



AUDIT CERTIFICATION

Federal Audit Requirements

Non-federal entities that expend \$750,000 or more in total federal awards (from all sources) during a fiscal year beginning on or after December 26, 2014, must have an audit performed in accordance with the Single Audit Act of 1984 (as amended) and 2 CFR, Part 200, Subpart F. Subrecipients required to have a Single Audit performed must submit a copy of the Single Audit reporting package to the Federal Audit Clearinghouse (FAC) (<https://harvester.census.gov/facweb/default.aspx/>) within the earlier of 30 calendar days after receipt of the auditor's report or nine (9) months after the audit period (subrecipient's fiscal year).

Subrecipient Information

Check all programs that apply: EMPG FMA HMEP HMGP HSGP (SHSP or UASI)
 NSGP PA PDM SIRG SLIGP Other _____

Fiscal Year End Date (mm/dd/yy)

12/31/17

FEIN

36-6005778

Subrecipient Name

CITY OF AURORA, ILLINOIS

Subrecipient Address

44 E DOWNER PLACE, AURORA IL 60507

Subrecipient's Audit Contact Name

LINDA READ

Phone #

(630) 256-3511

Email Address

LREAD@AURORA-IL.ORG

Subrecipient Certification

Check the appropriate box:

- I certify that the subrecipient entity identified above is not required to have a Single Audit performed for the fiscal year identified because it did not expend \$750,000 or more in total federal awards during the fiscal year.
- I certify that the subrecipient entity identified above did expend \$750,000 or more in total federal awards during the subrecipient's fiscal year, is required to have a Single Audit performed, and the audit report has been submitted to the FAC.
- I certify that the subrecipient entity identified above did expend \$750,000 or more in total federal awards during the subrecipient's fiscal year, is required to have a Single Audit performed, and the audit report will be submitted to the FAC within the required time period as described above.

I certify that I am authorized by the subrecipient entity to complete this form and that all information herein is accurate.

Subrecipient's Rep. Signature

Subrecipient's Rep. Name (printed)

LINDA B READ

Subrecipient's Rep. Title

ASST DIR FINANCE

Date

10/30/17

IEMA Review

- Response has been recorded in the tracking system
- Audit required-report submission confirmed to FAC
- Audit required-submission deadline to FAC noted in tracking system

Signature

Print Name/Title

Date