MSHDA
MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY

Equal Housing Employer/Lender

Single Audit Certification

U.S. Office of Management and Budget (OMB), 2 CFR part 200 Uniform Administrative Requirements, Cost Principles and Audit Requirements Subpart F §200.501 requires non-federal agencies to have a single or program audit completed if the agency expends $750,000 or more during its fiscal year from ALL federal awards; MSHDA is required to verify that its sub-recipients of federal awards have met the audit requirements and are in compliance with federal regulations.

Your agency's Authorized Financial Official must certify whether your agency is subject to the single audit requirements by checking appropriate boxes below. This certification must be completed and uploaded in the agency's Partnership Profile. Failure to submit this Certification may result in delay of Partnership Profile processing, withholding of MSHDA funds or disallowance of costs, and suspension or termination of federal awards.

Section A - Agency Information

Agency Name			County
Agency Address	City	State	Zip
Executive Director		Tax ID Number (EIN)	
Auditing Firm Name			**FY Ending (mo/date/yr)**

Section B – Agency **is subject** to 2 CFR part 200 Subpart F §200.501

☐ Agency certifies that a completed Single Audit reporting package for the fiscal year end stated above **has been** uploaded on the Federal Audit Clearinghouse website, and that this was completed within the required 9 months following said fiscal year end.

- ☐ There were **no findings** related to federal awards the agency received.
- ☐ There were **findings** related to federal awards.

OR

☐ Agency certifies that a completed Single Audit reporting package for the fiscal year end stated above **will be** uploaded on the Federal Audit Clearinghouse website no later than the required nine months following said fiscal year end.

Section C – Agency **is not subject** to federal audit requirements. (check one)

☐ Agency did not expend $750,000 or more of combined federal awards pursuant to CFR.200 Subpart
☐ Agency is a for-profit entity.
☐ Agency is exempt for other reasons (describe): _____.

Agency Certification: *I hereby certify that I am an individual authorized by the above identified agency to complete this form. Further, I certify that the above information is true and correct and all relevant findings contained in the audit report/statement have been disclosed.*

I agree that the agency is subject to the audit requirements, laws and regulations governing the program(s) in which it participates, that the agency is required to maintain records of federal funding and to provide access to such records by federal and state agencies and their designees, and that MSHDA may request and be provided access to additional information and/or documentation to ensure proper stewardship of federal funds. I understand that if the agency is not compliant with 2 CFR part 200, MSHDA may not review or approve the Partnership Profile.

Date:	X
Authorized Financial Official Name (print)	
Authorized Financial Official Title (print)	