

**Single Audit Certification Form
Arizona State Forestry**

Fiscal Year Ended: _____

Arizona State Forestry and federal grant subrecipients are subject to the requirements of the Federal Office of Management and Budget (OMB) and Code of Federal Regulations, 2CFR Part 200 subpart F, regarding completion of Single Audits. The code requires monitoring of federal award subrecipients (subgrantees), determination of whether they have met the audit requirements, and whether they are in compliance with federal laws and regulations.

Based on these federal requirements, we are requesting that you check the following paragraph that pertains to your organization, provide all appropriate documentation regarding your organization's compliance with the audit requirements, sign and date the form, and return the completed form to our address below within thirty days of receipt.

Additional information about Single Audit Requirements:

Code of Federal Regulations: <http://www.eCFR.gov>
Federal Audit Clearinghouse: <https://harvester.census.gov/facweb>

Select one:

1. _____ We have completed a Single Audit for the fiscal year referenced above and completed the required reporting to the Federal Audit Clearinghouse. A copy of the audit report and a schedule of federal programs by major program are enclosed. (If material exceptions were noted, please enclose a copy of the responses and corrective actions taken.)
2. _____ We have already provided Arizona State Forestry a copy of the Single Audit for fiscal year referenced above. The audit report and schedule of federal programs by major program were previously submitted to _____
3. _____ We expect our Single Audit for the fiscal year referenced above to be completed by _____. A copy of our audit report and schedule of federal programs will be forwarded to Arizona State Forestry within 30 days of receipt of the report.
4. _____ We are not required to complete a Single Audit for the fiscal year referenced above because:
_____ We expend less than \$750,000 in total federal awards annually.
(A threshold of \$500,000 applies to fiscal years that began before 12/26/2014)
_____ Other (please explain): _____

Organization Name: _____

AZ Forestry Grant Number(s): _____

Organization Fiscal Year Ends: _____ (mm/dd/yyyy)

Type or Print Name: _____ **Title:** _____

Signature: _____ **Date:** _____

Return completed form to: Arizona State Forestry
Grant Audit Coordinator
1110 West Washington, Suite 500
Phoenix, Arizona 85007