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|  | **Oakland Unified** | School District |
| **Independent Auditor Selection Form****Fiscal Year 2017/18** |
| **XYZ** | Charter School | CDS Code #:  | **01-61259-xxxxxxx** |
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| Each year the State Controller’s Office confirms that the county offices of education, school districts, charter schools  |
| and certain joint powers entities have arranged for their annual audits.  |
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| Please complete the following for the above charter school: |
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| Audit Firm:  |  |  |
|  |
| Address:  |  |  |
|  |
|  |  |  |
|  |
| Telephone Number:  |  |  |
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| 2017/18 Fiscal Year Audit Fee $  |  |  |
|  |
| If a multiple year contract, please state the fiscal years covered and fee for each year:  |
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| --- | --- | --- | --- | --- |
| Fiscal Year |  | Fee $ |  |  |
| Fiscal Year |  | Fee $ |  |  |
| Fiscal Year |  | Fee $ |  |  |

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| Date of Charter School Governing Board Approval:  |  |  |
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| The District has verified that this firm is authorized to conduct school audits by confirming this firm’s name appears on the Certified Public Accountants Directory Service (i.e. CPADS) for Local Education Audits list. <http://cpads.sco.ca.gov/> |
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| Authorized Charter Representative (Print Name)  |
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|  |  |  |  |
| Charter Representative’s Signature Date |
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|  |  |  |  |
| Sponsoring District Representative’s Signature Date |
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| **Charter Schools:** Please complete and return to your sponsoring district representative listed below. |
| Please return to: | **Minh Co** | By (date): | **March 20, 2018** |
| **Districts:** Please complete highlighted areas before sending to the charter. After reviewing and signing, return to ACOE. |
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| **PLEASE RETURN BY APRIL 2, 2018 TO SYLVIA DE LA CRUZ, DISTRICT BUSINESS & ADVISORY SERVICES, ROOM 348.** |