Commission on Improving Life Through Service

Audit Report Status Form

Due 4/30/2000.

1. Program Name:	
2. Contact Name:	
3. Contact Phone Number:	
4. Audit Completed:	☐ **Yes** ☐ **No**
5. Two copies of audit report submitted to the Commission:	☐ **Yes** ☐ **No**
6. Date audit scheduled for Completion:	
7. Did you have subrecipients/subcontractors to the AmeriCorps grant? If yes, list contractors and amount of contract below:	☐ **Yes** ☐ **No**
9. Person Completing This Report:	
10. Title:	
11. Signature:	Date:
12. Telephone Number:	

Please fax to the Commission at (916) 323-3227
Attention: Fiscal Office