

**Office of Criminal Justice Grants  
Florida Department of Law Enforcement  
Post Office Box 1489  
Tallahassee, FL 32302**

**Certification of Audit Exemption**

Complete the following information for each audit period for which your agency wishes to declare exemption from the Annual Audit Report Requirement. This form must be signed by either the Subgrantee's Authorizing Official or the Chief Financial Officer as specified by the grant agreement and submitted to the Florida Department of Law Enforcement.

**Subgrant Recipient:**

**County:**

**Grant Number(s):**

I, the undersigned official, hereby declare that the above listed unit of local government has expended less than \$750,000 in federal funds during the below specified fiscal year:

Subgrantee's Fiscal Year (Enter dates, typically 10/01/xxxx to 09/30/xxxx.)

**From:**

**To:**

**Signature**

**Date**

**Typed or printed name**

**Typed or printed title**