



SINGLE AUDIT REPORT EXEMPTION FORM (Part 1 of 2)

This form must be completed and submitted if your agency is not required to have a Single Audit or Program-Specific Audit conducted in accordance with Uniform Guidance 2 CFR Part 200.501. If the form is not submitted upon request, your agency may be subject to withholding of funding for federal programs.

Agency Information:

| | | | |
|--------------------------------|------------|----------------|-----------------------------|
| <u>Agency Name and Address</u> | | <u>FEIN(s)</u> | <u>Fiscal Year End Date</u> |
| <u>Agency Representative</u> | | <u>Title</u> | |
| <u>Telephone</u> | <u>Fax</u> | <u>Email</u> | |

Certification:

For the fiscal year indicated above, the agency did not incur expenditures of \$750,000 or more for all federal programs and is not required to have an audit of federal programs in accordance with Uniform Guidance 2 CFR Part 200.501.

| | |
|--|-------------|
| <u>Agency Representative's Signature</u> | <u>Date</u> |
|--|-------------|

Independent Auditor Information:

| | | |
|------------------------------|--------------------------------------|--------------|
| <u>Firm Name and Address</u> | | |
| <u>CPA Name</u> | <u>New York State License Number</u> | |
| <u>Telephone</u> | <u>Fax</u> | <u>Email</u> |

The agency must fill in the information above and sign the certification. For School Districts and BOCES, the form should be uploaded in Survey 4 in the NYSED Application Business Portal. Charter Schools, not-for-profits, and other entities should e-mail the form to FSandSingleAudit@nysed.gov.



SINGLE AUDIT REPORT EXEMPTION FORM (Part 2 of 2)

If your agency expended between \$550,000 and \$750,000 for all federal programs, please complete the following table for all federal programs where expenditures were incurred:

Sample entry:

| Federal Agency | Pass Through Entity (if applicable) | Pass Through Entity Identifying Number | Assistance Listings/CFDA # | Total Expenditures for Fiscal Year * |
|--|--|--|----------------------------|--------------------------------------|
| <i>United States Department of Education</i> | <i>New York State Education Department</i> | <i>0000-05-0000</i> | <i>84.010A</i> | <i>\$153,000</i> |

Agency Name: _____

| Federal Agency | Pass Through Entity (if applicable) | Pass Through Entity Identifying Number | Assistance Listings/CFDA # | Total Expenditures for Fiscal Year* |
|----------------|-------------------------------------|--|----------------------------|-------------------------------------|
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Total expenditures for all federal awards _____

* Include the value of federal awards expended in the form of non-cash assistance, the amount of insurance in effect during year, and loans or loan guarantees outstanding at year-end.