

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.

Agency Name		
Agency Address		
Federal ID Number	Agency's Fiscal Year End for the Year This Exemption Applies (MM/DD/YY)	
Agency Contact Name	Agency Contact Title	Agency Contact Phone Number
Agency Contact Email		

The purpose of this document is to certify that the agency listed above has expended less than \$750,000 in federal awards from all funding sources and is therefore exempt from MDHHS single audit submission requirements.

Please Note: If the agency has a financial statement audit that includes disclosures that may negatively impact MDHHS funded programs including, but not limited to, fraud, going concern uncertainties, financial statement misstatements, and violations of contract and grant provisions, the agency must submit the financial statement audit and corrective action plan in addition to this document.

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.