

**NJ DEPARTMENT OF HUMAN SERVICES
NOTIFICATION OF LICENSED PUBLIC ACCOUNTANT***

Provider Agency Name: _____

Address: _____

Contact Individual and Title: _____

Telephone No.: _____ Agency Fiscal Year
To be Audited: _____

Federal ID No.: _____ Charities Registration No.: _____

List All State and Federal Financial Assistance During the Fiscal Year Under Audit

<u>Department</u>	<u>Division</u>	<u>Contract No.</u>	<u>Contract Period</u>	<u>Contract Amount</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Use back of form to list additional state and federal assistance.

Licensed Public Accountant (attach photocopy of firm's license to practice)

Firm Name: _____

Address: _____

Telephone No. _____ Firm License No.: _____

E-Mail Address (optional): _____

Currently Licensed to practice in the State(s) of: _____ Expiration Date(s): _____

Anticipated Completion Date of Audit: _____

Contact Individual and Title: _____

Certification:

I certify that we are aware of the requirements in P7.06 and that the audit will comply with this policy.

Signature _____ Title _____

Audit Report Deficiencies – Does your firm have any outstanding audit reports with deficiencies with any provider agency contracting with the Department of Human Services? _____ Yes
_____ No

I certify that the above information is accurate. Any inaccurate information may result in termination of your contract with the provider listed above.

Signature: _____ Title: _____

*This notification (NLPA) is to be sent to the Department of Human Services' Office of Auditing with the completed audit report. Although the NLPA form and the audit report shall be submitted together, all of the information in the NLPA form should relate to the subsequent year of the completed audit report. The anticipated audit completion date should not be more than 120 days after the end of the fiscal year. The Provider Agency and the licensed public accountant should fill out this form to this point in its entirety.

For Use By DHS Office of Auditing

Date Received: _____ Audit Control No.: _____

Date Verified: _____ By _____ Licensed: _____

Division: _____ **Approved:** _____ **Not approved:** _____