**funded Agency Audit & Compliance Report**

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| --- | --- |
| Date | **[AGENCY NAME]** |
| Program/Agency Narrative  Add agency logo, letterhead or other cover as deemed appropriate - HERE  *This audit was conducted by [Auditor Name(s)], \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | |

**[AGENCY NAME]**

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| **AUDIT SUMMARY** |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ conducted an audit of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to ensure full contract compliance and accountability for Palm Beach County’s taxpayer funds.

(Statement of fact – results of your audit experience) Our audit results include \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **AUDIT SCOPE & OBJECTIVE** |

In planning and performing the audit of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **AGENCY INFORMATION TABLE** |

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| --- | --- |
| **Agency Name:** | **Site Visit Dates:** |
| **Agency Main Address:** | **Agency Audit Period:** |
| **Agency Fiscal Year End:** | **Funding, as a % of the total agency revenue:** |

*Table 1. Agency Information*

**Contract Year:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Program Name** | **Contract#** | **Allocation$** | **Current Audit Period** |
|  |  |  |  |
|  |  |  |  |

**Contract Year:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Program Name** | **Contract#** | **Allocation$** | **Current Audit Period** |
|  |  |  |  |
|  |  |  |  |

*Table 2. A description of contract elements that pertain to this audit of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ funded contracts with the referenced agency.*

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| **FINDINGS & RECOMMENDATIONS** |

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| **FINDING # 1 –** |

**e.g. Dues & Subscription**: Contract #: \_\_\_\_\_\_

**e.g. Program Supplies: Contract # \_\_\_\_\_\_**

**REPEAT FINDING? ( ) YES ( ) NO (CHECK ONE)**

If yes - Write a brief narrative.

**Recommendation:**

**Agency Response:**

Add in agency response by finding – as appropriate

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| **FINDING # 2** |

**REPEAT FINDING? ( ) YES ( ) NO (CHECK ONE)**

If yes - Write a brief narrative.

**Recommendation:**

**Agency Response:**

Add in agency response by finding – as appropriate

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| **GENERAL RECOMMENDATIONS**  **(not tied to a finding – list by # if multiple)** |

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| **CONCLUSION** |

It is the opinion of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agency audit that the information contained in this report presents a fair and accurate analysis of the compliance of the programs funded by the \_\_\_\_\_\_\_\_\_\_\_ as stipulated by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Disallowances & Adjustments by Contract Year**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DISALLOWANCES AND ADJUSTMENTS TABLE** | | | | | |
| *Contract:* |  | # | # | # |  |
| ***Disallowances*** | Salaries |  |  |  |  |
| Fringe Benefits |  |  |  |  |
| Operating Expense |  |  |  |  |
| ***Adjustments*** | Salaries |  |  |  |  |
| Fringe Benefits |  |  |  |  |
| Operating Expense |  |  |  |  |
| **Totals:** |  |  |  |  |  |

***Table 3.*** *A breakdown by contract year and by budget category of all disallowances assessed in this agency audit.*

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| **NEXT STEPS** |

**Fiscal:** **Note, if the disallowed costs are in excess of $5,000.00, it must be reported to the CSC Audit Department.**

Please repay \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ would like to express our thanks to the management and staff of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for its cooperation and all of the courtesies extended during our audit.

Date:

Name/Title

Date:

Approved by: Name/Title

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| **ACKNOWLEDGMENT** |

*[Auditor Name] conducted this audit in accordance with the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_contract terms. Please direct any questions, comments, and/or inquiries regarding this audit report to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.*