

AUDIT CONFIRMATION REQUEST

Mail completed request and self-addressed envelope directly to:

Audit Confirmation Coordinator
 Bureau of Fiscal Services, Room 750
 1 W. Wilson Street, P.O. Box 7850
 Madison, WI 53707-7850

Voice: (608) 267-7104
Fax: (608) 264-9874
 Faxed forms accepted.

1. Contact Person Name		2. Telephone Number	
3. Grant Recipient Name			
4. CARS Agency Number		5. Program Name	
6. CARS Profile Number		7. Contracts NOT on CARS: Purchase Order No. or Other Identifying Information	
8. Contract Periods _____ To _____ (month) (day) (year) (month) (day) (year)		9. Contract Amount	10. Amount Earned Per Contract
11. Contract balance as of _____ \$ (month) (day) (year)			
12. Does this grant include federal financial assistance dollars? <input type="checkbox"/> Yes <input type="checkbox"/> No		13. Catalog of Federal Domestic Assistance Number (CFDA)	14. Percentage of Federal Funds
The above information agrees with our records, except as indicated. (To be completed by Audit Confirmation Coordinator.)			
Signature		Date Signed	Telephone Number

Purpose of Form: At the request of CPA firms, the Department of Health and Family Services will provide confirmation of amounts paid on grants to provider agencies directly funded by the Department and will identify differences wherever possible. **Photocopying of the form is encouraged.**

Confirmation requests of amounts paid on grants administered by other State Agencies (i.e. Department of Workforce Development) will be returned to the CPA firm and should be directed to the Agency administering the grant.

The Department does not prepare schedules for grants paid to agencies. However, the Department will provide copies of the year-end F-80603 if requested by the agency or their auditors. Requests should be directed to the following address:

Department of Health Services
 CARS Unit, Room 736
 1 W. Wilson Street, P. O. Box 7850
 Madison, WI 53707

Telephone: (608) 267-7104