**CONTRACTOR REQUEST FOR AUDIT WAIVER**

*This request is to be submitted at the time contracts are executed. If approved, a signed copy will be returned to the contractor. A copy will be maintained with the contract unit. If approved, a Financial Compilation, Compliance Audit or submission of 990 Report may be required.*

|  |  |
| --- | --- |
| Contractor Name |  |
| Affiliate Name(s) – check all Affiliates with whom you have/will have a contact for this period. | □ Lenawee□ Livingston□ Monroe□ Washtenaw |
| Contractor Fiscal Year |  |
| Total dollar amount contracted with all above Affiliates |  |
| Total consumers served for all above Affiliates  |  |
| Number of staff | Total FTEs Permanent Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Total FTEs Temporary Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Total FTEs Contractual Staff \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Agency’s Total budget | Annual Revenue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Annual Expenses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**I hereby attest that the information provided above is correct to the best of my knowledge, and I understand that knowingly providing false statements is cause for denial of audit waiver, possible contract termination and other sanctions as the Affiliate deems appropriate.**

Agency Director Name Date

To be completed by CMHSP

MCMHA FY\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Waiver Approved

□ Waiver Denied

Required Submission(s): □ Financial Compilation □ 990 Report □ Compliance Audit

□ Other(specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Cc: □ Lenawee CMH Finance

 □ Livingston CMH Finance

 □ Monroe CMH Finance

 □ CMHPSM Finance *Updated 8/7/17*