

STATE SINGLE AUDIT FILING EXEMPTION NOTIFICATION

Please complete this fillable form and return by e-mail attachment to 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.

