**Office of the Governor**

**Single Audit Reporting Exemption Form for FYE 2021**

Per federal Uniform Grant Guidance 2 CFR §200 (U.S. Code of Federal Regulations) and the state’s Uniform Grant Management Standards (UGMS) 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.

Per UGMS: “Grantees and subgrantees receiving federal awards (as defined in OMB Circular A-133) or state awards (as defined in the State Single Audit Circular) from a state awarding agency, who are not required to have an audit in accordance with either or both circulars 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 or chief financial officer 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 / 21)** | | /    / 21 | | | |
| **Certifying Officer** | | | | | |
| **Name** | |  | | | |
| **Title** | |  | | | |
| **E-mail Address** | |  | | | |
| **Phone Number** | |  | | | |