mfsforms@ct.gov](mailto:OPM.mfsforms@ct.gov)

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

To whom it may concern,

This letter is to inform the Office of Policy and Management that, based on the guidelines established in C.G.S. 4-231(b), the total expenditures of State financial assistance for the fiscal year end below were less than \$500,000 and we are exempt from filing a State Single Audit for this fiscal period.

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

Fiscal Year End: \_\_\_\_\_ \* Federal Employer Identification Number (FEIN): \_\_\_\_\_

Total expenditures of State financial assistance awards for all programs: \$ \_\_\_\_\_

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

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

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

Thank you,

\_\_\_\_\_  
\*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.