

Statewide Financial Reporting

Transmittal of: SEFA Disclosures and Agency Certification

To: Statewide Accounting and Reporting Services (SARS)

From: Agency Number

Agency Name

For: Fiscal Year Ended June 30,

1. The following checked items are transmitted with this certification:

SEFA Disclosures

Schedule of Expenditures of Federal Awards and Subrecipient Schedules

Total Federal Revenues:	_____	Total Federal Expenditures:	_____
Total Federal Transfers In:	_____	Total Distributions to Subrecipients:	_____
Total Federal Transfers Out:	_____		

2. Agency Certification of Accuracy and Completeness

I certify that to the best of my knowledge the transmitted information accurately and completely reflects the agency's financial activities for the fiscal year noted above, and that this information agrees with the ending account balances in the agency's financial accounting system.

In addition, I certify that to the best of my knowledge the agency's financial activity is accurately and completely reflected in the agency's financial accounting system in conformity with generally accepted accounting principles and legal requirements. Any *differences* between the balances reported in the transmitted disclosures and the agency's financial accounting system have been communicated in writing to the agency's SARS analyst.

CAFR Accountant Signature

Printed Name

Date

Chief Fiscal Officer or Director Signature

Printed Name

Date