

**Office of Justice Programs  
AUDIT CONFIRMATION REQUEST  
AWARD INFORMATION  
(For OJP and COPS Grants Only)**

Date: \_\_\_\_\_

Auditor Firm Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone #: \_\_\_\_\_

**Please include this completed form with all audit confirmation requests and send via email to [auditconfirmation@ojp.usdoj.gov](mailto:auditconfirmation@ojp.usdoj.gov).**

Grantee Name: \_\_\_\_\_

OJP Vendor Number: \_\_\_\_\_

To be completed by grantee			To be completed by OJP	
Grant Number	CFDA #	Fiscal Year Audit Period	Total Award Amount	Total Amount Paid

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**For agency use only**

Confirmed by DOJ/OJP/OCFO

Processed by: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_