

**PRIVATE SCHOOLS FOR STUDENTS  
WITH DISABILITIES**

**2008-2009**

**ANNUAL FISCAL AND PROGRAM INFORMATION**

**2008-2009 FISCAL INFORMATION**  
**GENERAL INSTRUCTIONS**

1. The Annual Fiscal and Program Information forms are an essential source of information during the desk review of a school's audited financial statements, as well as for other divisions in the department. Therefore, it is immensely important that the designee responsible for completing this document is familiar with N.J.A.C. 6A:9-5.5, N.J.A.C. 6A:23-4.1 through 4.16, understands the possible financial impact of submitting erroneous / incomplete data and has access to employees' personnel files to ensure that the information submitted is accurate. In accordance with N.J.A.C 6A:23-6A:5-5 and 4.5(a)57, private schools using unrecognized job titles (except administrative job titles) must obtain county office approval prior to the use of the unrecognized job titles to avoid non-allowance costs.

The 2008-2009 Annual Fiscal & Program Information form is in an Excel file format with a separate sheet for each page of the form with user friendly input features. If an employee has left the private school prior to completing this form, please indicate the employee's actual salary for the time period the individual was employed.

Please name the Excel file for your school by the name of the school and the fiscal year. For example, if the school name is ABC School, please name the Excel file as ABC School 08-09.xls. This Excel file has been protected and formatted to receive only the data required in the requested format as each page has been formatted to accept and suitably display the answers being entered.

2. On page one, complete the information requested at the top of the page. **Please note the request for the private school's federal Employer Identification Number (EIN).** In column one, enter the 2008-2009 Enrollment for Public School Placement by Type of Program and total the column. In columns two and three, enter the 2008-2009 Enrollment of Private Placements by either "In-State" or "Out-Of-State" and total these columns. Enter in column four, the Total Pupils from columns one through three. Enter the number of classes by Type of Program in column five.
3. On page two, enter the requested information under Ten Month School Year and Extended School Year and complete with the names, phone number, fax number and email address for each indicated job title.
4. On page three, complete the Affidavit which requires the official seal and signature of a Notary Public and the signatures of various private school representatives.
5.
  - a. Pages have been provided for each of the following cost categories for employees: 1) General Administration, School Administration and Business and Other Support Employees, 2) Classroom Instruction and 3) Support Services.
  - b. Do not include employees that are considered extraordinary services (one-to-one aides). In addition, do not include the employees that are in the Operation & Maintenance of Plant, Student Transportation Services and Food Services areas.
  - c. If an individual is working in more than one position, all positions and information by job title must be indicated on these forms. For example, a director who is also a school social worker must indicate the two positions on the forms along with all the requested information for each position. In addition, a school social worker who is also a physical therapist must indicate the two positions on the forms along with all the requested information for each position. Please refer to the attached SAMPLE FORMS for an example of director/school, school social worker positions for Joe Shore and school social worker/physical therapist positions for Betty Shore.

5.
  - d. On September 19, 2008, a listing of recognized position titles for private schools for students with disabilities was forwarded to all private schools. The position titles recorded on pages 4, 5 and 6 (column 1) of this form that require school certification must be contained on the listing of recognized position titles or approved by the executive county superintendent in the county the private school is located. For those positions that require an employment contract, the position title reflected on an employee's contract must be a recognized position title or approved by the county office, agree with the position title reflected in column 1 on pages 4, 5 and 6, and must agree with the position titles reflected in the audited financial statement.
  - e. A position title listed as "Teacher" on this form is unacceptable. Any position title listed must indicate the specific type of teacher such as "Teacher of the Handicapped" or "Social Studies."
6.
  - a. On pages four through six, column #1, enter the position titles for all employees whose salary is charged to any of the account numbers listed on the top of the page.
  - b. On pages four through six, column #2, enter each employee's name – last name followed by the first name for all employees whose salary is charged to any of the account numbers listed at the top of the page.
  - c. On pages four through six, column #3, enter the employee's total organization salary in column #3A and total school salary in column #3B (7/1/2008-6/30/2009) of all employees whose salary is charged to any of the account numbers listed at the top of the page.
  - d. As indicated above, the amounts entered in columns #3A and 3B must be the salary for the 7/1/2008 to 6/30/2009 school year. If an employee earns \$36,000 in the ten month school year and \$6,000 in the extended school year, the total of \$42,000 must be entered in columns #3A & #3B (not employed anywhere else in the organization). Do not indicate the amounts separately. If an employee was only employed in the extended school year (not employed anywhere else in the organization) and earned \$5,000, then the amount of \$5,000 must be entered in columns #3A and #3B and "ESY" must be inserted in column #6.
  - e. If the organization (corporation, partnership) operates only a private school for students with disabilities and the employee only works for the private school, the amounts in columns #3A and #3B will be the same as will the hours in columns #6 and #7.
  - f. If the organization (corporation, partnership) operates more than one private school for students with disabilities and the employee works for more than one private school, the amount in columns #3A will be the total salary in the organization and #3B will be the salary (by private school) for the specific private school. For example, Jane Doe works for Special Education, Inc., which operates three private schools and Jane earns the following salaries: School A - \$50,000, School B - \$30,000 and School C - \$20,000. The forms for the schools will be as follows: School A – column #3A - \$100,000 and column #3B - \$50,000, School B – column #3A - \$100,000 and column #3B - \$30,000, and School C – column #3A - \$100,000 and column #3B - \$20,000.

6.
  - g. If a profit school owner(s) operates more than one private school for students with disabilities (separate corporations) or a non-profit organization operates more than one non-profit school (separate corporations) and the employee works for more than one of these private schools, the amount in columns #3A will be the total salary of all organizations and #3B will be the salary (by private school) for the specific private school. For example, Jane Doe works for ABC School One, Inc., ABC School Two, Inc., and ABC School Three, Inc., and Jane earns the following salaries: School One - \$50,000, School B - \$30,000 and School C - \$20,000. The forms for the schools will be as follows: School One – column #3A - \$100,000 and column #3B - \$50,000, School Two – column #3A - \$100,000 and column #3B - \$30,000, and School Three – column #3A - \$100,000 and column #3B - \$20,000.
  - h. If the organization (corporation, partnership) has more than one component and the employee works for the private school and another component(s) other than a private school, the employee's total organization salary must be entered in column #3A and the portion attributed to the private school must be entered in column #3B. For example, if Joe Doe earns a total organization salary of \$160,000 and works 25% of his time in the private school, \$160,000 must be entered in column #3A and \$40,000 must be entered in column #3B.
7. On pages four through six, column #4, enter the employment status for 2008-2009 of the employees, indicating whether the employee is full-time with a (F) or part-time with a (P). Whether an employee is full-time or part-time is based on the determination made by the private school for employment in the organization as a whole but this indication must be consistent.
8. On pages four through six, column #5, enter the total number of months the employee is employed in the 2008-2009 school year. An employee working a partial month is considered working the entire month. As an example, a teacher working from September 1, 2008 through June 15, 2009 is considered a 10 month employee or an administrator working from July 15, 2008 through June 15, 2009 is considered a 12 month employee.
9.
  - a. On pages four through six, column #6, enter the total hours the employee works per week in the organization. If the private school isn't a stand alone organization, it's possible for an employee to work in both the private school and another part of the organization. If an employee works a total of 40 hours per week in the organization but only 20 hours for the private school, please enter 40 in column #6 and 20 in column #7.
  - b. From the example in #6f, if the employee works for an organization with three private schools, the forms for the schools will be reported as follows: School A – column #6 – 40 and column #7 - 20, School B – column #6 – 40 and column #7 - 12, and School C – column #6 – 40 and column #7 - 8.
  - c. From the example in #6h, if the employee works for an organization that has more than one component and the employee works for the private school and another component(s) other than a private school, the employee's hours will be reported as follows: column #6 – 40 and column #7 – 10.
10. On pages four through six, column #7, enter the total hours the employee works in the private school per week. The number of hours indicated in column #7 may not exceed the number of hours indicated in column #6. See item #6 for examples of employees working in multiple private schools and/or working in a private school and another component in the organization.
11. On pages four through six, column #8, enter every school certification(s) held by the employee. Indicate "None" if the employee does not hold any type of school certification.

12. On pages four through six, column #9, enter the highest degree held by the employee. For example, if an employee has two bachelor's degrees and one master's degree, the master's degree should be inserted. Indicate "None" if the employee does not hold any type of college degree.
13. On pages four through six, column #10, enter all licenses held by the employee. Indicate "None" if the employee does not hold any type of license.
14. Complete pages 7 through 14 based on the information requested.
15. As a reminder, the completed Excel file must saved as the name of school (i.e. ABC School 08-09.xls) and emailed to the department at [doepssd@doe.state.nj.us](mailto:doepssd@doe.state.nj.us) by February 27, 2009. In addition, the Affidavit) page 3 of the forms) must include the official seal and signature of a Notary Public, the signatures of the various private school representatives and mailed to Toula Aris by February 27, 2009. Retain a copy for your files.

Toula Aris  
New Jersey State Department of Education  
Division of Finance  
100 River View Plaza  
P.O. Box 500  
Trenton, NJ 08625-0500

**SAMPLE FORM**

**LISTING OF GENERAL ADMIN, SCHOOL ADMIN, BUSINESS AND OTHER SUPPORT EMPLOYEES**  
**ACCOUNT #s 11-000-230-100, 11-000-240-103, 11-000-240-104, 11-000-240-105, 11-000-240-110, 11-000-290-100**  
**2008-2009**

1	2	3		4	5	6	7	8	9	10
POSITION TITLE	EMPLOYEE'S NAME Last, First	TOTAL AGENCY SALARY 7/1/08 – 6/30/09	TOTAL SCHOOL SALARY 7/1/08 – 6/30/09	FULL- TIME (F) PART- TIME (P)	10, 11 OR 12 MONTH EMPLOYEE	TOTAL HRS PER WEEK	TOTAL HRS WORKED IN PRIVATE SCHOOL PER WEEK	LIST ALL CERTIFICATION(S) HELD	HIGHEST DEGREE(S) HELD	LIST ALL LICENSES HELD
Director	Roast, Chuck	120,000	90,000	F	12	40	30	School Administrator	MS	None
Director	Shore, Joe	90,000	45,000	F	12	40	20	School Administrator	MS	None
Assistant Director	Ware, Della	80,000	80,000	F	12	40	40	Principal / Supervisor	MS	None
Secretary	Goat, Billy	30,000	30,000	P	12	20	20	None	AA	None
Clerical	Lettuce, Romaina	30,000	30,000	F	10	40	40	None	None	None
Principal – High School	Roast, Chuck	120,000	30,000	F	12	40	10	Principal / Supervisor	MS	None
Assistant Principal – High School	Class, Hy	45,000	45,000	F	10	40	40	Principal / Supervisor	MS	None
Clerical	Lettuce, Hedda	30,000	30,000	F	10	40	40	None	None	None
Business Manager	Force, Gail	70,000	70,000	F	12	40	40	School Business Administrator	BS	CPA
Bookkeeper	Nerve, Lotta	20,000	20,000	P	11	20	20	None	None	None
Bookkeeper	Thief, Jule	20,000	20,000	P	11	20	20	None	None	None
Clerical	Adams, Stella	30,000	30,000	F	10	40	40	None	None	None
Computer Technology	Brush, Steve	25,000	25,000	P	10	15	15	None	MS	Computer Science Tech.

\*All columns must be completed in order for the form to be considered complete. Please indicate NONE in columns 8, 9 or 10 for those individuals with no certification/degree/license. Please indicate ALL certifications, licenses and the highest degrees for each staff member.

**SAMPLE FORM**

**LISTING OF CLASSROOM INSTRUCTION EMPLOYEES**

ACCOUNTS #s 11-200-100-101, 11-200-100-104, 11-200-100-106, 11-320-100-101, 11-320-100-106, 11-000-211.1-100, 11-000-213.1-100, 11-000-216-100, 11-000-222.1-101  
**2008-2009**

1	2	3		4	5	6	7	8	9	10
POSITION TITLE	EMPLOYEE'S NAME Last, First	(A) TOTAL ORGANSZ. SALARY 7/1/08 – 6/30/09	(B) TOTAL SCHOOL SALARY 7/1/08 – 6/30/09	FULL- TIME (F) PART- TIME (P)	10, 11 OR 12 MONTH EMPLOYEE	TOTAL HRS PER WEEK	TOTAL HRS WORKED IN PRIVATE SCHOOL PER WEEK	LIST ALL CERTIFICATION(S) HELD	HIGHEST DEGREE(S) HELD	LIST ALL LICENSES HELD
Teacher of the Handicapped	Smith, Steve	65,000	65,000	F	10	35	35	TOH	MA	None
Teacher of the Handicapped	Worthy, Amy	15,000	15,000	F	10	35	35	TOH	BS	None
Teacher of the Handicapped	Worthy, Bob	17,000	15,000	F	10	35	35	TOH	BS	None
Home Economics Teacher	Wond, Delores	40,000	40,000	F	10	35	35	Teacher of Home Econ.	BS	None
Health / Physical Education Teacher	Coleman, Gina	18,500	18,500	F	10	35	35	Teacher of P.E./Health Education	MA	None
Art Teacher	Brush, Greg	25,000	25,000	P	10	15	15	Teacher of Art	MS	None
Automotive Teacher	Wond, Bob	40,000	40,000	F	10	35	35	Auto Mechanics	BS	None
Spanish Teacher	Lund, Bill	40,000	40,000	F	10	35	35	Spanish	MA	None
French Teacher	Lund, Joe	40,000	40,000	F	10	35	35	French	MA	None
School Social Worker	Shore, Joe	90,000	45,000	F	10	40	20	School Social Worker	MSW	None
School Social Worker	Shore, Betty	100,000	50,000	F	12	40	20	School Social Worker	MSW	None
Physical Therapist	Shore, Betty	100,000	50,000	F	12	40	20	Physical Therapist	MA	None
Physical Therapist	Jones, Milt	50,000	50,000	F	10	35	35	Physical Therapist	MA	None
Occupational Therapist	Jones, Steve	50,000	50,000	F	10	35	35	Occupational Therapist	MA	None
Speech Correction	Jones, Todd	50,000	50,000	F	10	35	35	Speech Correction	MA	None
School Psychologist	Freud, Sigmund	80,000	80,000	F	12	35	35	School Psychologist	MA	None

\*All columns must be completed in order for the form to be considered complete. Please indicate NONE in columns 8, 9 or 10 for those individuals with no certification/degree/license. Please indicate ALL certifications, licenses and the highest degrees for each staff member.

**SAMPLE FORM**

**LISTING OF SUPPORT SERVICES EMPLOYEES**

**ACCOUNTS # s 11-000-211-100, 11-000-213-100, 11-000-218-104, 11-000-218-105, 11-000-218-110, 11-000-221-102, 11-000-221-104, 11-000-221-105, 11-000-221-110, 11-000-222-100, 11-000-222-101, 11-000-223-102, 11-000-223-104, 11-000-223-105, 11-000-223-110  
2008-2009**

1	2	3		4	5	6	7	8	9	10
POSITION TITLE	EMPLOYEE'S NAME Last, First	(A) TOTAL ORGANZ. SALARY 7/1/08 – 6/30/09	(B) TOTAL SCHOOL SALARY 7/1/08 – 6/30/09	FULL- TIME (F) PART- TIME (P)	10, 11 OR 12 MONTH EMPLOYEE	TOTAL HRS PER WEEK	TOTAL HRS WORKED IN PRIVATE SCHOOL PER WEEK	LIST ALL CERTIFICATION(S) HELD	HIGHEST DEGREE(S) HELD	LIST ALL LICENSES HELD
Super. Curriculum and Instruction	Tood, Bob	80,000	80,000	F	12	40	40	Super. Curr. & Instruc.	MA	None
Secretary	Doe, Jane	30,000	30,000	P	12	20	20	None	None	None
Clerical	Jones, Hazel	30,000	30,000	F	10	40	40	None	None	None
Registered Nurse	Nightingale, Flo	60,000	60,000	F	12	40	40	None	MA	RN
Attendance Officer	Friend, Bob	80,000	80,000	F	12	40	40	None	MA	None
Education Media Specialist	Shore, Albert	50,000	50,000	F	10	35	35	Educational Media Specialist	MSW	None
Assistant Education Media Specialist	Shore, Almon	40,000	40,000	F	10	35	35	Educational Media Specialist	MSW	None
Supervisor of Instruction	Cross, Chris	100,000	50,000	F	12	40	20	Supervisor	MA	None
Attendance Clerk	Rush, Howard	25,000	25,000	P	10	15	15	None	None	None

\*All columns must be completed in order for the form to be considered complete. Please indicate NONE in columns 8, 9 or 10 for those individuals with no certification/degree/license. Please indicate ALL certifications, licenses and the highest degrees for each staff member.