SINGLE AUDIT STATEMENT – EXAMPLE 1

Instructions

Complete this form and submit it to DEHCR by emailing it to the assigned DEHCR project representative(s) for your project(s) no later than January 15th in the year immediately following the audit year.

- *For example, the Single Audit Statement for the audit year 2026 (a.k.a., calendar year January 1 – December 31, 2026) is due to DEHCR staff by January 15, 2027.*

A. Audit Year and Grantee Information

1. AUDIT YEAR: *(Expenditure year January 1st through December 31st)*	**Jan. 1 – Dec. 31, 2026**
2. AMENDED STATUS: *[Check the box to indicate if this is an amended (i.e., corrected/revised) Single Audit Statement.]*	☐ Yes, this is an amended statement.
3. DEHCR GRANTEE NAME / LOCAL GOVERNMENT:	City of Yourtown
4. GRANT CONTRACT NUMBER(S): *(List each DEHCR contract for which this statement is being submitted.)*	CDBG-PFED 26-05, FFP 24-38, CDBG-HSG 26-15
5. GRANTEE ADDRESS:	100 Wisconsin Avenue P.O. Box 321 Yourville, WI 44444-3210

B. Single Audit Applicability

1. AUDIT SELECTION OPTIONS:	CHECK APPLICABLE BOX:
a) Single Audit **REQUIRED** The grantee/local government has expended ***more than*** **$1,000,000** in total federal funds and will comply with the federal Single Audit Act and the requirements of Uniform Guidance 2 CFR Part 200 Subpart F	☐
b) Single Audit **NOT REQUIRED** The grantee/local government has expended **$1,000,000 or less** in total federal funds and will comply with the federal Single Audit Act and the requirements of Uniform Guidance 2 CFR Part 200 Subpart F	☒

C. Certifying Government Official / Staff Member

The certifying government official or staff member's name, title, email address, and phone number are to be entered in the spaces provided within this section. This should be the chief elected official (CEO), municipal administrator, clerk, treasurer, or financial officer that has knowledge of the federal funding expenditures and has reviewed the expenditures to verify the amount expended during the fiscal year specified in section A of this form. They are also to serve as an additional contact, if different than the grant administrator, if DEHCR has any questions about the Single Audit Statement or federal funding expenditures reported.

1. CERTIFIER'S FULL NAME:	Devon Washington
2. CERTIFIER'S POSITION TITLE:	Director of Finance, City of Yourtown
3. CERTIFIER'S EMAIL ADDRESS:	DevonW@yourtown.ci.gov
4. CERTIFIER'S PHONE NUMBER:	(715) 555-3333
5. CERTIFICATION DATE:	1/14/2027

D. Federal Funding Expenditures

Reporting Guidance

Only list the federal funding expended in this section **if a single audit is NOT required.**

- If ***more than* $1,000,000** in federal funds were expended during the year, enter "N/A – Expended more than $1,000,000" for item #1 in column (a) in the "Funding Sources" table that follows.
- If ***$1,000,000 or less*** in federal funds were expended during the year, provide the funding source information for each source and contract in the "Funding Sources" table that follows.
  - List all expended federal funding, including funds from the Wisconsin Department of Administration (DOA) Division of Energy, Housing and Community Resources (DEHCR) and any other sources.
  - Provide the information required in columns (a) through (e) in the "Funding Sources" table that follows, including the federal Assistance Listing Number (ALN) [formerly known as the Catalog of Federal Domestic Assistance (CFDA)], funding program name (e.g., CDBG-PF or FFP or DNR SDWLP, etc.), source agency(ies) (e.g., "HUD/DOA" for CDBG; "Treasury/DOA" for FFP, EPA/DNR for SDWLP, etc.), contract number (e.g., CDBG-PF 26-77, FFP 24-88, CDBG-HSG 26-99, etc.) and total federal funding expended from the identified source.
  - ALN Quick Reference Tips:

Example Projects by Program Name (a.k.a. Project Type):	ALN:*
CDBG Economic Development (CDBG-ED), Planning (CDBG-PLNG), Public Facilities (CDBG-PF), Public Facilities for Economic Development (CDBG-PFED), and Special Project (CDBG-SP) *[funded by U.S. Dept. of Housing and Urban Development (HUD)]*	14.028
CDBG Housing (CDBG-HSG) *[funded by U.S. Dept. of Housing and Urban Development (HUD)]*	14.268
Flexible Facilities (FFP) *[funded by U.S. Dept. of Treasury – Capital Project Fund (CPF)]*	21.029

**Check the executed grant/loan agreement or contact the funding source for other ALNs, as necessary. Do not leave this field blank.*

  - If receiving multiple funding types from one source, list each funding contract separately.
  - Only list funding sources for which an executed contract was active or for which funds were expended *during* the referenced audit year (*excluding* funding sources that are not applicable to the local government).
  - For single audit guidance, refer to 2 CFR Part 200 Subpart F and the "Reporting" chapter of the policy manual (i.e., Implementation Handbook) of the DEHCR funding/program(s) for which this Single Audit Statement is being submitted.

Funding Sources

#:	a) Federal Program ALN:	b) Funding Source Program Name:	c) Federal Funding Source Agency Name:	d) Funding Contract Number:	e) Total Amount Expended from Source (in Year):
1.	21.029	FFP	Treasury/DOA	FFP 24-38	$ 510,100.21
2.	14.028	CDBG-PFED	HUD/CDBG	PFED 26-05	$ 121,200.00
3.	14.268	CDBG-HSG	HUD/CDBG	HSG 26-15	$ 12,345.60
4.	66.468	DNR-SDWLP	EPA/DNR	SDWLP 1234-01	$ 213,110.10
5.	66.458	DNR-CWF	EPA/DNR	CWF 5678-02	$ 0.00
6.	10.800	USDA-RD RUS	USDA	WI 544-N	$ 30,000.00
7.					$
8.					$
9.					$
10.					$

SINGLE AUDIT STATEMENT – EXAMPLE 2

Instructions

Complete this form and submit it to DEHCR by emailing it to the assigned DEHCR project representative(s) for your project(s) no later than January 15th in the year immediately following the audit year.

- *For example, the Single Audit Statement for the audit year 2026 (a.k.a., calendar year January 1 – December 31, 2026) is due to DEHCR staff by January 15, 2027.*

A. Audit Year and Grantee Information

1. AUDIT YEAR: *(Expenditure year January 1st through December 31st)*	**Jan. 1 – Dec. 31, 2026**
2. AMENDED STATUS: *[Check the box to indicate if this is an amended (i.e., corrected/revised) Single Audit Statement.]*	☒ Yes, this is an amended statement.
3. DEHCR GRANTEE NAME / LOCAL GOVERNMENT:	Village of Yourville
4. GRANT CONTRACT NUMBER(S): *(List each DEHCR contract for which this statement is being submitted.)*	CDBG-PF 26-31, FFP 24-36, CDBG-HSG 26-12
5. GRANTEE ADDRESS:	123 Main Street P.O. Box 111 Yourville, WI 55555-1111

B. Single Audit Applicability

1. AUDIT SELECTION OPTIONS:	CHECK APPLICABLE BOX:
a) Single Audit **REQUIRED** The grantee/local government has expended ***more than*** **$1,000,000** in total federal funds and will comply with the federal Single Audit Act and the requirements of Uniform Guidance 2 CFR Part 200 Subpart F	☒
b) Single Audit **NOT REQUIRED** The grantee/local government has expended **$1,000,000 or less** in total federal funds and will comply with the federal Single Audit Act and the requirements of Uniform Guidance 2 CFR Part 200 Subpart F	☐

C. Certifying Government Official / Staff Member

The certifying government official or staff member's name, title, email address, and phone number are to be entered in the spaces provided within this section. This should be the chief elected official (CEO), municipal administrator, clerk, treasurer, or financial officer that has knowledge of the federal funding expenditures and has reviewed the expenditures to verify the amount expended during the fiscal year specified in section A of this form. They are also to serve as an additional contact, if different than the grant administrator, if DEHCR has any questions about the Single Audit Statement or federal funding expenditures reported.

1. CERTIFIER'S FULL NAME:	Chris Smith
2. CERTIFIER'S POSITION TITLE:	Village Clerk-Treasurer
3. CERTIFIER'S EMAIL ADDRESS:	Chris-Smith@villageofyourville.com
4. CERTIFIER'S PHONE NUMBER:	(608) 111-2222
5. CERTIFICATION DATE:	3/21/2027 (updated from submission 1/15/2027)

D. Federal Funding Expenditures

Reporting Guidance

Only list the federal funding expended in this section **if a single audit is NOT required.**

- If ***more than* $1,000,000** in federal funds were expended during the year, enter "N/A – Expended more than $1,000,000" for item #1 in column (a) in the "Funding Sources" table that follows.
- If ***$1,000,000 or less*** in federal funds were expended during the year, provide the funding source information for each source and contract in the "Funding Sources" table that follows.
  - List all expended federal funding, including funds from the Wisconsin Department of Administration (DOA) Division of Energy, Housing and Community Resources (DEHCR) and any other sources.
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Flexible Facilities (FFP) *[funded by U.S. Dept. of Treasury – Capital Project Fund (CPF)]*	21.029

**Check the executed grant/loan agreement or contact the funding source for other ALNs, as necessary. Do not leave this field blank.*

  - If receiving multiple funding types from one source, list each funding contract separately.
  - Only list funding sources for which an executed contract was active or for which funds were expended *during* the referenced audit year (*excluding* funding sources that are not applicable to the local government).
  - For single audit guidance, refer to 2 CFR Part 200 Subpart F and the "Reporting" chapter of the policy manual (i.e., Implementation Handbook) of the DEHCR funding/program(s) for which this Single Audit Statement is being submitted.

Funding Sources

#:	a) Federal Program ALN:	b) Funding Source Program Name:	c) Federal Funding Source Agency Name:	d) Funding Contract Number:	e) Total Amount Expended from Source (in Year):
1.	N/A – Expended more than $1,000,000				$
2.					$
3.					$
4.					$
5.					$
6.					$
7.					$
8.					$
9.					$
10.					$