



Oakland Unified School District

Independent Auditor Selection Form

Fiscal Year 2017/18

XYZ

Charter School

CDS Code #:

01-61259-xxxxxxx

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.

Please complete the following for the above charter school:

Audit Firm: _____

Address: _____

Telephone Number: _____

2017/18 Fiscal Year Audit Fee \$ _____

If a multiple year contract, please state the fiscal years covered and fee for each year:

Fiscal Year _____ Fee \$ _____
Fiscal Year _____ Fee \$ _____
Fiscal Year _____ Fee \$ _____

Date of Charter School Governing Board Approval: _____

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/>

Authorized Charter Representative (Print Name)

Charter Representative’s Signature

Date

Sponsoring District Representative’s Signature

Date

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.

PLEASE RETURN BY APRIL 2, 2018 TO SYLVIA DE LA CRUZ, DISTRICT BUSINESS & ADVISORY SERVICES, ROOM 348.