

**Data Collection Form for Reporting on  
AUDITS OF STATES, LOCAL GOVERNMENTS, INDIAN TRIBES,  
INSTITUTIONS OF HIGHER EDUCATION, AND NONPROFIT ORGANIZATIONS  
for Fiscal Period Ending Dates in 2019, 2020, or 2021**

**PART I: GENERAL INFORMATION**

REPORT ID: 907972 VERSION: 1

<b>1. Fiscal Period</b> a. Start Date <input type="text" value="7/1/2020"/> (MM/DD/YYYY) b. End Date <input type="text" value="6/30/2021"/> (MM/DD/YYYY)	<b>2. Type of Uniform Guidance Audit</b> <input checked="" type="checkbox"/> Single audit <input type="checkbox"/> Program-specific audit	<b>3. Audit Period Covered</b> <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Biennial <input type="checkbox"/> Other: Number of Months <input type="text"/>
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<b>4. Auditee Identification Numbers</b>	
a. Auditee Employer Identification Number (EIN) <input type="text" value="59-3652684"/>	d. Auditee Data Universal Numbering System (DUNS) Number <input type="text" value="___-___-___"/>
b. Are multiple EINs covered in this report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	e. Are multiple DUNS numbers covered in this report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c. If Part I, Item 4b is Yes, complete the attached Auditee EIN Continuation Sheet	f. If Part I, Item 4e is Yes, complete the attached Auditee DUNS Continuation Sheet

<b>5. Auditee Information</b> a. Auditee Name <input type="text" value="NORTH FLORIDA WORKFORCE DEVELOPMENT BOARD, INC."/> b. Auditee Address Number and Street <input type="text" value="705 EAST BASE STREET"/> City State Zip Code <input type="text" value="MADISON"/> <input type="text" value="FL"/> <input type="text" value="32340"/> c. Auditee Contact Name <input type="text" value="DIANE HEAD"/> Title <input type="text" value="CEO"/> d. Auditee Contact Telephone <input type="text" value="(850)973-1807"/> e. Auditee Contact E-mail <input type="text" value="DIANE.HEAD@CAREERSOURCENORTHFLORIDA.COM"/>	<b>6. Primary Auditor Information</b> a. Audit Firm/Organization Name <input type="text" value="POWELL AND JONES, CPA'S"/> b. Audit Firm/Organization EIN <input type="text" value="59-2145410"/> c. Audit Firm/Organization Address Number and Street <input type="text" value="1359 SW MAIN BLVD"/> City State Zip Code <input type="text" value="LAKE CITY"/> <input type="text" value="FL"/> <input type="text" value="32025"/> d. Auditor Contact Name <input type="text" value="MARIAN POWELL"/> Title <input type="text" value="PARTNER"/> e. Auditor Contact Telephone <input type="text" value="(386)755-4200"/> f. Auditor Contact E-mail <input type="text" value="MARIAN@POWELLANDJONESCPA.COM"/> g. Was a secondary auditor used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	h. If Part I, Item 6g is Yes, complete the attached Secondary Auditors' Contact Information Sheet