

OFFICE OF THE SECRETARY OF STATE FISCAL COMPLIANCE CERTIFICATE  
FEDERAL AWARD YEAR 2006

SUB-GRANTEE: KITTITAS COUNTY

TYPE OF SUB-GRANTEE: Local Government

CONTRACT NUMBER: G-12/013 (OSOS Office Use Only)

FEDERAL EMPLOYER/TAX ID # (IRS ISSUED) \_\_\_\_\_

1. Audit Coverage:

(a) County audited under the Single Audit Act & OMB Circular A-133 as part of the following organization or entity: \_\_\_\_\_

(b) A federal program specific audit to be procured.

(c) Other (specify): \_\_\_\_\_

2. The last Audit Report is dated \_\_\_\_\_ and a copy is available from (list auditors, contact name and telephone number, and audit report number, if available): \_\_\_\_\_

3. Were there Audit Findings reported? Yes ☐ No ☐

Comments: \_\_\_\_\_  
\_\_\_\_\_

4. Fiscal Agent

Name & Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

5. Fiscal Agent Attests: As the Fiscal Agent, I am authorized by the applicant's governing body to obligate it to financial liabilities and I am accountable to the applicant's governing body for the integrity of the official accounting system and the financial statements that system provides. I declare that the necessary fiscal policies and procedures are followed to assure conformance with generally accepted audit standards and compliance with the pertinent federal, state, and local rules and regulations and those specifically identified in terms and conditions attached to grants or contracts from the Office of the Secretary of State awarded to support the purposes of this application.

Fiscal Agent Signature: \_\_\_\_\_

Date: \_\_\_\_\_