California Department of Education

**This form must be completed, signed, and returned by September 15, 2017 to:**

California Department of Education

Audits and Investigations Division

1430 N Street, Suite 5319

Sacramento, CA 95814

Attention: Robert Hoyer, Analyst

Email: rhoyer@cde.ca.gov

Fax: 916-323-5279

**Annual Audit Status Certification**

**Fiscal Year 2016-2017**

**Please see instructions for assistance.**

|  |  |  |
| --- | --- | --- |
| **AGENCY NAME**         | **VENDOR NUMBER**      | **EMPLOYER IDENTIFICATION NUMBER**      |
| **MAILING ADDRESS**           | **COUNTY**      | **E-MAIL ADDRESS**      |
| **CITY STATE ZIP CODE**                 | **FAX NUMBER**      |
| **NAME AND TITLE OF AUTHORIZED REPRESENTATIVE (First, M.I., Last, Title)**      | **PHONE NUMBER**      |
| **ORGANIZATION TYPE**[ ]  Nonprofit [ ]  For Profit[ ]  Hospital [ ]  Indian Tribal Council[ ]  Government [ ]  Higher Education | **AGENCY’S 12-MONTH FISCAL YEAR**[ ]  July – June[ ]  October – September[ ]  January – December[ ]  Other:       |
| **FUNDING FROM CALIFORNIA DEPARTMENT OF EDUCATION**[ ]  Child Care and Development[ ]  Nutrition [ ]  Food Commodities[ ]  Adult Education [ ]  Other:       | **TOTAL FEDERAL FINANCIAL ASSISTANCE EXPENDED**[ ]  Less than $25,000[ ]  $25,000 - $749,999[ ]  $750,000 or more |
| **AUDIT TYPE (See Instructions)**[ ]  Contract [ ]  Program[ ]  Single Audit |
| **CHECK ONE BOX BELOW:**[ ]  Agency will submit the required audit report.[ ]  Agency does not have an audit report requirement.   Reason:                                                                                  |
| **I hereby certify that I am an authorized representative of the above named agency and to the best of my knowledge, the information on this form is true and correct as applicable to the programs administered by the California Department of Education. I understand that any correction to the above information requires the submission of a revised Annual Audit Status Certification form.** |
| **SIGNATURE OF AUTHORIZED REPRESENTATIVE** | **DATE** |

(REV. 06/2017)