

CERTIFICATE OF COMPLIANCE
OMB UNIFORM GUIDANCE, 2 CFR PART 200, SUBPART F AUDIT

As a sub-recipient of Federal Funds from San Francisco State University, we are requesting certification from your organization that you are in compliance with all Federal requirements. The U.S. Office of Management and Budget requires SFSU to ensure that sub-recipients with total federal awards of **\$750,000** or more comply with audit requirements in accordance with OMB Uniform Guidance, 2 CFR Part 200 (Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards), Subpart F.

Please check the appropriate box and provide required documents:

- We have completed our single/program-specific audit for the most recent period _____ to _____. The audit disclosed no material instances of noncompliance with federal laws or regulations or reportable conditions specifically related to the award(s) from San Francisco State University. Enclosed is a copy or URL of the audit report package, and **NO EXCEPTIONS WERE NOTED**.
URL: _____
- We have completed our single/program-specific audit for the most recent period _____ to _____. The audit report noted material noncompliance issues and/or reportable conditions. Enclosed is a copy or URL of the audit report package and the corrective action plan.
URL: _____
- We have not yet completed our single/program-specific audit for the period _____ to _____. We expect the audit to be completed on _____. Within thirty (30) days of completion, we will send you either written notification or a copy of the audit report package.
- We are not subject to the audit requirements of OMB Uniform Guidance, 2 CFR Part 200, Subpart F because we:
 - received less than \$750,000 in direct & indirect federal funds per year.
 - are a Foreign (non-US) Entity
 - are a For Profit Organization
 - other, explain: _____

In lieu of the audit, please complete and return the attached Subrecipient Questionnaire.

CERTIFICATION

<p>I certify that the above checked boxes accurately represent the organization of which I am a representative. Further, I certify that all relevant material findings contained in the audit report, if completed, have been disclosed.</p>	
_____ Signature of Subrecipient's Authorized Official	_____ Address
_____ Type or print Name and Title of Authorized Official	_____ City, State, Zip
_____ Name of Subrecipient's Organization/Institution	_____ Phone Fax
_____ Federal Employer Identification Number (EIN)	_____ DUNS or DUNS + 4 number
_____ Date	_____ Email