Notice of Audit Report

Check one of the two boxes below and complete the remainder of this document as	3
instructed. Send completed documents as a PDF file to cpo.auditnotice@tn.gov. To	he
Grantee should submit only one, completed "Notice of Audit Report" docume	nt
to the State ninety (90) days prior to the Grantee's fiscal year.	

to the State ninety (90) days prior to the Grantee's fiscal year.		
	is subject to an audit for fiscal year 2017.	
is ı	not subject to an audit for fiscal year 2017.	
Grantee's Edison Vendor ID Number:		
Grantee's fiscal year end:		
Any Grantee that is subject to an audit m	ust complete the information below.	
Type of funds expended	Estimated amount of funds	
Type of fullus expended	expended by end of Grantee's fiscal year	
Federal pass-through funds		
a. Funds passed through the	a.	
State of Tennessee		
 Funds passed through any other entity 	b.	
Funds received directly from the federal government		
Non-federal funds received directly from the State of Tennessee		
TIOH THE State of Termessee		
Auditor's name:		
Auditor's address:		
Auditor's phone number:		

Auditor's email: