#### 0 Unit did not post previous years adjusting journal entries resulting in incorrect beginning balances in the general ledger 0 Unit did not have information required for audit complete by the agreed-upon time 0 П Delay in component unit reports 0 Software - implementation issue 0 Software - system failure 0 П Software - ransomware/cyberattack 0 П Natural or other disaster **O** Other (please explain)

### Plan to Prevent Future Late Submissions

If the amendment is submitted to modify the date the audit will be submitted to the LGC, please indicate the steps the unit and auditor will take to prevent late filing of audits in subsequent years. Audits are due six months after fiscal year end (ten months after fiscal year end for housing authorities). Indicate NA if this is an amendment due to a change in cost only.

N/A - this contract amendment is due to the late release of the 2025 compliance supplement

#### **Additional Information**

Please provide any additional explanation or details regarding the contract modification.

This contract amendment is due to the late release of the 2025 compliance supplement.

By their signatures on the following pages, the Auditor, the Primary Government Unit, and the DPCU (if applicable), agree to these modified terms.

### **SIGNATURE PAGE**

### **AUDIT FIRM**

Audit Firm*	
Martin Starnes & Associates, CPAs, P.A.	
Authorized Firm Representative* (typed or printed) Amber Y. McGhinnis	Signature* Amber 11 W Shimis
Amber 1. McGninnis	Officer of the form
Date*	Email Address
11/29/25	amcghinnis@msa.cpa

### **GOVERNMENTAL UNIT**

Governmental Unit* Gaston County, NC		
Date Primary Government Unit Governing Board Approved Amended Audit Contract* (If required by governing board policy)		
Mayor/Chairperson* (typed or printed) Chad Brown, Chairman	Signature*	
Date	Email Address chad.brown@gastongov.com	

Chair of Audit Committee (typed or printed, or "NA") $N/A$	Signature
Date	Email Address

## **GOVERNMENTAL UNIT - PRE-AUDIT CERTIFICATE** \*ONLY REQUIRED IF FEES ARE MODIFIED IN THE AMENDED CONTRACT\*

(Pre-audit certificate not required for hospitals)

Required by G.S. 159-28(a1) or G.S. 115C-441(a1)

This instrument has been pre-audited in the manner required by The Local Government Budget and Fiscal Control Act or by the School Budget and Fiscal Control Act.

Primary Governmental Unit Finance Officer* N/A	Signature*
Date of Pre-Audit Certificate*	Email Address*

DDCII

# SIGNATURE PAGE – DPCU (complete only if applicable)

### **DISCRETELY PRESENTED COMPONENT UNIT**

N/A	
Date DPCU Governing Board Approved Amer	nded Audit
Contract (If required by governing board policy)	
DPCU Chairperson (typed or printed)	Signature
Date	Email Address
Chair of Audit Committee (typed or printed, or "NA")	Signature
N/A	
Date	Email Address

# DPCU - PRE-AUDIT CERTIFICATE \*ONLY REQUIRED IF FEES ARE MODIFIED IN THE AMENDED CONTRACT\*

(Pre-audit certificate not required for hospitals)

Required by G.S. 159-28(a1) or G.S. 115C-441(a1)

This instrument has been pre-audited in the manner required by The Local Government Budget and Fiscal Control Act or by the School Budget and Fiscal Control Act.

DPCU Finance Officer (typed or printed) N/A	Signature
Date of Pre-Audit Certificate	Email Address