

**Annual Audit Status Certification  
Fiscal Year 2023-2024**

**This form must be completed, signed, and returned by October 16, 2024 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](mailto:rhoyer@cde.ca.gov)

Please see instructions for assistance.

<b>AGENCY NAME</b>		<b>VENDOR NUMBER</b>	<b>EMPLOYER IDENTIFICATION NUMBER</b>
<b>MAILING ADDRESS</b>		<b>COUNTY</b>	<b>E-MAIL ADDRESS</b>
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>FAX NUMBER</b>
<b>NAME AND TITLE OF AUTHORIZED REPRESENTATIVE (First, M.I., Last, Title)</b>			<b>PHONE NUMBER</b>
<b>ORGANIZATION TYPE</b>			<b>AGENCY'S 12-MONTH FISCAL YEAR</b>
<input type="checkbox"/> Nonprofit <input type="checkbox"/> For Profit			<input type="checkbox"/> July – June
<input type="checkbox"/> Hospital <input type="checkbox"/> Indian Tribal Council			<input type="checkbox"/> October – September
<input type="checkbox"/> Government <input type="checkbox"/> Higher Education			<input type="checkbox"/> January – December
			<input type="checkbox"/> Other: _____
<b>FUNDING FROM CALIFORNIA DEPARTMENT OF EDUCATION</b>		<b>AUDIT TYPE (See Instructions)</b>	<b>TOTAL FEDERAL AWARD EXPENDED</b>
<input type="checkbox"/> Early Education		<input type="checkbox"/> Contractor	<input type="checkbox"/> Less than \$750,000
<input type="checkbox"/> School Nutrition		<input type="checkbox"/> Program	<input type="checkbox"/> \$750,000 or more
<input type="checkbox"/> Summer Food Service		<input type="checkbox"/> Single Audit	<b>TOTAL STATE AWARD FUNDED</b>
<input type="checkbox"/> Adult Education			<input type="checkbox"/> Less than \$100,000
<input type="checkbox"/> 21 <sup>st</sup> Century Community Learning Centers			<input type="checkbox"/> \$100,000 or more
<input type="checkbox"/> Afterschool Education and Safety			
<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.			
<b>SIGNATURE OF AUTHORIZED REPRESENTATIVE</b>			<b>DATE</b>