



The Community Partnership for the Prevention of Homelessness

Audit Information Request Form

Contractor Name: _____

Program Name: _____

Contract Number: _____

Fiscal Year Ending Date: _____

Anticipated Date of Audit Completion: _____

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.