**PCCD Audit Confirmation Request**

**Award Information**

Date: Click here to enter a date.

Auditor Firm Name: Click here to enter text.

Street Address: Click here to enter text.

City: Click here to enter text.

State: Click here to enter text.

Zip Code: Click here to enter text.

Email: Click here to enter text.

Telephone #: Click here to enter text.

**Please include this completed form with all audit confirmation requests and send via email to**

[**ra-pccdauditconfirm@pa.gov**](mailto:ra-pccdauditconfirm@pa.gov)**.**

**Grantee Name:** Click here to enter text.

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| --- | --- | --- | --- | --- |
| **To be completed by grantee** | | | **To be completed by PCCD** | |
| Grant Number | CFDA # | Fiscal Year Audit Period | Total Award Amount | Total Amount Paid |
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**PCCD USE ONLY**

Processed by: Click here to enter text.

The person entering their name on the above line verifies that the information entered on this form is accurate

to the best of their knowledge.

Title: Click here to enter text. Date: Click here to enter a date.