

# ACCEPTANCE OF AUDIT REQUIREMENTS

## DR 4139 (July Rain Event)

**PLEASE NOTE: State Agencies whose annual audit is covered by the State Auditor's office do not need to complete this form.**

We agree to have an audit conducted in compliance with OMB Circular A-133, if applicable. If a compliance audit is not required, at the end of each audit period we will certify in writing that we have not expended the amount of federal funds that would require a compliance audit (\$500,000). If required, we will forward for review and clearance a copy of the completed audit(s) to the following agency:

NH Department of Safety  
Homeland Security and Emergency Management  
33 Hazen Drive  
Concord, NH 03305  
Attn: Planning Section

The following is information on the next organization-wide audit which will include this agency:

1. Name of Grantee: \_\_\_\_\_

2. Audit Period (Grantee's fiscal or calendar year to be audited)

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

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

3. Audit will be submitted to NH HSEM by (date must be no later than the ninth month after the end of the audit period):

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

Additionally, we have or will notify our auditor of the above requirements prior to performance of the audit for the period listed above. We will also ensure that, if required, the entire grant period will be covered by a compliance audit which in some cases will mean more than one audit must be submitted. We will advise the auditor to cite specifically that the audit was done in accordance with OMB Circular A-133. We will also ensure that all records concerning this grant will be kept on file for a minimum of 4 years from the end of this audit period.

Information concerning the OMB Circular audit requirements can be obtained at  
[http://www.whitehouse.gov/omb/circulars/a133\\_compliance\\_supplement\\_2011](http://www.whitehouse.gov/omb/circulars/a133_compliance_supplement_2011)

**FAILURE TO COMPLETE THIS FORM MAY RESULT IN YOUR GRANT AWARD BEING DELAYED AND/OR CANCELLED.**

**Signatures:**

\_\_\_\_\_  
Authorized Local Official

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date Signed