

Audit Status Notification Letter

(Required for subrecipient Contractors claiming exemption from audit submission requirements)

Please fill in the following information, sign after the statement below and send this form to: Michigan Department of Community Health, Office of Audit, Quality Assurance and Review Section, P.O. Box 30479, Lansing, MI 48909-7979, or fax it to (517) 241-7122, or e-mail it to MDCH-AuditReports@michigan.gov . The form is due to the Department within nine months after the end of the Contractor's fiscal year. Please **do not** submit this form with your signed agreement.

Agency Name: _____

Address: _____

Federal ID Number: _____

For Agency's Fiscal Year Ended (month/date/year): _____

Agency Contact Person (Name, Title, Phone #): _____

The purpose of this letter is to comply with Michigan Department of Community Health (MDCH) grant contract audit requirements. I certify that the agency listed above expended less than \$500,000 in federal awards from all funding sources, and expended less than \$500,000 in total MDCH funding. I also certify that **(MUST CHECK ONE)**:

- Our agency's financial statement audit did not include any disclosures related to current or prior years that could negatively impact MDCH-funded programs (including, but not limited to, fraud, going concern uncertainties, financial statement misstatements, and violations of contract and grant provisions), or
- A financial statement audit has not been conducted for the above-mentioned fiscal year.

Therefore, we are not required to submit either a Single Audit or Financial Statement Audit to MDCH.

Signature

Print Name/Title
(Financial Director or Designee)

Date