

# Annual Audit Status Certification

## Fiscal Year 2024-2025

Please see instructions for assistance.

**This form must be completed, signed, and returned by October 16, 2025 to:**

California Department of Education  
Audits and Investigations Division  
1430 N Street, Suite 5319  
Sacramento, CA 95814  
Attention: Robert Hoyer, Analyst  
Email: [rhoer@cde.ca.gov](mailto:rhoer@cde.ca.gov)

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
<b>ORGANIZATION TYPE</b>  <input type="checkbox"/> Nonprofit <input type="checkbox"/> For Profit  <input type="checkbox"/> Hospital <input type="checkbox"/> Indian Tribal Council  <input type="checkbox"/> Government <input type="checkbox"/> Higher Education			<b>AGENCY'S 12-MONTH FISCAL YEAR</b>  <input type="checkbox"/> July – June  <input type="checkbox"/> October – September  <input type="checkbox"/> January – December  <input type="checkbox"/> Other: _____
<b>FUNDING FROM CALIFORNIA DEPARTMENT OF EDUCATION</b>  <input type="checkbox"/> Early Education  <input type="checkbox"/> School Nutrition  <input type="checkbox"/> Summer Food Service  <input type="checkbox"/> Adult Education  <input type="checkbox"/> 21 <sup>st</sup> Century Community Learning Centers  <input type="checkbox"/> Afterschool Education and Safety		<b>AUDIT TYPE (See Instructions)</b>  <input type="checkbox"/> Contractor  <input type="checkbox"/> Program  <input type="checkbox"/> Single Audit	<b>TOTAL FEDERAL AWARD EXPENDED</b>  <input type="checkbox"/> Less than \$1,000,000  <input type="checkbox"/> \$1,000,000 or more  <hr/> <b>TOTAL STATE AWARD FUNDED</b>  <input type="checkbox"/> Less than \$100,000  <input type="checkbox"/> \$100,000 or more
<b>CHECK ONE BOX BELOW:</b>  <input type="checkbox"/> Agency will submit the required audit report. <input type="checkbox"/> 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