

EXHIBIT C

SINGLE AUDIT CERTIFICATION LETTER

TO: VOCA GRANT APPLICANTS

FROM: MCKENZIE CLAYBURGH, GRANTS AND VICTIM COMPENSATION ADMINISTRATOR

RE: SUBRECIPIENT AUDIT REQUIREMENTS OF 2 CFR PART 200, SUBPART F FOR AUDITS OF GRANT AGREEMENT

The North Dakota Department of Corrections and Rehabilitation (DOCR) is subject to the requirements of 2 CFR Part 200, Subpart F. As such, the DOCR is required to monitor our subrecipients of federal awards and determine whether they have met the audit requirements and whether they are in compliance with federal law and regulations. A copy of 2 CFR Part 200, Subpart F can be found [here](#).

The DOCR is requesting that you check one of the following responses below. Please provide all appropriate documentation regarding your organization's compliance with the audit requirements (DOCR will only accept the URL address for your organization's audit or an electronic copy). Then, sign and date this letter and upload a copy of it to COSMOS along with your Subrecipient Agreement.

We have completed our single audit for our most recent fiscal year, ending _____. The URL address indicated below or an electronic copy of the audit report and a schedule of federal programs, by major program, have been provided. (If material exceptions were noted, the responses and corrective actions taken have also been provided.)

URL address for single audit: _____

We expect our single audit for our most recent fiscal year, ending _____, to be completed by _____. The URL address or an electronic copy of our audit report and a schedule of federal programs, by major program, will be sent to the DOCR within **thirty (30) days of receipt** of the report. (If material exceptions are noted, a copy of the responses and corrective actions taken will be included).

We are not subject to the single audit requirement because:

We are a for-profit organization.

We expend less than \$750,000 in federal funds annually.

Other (please explain). _____

Name of Organization/Entity (Printed)

Name of Fiscal Officer (Printed)

Title

Signature of Fiscal Officer

Date

PLEASE ADDRESS ALL CORRESPONDENCE TO:

EMAIL: DOCRgrants@nd.gov

**NORTH DAKOTA
DEPARTMENT OF CORRECTIONS
AND REHABILITATION
P.O. BOX 1898
BISMARCK, ND 58501**