

# FEDERAL REVENUE CERTIFICATION

**Total federal revenue received must be below the \$500,000 federal funding threshold during the corporation's most recent fiscal year to allow the provider to continue submitting a financial audit report only once every three years as a condition to receiving an AFDC-FC rate.**

**To confirm that total federal revenue remained below the \$500,000 threshold, the Group Home (GH) and/or Foster Family Agency (FFA) corporation must complete and submit this form to the California Department of Social Services (CDSS) within six months after the end of the non-profit corporation's fiscal year for each year the financial audit report is NOT submitted. Submit one form that covers ALL programs within the corporation that receive federal revenue. Submit this certification to:**

California Department of Social Services  
 Foster Care Audits and Rates Branch  
 Program and Financial Audits Bureau  
 ATTENTION: Financial Audits Unit Manager  
 744 P Street, MS 9-23  
 Sacramento, California 95814-6413

GROUP HOME OR FOSTER FAMILY AGENCY CORPORATE NAME	NAME OF EXECUTIVE DIRECTOR OR AUTHORIZED BOARD OFFICER
FEDERAL EMPLOYERS IDENTIFICATION NUMBER (FEIN)	CORPORATE NUMBER
STREET ADDRESS	PROVIDER PHONE NUMBER
MAILING ADDRESS	PROVIDER FAX NUMBER
CITY, STATE, ZIP	CORPORATION FISCAL YEAR

Below are the individual program numbers (e.g., 1234.XX.XX) for the GH and/or FFA program(s) that receive AFDC-FC Title IV-E funds:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Federal Revenue for Fiscal Year Ending (mo/day/year) \_\_\_\_\_:

- \_\_\_\_\_ Group Home (AFDC-FC Title IV-E Funds)
- \_\_\_\_\_ Foster Family Agency (AFDC-FC Title IV-E Funds)
- \_\_\_\_\_ Federal Revenue from Other Sources (i.e., Education, Mental Health, etc.)
- \_\_\_\_\_ **TOTAL FEDERAL REVENUE**

If total federal revenue for the year is \$500,000 or more, the corporation must notify the CDSS Program and Financial Audits Bureau within three months from the end of the corporation's fiscal year and must submit a financial audit report for the year, in accordance with Manual of Policies and Procedures Section 11-405.213 (a).

**In compliance with the False Claims Act (31 U.S.C. §3729-3733), I certify that all the information on this form is true and correct.**

PRINTED NAME OF EXECUTIVE DIRECTOR OR AUTHORIZED BOARD OFFICER	SIGNATURE OF EXECUTIVE DIRECTOR OR AUTHORIZED BOARD OFFICER	DATE
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