## Date

Florida Department of Transportation 1001 NW 111<sup>th</sup> Ave Miami, FL 33172

Subject: Single Audit Exemption for the Fiscal Year Ended (enter month/day/year)
Please check any applicable exemption criteria:
☐ (Agency Name) did not meet the threshold established by 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in total expenditures and/or non-cash assistance and is exempt from filing a federal single audit fo this fiscal period.
☐ (Agency Name) did not meet the threshold established by Section 215.97, Florida Statutes, Florida Single Audit Act, in total expenditures and/or non-cash assistance and is exempt from filing a state single audit for this fiscal period.
If you have any questions, please contact (List agency contact name, phone number and email address)
Sincerely,
(Agency Contact and Signature – preferably CEO, CEO, or CPA, or equivalent position)