TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS (TDHCA) AUDIT CERTIFICATION FORM (ACF)

| | | | · · · · · | | | | | | | | 1 | , | | | | | | | CSBG |
|----|---------------------------------------|-------|-----------|---------------|-------|-------|--------|---------------------|-------------------|-------------------|----------------------|------------------|---------------|----------------|--------------|----------------|----------------|-------------------------|------------------------------|
| Er | ntity: | С | omm | unity | Sen | vices | of Nor | theas | st Tex | as, Inc. | FYE: | 09 | 1 | 30 | 1 | 13 | | Contract Number: | 61130001580 |
| | <u> </u> | | | | | | | | | | | (mn |) | (dd) |) | (yy) | | | |
| | 1 | | | | | | | Che | ск арр | ropriate | box: | | | | - | | | ····· | |
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| Ø | We <u>hav</u> have ou after the | ni Oi | ngie / | ∖ua ıt | or Pr | ogram | Speci | al/state fic Aud | e expe dit con | nditure pleted | threshol and will | d for ti subm | ne f it th | iscal ie au | i ye Idit | ear re repo | efere ort w | enced ab vithin nind | ove. We will e (9) months |

(Must be filled out if Single Audit or Program Audit is NOT required)

| | | Federal Funds Schedule | | |
|-----------------|-------------------------|----------------------------|-----------------------|--------------|
| Federal Grantor | Pass-through Grantor | Program Name & CFDA Number | Contract Number | Expenditures |
| | | | | |
| | | | | |
| | | otal Federal Expenditures | s for the Ficael Voor | |

| | | State Funds Schedule | | |
|---------------|----------------------------------|------------------------|--------------------------|--------------|
| State Grantor | Pass-through Grantor (if any) | Program Name | Contract Number | Expenditures |
| | | | | |
| | | | | |
| | | | | |
| | | otal State Expenditure | s for the Fiscal Year \$ | - |

| (email address) | (telephone number) | (fax number) |
|---|--------------------|-------------------|
| dan.boyd@csntexas.org | 903-756-5596 | 903-756-7294 |
| (mailing address) | (city, state) | (zip code) |
| P.O. Box 427 | Linden, Texas | 75563 |
| (authorized signature) (Executive Director, Mayor, County Judge) | (printed name) | (title) |
| | Dan Boyd | Executive Directo |

In accordance with the Texas Administrative Code, Title 10, Part 1, Chapter 1, Subchapter A, Rule §1.3 (b), an Entity "...is not eligible for funds or any other assistance from the department unless any past due audit has been submitted to the department in a satisfactory format on or before the application deadline for the funds or other assistance."

WARNING: The U. S. Code, Title 18. Part 1, Chapter 47, §1001 (a)(1)-(3) indicates that an Entity is guilty of falsification and fraud for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

Unless directed otherwise during the application process, submit this form within 60 days after the end of the fiscal year to:

Compliance and Asset Oversight

P. O. Box 13941, Austin, TX 78711-3941

Fax # (512) 475-3359

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS (TDHCA) AUDIT CERTIFICATION FORM (ACF)

| | | | | | | | CEAP | | | | | |
|---|---|---------------------------------------|------------------------------------|------------------------------------|--------------------------|--------------------|---------------------------------------|--|--|--|--|--|
| Entity: Commu | | Commu | nity Services of Nor | theast Texas, Inc. | FYE: | 09 , 30 , 13 | Contract 58130001629 | | | | | |
| | | | | | | (mm) (dd) (y | y) | | | | | |
| | | | | | | | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | Check appropriate I | ox: | | | | | | | |
| Ø | We <u>have exceeded</u> the \$500,000 federal/state expenditure threshold for the fiscal year referenced above. We we have our Single Audit or Program Specific Audit completed and will submit the audit report within nine (9) mont after the end of the audited fiscal year. | | | | | | | | | | | |
| | We <u>did not exceed</u> the \$500,000 federal/state expenditure threshold for the fiscal year referenced above. Single Audit or a Program Specific Audit is not required for this fiscal year. (Fill out Federal and State Fund Schedules below) | | | | | | | | | | | |
| | (Must be filled out if Single Audit or Program Audit is <u>NOT</u> required) | | | | | | | | | | | |
| | | | Pass-through | Federal Funds Scho Program Name | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| Fe | ederal Gra | intor | Pass-through Grantor | CFDA Numbe | | Contract Numbe | Expenditures | | | | | |
| | | | | | - | | | | | | | |
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| | | | | | | | | | | | | |
| | | | T | otal Federal Expend | litures f | for the Fiscal Yea | r:\$ | | | | | |
| | | | | | | | | | | | | |
| | | | | State Funds Sched | lule | T | | | | | | |
| S | tate Gran | itor | Pass-through Grantor (if any) | Program Nam | ie | Contract Numbe | r Expenditures | | | | | |
| | | | | | | [| <u> </u> | | | | | |
| | | | | | | | | | | | | |
| | Total State Expenditures for the Fiscal Year:\$ | | | | | | | | | | | |
| 1 ordi ordio Experimento for the ricour rearry | | | | | | | | | | | | |
| (V () (V () (V () (V () () () () () () () () () (| | | | Da | Dan Boy | | Executive Director | | | | | |
| | | | signature) layor, County Judge) | (pri | (printed name | | (title) | | | | | |
| | | P.O. B | ox 427 | Lind | en, Te | 75563 | | | | | | |
| _ | (mailing address) | | | | (city, state) (zip code) | | | | | | | |

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903-756-5596

(telephone number)

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dan.boyd@csntexas.org

(email address)

903-756-7294

(fax number)