



**2012 Consolidated Grant Process Attachment #9
Audit Information Certification Form**

Section 1: Agency Information

Name of Agency: _____

Name of Finance Director: _____

Telephone Number of Finance Director: _____

Fiscal Year End Date: _____

Agency TIN Number: _____

Does your agency expend \$500,000 or more a year in Federal funds?

Yes

No

Does your agency have an annual audit?

Yes, see Section 2 below.

No. Do not complete Section 2 below.

Section 2: Auditor Information (Must Be Completed By Your Auditing Agency)

As a Certified Professional Accountant, I acknowledge that this organization

did

did not

receive any written advice or commentary from me or my firm commenting on the organization's financial controls, such as a management letter or recommendation letter.

Name (Print) and Title: _____

Signature: _____

Auditing Agency: _____