Independent Auditor Selection Form Fiscal Year 2023/24

Baldano	Unified	School District	CDC	Codo #. (1)	-6/259-6/1997	
Dexicland North Ocikland	Committy_	Charter School	CDS	Code #: U	<u> </u>	X
	Controller's Off	ice confirms that t			cation, school districts, al audits.	
Please complete	the following	for the above	charter sc	hool:		
Audit Firm: Ch	istu Whit	2				
Address: 348	Olive	Street S	an Die	290, CA	92/03	
Telephone: 619-2	20-8226	<u> </u>)23/24 Fisca	l Year Audit F	ee \$ 6,874.83	
					d fee for each year:	
Fis	cal Year	***************************************	Fee \$			
Fis	cal Year		Fee \$	·	_	
Date of Charter Scho	ol Governing [Board Approval: _				
	opears on the	Certified Publi	ic Account		l audits by confirming ory Service (i.e. CPADS)	
Jimmir	y Brown	1	_			
Authorized Charter F		•		4 .		
JABI	lor_			3/11/20	024	
Charter Representati	ve's Signature			Date /	,	
Sponsoring District Representative's Signature				Date		
Charter Schools: F	lease complet	e and return to yo	our sponsor	ing district re	presentative listed below.	
Please return to:	Mink	Co	Ву (date):	3/13/24	

DISTRICTS: PLEASE RETURN BY MARCH 31, 2024 TO LILY ROCHA GARCIA, DISTRICT BUSINESS & ADVISORY SERVICES, ROOM 348.

