

STATE SINGLE AUDIT
FILING EXEMPTION NOTIFICATION

Date: _____

Municipal Finance Services
Office of Policy and Management
450 Capitol Avenue MS#54MFS Hartford,
CT 06106-1379

To whom it may concern,

This letter is to inform the Office of Policy and Management that for our fiscal year ended
/ / , the total expenditures of State financial assistance were less than \$300,000.
Total expenditures of State financial assistance awards for all programs were \$ _____.

Based on the guidelines established in C.G.S. 4-231(b), we are exempt from filing a
State Single Audit for this fiscal period. If you have any questions please contact:

Contact Person and Title: _____

Name of Nonprofit/Government: _____

*Federal Employer Identification Number (FEIN): _____

Address: _____

_____ Zip: _____

Telephone: (_____) _____ Email: _____

Very truly yours,

*Chief Executive Officer

*Chief Financial Officer

* This form will not be accepted without a complete and accurate federal employer identification
number and the appropriate signatures.

Complete and return this form to OPM by email to OPM.mfsforms@ct.gov.