



OKLAHOMA DEPARTMENT OF HUMAN SERVICES



Audit Report Transmittal

Section I. Area Agency on Aging (AAA) name. Check one: Areawide
 ASCOG COEDD EODD KEDDO Grand Gateway NODA
 OEDA SWODA SODA Tulsa Tulsa LTCA Enid LTCA

Project name, as shown on NGA. Use separate Form 02AG026E for each report.

Project type: III-B III-C III-D III-E B, C, and E
 B, C, D, & E C, D, and E B, D, and E LTCA

Approved project period From _____ through _____	Location of project (City)
Grantee name	Grantee location (City)
Audit period From _____ through _____	

Does this report include a finding, weakness, and/or recommendation for corrective action? Check one: Yes. Complete Section II below.
 No. Sign, date, and submit this form.

Section II. List each audit weakness, finding, and/or recommendation below. Indicate agreement or disagreement with each item. Show corrective action taken or planned, and estimated completion date. Describe further planned follow-up to prevent recurrence of the problem. Use back of this form for additional findings.

agree disagree
Corrective action is planned is complete will be complete by: _____.
Corrective action: _____
Describe any planned follow-up: _____

agree disagree
Corrective action is planned is complete will be complete by: _____.
Corrective action: _____
Describe any planned follow-up: _____

agree disagree
Corrective action is planned is complete will be complete by: _____.
Corrective action: _____
Describe any planned follow-up: _____

Report submitted by: _____
Signature and title Date