

Instructions: Complete and email to address below.

Organization			
NAME	FEIN	NYS VENDOR ID	FISCAL YEAR END DATE MM / DD / YYYY
STREET ADDRESS		CONTACT NAME	
CITY	STATE	ZIP	TITLE
TELEPHONE () -	FAX () -	CONTACT EMAIL	
DATE MM / DD / YYYY	TOTAL FEDERAL FUNDED EXPENDITURES \$	TOTAL NYSDOH FUNDING (received) \$	

Certification

For the indicated fiscal year, the above-named organization (including any parent, sibling or subsidiary corporations) is exempt from (check one or both):

- The requirements of the Federal Single Audit Act - OMB Circular A-133
 (Less than \$500,000 total Federal funding [*including program income*] in the fiscal year)
- The requirements of the Department - Appendix A-1 section 3
 (Less than \$300,000 in Department [*combined Federal and State*] funding [*including program income*] in the fiscal year)

Auditor

FIRM NAME	
CPA'S NAME	NEW YORK STATE LICENSE NUMBER
TELEPHONE () -	EMAIL
FAX () -	

Attach financial statements and email to: [Email: fmgau@health.state.ny.us](mailto:fmgau@health.state.ny.us)

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