

City of Plano, Texas
2009 Consolidated Grant Application
Audit Information Certification Form

This completed form must be returned with your Consolidated Grant Application, as part of attachment 7.

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, including all sources of Federal funding, direct and pass-through?

Yes No

Does your agency have an annual audit?

Yes No

Signature and Date: _____

Title: _____