

Wyoming Business Council
Uniform Audit Requirements of 2 CFR 200
Exemption or Required Audit Form



DATE: FISCAL YEAR:
INSTITUTION NAME:
AUDIT CONTACT INFORMATION
NAME: EMAIL:

Our records indicate that your organization is a sub-recipient of federal funds from the Wyoming Business Council. In accordance with our responsibilities under the Uniform Audit Requirements of 2 CFR Subpart F, we are required to ensure that your institution is in compliance with the audit requirements of the Uniform Audit Requirements of 2 CFR Subpart F. Please provide the following information for your institution's most recently completed audited financials to this office.

Your reply may be **sent by fax: 307-777-2838**, by email to your program specialist, or mailed to 214 W 15th, Cheyenne, WY 82003
Please mark the appropriate box:

<input type="checkbox"/>	Our completed single or program-specific Audit will be available on <input type="text"/> for Fiscal Year ending <input type="text"/> We will forward a complete copy of the audit report at that time unless it will be available online at: http://www.
<input type="checkbox"/>	We are not subject to the Uniform Audit Requirements: <i>(check all that apply)</i> <input type="checkbox"/> Our organization is for-profit. <input type="checkbox"/> Our organization expended less than \$750,000 in Federal funds during our fiscal year ending: <input type="text"/> <input type="checkbox"/> Other <input type="text"/> However, we enclose the following for your records for our Fiscal Year ending <input type="text"/> <input type="checkbox"/> Audited Financial Statement. <input type="checkbox"/> Independent Auditor's Management Letter. <input type="checkbox"/> Other <input type="checkbox"/> Our organization does not have audited financials. NOTE: WBC may request additional information and/or documentation to ensure proper stewardship of federal funds.

Should you have any questions, please contact your CDBG Project Manager at the Wyoming Business Council (307) 777-2800. Thank you for your prompt attention to this matter.

I certify that the above checked box is appropriate for the organization I represent. Further, I certify that all relevant material findings contained in the audit report/statement have been disclosed.

Signature of Authorized Institutional Official: _____

Print Name: _____ Print Title: _____