

New Jersey Department of Health
 Financial Services
 Grants Management and Review
 P.O. Box 360
 Trenton, NJ 08625-0360

**NOTIFICATION OF
 LICENSED PUBLIC ACCOUNTANT**

– SEE INSTRUCTIONS –

PROVIDER AGENCY NAME			AGENCY FISCAL YEAR	
ADDRESS				ZIP CODE
NAME OF CONTACT INDIVIDUAL		TITLE	TELEPHONE NUMBER	
CHARITIES REGISTRATION NUMBER	FEDERAL ID NUMBER		FISCAL YEAR OF LAST TAX RETURN FILED / IRS FORM NO.	
I. FUNDING FROM STATE OF NEW JERSEY <i>(Use Additional Sheet If Necessary)</i>				
Department	Contract or Grant No.	Catalog of Federal Domestic Assistance No./ Funding Authorization No.	Period of Award	Amount of Contract or Grant
II. DIRECT FUNDING FROM THE FEDERAL GOVERNMENT <i>(Use Additional Sheet If Necessary)</i>				
Federal Agency	Contract or Grant No.	Catalog of Federal Domestic Assistance No.	Period of Award	Amount of Award
III. LICENSED PUBLIC ACCOUNTANT				
CURRENTLY LICENSED TO PRACTICE IN NEW JERSEY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, N. J. LICENSE NO.: _____ EXPIRATION DATE: _____				
FIRM NAME			TELEPHONE NUMBER	
ADDRESS				ZIP CODE
NAME OF CONTACT INDIVIDUAL		TITLE	ANTICIPATED AUDIT COMPLETION DATE	
CERTIFICATION – SIGNATURE		TITLE	DATE OF LATEST QUALITY CONTROL REVIEW	
IV. FOR DEPARTMENT USE ONLY				
DATE RECEIVED		DATE VERIFIED	AUDIT CONTROL NUMBER	
REMARKS _____				