



**SUBRECIPIENT'S
NOTIFICATION OF ENGAGEMENT
OF INDEPENDENT AUDITOR**



ORGANIZATION Name:

Address (including city, state & zip):

Federal EIN.No: _____ Agency Fiscal Year End Date: _____

Contact Individual and Title: _____

Telephone: () _____ Fax: () _____ Email Address: _____

City of Philadelphia Department funding from (indicate by "X" in box below):

DHCD COMMERCE PRA PHDC OTHER: _____

Signature: _____

Title _____ Date: _____

LICENSED INDEPENDENT PUBLIC ACCOUNTANT:

Firm Name: _____

Address: _____

Telephone: () _____ Fax: () _____ Email Address: _____

Currently Licensed to Practice in the Commonwealth of Pennsylvania:

Firm License No. _____ Expiration Date: _____

Anticipated Completion Date of Audit: _____

Contact Individual and Title and Email:

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 : _____ (Rev 5/12)