

STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY

HOUSING DIVISION

1535 Old Hot Springs Road Suite 50, Carson City, NV 89706

(775) 687-2040/1-800-227-4960

www.nvhousing.state.nv.us

Exhibit 13(a)
Emergency Solutions Grant Program
Annual Audit and Disallowed Cost Certification Form

CFDA Grant Number: 14-231

Recipient Name: _____

I, _____, Director of _____, located in _____, Nevada, do hereby certify that all activities associated with grant number _____ have been completed and all funds expended in accordance with the 24 CFR part 576 Emergency Solutions Grant regulations.

Furthermore, I certify to the best of my knowledge that all costs incurred subsequent to the Single Audit or Audited Financial Statement (as applicable) for the year ending ____ will be included in the Audit for the subsequent year. In the event that there are any costs that are disallowed by those audits or sustained by the Nevada Housing Division, the amount of those costs shall be returned the Nevada Housing Division

Signature

Date

Name

Title

Mail completed form once all funds are expended and grant is closed to the following:

Nevada Housing Division
Attn: Soni Bigler, Grants and Projects Analyst
1535 Old Hot Springs Road Suite 50
Carson City, NV 89706