

**AUDIT CERTIFICATION**  
**FOR THE CONTRACT**  
**BETWEEN THE CUYAHOGA COUNTY**  
**BOARD OF HEALTH**  
**AND**

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(Insert Name)

As stated in the Cuyahoga County Board of Health Grants Administration Manual, Section 1.7, all grantees must submit a current audit report to the Board.

In signing this certification, I verify that \_\_\_\_\_, is not required to have an audit conducted.

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Name

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Title

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Date