



**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