Crystal Santana Accounts Examiner Office of Policy and Management 450 Capitol Avenue MS #52 ADM Hartford, CT 06106-1379					
RE: Federal Single Audit Exemption/	Grant Expenditure N	otification			
Dear Ms. Santana;					
This is in response to MaryAnn Palm Single Audit Act filing requirements. of Federal Financial Assistance was all programs was \$	During our fiscal yexpended. Total _ (see below for OP) pt from filing a Federal	ear, which ende expenditures of M related expenderal Single Audi	of Federal Finditures). Based it for this period	, less than \$750,000 nancial Assistance for l on the guidelines of the	
A financial audit was not p A financial audit was perfo	•		l.		
Please contact	by ph	none at ()	·	or by e-mail at	
if	ou have any questic	ons.			
	Sincerely,				
Name of Signatory					
Name of Organization					
Federal Employer ID # (FEIN)					
Schedule of Office of P	olicy and Manageme	ent Federal Fina	ncial Assistanc	e Expenditures	
From / to / _	/				
Project Title	Grant Awar	d Number	SID#	Total Expenditures	

Date: ____/ ____/

This form and the financial audit report (if applicable) can be submitted in hardcopy *or* by e-mail.

Crystal Santana
Accounts Examiner
Office of Policy and Management
450 Capitol Avenue
MS #52 ADM
Hartford, CT 06106-1379
Crystal.Santana@ct.gov