(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