TEXAS COMMISSION ON ALCOHOL AND DRUG ABUSE AUDIT ARRANGEMENTS STATEMENT

	ORGANIZATION INFORMA	ATION	
1) Contract # (s):	2) Fisc	al Year	to
3) Organization Name:			
4) Mailing Address	City:	State:	Zip:
5) Executive Director:	6) ED Title (if differe	ent):	
8) Recipient Audit Contact Person	n:9) Title:	10)) Phone #
11) Mailing Address of Audit Cor	ntact: Ci	ity:S	State: Zip:
**********	*********	*******	********
This form or other written corres chief executive officer of the organ			
1. The organization did not <u>organization's</u> fiscal year	expend \$300,000* or mo AND	ore from <u>all</u> fede	eral sources during the
2. The organization did not the <u>organization's</u> fiscal ye	-	e in state funds f	rom <u>all</u> sources during
FAILURE TO SUBMIT A SIGN TO SUBMIT A COMPLETED S REQUIREMENTS BY THE REC ORGANIZATION'S FUNDING.	SINGLE AUDIT PACKA	GE AS DESCR	IBED IN THE AUDIT
(Either the complete single audit pathe required due date to avoid contra		rangement stateme	ent must be submitted by
By our signatures below, we certify above and is not required to submit authorized to sign this statement for	a single audit report for ou	r fiscal year. We	
(Both must be signed even if one p	person serves in both posit	cions)	
Signature of Chief Executive Officer	Printed Name and Title		Date
Signature of Chief Financial Officer	Printed Name and Title		Date

 $^{^{}st}$ \$500,000 for audits of financial statements for fiscal years ending after December 31, 2003