

**STATE OF NEW JERSEY  
DEPARTMENT OF NEW JERSEY  
CAFR INFORMATION SCHEDULE/ CHECKLIST**

1. Name of District \_\_\_\_\_

2. County \_\_\_\_\_

3. Tax ID Number \_\_\_\_\_

4. Accounting Firm \_\_\_\_\_

5. Contact at CPA Firm

Name \_\_\_\_\_

Phone (optional) \_\_\_\_\_

Email (optional) \_\_\_\_\_

Audit Submission to the NJ Department of Education

<b>Districts not required to use school-based budgeting</b>	<b>Enclosed/Emailed</b>	<b>Districts required to use school-based budgeting</b>	<b>Enclosed/Emailed</b>
2 Copies of CAFR		5 Copies of CAFR	
3 Electronic Copies of CAFR		3 Electronic Copies of CAFR	
2 Copies of AMR		5 Copies of AMR	
1 Copy of Peer Review		1 Copy of Peer Review	
		5 Copies of Audit Questionnaire	
1 Copy of Federal Data Collection Form		1 Copy of Federal Data Collection Form	
1 Copy of Type A Programs Worksheets		1 Copy of Type A Programs Worksheets	