

**STATE SINGLE AUDIT**  
**FILING EXEMPTION NOTIFICATION**

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

Municipal Finance Services  
Office of Policy and Management

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

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

Very truly yours,

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\*Chief Executive Officer

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\*Chief Financial Officer

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