California Department of Education

Annual Audit Status Certification
Fiscal Year 2025-2026

Please see instructions for assistance.

This form must be completed, signed, and returned by October 16, 2026 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

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

- ☐ Early Education
- ☐ School Nutrition
- ☐ Summer Food Service
- ☐ Adult Education
- ☐ 21st Century Community Learning Centers
- ☐ Afterschool Education and Safety

AUDIT TYPE (See Instructions)

- ☐ Contractor
- ☐ Program
- ☐ Single Audit

TOTAL FEDERAL AWARD EXPENDED

- ☐ Less than $1,000,000
- ☐ $1,000,000 or more

TOTAL STATE AWARD FUNDED

- ☐ Less than $100,000
- ☐ $100,000 or more

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. 07/2026)