

**CITY OF PHILADELPHIA SUBRECIPIENT AUDIT
NOTIFICATION OF ENGAGEMENT OF INDEPENDENT AUDITOR**

ORGANIZATION:

Organization Name: _____

Federal E.I. No. _____

Address: _____

Contact Individual and Title: _____

Telephone No. (____) _____ Agency Fiscal Year: _____

City of Philadelphia Department Funding from (indicate by X in space below):

____ Commerce, ____ Human Services, ____ MOCS/EZ, ____ OHCD, ____ OESS, ____ Health, ____ OBH/MRS ____ Other City
Dept/Agency

Signature: _____ Title: _____

Date: _____

LICENSED INDEPENDENT PUBLIC ACCOUNTANT:

Firm Name: _____

Address: _____

Telephone No. (____) _____ Fax No. (____) _____

Currently Licensed to Practice in the Commonwealth of Pennsylvania:

Firm License No. _____ Expiration Date: _____

Anticipated Completion Date of Audit: _____

Contact Individual and Title: _____

Period of Last Quality Review _____

Certification: I certify that our firm is independent of the above named provider organization as defined by *Rule of Conduct 101* of the *Code of Professional Ethics of the American Institute of Certified Public Accountants (AICPA)*, and that we have not been debarred from performing audits by any Federal or State Agency or by any City of Philadelphia Government Department. In addition, the audit will be performed in accordance with *AICPA Auditing Standards*, *Government Auditing Standards*, and the *City of Philadelphia Subrecipient Audit Guide*.

Signature: _____ Title: _____

Date: _____

(For Use by City of Philadelphia)

Date Received _____ Audit Control No. _____

Date Verified _____ Verified By _____

Licensed _____