

**TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS (TDHCA)
AUDIT CERTIFICATION FORM (ACF)**

CSBG

Entity:	Community Services of Northeast Texas, Inc.	FYE:	09	/	30	/	13	Contract Number:	61130001580
			(mm)			(dd)			

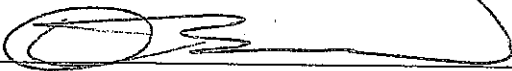
Check appropriate box:

<input checked="" type="checkbox"/>	We have exceeded the \$500,000 federal/state expenditure threshold for the fiscal year referenced above. We will have our Single Audit or Program Specific Audit completed and will submit the audit report within nine (9) months after the end of the audited fiscal year.
<input type="checkbox"/>	We did not exceed the \$500,000 federal/state expenditure threshold for the fiscal year referenced above. A Single Audit or a Program Specific Audit is not required for this fiscal year. <i>(Fill out Federal and State Funds Schedules below)</i>

(Must be filled out if Single Audit or Program Audit is NOT required)

Federal Funds Schedule				
Federal Grantor	Pass-through Grantor	Program Name & CFDA Number	Contract Number	Expenditures
Total Federal Expenditures for the Fiscal Year:				\$

State Funds Schedule				
State Grantor	Pass-through Grantor (if any)	Program Name	Contract Number	Expenditures
Total State Expenditures for the Fiscal Year:				\$

	Dan Boyd	Executive Director
<i>(authorized signature) (Executive Director, Mayor, County Judge)</i>	<i>(printed name)</i>	<i>(title)</i>
P.O. Box 427	Linden, Texas	75563
<i>(mailing address)</i>	<i>(city, state)</i>	<i>(zip code)</i>
dan.boyd@csntexas.org	903-756-5596	903-756-7294
<i>(email address)</i>	<i>(telephone number)</i>	<i>(fax number)</i>

In accordance with the Texas Administrative Code, Title 10, Part 1, Chapter 1, Subchapter A, Rule §1.3 (b), an Entity "...is not eligible for funds or any other assistance from the department unless any past due audit has been submitted to the department in a satisfactory format on or before the application deadline for the funds or other assistance."

WARNING: The U. S. Code, Title 18, Part 1, Chapter 47, §1001 (a)(1)-(3) indicates that an Entity is guilty of falsification and fraud for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

Unless directed otherwise during the application process, submit this form within 60 days after the end of the fiscal year to:

Compliance and Asset Oversight
P. O. Box 13941, Austin, TX 78711-3941
Fax # (512) 475-3359

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AUDIT CERTIFICATION FORM (ACF)**

CEAP

Entity:	Community Services of Northeast Texas, Inc.	FYE:	09 / 30 / 13	Contract Number:	58130001629
		<i>(mm) (dd) (yy)</i>			

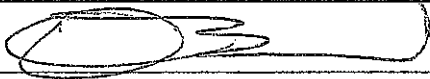
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Total Federal Expenditures for the Fiscal Year:				\$

State Funds Schedule				
State Grantor	Pass-through Grantor (if any)	Program Name	Contract Number	Expenditures
Total State Expenditures for the Fiscal Year:				\$

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<i>(authorized signature) (Executive Director, Mayor, County Judge)</i>	<i>(printed name)</i>	<i>(title)</i>
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