

## Office of Justice Programs AUDIT CONFIRMATION REQUEST AWARD INFORMATION

## For OJP and COPS Grants Only

(For OVW grants, email OVW Grant Financial Management Division at <a href="https://ovw.gfmlow.gov">OVW.GFMD@usdoj.gov</a> for form/submission instructions)

Auditor Firm Name:	<u></u>			
Street Address:				
City:				
State: ZIP Code: Email:				
			Telephone #:	
Please include this completed letter is signed by an authoriz auditconfirmation@ojp.usdoj.	ed representative		-	
Grant Recipient Name:				
DOJ ROID # (Not Required	d for BVP gran	ts):		
To be completed by grant recipient			To be completed by OJP	
Grant Number	CFDA#	Fiscal Year Audit Period	Total Award Amount	Total Amount Paid
ote: Recipient Organization Ide Use following d	late format for F	iscal Year Audit Per		
For agency use only				
Confirmed by DOJ/OJP/OCI Processed by:				
Signature:				
Title:		Date:		