

SUBRECIPIENT FEDERAL FINANCIAL ASSISTANCE SUMMARY SHEET

ALN#	Federal Funding Agency	Program Title	Award Contract #	Expenditure Amount

ENTITY INFORMATION

Subrecipient (entity) name	
DSHS contact number	
Entity's fiscal year (e.g. July through June)	
FY for expenditures shown above	

Instructions: Subrecipients must complete this form at the end of their previous fiscal year and no later than June of the following year. The information will allow DSHS to determine whether combined federal expenditures equal or exceed the OMB single audit threshold.

Subrecipients should submit the form to their DSHS administration contact.