

**FAIRFAX COUNTY, VIRGINIA  
INTERNAL AUDIT OFFICE  
2003 LOCAL GOVERNMENT AUDIT SURVEY**

Survey Contact Person *(Person who completed survey)*: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Current Address: \_\_\_\_\_

Address Change: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Organization Workforce and Budget**

Number of employees in entire organization: \_\_\_\_\_

Total organization budget (all funds): \_\_\_\_\_

\$ \_\_\_\_\_

**Audit Department Staff and Budget**

Number of full time Auditors: \_\_\_\_\_

Number of full time Administrative staff: \_\_\_\_\_

Number of Other positions: (please specify purpose) \_\_\_\_\_

Total Audit Department budget: \_\_\_\_\_

\$ \_\_\_\_\_

**Standards:**

What audit standards are followed?

\_\_\_\_\_ Standards for the Professional Practice of Internal Auditing (IIA)  
\_\_\_\_\_ Government Auditing Standards (GAO Yellow Book)  
\_\_\_\_\_ Other (please specify) \_\_\_\_\_

**Reporting**

Are your reports available to the public? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you report to:

*(Check one major authority)*

\_\_\_\_\_ Elected Board/Council  
\_\_\_\_\_ Chief Executive/Administrator  
\_\_\_\_\_ Audit Committee  
\_\_\_\_\_ Elected Auditor  
\_\_\_\_\_ Other (please specify) \_\_\_\_\_

**[ ] Please check here to receive a summary of the survey information.**

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