



## 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.**