

**Pennsylvania Department of Health (PADOH)
Program Specific Audit Reporting Package Checklist**

Auditee Name:

Audit Period Start

Date: (MM/DD/YYYY)

Audit Period End

Date: (MM/DD/YYYY)

Audit Firm Name:

Auditee Address:

Audit Firm Address:

Auditee Contact Name:

Auditor Name:

Auditee Contact Title:

Auditor Title:

Auditee Contact Telephone: (xxx-xxx-xxxx)

Auditor Contact Telephone: (xxx-xxx-xxxx)

Auditee Contact E-mail:

Auditor Contact E-mail:

PADOH Contract/Grant Number(s), Included in Audit Report:

A contractor/grantee who is required to submit a **PADOH Program-Specific Audit Reporting Package** must include the essential elements listed below. Full details regarding the below-listed essential reporting elements are provided in the contract/grant's Audit Requirements appendix. Please review this information before completing the checklist.

A Statement of Financial Position (balance sheet) for each contract / grant included in report.

A Statement of Contractual Performance for each contract / grant included in report.

Notes to financial statements.

Auditor's report on the financial statements.

Auditor's report on internal control.

Auditor's report on compliance

Schedule of Findings and Questioned Costs (if not applicable, check here).

Corrective Action Plan (if not applicable, check here).

Status of prior audit findings and recommendations (if not applicable, check here).

Management letter (if not applicable, check here).