

Instructions: See reverse.

| Agency | | |
|--------------|---|----------------------|
| AGENCY NAME | FEIN(s) (include all related FEINS) | FISCAL YEAR END DATE |
| ADDRESS | TYPE OF ENTITY (check one) <input type="checkbox"/> Government <input type="checkbox"/> Not for Profit <input type="checkbox"/> For Profit | |
| CONTACT NAME | TITLE | |
| SIGNATURE | DATE | |
| TELEPHONE | FAX | E-MAIL |

| Auditor | | | |
|--------------------------------------|-------------------------------|----------------------------|---------------------------|
| FIRM NAME | | | |
| CPA NAME | NEW YORK STATE LICENSE NUMBER | | |
| CPA SIGNATURE | DATE | | |
| TELEPHONE | FAX | E-MAIL | |
| ENGAGEMENT LETTER DATE (Attach copy) | TOTAL AUDIT FEES \$ | TOTAL NON-AUDIT FEES \$ | CONSECUTIVE YEARS ENGAGED |

| Audit Report (Choose only ONE: A, B or C) | | | ORIGINAL DUE DATE* | REQUESTED DUE DATE |
|---|--|---|--------------------|--------------------|
| A | A-133 | FISCAL YEAR END DATE: _____ FEDERAL OVERSIGHT AGENCY: _____ TOTAL FEDERAL EXPENDITURES: _____ | | |
| B | Entity Wide YELLOW BOOK | FISCAL YEAR END DATE: _____ | | |
| C | Contract Specific YELLOW BOOK | CONTRACT NUMBER: _____ START DATE: _____ END DATE: _____ | | |

* Fiscal Year End Date or Contract End Date Plus Nine Months. (NOTE: The request must be filed in advance of the due date.)

**Attach engagement letter,
draft financial statements,
reason for request, and submit to:**

NEW YORK STATE DEPARTMENT OF HEALTH
AUDIT UNIT
Room 1243 Corning Tower
Albany, NY 12237-0041

Tel: (518) 474-1458
Fax: (518) 473-4610
Email: fmgau@health.state.ny.us

DOH USE ONLY: FORM ENG F/S REASON AGENCY CPA PGM. APPROVE/DENY. BY/ DATE _____

Instructions

- 1. Attach a copy of the Auditor’s Engagement Letter.** The letter must reference the report type, scope and intended completion date.
- 2. Attach a separate letter describing the good cause reason for the request.** The letter must specifically explain why the report will not be completed by the due date. If the agency is unprepared, the letter must include a list of tasks yet to be completed. If the auditor is unavailable, the request must include a copy of the unaudited financial statements. The letter must be typed on agency letterhead, addressed to the Department, include a commitment to meet the revised date, and include the signature of the agency official responsible for preparing the financial statements.

3. For A-133 Reports:

- Attach a copy of the draft Schedule of Expenditures of Federal Awards.
- If all Federal funding is from a pass-through agency, include a written statement endorsing the request from the pass-through grantor providing the majority of funding.
- Submit the Form, including the Engagement Letter and the reason for the request, to your Federal cognizant agency. Your cognizant agency is the Federal agency which provides your agency the most Federal funding, direct or pass-through. Selected Federal agency addresses are listed below:

| USDA | DHHS | HUD |
|---|---|---|
| Regional Audit Director, USDA FNS 10 Causeway St, Rm 501 Boston MA 02222 Tel (617) 565-6462/ Fax (617) 565-6472 E-Mail – agostinho.nunes@fns.usda.gov | Manager, DHHS Audit Resolution 1100 Walnut Street, Room 850 Kansas City MO 64106 Tel (816) 426-3204/ Fax (816) 426-7745 Email – jfisher@oig.hhs.gov | National Single Audit Coordinator, HUD Wanamaker Building, Suite 1005, 100 Penn Square East Philadelphia, PA 19107-3380 Tel (215) 430-6733 |

If your agency is not listed, refer to: http://www.whitehouse.gov/omb/circulars/a133_Compliance/08/appx_3/pdf

- Submit a copy to NYSDOH at the address below.
- If the Federal agency approves the request, submit a copy of the Federal approval letter to NYSDOH at the address below.

- 4. For Yellow Book (Entity-Wide or Contract-Specific) Audit Reports:** Submit the Extension Request Form, including the Engagement Letter and the reason for the request, to NYSDOH at the address below. NYSDOH will notify you if the request is approved.

NEW YORK STATE DEPARTMENT OF HEALTH
AUDIT UNIT
Room 1243 Corning Tower
Albany, NY 12237-0041

Tel: (518) 474-1458
Fax: (518) 486-1405
Email: fmgau@health.state.ny.us