

(Detach and Submit with Application)

**SINGLE AUDIT ACT INFORMATION**

**Application must provide the following information as required by OMB Circular No. A-128 "Audit of State and Local Governments". (Single Audit of 1984, P.L. 98-502.)**

**Period of Fiscal Year** \_\_\_\_\_  
(Example: 7/1-6/30/96 or 10/30/95-9/30/96)

**Name and Address of designated Cognizant Federal Agency**  
(Example: HHS, DOL, HUD, DOJ, Agriculture)

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City, State, and Zip Code**