SINGLE AUDIT CERTIFICATION

North Dakota Department of Transportation, Executive Office SFN 60639 (9-2024)

The North Dakota Department of Transportation (NDDOT) and its sub-recipients are subject to the requirements of the Office of Management and Budget (OMB), 2 CFR 200, Subpart F: Audit requirements. NDDOT is required to monitor our sub-recipients of federal awards and determine whether they have met the audit requirements and are in compliance with federal laws and regulations.

| Entity Information | | | | | | | | |
|--|----------------------------------|---------------------------------------|-----------------------|------------------------------|--|--|--|--|
| Entity Name | | | | Fiscal Year End Date | | | | |
| | | | | | | | | |
| Address Representative | | City | State | ZIP Code | | | | |
| | | Title | | | | | | |
| Telephone Number | Email Address | | | | | | | |
| Our entity expended \$75 | 00,000 or more in total Federal | I awards for our fiscal year end date | - | • | | | | |
| | e Single Audit requirements, | please provide the following: | | | | | | |
| Auditor | | | Date Si | ngle Audit Completed | | | | |
| If your Single Audit for the auditor with an anticipated | | not yet been completed, please | provide doci | umentation from your | | | | |
| Audit Report Web Address | ' | | | | | | | |
| electronic copy of the audi | | ve is not accessible via a web ac | ldress, pleas | e provide a hard or | | | | |
| | - | _ | | | | | | |
| | | | | | | | | |
| | the Single Audit requirements | | | | | | | |
| | | al awards for our fiscal year ending | | | | | | |
| Our entity expended les | s than \$1,000,000 in total fede | eral awards for our fiscal year endi | ing on or afte | er September 30th, 2025 | | | | |
| Our entity is a for-profit | organization and is not subjec | t to the Single Audit requirements. | | | | | | |
| Other (please explain) | | | | | | | | |
| Explanation: | | | | | | | | |
| | | | | | | | | |
| Certification | | | | | | | | |
| I certify that the information is ending noted above. | accurate and if required, the a | udit report will be submitted no lat | er than nine r | months after the fiscal year | | | | |
| Entity Representative's Signatur | е | | | Date | | | | |

If your entity is a nonprofit or exempt from the Single Audit Requirements, please complete the table on Page 2.

Please provide the following information if your entity is a nonprofit or exempt from the Single Audit requirements:

| Federal Agency Feder | | | That's a nonpre | Expenditures | | | |
|----------------------|-----------------|------------------------------|-----------------------|------------------------------|-----------------------|-------|---------------------------------|
| | Federal Program | Assistance Listing Number | Other Award Number | From Pass- Through Awards | From Direct Awards | Total | Passed Through to Subrecipients |
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