

Single Audit Summary

For Fiscal Year Ended June 30, 2013

A. GENERAL INFORMATION

District Code: 0410
 LEA: Township of Bloomfield School District
 County: Essex
 CPA Firm: Nisivoccia LLP

B. GSA DATA

- FOR DEPARTMENT USE ONLY -

Type of Single Audit per GSA: _____
 CAFR: _____ Timely - A133? _____
 IR Date: _____ Results: _____
 Status: _____ Entered _____

C. AUDIT ITEMS SUBMITTED

1. Is the LEA required to use school-based budgets? Items 2-3 and 5-6 will be automatically updated with the required number of copies for submission based on this response.

Yes _____ No X

2. Comprehensive Annual Financial Report
3. Auditor's Management Report
4. Corrective Action Plan for prior Fiscal Year
5. Audit Questionnaire
6. CD-ROMs of Audit Items Submitted (see instructions)
7. Single Audit Summary
8. External Quality Control Review
9. Data Collection Form (submit if Federal Single Audit Required)

Number of Copies*

2
2
1
N/A
2
1
1
1

10. Audit performed and signed/dated by a CPA/RMA?

Yes X No _____ N/A _____

11. Type of Auditor's Report: Financial Stmts

Unmodified _____

D. SINGLE AUDIT SECTION

1. Single Audits required per Federal & State Expenditures

Federal X State X None _____

K1 "Independent Auditor's Report on Internal Controls . . ."

2. Material weaknesses and/or significant deficiencies noted?

Yes _____ No X N/A _____

K2 "Independent Auditor's Report on Compliance . . ."

3. Material weaknesses and/or significant deficiencies noted?

Yes _____ No X N/A _____

4. Type of Auditor's Report: Federal

Qualified _____

5. Type of Auditor's Report: State

Unmodified _____

K3 "Schedule of Expenditures of Federal Awards"

6. Total Federal Expenditures \$ 3,908,358.00

7. Type A/B Threshold \$ 300,000.00

8. DOE Calculated Threshold \$ 300,000.00

9. Difference \$ -0-

	As of June 30, 2012
10. Due to Grantor	\$ 17,308.00
11. Less: Adjustment	\$ -0-
12. Refund Amount	\$ 17,308.00
13. Repayment	\$ 17,308.00
14. Balance Due	\$ -0-

* Paper copies with the exception of #6; see Instructions for number of electronic copies for the CD-ROMs.

Single Audit Summary

For Fiscal Year Ended June 30, 2013

D. SINGLE AUDIT SECTION (cntd)

LEA: Township of Bloomfield School District

County: Essex

K4 "Schedule of Expenditures of State Financial Assistance"

15. Total State Expenditures	\$	24,165,937.00
16. Type A/B Threshold	\$	724,978.00
17. DOE Calculated Threshold	\$	724,978.00
18. Difference	\$	-0-

	As of June 30, 2012
19. Due to Grantor	\$ 66,745.00
20. Less: Adjustment	\$ -0-
21. Refund Amount	\$ 66,745.00
22. Repayment	\$ 66,745.00
23. Balance Due	\$ -0-

K5 "Notes to the Schedule of Expenditures of Awards and Financial Assistance"

24. Notes included? Yes X No N/A

K6 "Schedule of Findings and Questioned Costs"

Financial Statements

25. Audit Findings contain the required reporting elements? Yes, Nbr. of Findings 0 No N/A X

Federal Awards

26. List all Federal Major Programs or clusters exceeding the Type A/B Threshold and all other programs audited in the current year. Include the applicable CFDA Numbers, classify the Major Programs as Type A or B and denote the last period audited using an "X" in the appropriate column.

CFDA Number(s)	Name of Federal Major Program or Cluster	Type A or B	Year 3 - 2013	Year 2 - 2012	Year 1 - 2011
84.410	Education Jobs Fund	A		X	
	Child Nutrition Cluster:				
10.553	School Breakfast	A	X	X	
10.555	National School Lunch	A	X	X	
10.555	Federal Food Distribution	A	X	X	
	Special Education Cluster:				
84.027	IDEA Part B, Basic	A	X		X
84.173	IDEA Preschool	A	X		
84.010	Title I	A	X		

27. K6 agrees with Data Collection Form? Yes X No N/A

28. Audit Findings contain the required reporting elements? Yes, Nbr. of Findings 1 No N/A

29. Questioned Costs? Yes, Amount 321,965 No N/A

Single Audit Summary
For Fiscal Year Ended June 30, 2013

D. SINGLE AUDIT SECTION (cntd)

Township of Bloomfield School District

Essex

State Awards

30. List the State Major Programs or Clusters exceeding the Type A/B Threshold and all other programs audited in the current year. Include the applicable GMIS Numbers, classify the Major Programs as Type A or B and denote the last period audited using an "X" in the appropriate column.

[illegible]

31. Audit Findings contain the required reporting elements?

Yes, Nbr. of Findings 1

No

N/A

32. Questioned Costs?

Yes, Amount

No X

N/A

K7 “Schedule of Prior Year Findings and Questioned Costs”

33. Prior Period Findings?

Number 4

Fully Corrected

Number 2

Not Corrected

Number 1

Partially Corrected

Number	1
--------	---

Other – Explanation attached by LEA

Yes

No

Number

E. Comments

F. Preparer's Information

Print Name: William F. Schroeder

Signature & Date: _____

Email: bschroeder@nisivoccia.com

G. CPA Firm Information

Address: Nisivoccia LLP

200 Valley Road, Suite 300

Mount Arlington, NJ 07856

Phone: (973) 328-1825