



Single Audit Certification

Upon completion, email a copy of this form to: criminaljustice@fdle.state.fl.us

Applicant/Recipient:

Tax ID or EIN:

Most Recent Fiscal Year End Date:

Total amount of funds expended from ALL entities (including FDLE) during the fiscal year above:

Federal Funds (Total):

State Funds (Total):

The Florida Department of Law Enforcement (FDLE), Office of Criminal Justice Grants (OCJG) requires all Applicants, Recipients, and Subrecipients (at any tier), to complete this Single Audit Certification for each fiscal year an award is active with OCJG.

Federal Single Audit Requirements	State Single Audit Requirements
<p>If \$750,000 or more in total federal funding from all sources, including FDLE/OCJG, is expended during the fiscal year, Applicants, Recipients, and Subrecipients (at any tier), MUST have a single or program-specific audit conducted for that year.</p>	<p>If \$750,000 or more in state funding from all sources, including FDLE/OCJG, is expended during the fiscal year, Applicants, Recipients, and Subrecipients (at any tier), MUST have a single or program-specific audit conducted for that year.</p>
<p>If an organization is required to comply with Federal Single Audit Requirements, the audits must be uploaded to the Federal Audit Clearinghouse (https://facweb.census.gov) within 30 days after receiving the audit report from the auditor, or 9 months after the end of the fiscal year, whichever is sooner.</p>	<p>If an organization is required to comply with Florida Single Audit Requirements, the audits must be emailed to criminaljustice@fdle.state.fl.us within 30 days after receiving the audit report from the auditor, or 9 months after the end of the fiscal year, whichever is sooner.</p>
<p>See 2 C.F.R. Part 200, Subpart F for more information.</p>	<p>See Section 215.97, F.S. for more information.</p>

I understand and acknowledge the federal and state audit requirements above and:

My organization is a **FLORIDA STATE AGENCY** and is audited during the State of Florida's annual single audit for the year cited above.

My organization **WAS NOT** subject to the federal **OR** state audit requirements for the fiscal year cited above. (Full Exemption)

My organization **WAS** subject to only the **FEDERAL** audit requirements for the fiscal year cited above. (State Audit Exemption)

My organization **WAS** subject to only the **STATE** audit requirements for the fiscal year cited above. (Federal Audit Exemption)

My organization **WAS** subject to **BOTH** the federal and state audit requirements for the fiscal year cited above.

Signature:

Date:

Printed Name:

Title: