



AUDIT DETERMINATION FORM

FEIN: _____

Entity Name: _____

Fiscal Year Ending: _____ DUNS/UEI: _____

[Note: The most recent fiscal year's audit report or financial information is required, and should be submitted to MDOT no later than nine months after the end of the entity's fiscal year.]

Address: _____

City: _____ State: _____ Zip: _____

Representative: _____ Title: _____

Phone Number: _____ Email: _____

Purpose: 2 CFR Section 200.205 requires federal awarding agencies such as MDOT to “design and execute a merit review process for applications, with the objective of selecting recipients most likely to be successful in delivering results based on the program objectives...” In order for MDOT to conduct the required review process, entities that are exempt from the Single Audit reporting requirement in 2 CFR 200 Subpart F must complete this audit verification, indicating the type of reporting they qualify for and their ability to properly administer federal funds.

Directions: Entities (including not-for-profits) must verify which of the following applies. Please select from the following, and then complete the Affirmation of Entity below:

1. ☐ Our entity has expended \$750,000 or more in Federal funding and qualifies for a Single Audit for the fiscal year indicated above.
2. ☐ Our entity has total revenues or expenditures (whichever is greater) equal to or greater than \$10,000,000, and we have a full scope GAAP audit (in accordance to GASB No. 34) for the fiscal year indicated above.
3. ☐ Our entity has total revenues or expenditures (whichever is greater) equal to or greater than \$1,000,000 but less than \$10,000,000, and we have a full scope audit of our Combined Statement of Cash Receipts and Disbursements (in accordance to GASB No. 34) for the fiscal year indicated above.
4. ☐ Our entity has total revenues or expenditures less than \$1,000,000 (whichever is greater) and we have a Compilation Report in lieu of a full scope GAAP audit (in accordance to GASB No. 34 and specific agreed upon procedures) for the fiscal year indicated above.
5. ☐ Our entity has total revenues or expenditures (whichever is greater) less than \$100,000 for the fiscal year indicated above. Municipalities must attach proof of OSA exemption.
6. ☐ **OPTIONAL:** Our entity has total revenues or expenditures as indicated in number 2, 3, or 4 above, but rather than the documents indicated above, we have a full scope GAAP audit (in accordance to GASB No. 34) for the fiscal year indicated above.

Affirmation of Entity

By signing below on behalf of this entity, I declare that I am this entity's representative, duly authorized to sign to make this certification and bind this entity's compliance. I certify that we are in compliance with State and Federal laws and regulations and we agree to comply with all state and federal laws, regulations, and requirements, and to follow applicable federal guidance.

This entity affirms the truthfulness and accuracy of the certification(s) it has selected and the statements submitted with this document and any other submission made to MDOT. This entity affirms that it has the ability to properly administer federal funds, and acknowledges that the Program Fraud Civil Remedies Act of 1986, 31 U.S.C. § 3801 et seq., and implementing U.S. DOT regulations, "Program Fraud Civil Remedies," 49 CFR Part 31, apply to any certification, assurance or submission made to MDOT. The criminal provisions of 18 U.S.C. §1001 apply to any certification, assurance, or submission made in connection with any Federal public transportation program or any other Federal statute.

By my signature, I declare under penalties of perjury that the foregoing verification and any other statements made by me on behalf of the entity are true and accurate.

Representative

Signature: _____ Date: _____

Printed Name: _____ Title: _____