

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)