**Office of the Governor**

**Single Audit Reporting Exemption Form for FYE 2023**

Per federal Uniform Grant Guidance 2 CFR §200 (U.S. Code of Federal Regulations), as well as the Texas Grant Management Standards (TxGMS) published by the Texas Comptroller of Public Accounts, the following entities are required to submit a Single Audit reporting package within 30 calendar days after the entity receives the audit results or 9 months after the end of the audit period, whichever is earlier.

* A non-federal entity that expends $750,000 or more in federal awards during the entity's fiscal year must electronically submit to the Federal Audit Clearinghouse.
* A non-state entity that expends $750,000 or more in state awards during the entity's fiscal year must submit to each awarding agency.

Grantees and subgrantees receiving federal awards or state awards from a state awarding agency, who are **not** required to have an audit in accordance with either the 2 CFR §200 or TxGMS for the grantee's/subgrantee's fiscal year in which the state or federal awards were made or expended, shall so certify in writing to each state awarding agency. The grantee or subgrantee's chief executive officer (CEO) or chief financial officer (CFO) shall make the certification within 60 days of the end of the grantee's/subgrantee's fiscal year.

If your entity does **not** meet the $750,000 federal or the $750,000 state threshold, please provide the information below and submit to [**ocm-fmu@gov.texas.gov**](mailto:ocm-fmu@gov.texas.gov) at the Office of Compliance and Monitoring, operating within the Office of the Governor. If the grantee does not have a CEO or CFO, the senior administrator may submit the certification.   **Do NOT upload this completed form into eGrants.**

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|  | **Signature of Certifying Officer** *(No electronic or typed signature)* | |  | **Date Signed** |  |
| **Grantee Information** | | | | | |
| **Grantee Name** | |  | | | |
| **Fiscal Year End (mm / dd / 2023)** | | /    **/ 2023** | | | |
| **Certifying Officer Information** | | | | | |
| **Name** | |  | | | |
| **Title** | |  | | | |
| **E-mail Address** | |  | | | |
| **Phone Number** | |  | | | |