**SINGLE AUDIT REPRESENTATION**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ms. Katrina Stauffer

Division of Accounting Compliance

Bureau of Accountancy

Office of the Comptroller

Municipal Building – Room 200South

One Centre Street

New York, NY10007

Dear Ms. Stauffer:

We represent to you that the following has been certified by our agency:

\_\_\_\_\_ The items listed in the attached Fiscal Year 2016 CWA-FEDAST-001 report has been reviewed and verified for all CFDA numbers; excluding CFDA 97.036 as the NYC Office of Management and Budget will confirm the amounts for this CFDA.

\_\_\_\_\_ During Fiscal Year 2016 our agency acted as a Pass-Through grantor providing Federal Awards to Sub-recipients. Attached is the completed Single Audit Subrecipient Information Spreadsheet.

\_\_\_\_\_ During Fiscal Year 2016 our agency did not act as a Pass-Through a grantor of Federal Awards to Subrecipients.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cordially,

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| Signature |