

AUDIT INFORMATION FORM

Grantee: _____
Address: _____

Fiscal Year: _____

Is Grantee required to have a 2 CFR Part 200 audit? Yes No

Please list all sources and amounts of Federal Financial Assistance expended this year:

CDBG Grant No. _____	Amount \$ _____
CDBG Grant No. _____	Amount \$ _____
CDBG Grant No. _____	Amount \$ _____

Other Federal Grants:

Name: _____	Amount \$ _____
Name: _____	Amount \$ _____
Name: _____	Amount \$ _____
Name: _____	Amount \$ _____

Total All Federal Financial Assistance Expended \$ _____

Signature of Authorized Elected Official

Title

Date

(Rev. 2/2018)