**Criminal Justice Council Audit Confirmation Request**

**Award Information**

Date: Click here to enter a date.

Auditor Firm Name: Click here to enter text.

Street Address: Click here to enter text.

City: Click here to enter text.

State: Click here to enter text.

Zip Code: Click here to enter text.

Email: Click here to enter text.

Telephone #: Click here to enter text.

**Please submit this completed form for all audit confirmation requests and send via email to**

[CJCegrantsSupport@delaware.gov](mailto:CJCegrantsSupport@delaware.gov).

**Grantee Name:** Click here to enter text.

**Federal ID:** Click here to enter text.

**Fiscal Year Audit Period End Date:** Click here to enter a date.

|  |  |  |
| --- | --- | --- |
| **To be completed by grantee** | | |
| Grant Number | Total Award Amount | Total Amount Received |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**CJC USE ONLY**

Processed by: Click here to enter text.

The person entering their name on the above line verifies that the information entered on this form is accurate

to the best of their knowledge.

Title: Click here to enter text. Date: Click here to enter a date.