

SINGLE AUDIT CERTIFICATION

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CRIMINAL JUSTICE DIVISION

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Please read carefully and place initials in the appropriate space below.

PART I: AUDIT CERTIFICATION – ANNUAL REPORTING REQUIREMENT

◆ **NOTE: Make only one selection under either “Federal” or “State”.**

Federal

If this application is for federal funds, I certify (initial one only):

___ The applicant agency currently expends combined federal funding of \$300,000 or more and, therefore, is required to submit an annual single audit by an independent auditor made in accordance with the Single Audit Act Amendments of 1996 and OMB Circular A-133.

___ The applicant agency currently expends combined federal funding of less than \$300,000 and therefore is exempt from the Single Audit Act and cannot charge audit costs to a CJD grant. I understand, however, that CJD may require a limited scope audit as defined in OMB Circular A-133.

OR

State

If this application is for state funds, I certify (initial one only):

___ The applicant agency currently expends combined state funding of \$300,000 or more and, therefore is required to submit an annual single audit by an independent auditor made in accordance with the Uniform Grant Management Standards (UGMS).

___ The applicant agency currently expends combined state funding of less than \$300,000 and, therefore, is exempt from the Single Audit Act and cannot charge audit costs to a CJD grant. I understand, however, that CJD may require a limited scope audit as defined in OMB Circular A-133, adopted by reference in Texas Administrative Code section 3.19 (see also UGMS State Single Audit).

PART II: SIGNATURE

Applicants must complete this form and submit to CJD before they will receive state and/or federal funds. Recipients of state and/or federal funds must fully understand and comply with the afore-mentioned requirements. Failure to comply may result in the withholding of funds, termination of the award, or other sanctions.

Applicant's Organization

Project Title

Printed Name and Title of Authorized Official

Signature of the Authorized Official

____ / ____ / ____
Date