



COMMUNITY AGENCY REVIEW COMMISSION AUDIT WAIVER REQUEST

Agency Name:

Reasons Audit Waiver is requested: (Check all that apply)

a) _____ Audit exceeds 5% of the total allocation request.

i) Audit Cost: _____

ii) Source of Estimate:

b) _____ Audit not cost effective or undue burden. Explain: _____

Provide alternative financial information for the previous fiscal year. The Treasurer of the organization needs to sign below indicating that the attached financial information accurately reflects the financial condition of the agency.

Signature

Treasurer – Please Print Name

Date
