Texas Department of Housing and Community Affairs
Audit Certification Form (ACF)

Entity: Community Services of Northeast Texas, Inc. **Fiscal Year End (FYE):** 9/30/2026

Based on the type of grant expenditures claimed during the reporting FYE, please answer both
***Part I. State Funds** and **Part II. Federal Funds** Sections below:*

Part I. State Funds ☐ Not Applicable

For Expenditures of State Funding Check appropriate box below:	
☑	We **have exceeded the $1,000,000 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 to** SAandACF@tdhca.texas.gov within nine (9) months after the end of the audited fiscal year. Note: Fiscal Year's starting October 1, 2024.
☐	We **did not exceed the $1,000,000 state expenditure** threshold for the fiscal year referenced above. A Single Audit or a Program Specific Audit is not required for this fiscal year. *(Complete the State Funds Schedules below)*

State Funds Schedule

State Grantor	*Pass-through Grantor*	*Program Name*	*Contract Number*	*Expenditures*
TDHCA		CSBG	61250004345	$ 184,593.93
TDHCA		CSBG	61240004130	$ 125,451.11
TDHCA		CSBG Discretionary	61240004250	$ 11,064.32
TDHCA		CEAP	58250004381	$ 2,702,774.64
TDHCA		CEAP	58240004019	$ 727,380.13
TDHCA		CEAP	58950004416	$ 107,484.00
TDHCA		LIHWAP	34210003677	$ 3,243.34
TDHCA		TBRA	1003417,1003418, 1003419	$ 215,334.81
Total State Expenditures for the Fiscal Year				**$ 4,077,326.28**

Part II. Federal Funds ☐ Not Applicable

For Expenditures of Federal Funding Check appropriate box below:	
☑	We **have exceeded the $1,000,000 federal expenditure threshold** or **have an outstanding loan balance associated with a federal resource of $1,000,000 or more** with continuing compliance requirements, or **a combination thereof** for the fiscal year referenced above. We will have our Single Audit or Program Specific Audit completed and will **submit the audit report to the Federal Audit Clearinghouse AND notice of submission to** SAandACF@tdhca.texas.gov within nine (9) months after the end of the audited fiscal year. Note: Fiscal Years starting October 1, 2024.
☐	We **did not exceed the $1,000,000 federal expenditure threshold** or **have an outstanding loan balance associated with a federal resource of $1,000,000 or more** with continuing compliance requirements, or **a combination thereof** for the fiscal year referenced above. A Single Audit or a Program Specific Audit is not required for this fiscal year. *(Complete the Federal Funds Schedules below)*

Federal Funds Schedule

Federal Grantor	*Pass-through Grantor*	*Program Name / CFDA #*	*Contract Number*	*Expenditures*
OHS	HHSC	Head Start	06CH012925	$ 4,628,396.17
HHSC	USDA	CACFP		$ 145,224.63
				$ -
				$ -
				$ -
				$ -
Total Federal Expenditures for the Fiscal Year				**$ 4,773,620.80**

I certify that I understand that fines and imprisonment up to five years are penalties for knowingly and willfully making a materially falso, fictious, or fraudulent statement or entry in any matter within the jurisdiction of the deferal government (**18 U.S.C. Sec. 1001**)

Michelle Morehead	Michelle Morehead	Chief Executive Officer
Authorized Signature	**Printed Name**	**Title**
michelle.morehead@csntexas.org		(430) 218-8277
Email Address		**Phone Number**

Unless directed otherwise during the application process, submit this form wiithin **60 days** after the end of the fiscal year to:
Compliance Division
SAandACF@tdhca.texas.gov