

# FEDERAL ASSISTANCE EXPENDITURE FORM

Recipient Name: \_\_\_\_\_

Recipient's Fiscal End Date (mm/dd): \_\_\_\_\_

List the Office of Community Renewal project numbers for all open projects or grants (include CDBG, HOME and NSP):

\_\_\_\_\_  
\_\_\_\_\_

For the Fiscal Year: \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_, the \_\_\_\_\_  
Recipient Name

- Has expended at least \$500,000 in federal funds from all sources including Community Development Block Grant (CDBG), HOME Program and Neighborhood Stabilization Program (NSP) funds. Compliance with the Single Audit Act A-133 is applicable and an audit will be forwarded to all required parties, including the Office of Community Renewal, within 9 months of the end of the fiscal year. (For additional information on the Single Audit Act refer to the Office of Management and Budget Circular A-133 and/or the Office of Community Renewal's CDBG Grant Administration Manual.)

Anticipated Date of Audit: \_\_\_\_\_

- Has not expended at least \$500,000 in federal funds from all sources including Community Development Block Grant (CDBG), HOME Program, and Neighborhood Stabilization Program (NSP) funds. Compliance with the Single Audit Act A-133 is not applicable.

I certify that the above information is accurate:

\_\_\_\_\_  
Signature of Chief Fiscal Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Signature of Chief Elected Official or Chief Executive Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone Number

## For Office Use Only

Single Audit Applicable:  Yes  No Federal Assistance Expenditure Form:  Approved  Rejected

Explanation: \_\_\_\_\_

\_\_\_\_\_  
Approval Signature, Office of Community Renewal

\_\_\_\_\_  
Date