Pilar Sanchez
County Executive

Supportive Housing Division
(512) 854-3460

Travis County Health and Human Services and AgriLife Extension

5325 Airport Blvd.
P. O. Box 1748
Austin, Texas 78767

Travis County Single Audit Certification Form

SHIP subrecipients must have a Single Audit or Program Specific Audit completed and submitted to Travis County within 180 days of the fiscal year end. Compliance with the Single Audit Act provision can be found in Section 13.6.1 of the subaward agreement. This certification form confirms annual compliance with the single audit provisions. The audit will be submitted via the Federal Audit Clearinghouse (FAC) as stated in per 2 CFR 200.512. Please capture and retain a screenshot of FAC submission for record-keeping purposes.

Entity Name:		**FYE:**	/ /	**Last 4 Digits of Contract #:**	
			(mm) (dd) (yy)		

Check appropriate box:	
☐	We **have exceeded** the $1,000,000 federal/state expenditure threshold for the fiscal year referenced above. We will have our Single Audit or Program Specific Audit completed and will submit the audit report within 180 days of the fiscal year end. If this category is checked, skip down to signature section. The audit will be submitted via the Federal Audit Clearinghouse (FAC). as stated in per 2 CFR 200.512.
☐	We **did not exceed** the $1,000,000 federal/state expenditure threshold for the fiscal year referenced above. A Single Audit or a Program Specific Audit is not required for this fiscal year. ***(Fill out Federal and State Funds Schedules below)***
☐	I am requesting an extension from the Travis County's Auditor's Office
Auditor's Office ☐ APPROVED ☐ DENIED Extension Request (for County Only) New County Audit Due Date:	

The section(s) below must be filled out, as applicable, if Single Audit or Program Audit is or is not required

Federal Funds Schedule							
Federal Grantor		**Pass-through Grantor**		**Program Name & CFDA Number**		**Contract Number**	**Expenditures**
Total Federal Expenditures for the Fiscal Year							***$***

State Funds Schedule							
State Grantor		**Pass-through Grantor (if any)**		**Program Name**		**Contract Number**	**Expenditures**
Total State Expenditures for the Fiscal Year							***$***

(authorized signature) *(Executive Director, CEO, CFO, COO)*		***(printed name)***		***(title)***
(mailing address)		***(city, state)***		***(zip code)***
(email address)		***(telephone number)***		***(fax number)***