***MODIFY THIS TEMPLATE FOR GRANTEE USE.***

* *The federal Assistance Lising Number (ALN), formerly known as the Catalog of Federal Domestic Assistance (CFDA) Number, for DEHCR CDBG non-housing projects is 14.028 and 14.268 for CDBG Housing. The ALN for all FFP projects is 21.029.*
* *For any non-DEHCR grant funds, please contact the funding agency directly to determine if funds are considered federal.*
* *Email the signed Statement to the assigned DEHCR project representative no later than January 15th each year.*
* *Delete instructional text and yellow highlighting when finalizing the Statement.*

***PLACE THE FOLLOWING ON THE GRANTEE’S LETTERHEAD:***

#### SINGLE AUDIT STATEMENT [AUDIT NOT REQUIRED]

[Date]

[Name (First and Last Name) of Assigned DEHCR Project Representative]

Wisconsin Department of Administration

Division of Energy, Housing and Community Resources

Bureau of Community Development

P.O. Box 7970

Madison, WI 53707-7970

[Email Address of Assigned DEHCR Project Representative]

I hereby attest, under penalties of perjury, that during the calendar year ending December 31, 20[YY], the [Grantee Name (Local or Tribal Government)]:

1. Expended **less than $1,000,000** in total federal funds and therefore is not required to complete a Single Audit or submit a Single Audit Report, meeting the requirements of the Federal Single Audit Act and Uniform Guidance 2 CFR Part 200 Subpart F.
2. Expended the following amount(s) of federal funds, including funds from the Wisconsin Department of Administration (DOA) Division of Energy, Housing and Community Resources (DEHCR) and the other source(s) listed below.

|  |  |  |  |
| --- | --- | --- | --- |
| **ALN:\***  *(formerly CFDA #)* | **GRANT CONTRACT #:** | **SOURCE AGENCY:** | **AMOUNT EXPENDED:** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Sincerely,

*[Chief Elected Official (CEO) Signature is to be entered on this line - Delete this Text]*

[Typed/Printed CEO First and Last Name]  
[CEO Title]