Corrective Action Plan (CAP) For the Fiscal Year ended June 30, 20XX Prepare only when there is a finding(s) in the ACFR or AMR.

Upload to the ACFR Repository with file name: CAP.PDF (within 45 days of Board accepting the Audit)

Email a copy of the CAP to: <u>CAP@ag.nj.gov</u>

School District/Charter/Renaissance School Project - Lacey Township Board of Education

County – Ocean County

Contact Person - Sharon Silvia

Type of Audit - Annual Comprehensive Financial Report

Email Address / Telephone Number - ssilvia@lacevschools.org, 609-971-2000 ext. 1005

Date of Board Meeting - February 16, 2023

Α	В	С	D	E	F
*AMR/ACFR Finding #	*Finding (Condition)	*Recommendation	*Method of Implementation	Person Responsible for	Completion Date
1	Net cash resources did exceed three months average expenditures.	That the District does not maintain cash which exceeds three months worth of average expenditures in their bank account.		Sharon Silvia	Immediately and On going

Chief School Administrator:

Date: 2/21/23

Date: 2/17/23

allosa K. Kerlina

Board Secretary/ School Business Administrator:

* Reference AMR/ACFR for columns A, B & C. Please use same wording from AMR/ACFR.

* Method of Implementation (column D). Please describe the plan that ensures the finding(s) will not recur.

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