California Department of Education November 2021

Early Education Division

# California State Preschool Program Continued Funding Application Fiscal Year 2022—23 Instructions

## Overview

California State Preschool Program (CSPP) contractors must review the following instructions prior to completing the Continued Funding Application (CFA) for fiscal year (FY) 2022–23. The CFA may be submitted electronically by email or physically by mail.

1. Download the CFA, including the required attachments, from <https://www.cde.ca.gov/sp/cd/ci/cfaforms2223.asp> and save your own personal copy.
2. Complete and sign your saved CFA, including the required attachments. If submitting a physical copy of the application, print all pages single-sided only.
3. The CFA may be signed and submitted to the California Department of Education (CDE) electronically or by mail. Instructions to provide a digital signature are located on each applicable section of this document.

Generally, the executive director, owner, president, or superintendent are authorized signers for the CFA. CSPP contractors should review the organization’s governing documents (such as bylaws) to identify authorized signers. The following pages of the CFA must be included in the packet with a separate signature on each page:

1. Section V: CSPP Personnel Certification (page 6)
2. Section VI: Subcontract Certification (page 7)
3. Section VII: CSPP Contractor Certification (page 8–9)
4. Section VIII: Certification of CSPP Contractor Information in the Child Development Management Information System (CDMIS) Database (refer to the CFA main page for link)
5. Section IX B: Payee Data Record (STD. 204), (refer to the CFA main page for link)
6. Section IX C: Payee Data Record Supplement (STD. 205), (as applicable)
7. Section IX K: For Public Agencies, must include board resolution or minutes authorizing signature on this document, or delegation of authority

Remember to keep a copy of the signed CFA for your records.

## Methods to Submit the CFA

CSPP contractors may submit the CFA electronically by email or physically by mail (hard copy). Electronic submissions of the CFA are encouraged.

### Electronic CFA

#### Option 1: Electronic CFA with a Digital Signature

The CFA signature pages (five (5) signatures in total, if applicable) must be digitally signed by the CSPP contractor’s authorized representative if submitting the CFA electronically. Instructions for each signature page are found in each applicable section within this document.

#### Option 2: Scanned CFA:

CSPP contractors may choose to print the CFA, physically sign each of the required forms, and scan and email the CFA to the CFA email inbox. Please note that the size of the scanned attachment must not exceed 25 megabytes.

**Important:** If submitting electronically, email the completed and signed CFA and all required attachments to CFA@cde.ca.gov. Additionally, please include the following statement in the body of the email:

By submitting the attached, I certify that I am authorized to submit, and have approved this Continued Funding Application (CFA) for **[Insert CSPP Contractor Name],** vendor number **[XXXX]**. **[Insert CSPP Contractor Name]** intends that the CFA transaction be completed by electronic means. All signatures in the attachment are intended to be binding.

### Physical CFA by Mail (Hard Copy)

Physical CFAs may be mailed to the CDE, EED. All signatures in the CFA must be in **blue ink**.

If submitting by mail, send the completed and signed CFA and all required attachments to the following address:

**Continued Funding Application**

**California Department of Education**

**Early Education Division**

**1430 N Street, Suite 3410**

**Sacramento, CA 95814-5901**

## Due Date to Submit the CFA

All CFAs must be received on or before 5 p.m., on **Friday, December 17, 2021,** regardless of the method of the CFA submission.

*California Code of Regulations* Title 5 (*5 CCR)* provides that failure to respond within the timelines specified in the CFA request shall constitute notification of the contractor’s intent to discontinue services at the end of the current contract period. Agencies that may have legitimate reasons for needing additional time to return the CFA may seek an extension by (include who they contact etc.). The Early Education Division may, but is not obligated, to accept CFAs that are submitted after the stated timeline or period of approved extension.

## New This Year

Any CSPP contractors who apply for and are approved for continued funding will not need to sign a CSPP contract to provide services for FY 2022–23, as CSPP contracts approved for continued funding will be automatically renewed in accordance with all applicable federal and state laws, as well as all CSPP Funding Terms and Conditions and Program Requirements that will be incorporated into the subsequent CSPP contract. By signing this CFA, your agency indicates that it wishes to automatically renew its current CSPP contract for the next fiscal year and is willing to, and does accept, all of the terms and conditions of such contract, which will be provided to all CSPP contractors being renewed for funding no later than June 1, 2022. CSPP contractors may reject the terms of the new CSPP contract by providing written notice to the CDE no later than July 1, 2022. Instructions on how to provide written notice of rejection of the terms of the new CSPP contract will be provided with the proposed contract.

If there are any questions regarding the application process or the automatic renewal of approved funding requests, contact the CFA team by email at CFA@cde.ca.gov. Include your name and phone number on all inquiries.

## Section I – CSPP Contractor Information

The header on all pages of the application will automatically populate with the Legal Name of the CSPP Contractor, Headquartered County, and Vendor Number, inputted in Section I as instructed below.

### Legal Name of CSPP Contractor:

Insert the CSPP contractor’s legal name, as stated in your CSPP contract and filed with the California Secretary of State (if applicable).

### CSPP Contractor *Doing Business As* (DBA):

Insert the DBA name, if applicable. Do not use DBA where the CSPP contractor’s legal name is requested.

### Headquartered County:

Select the county in which the CSPP contractor’s Headquarter (HQ) is located, from the drop-down menu. The HQ County is the county where: CSPP contractors have provided child care services in the service delivery area, as defined in 5 *CCR*, Section 18000(f), for at least three (3) years or where CSPP contractors have their primary administrative office. The primary administrative office is that office which houses the executive officer(s), fiscal functions, and other centralized support services.

### Vendor Number:

Insert the CDE assigned four (4) digit vendor number for the CSPP contractor. The vendor number is located on the face sheet of the Early Education Division (EED), CSPP contract following the words *vendor number*.

***Note:*** The executive director information and the legal business address must match the information in the CDMIS. To update information in the CDMIS, refer to the instructions in Section VIII B.

### Executive Director Name:

Insert the name of the CSPP contractor’s head executive (i.e., executive director, superintendent, chancellor, or president) as may be applicable for the organization.

### Executive Director Telephone Number:

Insert the telephone number for the executive director.

### Executive Director Fax Number:

Insert the fax number for the executive director.

### Executive Director Email Address:

Insert the email address for the executive director.

### Legal Business Address:

Insert the CSPP contractor’s legal business address.

### City:

Insert the city of the CSPP contractor’s legal business address.

### Zip Code:

Insert the zip code of the CSPP contractor’s legal business address.

### Mailing Address (if different from above):

Insert the CSPP contractor’s mailing address if different from the legal business address.

### City:

Insert the city of the CSPP contractor’s mailing address if different from the legal business address.

### Zip Code:

Insert the zip code of the CSPP contractor’s mailing address if different from the legal business address.

### Name of Contact Person Completing Application:

Insert the name of the contact person completing the application.

### Title of Contact Person Completing Application:

Insert the title of the contact person completing the application.

### Contact Person Phone Number:

Insert the phone number of the contact person completing the application.

### Contact Person Email Address:

Insert the email address for the contact person completing the application.

## Section II – Contract Types

Check all applicable boxes to indicate the type(s) of CSPP the contractor intends to administer for the FY 2022—23. In checking the boxes, the CSPP contractor agrees, if approved for continued funding, to continue implementation of the CSPP with funds provided by the CDE.

The CSPP contract types are as follows: (1) CSPP, Full-Day/Full-Year (2) CSPP Part-Day/Part-Year, and (3) CSPP Family Childcare Home Education Network (FCCHEN).

## Section III – CSPP Contractor’s Officers and Board of Directors

### Does the CSPP Contractor have a Board of Directors?

Select **yes** or **no** to respond to this question. If the CSPP contractor does not have a Board of Directors, provide an explanation in the space provided. Indicate the form of entity (i.e., sole proprietorship, partnership, joint powers authority, etc.) and the governance structure (i.e., number of owners or partners etc.).

#### Have any of the listed officers, board members, owners or other governing individuals ever served as an officer, board member, owner or governing individual with an agency that received state or federal funding and which agency funding was terminated or involuntarily non-renewed, or the agency was debarred from funding for any period of time?

Select **yes** or **no** to respond to this question. If yes, list on a separate page the officer(s), board member(s), owner(s) or other governing individual(s) to which this applies and include the former agency(ies) with which the individual(s) was/were previously affiliated and the circumstances leading to the termination, involuntary non- renewal or debarment. If no, continue to the next table.

#### Complete contact information for each of the current year CSPP contractor’s officers and board of directors or governing individual, including name and title, telephone number, mailing address, and email address. Each individual must provide their own personal contact information that is not associated with the organization. This information is only required for non-local educational agencies (non-LEAs). Attach additional sheets if necessary.

## Section IV – Program Narrative

1. Indicate if the CSPP **does not** have programmatic or calendar changes by checking the box for each type of CSPP that the contractor operates that **does not** have programmatic **or** calendar changes.

**Note:** The Program Calendar (EED-9730) form is required for all CSPPs. CSPP contractors with Minimum Days of Operation (MDO) changes **and** those without MDO changes are required to submit the Program Calendar in Section IX A.

1. Indicate if the CSPP **does** have programmatic and/or calendar changes by checking the box for each type of CSPP that the contractor operates that **does** have either a programmatic change **and/or** a calendar change.

**Note:** Changes to the MDO require program narrative changes.

CSPP contractors must complete a form EED-3704A for each type of CSPP selected in this section. This form is available on the CFA web page at [https://www.cde.ca.gov/sp/cd/ci/cfaforms2223.asp](https://www.cde.ca.gov/sp/cd/ci/cfaforms2223.asp%22%20%5Co%20%22Continued%20Funding%20Application%20web%20page).

## Section V – CSPP Personnel Certification

### Signature of the CSPP Contractor’s Authorized Representative:

This form must be completed and signed by the CSPP contractor’s authorized representative. To digitally sign the form for electronic submission, left click the signature field and follow the on-screen instructions. Alternatively, the form can be printed, physically signed, and scanned for electronic submission. If submitting a physical copy of the application, signatures must be signed in **blue ink.** The authorized representative is the person who has the authority to sign and engage in a contractual relationship with the CDE.

### Printed Name and Title of the CSPP Contractor’s Authorized Representative:

Print the name and title of the CSPP contractor’s authorized representative.

### Date of Signature:

Insert the date of signature.

### Authorized Representative’s Telephone Number:

Insert the direct phone number of the CSPP contractor’s authorized representative.

### Authorized Representative’s Email Address:

Insert the email address of the CSPP contractor’s authorized representative.

## Section VI – Subcontract Certification

1. The CSPP contractor **does not** have subcontractors

Check the box if the CSPP contractor operates **without** the use of a subcontractor.

1. The CSPP contractor **does** have subcontractors (check all that apply).

CSPP contractors who subcontract CSPP services will need to complete and submit form EED-3704B. This form is available on the CFA web page at <https://www.cde.ca.gov/sp/cd/ci/cfaforms2223.asp>.

### Signature of the CSPP Contractor’s Authorized Representative:

This section must be completed and signed by the CSPP contractor’s authorized representative. To digitally sign the form for electronic submission, left click the signature field and follow the on-screen instructions. Alternatively, the form can be printed, physically signed, and scanned for electronic submission. If submitting a physical copy of the application, signatures must be signed in **blue ink.**

### *Print Name and Title of the CSPP Contractor’s Authorized Representative:* Print the name and title of the CSPP contractor’s authorized representative.

### Date of Signature:

Insert the date of signature.

### Authorized Representative’s Telephone Number:

Insert the direct phone number of the CSPP contractor’s authorized representative.

### Authorized Representative’s Email Address:

Insert the email address of the CSPP contractor’s authorized representative.

## Section VII: CSPP Contractor Certification

The authorized representative certifies they are authorized to execute the CFA, has supervisory authority over the CSPP, has actual knowledge of the information in the application, and certifies that the information in the application is true and correct.

In addition, new this year, the authorized representative agrees that by signing the CFA they are agreeing to renew the CSPP contract under the terms and conditions that will be applicable to FY 2022–23 and that such contract will be in effect as of July 1, 2022, unless the CSPP contractor submits written notice of rejection of the contract to the CDE prior to the effective date of the contract on July 1, 2022.Instructions on how to provide written notice of rejection of the terms of the new FY 2022—23 contract will be provided in forthcoming communication, on or before June 1, 2022, to CSPP contractors.

### Signature of the CSPP Contractor’s Authorized Representative:

This form must be completed and signed by the CSPP contractor’s authorized representative. To digitally sign the form for electronic submission, left click the signature field and follow the on-screen instructions. Alternatively, the form can be printed, physically signed, and scanned for electronic submission. If submitting a physical copy of the application, signatures must be signed in **blue ink.**

### Printed Name and Title of CSPP Contractor’s Authorized Representative:

Print the name and title of the CSPP contractor’s authorized representative.

### Date of Signature:

Insert the date of signature.

### Authorized Representative’s Telephone Number:

Insert the direct phone number of the CSPP contractor’s authorized representative.

### Authorized Representative’s Email Address:

Insert the email address of the CSPP contractor’s authorized representative.

## Section VIII: Certification of the CSPP Contractor Information in the CDMIS

CSPP contractors are required to review and update all information in the CDMIS and certify under penalty of perjury that information in CDMIS is complete and accurate as of the date of the certification. This update includes the name and contact information for the executive director and program directors, location of offices, location, license number and licensed capacity of facility sites and/or family childcare home providers who serve children through a CSPP FCCHEN, and the number of children enrolled.

The information in the CDMIS **becomes part of the agency’s contract**. Complete and accurate information is critical to the function of the CSPP and the maintenance of your agency’s CSPP contract. Incomplete or inaccurate information in the CDMIS can result in an audit finding at the state level and a finding of noncompliance for your agency. Maintenance of complete and accurate information in the CDMIS is your responsibility. To perform the review and update, follow the directions below.

To access this information, the person logging on to the CDMIS must be a ***super user.***

Only super users can access the Update Agency Information function within the CDMIS. To review the information and submit changes, log on to the CDMIS at <https://www4.cde.ca.gov/cdmis/default.aspx>. From the Main Menu, select the function ***Update Agency Information*** and click the ***Submit*** button. Review all of the information in the sections below, making changes as necessary. Detailed instructions for updating this information can be found within the CDMIS. A check list has been provided below for your review.

* **Add/Edit Executive Director Information:** Update Executive Director’s name, phone number, fax number, and email address.
* **Add/Edit Program Director Information:** Update existing Program Director information; add new Program Directors; assign them to the contracts they are responsible for, change Program Director contract assignments, and delete Program Directors who are no longer assigned to a contract or no longer with the agency
* **Add/Edit Family Child Care Home Network (FCCHEN) Information:** This section only applies to CSPP contractors that provide CSPP services through a FCCHEN. Update information related to services provided in family child care homes through the contractor's CSPP contracts to reflect services as of the date of the CDMIS updates.
* **Add/Edit Sites/Offices:** Update, add, or delete sites/offices with the physical address of the site/office. Do not use post office boxes or mailing addresses. Update the Site Supervisor’s first and last name.
* **Update the site license information:** For licensed facilities, the site name and physical address should match the name and address on the license issued by the California Department of Social Services, Community Childcare Licensing Division.
* **Update number of children served by contracts at sites/offices** to reflect services as of the date of the CDMIS updates.
* **Certification of CSPP Contractor Information Form:** Once all of the information has been reviewed and all changes have been submitted, regardless of whether the changes have been approved by the assigned EED Program Quality Implementation (PQI) office Consultant or are still pending approval, complete and sign Section VIII – Certification of CSPP Contractor Information in the CDMIS, on page 8 of the CFA.
	+ Alternatively, generate and **print** the ***Agency Information Certification*** form. Do not generate the Agency Information Certification form until all the information above has been reviewed and any changes needed have been submitted.
	+ To generate this form, scroll to the bottom of the *Update Agency Information* web page and click the ***Generate Certification form*** button.
	+ When the form is generated, print it using the browser's print function. The CSPP contractor’s authorized representative must sign the form. The signed form must be returned with the CFA. Applications **will be considered incomplete** without either the Certification of CSPP Contractor Information page completed or the ***Agency Information Certification*** form.

All changes submitted (adds, updates, or deletes) will remain pending until the CSPP contractor's assigned EED, PQI office consultant reviews and approves or denies the changes.

**Ongoing Updates:** In addition to this annual review of information as part of the CFA process, CSPP contractors are required to submit changes to Executive Director Information, Program Director Information, and Site/Office information (site name, physical address, and license information only) as changes occur. The number of children served by contract and age group at each site/office only needs to be updated once a year during the CFA process.

**Note:** The CSPP contractor's legal name and mailing address cannot be changed through this process. For information on how to change your legal name or headquarters mailing address, contact your assigned EED, PQI office consultant.

For any other questions about how to submit changes within the ***Update Agency Information*** section of the CDMIS website, please contact CDMIS staff at CDMIS@cde.ca.gov.

## Section IX: Required Attachments

All attachments must be completed and attached to the application. These attachments are located on the CFA web page at [https://www.cde.ca.gov/sp/cd/ci/cfaforms2223.asp](https://www.cde.ca.gov/sp/cd/ci/cfaforms2223.asp%22%20%5Co%20%22Continued%20Funding%20Application%20web%20page).

### Fiscal Year 2022–23 Program Calendar (EED-9730)

The Program Calendar (EED-9730) form is required and **must be completed separately for each type of CSPP.** The EED-9730 form will automatically add the total MDO when the dates are marked with an **X**. The instructions for completing the form are as follows:

* 1. Click on the EED-9730 form link at <https://www.cde.ca.gov/sp/cd/ci/documents/eed9730progcal2223.pdf>.
	2. On the top of the form, insert the name of the CSPP contractor and vendor number.
	3. Click on the County box, select the county from the drop-down list.
	4. Click on the Contract Type box, select the contract type from the drop-down list.
	5. Click on the date for the days of operation; enter an **X** for all days the program will serve subsidized children during the FY 2022—23 contract period (Center-based programs and California Family Child Care Homes Education Networks [CFCC]). Advanced Program (AP) and Resource and Referral (R&R) programs should mark the days the program office is open for business.
	6. The total number of days marked with an **X** for each contract will constitute each contract's MDO.
	7. Save the completed EED-9730 form. Print the form if submitting the CFA by mail.

Complete and submit a Program Narrative Change form (EED 3704A) to justify any changes to the previously approved MDO.

When MDO changes occur during the FY, the CSPP contractor is required to justify the change by submitting revised EED-9730 and EED-3704A forms to the assigned EED, PQI office consultant to obtain the necessary approval. For any changes to FY 2022—23, the revised forms must be received electronically, and be approved by the EED, PQI office consultant on or before June 30, 2022. The forms are located on the Contractor Information Forms web page at <https://www.cde.ca.gov/sp/cd/ci/cfaforms2223.asp>

### Payee Data Record (STD. 204) (Non-public Agencies Only)

**Tip:** The State Administrative Manual defines a **public agency** as any state agency, city, county, special district, school district, community college district, county superintendent of schools, or federal agency. Any CSPP contractor that does not meet these criteria is considered a ***non-public agency***.

1. **Non-public agencies** must download and complete the State of California Payee Data Record (STD. 204) form on the CFA web page at <https://www.documents.dgs.ca.gov/dgs/fmc/pdf/std204.pdf>
2. **Section 1** – Read the instructions and complete sections 2 through 5.
3. **Section 2** – Enter the payee’s legal business name. **This should match the Legal Name of the CSPP Contractor you entered in Section I of this application**. Sole proprietorships must also include the owner’s full name. An individual must list his/her full name. **The mailing address and business address should match the information submitted in Section I of this application.**
4. **Section 3** – Check the box that corresponds to the payee business type. **Check only one (1) box**. Corporations must check the box that identifies the type of corporation. The State of California requires that all parties entering into business transactions that may lead to payment(s) from the State provide their Taxpayer Identification Number (TIN). The TIN for individuals and sole proprietorships is the Social Security Number. **Only partnerships, estates, trusts, and corporations will enter their** **Federal Employer Identification Number (FEIN).**
5. **Section 4** **– Are you a California resident or nonresident?** A corporation will be defined as a ***resident*** if it has a permanent place of business in California or is qualified through the Secretary of State to do business in California. A partnership is considered a resident partnership if it has a permanent place of business in California. For individuals and sole proprietors, the term ***resident*** includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose.
6. **Section 5** – Complete all fields and sign the form. To digitally sign the form for electronic submission, left click the signature field and follow the on-screen instructions. Alternatively, the form can be printed, physically signed, and scanned for electronic submission. If submitting a physical copy of the application, signatures must be signed in **blue ink**.

### Payee Data Record Supplement (STD. 205) (Non-public agencies only)

CSPP Contractors must download and complete Payee Data Record Supplement form (STD. 205) if non-public agencies payment address is different from the mailing address provided on the Payee Data Record form (STD. 204).

#### Name

Insert Payee information (must match with STD. 204)

#### Business Name, DBA Name, or Disregarded Single Member Limited Liability Company (LLC) Name

Insert if different from Name.

#### TAX ID Number

Insert Social Security Number (SSN), Individual Taxpayer Identification Number (ITIN), or Federal Employer Identification Number (FEIN) that matches Tax ID number provided on STD. 204.

#### Additional Remittance Address Information

Insert information if different from the mailing address on the STD. 204. CSPP Contractors may provide additional remittance addresses on a second STD. 205 form if needed.

#### Additional Contact Information

Insert information to provide additional Authorized Representatives for the Payee (if applicable). CSPP Contractors may provide additional remittance addresses on a second STD. 205 form, if needed.

#### Certification

Complete all fields and sign the form. To digitally sign the form for electronic submission, left click the signature field and follow the on-screen instructions. Alternatively, the form can be printed, physically signed, and scanned for electronic submission. If submitting a physical copy of the application, signatures must be signed in **blue ink.**

### Secretary of State (Non-Public Agencies Only)

CSPP contractors that are required to register with the Secretary of State must have ***active*** statusand the entity name and address **must match** the STD. 204 **and** the information submitted in Section I of the CFA. If the agency status is ***inactive***, contact your assigned EED, PQI office consultant immediately. **Please provide a printed verification of your agency’s status.** To search, click on the following link to access the Secretary of State web page: Under Search Type, click on the circle next to Corporation Name, Limited Liability Company/Limited Partnership Name, or Entity Number.

1. Under Search Criteria, insert entity name or number; if entering the number of a corporation, the number must begin with the letter C.
2. Under Search Filter, using the drop-down menu, select the search filter if searching for entity name.
3. Click on Search.
4. On the Business Search Results page screen, click on the entity name.
5. On the Business Search Entity Detail screen, verify the status as active.
6. Verify that the entity name and address match Section I of the application and the STD. 204.
7. If submitting the CFA electronically, press the ***Print Screen*** key on your keyboard or at <https://businesssearch.sos.ca.gov/>.
8. Create a blank document in Microsoft Word and click paste to paste the image into the document. Save the document. If submitting the CFA by mail, right click your computer mouse and click ***Print***.

### Verification of School District Name and Address

Please provide printed verification of your district or county office legal name and address from one of the following websites.

This information must match the information submitted in the application. To search, click on the corresponding link below.

* 1. **California Community Colleges or Community College Districts** search the California Community College Chancellor’s web page at <https://www.cccco.edu/Students/Find-a-College/Community-College-Districts>.
1. Click on the letter that your college or district starts with.
2. Scroll to the college or district.
3. Press the **Print Screen** key on your keyboard. This will capture an image of your **screen** and copy it to the clipboard.
4. Create a blank document in Microsoft Word and click paste to paste the image into the document.
5. Save the Word document. Print the document if submitting the CFA by mail.
	1. **School Districts, County Offices of Education, and Charter Schools:** search the California School Directory web page at <https://www.cde.ca.gov/SchoolDirectory/>.
6. Click on the Advanced Search button.
7. Search Type – click on the circle next to Districts and County Offices.
8. County – scroll down and click on your county.
9. District – scroll down and click on your District or County Office.
10. Scroll down and click on the Search button.
11. Right click your computer mouse and print the current page only to PDF or physically print if submitting the CFA by mail.

### Program Narrative Change (EED-3704A):

**Note:** Only CSPP contractors who have identified MDO or programmatic changes in Section IV B must complete this form.

CSPP contractors who have both part-day/part-year, and full-day/full-year CSPP contracts must complete a separate form for each CSPP contract type, as applicable.

#### Change Type:

Select “Calendar Change” for any changes in the CSPP contractor’s MDO. Select “Programmatic Change” for other programmatic changes.

#### Questions 1, 2, and 3:

Complete questions 1, 2, and 3. Attach additional sheets as necessary.

Program Narrative Change (EED-3704A) form is available on the CFA web page at <https://www.cde.ca.gov/sp/cd/ci/cfaforms2223.asp>

### Subcontractor Certification Form (EED-3704B):

***Note:*** Only CSPP contractors who have identified that they subcontract CSPP services in Section VI B must complete this form.

CSPP contractors who have both part-day/part-year, and full-day/full-year CSPP contracts must complete a separate form for each CSPP contract type, as applicable.

CSPP Contract Maximum Reimbursement Amount (MRA)***:***

Insert the dollar amount.

Total percentage of the CSPP contract MRA subcontracted***:***

Insert the percentage.

Subcontractor Legal Name***:***

Insert the legal name of the entity that you subcontracted with.

Does the subcontractor also contract with the EED***?***

Select “Yes” if the entity to which you subcontract your CSPP services also has a current EED contract to provide state-subsidized CSPP services. Select “No” if your subcontractor does not have a CSPP contract.

Site Information and percentage of the CSPP Contract MRA Subcontracted***:***

Include information on Site Number, Site Name, Site Address, Service County, and Percentage of MRA Subcontracted. Complete the form by inserting the CSPP contract and subcontractor information next to the Site Number the Site Name, Site Address, Select the Service County from dropdown menu, and enter the Percentage of MRA Subcontracted.

Subcontracts for CSPP services must be audited in accordance with CDE Audit Guidelines and reported with the CSPP contractor’s annual audit.

The Subcontract Certification form (EED-3704B) is available on the CFA web page at <https://www.cde.ca.gov/sp/cd/ci/cfaforms2223.asp>.

### California Civil Rights Laws Certification (CO-005)

If a bidder or proposer executes or renews a contract in the amount of $100,000 or more on or after January 1, 2017, the bidder or proposer must certify compliance with the California Civil Rights Laws and Employer Discriminatory Policies.

#### Proposer/Bidder Firm Name (Printed):

Insert the firm’s name.

#### Federal ID Number:

Insert federal tax ID number.

#### By (Authorized Signature):

Provide authorized signature.

#### Printed Name and Title of Person Signing:

Insert name and title.

#### Date Executed:

Insert date of completion.

#### Executed in the County and State of:

Insert the county and state of firm.

### Contractor Certification Clauses (CCC 04/2017)

Contractors must certify under penalty of perjury that they are duly authorized to legally bind the prospective Contractor to the clauses listed within the Contractor Certification Clauses (CCC 04/2017).

#### Contractor/Bidder Firm Name (Printed):

Insert the firm’s name.

#### Federal ID Number:

Insert federal tax ID number.

#### By (Authorized Signature):

Provide authorized signature.

#### Printed Name and Title of Person Signing:

Insert name and title.

#### Date Executed:

Insert date of completion.

#### Executed in the County of:

Insert the county of firm.

### Federal Certification (CO.8)

Prospective contractors must complete and sign the Federal Certification, to attest that they will comply with certification requirements regarding lobbying; debarment, suspension and other workplace requirements.

#### Place of Performance (Street address, city, county, state, zip code)

Insert address.

#### Name of Applicant (Contractor)

Insert contractor’s name.

#### Contract #

Insert contract number.

#### Printed Name and Title of Authorized Representative

Insert name and title of authorized representative.

#### Signature

Provide signature of authorized representative.

#### Date

Insert date of completion.

### For Public Agencies, must include board resolution or minutes of meeting reflecting authorization of signature on this document, and a delegation of authority if applicable

If a proposed bidder is a public agency, the board of the public agency must approve of the intent to submit the CFA and automatically renew the contract for FY 22–23. A copy of a resolution, order, motion, ordinance or other similar document from the local governing body authorizing the contract or minutes from a Board meeting reflecting such approval must be provided. Public agencies also need to provide a copy of a delegation of signature authority if someone other than the Superintendent signs the CFA.

## Section X: Continued Funding Application (EED-3704) Checklist

The check list must be submitted with the CFA package. The items in bold require a signature. Check all of the boxes for documents submitted, and if submitting the completed CFA by mail, assemble the application in page number order as indicated.