



**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)