

Audit Compliance Certification

FY _____

In accordance with the attached contract, within 120 days following the close of the contract term or the close of the Provider's fiscal year, the Provider shall submit one (1) PDF and one (1) bound copy of the audit to the Chester County Department of Mental Health/Intellectual and Developmental Disabilities.

The thresholds for the various types of audits are as follows:

Type of Audit Needed (To be performed by an Independent CPA Firm)	Reviewed Financial Statement	Audited Financial Statement	OMB A-133 Single Audit
A Provider expends \$100,000 to \$300,000 of County, State and Federal combined funding from all sources and does not have to follow the Federal and Department of Public Welfare audit requirements	Acceptable	Not Required but acceptable	Not Required but acceptable
A Provider expends more than \$300,000 of County, State and Federal combined funding from all sources and does not have to follow the Federal and Department of Public Welfare audit requirements	Not Acceptable	Required	Not Required but acceptable
A Provider expends \$500,000 or more of Federal funding	Not Acceptable	Required	Required

Please choose the period the audit will cover:

_____ Fiscal Year (July 1 to June 30)

_____ Calendar Year (January 1 to December 31)

_____ Other – Please specify: _____

It is the Provider's responsibility to provide all necessary information to the Independent CPA firm that the Provider chooses to perform the audit so that the CPA Firm can determine the type of audit to be performed and to submit all required audit documentation to the County within the required timelines. In the event of any non-compliance, County reserves the right to make use of any and all remedies specified under the attached Agreement. No provision of this Agreement may be waived, except in writing by the party against whom the waiver is sought to be enforced. No failure or delay in exercising any right or remedy or requiring the satisfaction of any condition under this Agreement, and no course of dealing between the parties shall operate as a waiver of any right, remedy or condition. A waiver provided in writing on one occasion is effective only in that instance and only for the purpose for which it is given. County further reserves the right to require reasonable assurances that its decisions are being followed by the Provider. Provider agrees to cooperate with all reasonable inquiries by County made in order to assess compliance. In addition, the Provider agrees that they will be responsible for any and all costs associated with having the required audit performed and all supporting documentation.

The Provider certifies and agrees to comply with the audit requirements in the attached contract. If at any time the Provider realizes that it will be unable to comply with the said requirements it shall report same immediately to the Chester County Department of Mental Health/Intellectual and Developmental Disabilities Fiscal Officer.

Provider

Date

Signature

Date

Title