

# AUDIT STATUS NOTIFICATION LETTER/AUDIT EXEMPTION NOTICE

Michigan Department of Health and Human Services

Please fill in the following information, sign after the statement below and email it to:

[MDHHS-AuditReports@michigan.gov](mailto:MDHHS-AuditReports@michigan.gov).

Agency Name		
Agency Address		
Federal ID Number	Agency's Fiscal Year Ended (month/date/year) (Year Exemption applies)	
Agency Contact Name	Agency Contact Title	Agency Contact Phone Number

The purpose of this document is to certify exemption from audit submission requirements. I certify that the agency listed above is exempt from submitting an audit report to the Michigan Department of Health and Human Services (MDHHS) per all terms and conditions of the MDHHS grant agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name/Title (Financial Director or Designee)

\_\_\_\_\_  
Date

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.