



ATTACHMENT #2

2015

ANNUAL AUDIT CONFIRMATION

Please verify (Entity’s Name) EIN# and Calendar or Fiscal Year-end date:

EIN # XX-XXXXXXX (on file) Correct EIN# _____

Year-End XXXX (under review) Entity Year-End _____

Select Legal Entity Type:

<input type="checkbox"/> Government	<input type="checkbox"/> Not-For-Profit
<input type="checkbox"/> For Profit	<input type="checkbox"/> Other- Explain

Major Federal Program Awards:

Total Major Federal Program Awards \$ _____

Total Department of Labor, Employment, and Training- (DOL) WIA Awards\$ _____

Select Only One:

<input type="checkbox"/> Our entity is For-Profit, and therefore exempt from Single Audit requirements.
<input type="checkbox"/> Our entity did not expend over \$500,000 as of 12/25/14 and \$750,000 as of 12/26/14 in Total Federal Awards for Year-Ended XX/XX/XXXX , including awards from DOL-ETA and all other federal agencies.
<input type="checkbox"/> Our entity did expend over \$500,000 as of 12/25/14 and \$750,000 as of 12/26/14 in Total Federal Awards for Year-Ended XX/XX/XXXX , including awards from DOL-ETA and all other federal agencies. Enclosed is a copy of our entity’s Audited Financial Report (including Single-Audit information) for our Year-End XX/XX/XXXX
<input type="checkbox"/> Our entity did expend over \$500,000 as of 12/25/14 and \$750,000 as of 12/26/14 in Total Federal Awards for Year-Ended XX/XX/XXXX , including awards from DOL-ETA and all other federal agencies. Our CPA prepared Annual Financial Report (including Single-Audit information) for our Year-End XX/XX/XXXX is pending. We will forward the completed report to Nevada Department of Employment, Training, and Rehabilitation by XX/XX/XXXX

I hereby certify that all the information submitted in this form is true and correct. I understand that this information is being given in connection with the receipt of Federal Funds; that the Nevada Department of Employment, Training and Rehabilitation and the United States Department of Labor, as appropriate, may, for cause verify information, and that deliberate misrepresentation will subject me to prosecution under applicable State and Federal criminal statutes.

Print Name of Authorized Official

Signature of Authorized Official

Date (Month/Day/Year)

Return To:

- Derrick Berry, ESD Program Specialist II***
Employment Security Division- WISS
2800 E. St. Louis Avenue
Las Vegas, Nevada 89104
702.486.2882 (Office)
702.486.6633 (Fax)

- Patti Morris, ESD Program Specialist II***
Employment Security Division- WISS
1923 N Carson St.
Carson City, Nevada 89701
775.684.0306 (Office)
775.684.0327 (Fax)

For Department Use Only:

Date Annual Audit Confirmation Received: _____

- Exempt From Single Audit Requirements
- Single Audit Review Required – Annual Financial Report (including Single-Audit) Received
- Single Audit Review Required – Annual Financial Report (including Single-Audit) pending and due by _____