SINGLE AUDIT REPRESENTATION

Date: _____

Ms. Veronika Musheyeva
Accounting Compliance Division
Bureau of Accountancy
Office of the Comptroller
One Centre Street– Room 200 South
New York, NY 10007

Dear Ms. Musheyeva:

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

☐ The items listed in the attached Fiscal Year 2020 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 2020 our agency acted as a pass through grantor providing Federal Awards to Subrecipients. The amounts entered into the CWA-FEDAST-001 report by our agency representing the amounts passed through to Subrecipients have been reviewed and verified.

☐ During Fiscal Year 2020 our agency did not act as a pass through grantor of Federal Awards to Subrecipients.

Name: _____

Title: _____

Agency Name: _____

Cordially,

_____
Signature

By signing this form, you attest that all information is accurate and complete to the best of your knowledge, and you are the authorized individual for your agency to approve this document for submission with respect to the year-end close for fiscal year 2020