

**NYS Homes & Community Renewal
Office of Community Renewal**

FEDERAL ASSISTANCE EXPENDITURE FORM

Recipient Name: _____

Please fill out the program expenditures and disbursements within the table below.

Program	Total Expended During FYE	Total Disbursed From OCR
CDBG		
HOME		
OTHER		
Total		

For the Fiscal Year: _____ - _____, the _____
Recipient Name

Has expended at least \$750,000 in federal funds from ALL sources, including but not limited to; the Community Development Block Grant (CDBG) program, HOME Investment Partnerships Program (Home), or any other Federal programs. Compliance with Part 200.501 of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards is applicable and an audit will be forwarded to all required parties, including the Office of Community Renewal, within 9 months after the end of the Recipient's fiscal year.

Anticipated Submission Date of the Audit: _____

Has not expended at least \$750,000 in federal funds from ALL sources, including but not limited to; the Community Development Block Grant (CDBG) program, HOME Investment Partnerships Program (HOME), or any other Federal programs. Compliance with Part 200.501 of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards is not applicable.

I certify that the above information is accurate:

Signature of Chief Fiscal Officer

Date

Title

Telephone Number

Signature of Chief Elected Official or Chief Executive Officer

Date

Title

Telephone Number

For OCR Use Only

Single Audit Applicable: Yes No Federal Assistance Expenditure Form: Approved Rejected

Explanation: _____

Approval Signature, Office of Community Renewal

Date