



# The Community Partnership for the Prevention of Homelessness

## Audit Information Request Form

### *Contract Information*

Agency Name: \_\_\_\_\_ Preparer Name: \_\_\_\_\_

Fiscal Year End Date: \_\_\_\_\_ Contract Period: \_\_\_\_\_

### *Audit Type*

Is this organization subject to Single Audit? (Required if organization receives total federal funds over \$500,000 in fiscal year)

YES  NO

Date of Single Audit: \_\_\_\_\_

### *Acknowledgement*

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.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name and Title*

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