FINANCIAL AUDIT INFORMATION

All applicants, except ODNR applicants, must complete this supplemental form and return it with the application.

Which category best describes your entity?

- ☐ State agency or subdivision of the state
- ☐ Area-wide or Planning Agency
- ☐ Local government
- ☐ Institution of higher learning
- ☐ School District
- ☐ Nonprofit organization
- ☐ Park District, Conservancy District, Port Authority

For Fiscal Year 2015, what was the total amount of federal awards received?

- ☐ Less than $25,000
- ☐ $25,000 - $100,000
- ☐ More than $100,000

Date of your organization's last financial audit: _____
(Month and Year)

Period covered by audit: _____

FINDINGS

No negative findings: ☐ Negative findings: ☐

If there were negative findings, please attach an explanation describing how they have been resolved.

Next audit scheduled: _____

Period to be covered by next scheduled audit: _____

Name (Printed): _____

Title: _____

Date: _____