The Community Partnership for the Prevention of Homelessness

Audit Information Request Form

Contractor Name: ____________________________________________

Fiscal Year Ending Date: ________________________________

Anticipated Date of Audit Completion: ____________________________

*Must be within 9 months of the fiscal year end date*

Is this organization subject to A-133 Audit? *(Required if organization receives total federal funds over $500,000 in fiscal year)*

______ YES           _____NO

If Yes, anticipated date of A-133 audit completion: ___________________

I, the undersigned, certify that the information is correct. I understand that if our audit is not submitted to TCP within 90 days of the end of our fiscal year, I must submit an explanation in writing to TCP by that date.

Signed: ____________________________________________

Date: ______________

Print Name/Title: ____________________________________________

REMINDER: A COPY OF THE CERTIFIED FINANCIAL AUDIT AND A-133 AUDIT IS DUE TO THE PARTNERSHIP 10 DAYS AFTER RECEIPT BY CONTRACTOR.