

Office of Justice Programs AUDIT CONFIRMATION REQUEST AWARD INFORMATION

(For OJP and COPS Grants Only)

Date:					
Auditor Firm Name: Street Address: City:			·		
State: Z Email:					
-	zed representative v		uest on letterhead. In addition ation requests. Send submission		
Grantee Name:					
DOJ ROID # (Not Requir	ed for BVP grants	s):			
OJP Vendor # (Not Requi					
1	5	, <u> </u>			
For OVW	request please s	ubmit via email to	OVW.GFMD@usdoj.go	V	
To be completed by grantee			To be completed by OJP		
Grant Number	CFDA #	Fiscal Year Audit Period	Total Award Amount	Total Amount Paid	
			found in JustGrants system under od: (MM/DD/YY - MM/DD/YY)		
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For agency use only					
Confirmed by DOJ/OJP/O	CFO				
Processed by:					
Signature:					
Title:			Date:		