Exhibit F (B) FY22-23 Single Audit Exemption Form

<u>Audit of Financial Records</u>: The Subrecipient shall comply with the audit and reporting requirements defined by the Federal Office of Management and Budget (OMB) 2 CFR 200 (Audits of States, Local, Governments and Non-Profit organizations) and 45 CFR 75.500 – 75.521 as applicable.

If total federal funds expended are less than \$750,000 for a year the Subrecipient is exempt from federal audit requirements (45 CFR 75-501(d)), however, the Subrecipient's records must be made available to the Pass-Through Agency and appropriate officials of HHS, SAMHSA, the U.S. Government Accountability Office and the Comptroller General of the United States upon request, and it must still have a financial audit performed for that year by an independent Certified Public Accountant.

The due date for submission of the audit shall be December 1, the same due date as audits required by OMB 2 CFR 200. Further, if applicable, within 30 days of the effective date of this Agreement, the Subrecipient must submit to DBHDS' Federal Grants Manager a written statement of exemptions to the single audit requirement and a copy of the most recent audited financial statement along with any findings and corrective action plans.

Organization Information:

Agency Name and Ad	<u></u>	FEIN(S)	<u>Fiscal Year Ena Date</u>		
Agency Representativ	20	Title	Title		
rigency Representativ	<u> </u>	11110			
Talanhana	Fav	Email			
<u>Telephone</u>	$\frac{Fax}{}$	<u>Email</u>	Email		
Certification:					
		ot incur expenditures of \$750,000 o			
		ms in accordance with the Federal			
		s to submit an independent fina	ncial audit performed by an		
independent Certifie	ed Public Accountant.				
Agency Representative's Signature		<u>Date</u>	<u>Date</u>		
	T 6 4.				
Independent Audito	r Information:				
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Independent Audito	r Information:				
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Firm Name and Address	r Information:	Vincinia Cort. I to	Nomb or		
	r Information:	Virginia State Licens	<u>e Number</u>		
Firm Name and Address	r Information:	Virginia State Licens Email	<u>e Number</u>		

Exhibit F (B) FY22-23 Single Audit Exemption Form

If your agency expended less than \$750,000 for all federal programs, please complete the following table for all federal programs where expenditures were incurred:

Sample entry:					
Federal Agency	Pass Through Entity (if applicable)	Pass Through Entity Identifying Number	Subrecipient Entity Identifying Contract Number	CFDA#	Total Expenditures for Fiscal Year Ending in 2020 *
SAMHSA	VA DBHDS			93.958	\$153,000
Agency Name: _					
Federal Agency	Pass Through Entity (if applicable)	Pass Through Entity Identifying Number	Subrecipient Entity <i>Identifying</i> Contract Number	CFDA#	Total Expenditures for Fiscal Year Ending in 2020 *
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Total expenditures for all federal awards

^{*} Include the value of federal awards expended in the form of non-cash assistance, the amount of insurance in effect during year, and loans or loan guarantees outstanding at year-end.