

APPLICATION COVER SHEET

Fiscal Year 2016–17 California State Preschool Program (CSPP) Slots Intended to Increase Access for Children with Exceptional Needs

Round Two

<p>Applications must be submitted to: California Department of Education Early Education and Support Division Attention: Funding and Agency Support Unit 1430 N Street, Suite 3410 Sacramento, CA 95814–5901</p>	<p>Submit one (1) original and four (4) copies of the completed application by</p> <p style="text-align: center;">Tuesday, August 2, 2016 at 5:00 p.m.</p>
Section I Contractor Information	
Legal Name of Contractor:	Vendor Number: <input style="width: 20px; height: 20px;" type="text"/>
Executive Director:	Program Director:
Contractor Address:	Address:
City:	City:
Zip Code:	Zip Code:
Phone Number:	Phone Number:
Fax:	Fax:
E-mail Address:	E-mail Address:
<p><i>I, the official named below, CERTIFY UNDER PENALTY OF PERJURY that I have read the full contents of this application and that, to the best of my knowledge and belief, the information in this application and in any attachments hereto are true and correct. I further certify the applicant agency will fulfill all of the agreements, certifications, and conditions as described in this Request for Applications (RFA), appendices to the RFA, and this application as well as abide by all applicable federal and state laws.</i></p>	
Signature of Authorized Agency Representative:	Title:
Printed Name:	Date:
Phone Number:	E-mail Address:

Legal Name of Contractor:	Vendor #:
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Section II Legal Status of Contractor

Check One Box Below:	Federal Employer Identification Number (FEIN):
<input type="checkbox"/> City or City Agency	#
<input type="checkbox"/> County or County Agency	County District School (CDS) Code:
<input type="checkbox"/> State or Federal Agency	#
<input type="checkbox"/> State College or University	
<input type="checkbox"/> Community College or University	
<input type="checkbox"/> County Office of Education	
<input type="checkbox"/> School District	
<input type="checkbox"/> Tribal Council	
<input type="checkbox"/> Military Installation	
<input type="checkbox"/> Private for-Profit / Private non-Profit	
<input type="checkbox"/> Charter School	

Section III Requested County or Counties

Name of county or counties your agency will serve with this application:	
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Section IV Determining Headquartered Status

Indicate the headquartered county in which your agency is located:	
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Section V Slots Requested

Number of children your agency requests to serve in this application:		
Will the slots requested be used for new classrooms/sites? <i>(If yes, please include licenses for each new site)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will your agency be requesting start-up funding? <i>(If yes, complete Form F and Form F-1)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Legal Name of Contractor:	Vendor #:
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Section VI Intent to Subcontract Services (If not subcontracting skip this section)

Check this box if your agency intends to establish a subcontract relationship with another entity to implement the CSPP services described in this application. Enter in this section the subcontractor's information. **Use additional sheet(s) as necessary.**

Subcontractor #1

Agency Name:	Contact Name:
Address:	Phone:
City/Zip Code:	Fax:
	E-mail Address:

Federal ID or Social Security Number (if Individual/Sole Proprietor)

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The applicant agency must follow the subcontract requirements detailed in the *California Code of Regulations, Title 5 (5 CCR), Education, sections 18026–18032*, and the Funding Terms and Conditions for subcontracting services. Management and/or Direct Services subcontracts must be audited in accordance with the *California Department of Education (CDE) Audit Guide* developed by the CDE Audits and Investigation Division.

Subcontractor #2

Agency Name:	Contact Name:
Address:	Phone:
City/Zip Code:	Fax:
	E-mail Address:

Federal ID or Social Security Number (if Individual/Sole Proprietor)

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The applicant agency must follow the subcontract requirements detailed in the *California Code of Regulations, Title 5 (5 CCR), Education, sections 18026–18032*, and the Funding Terms and Conditions for subcontracting services. Management and/or Direct Services subcontracts must be audited in accordance with the *California Department of Education (CDE) Audit Guide* developed by the CDE Audits and Investigation Division.

Legal Name of Contractor:	Vendor #:
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Section VIII WAIVER INFORMATION

Form G: Request for Waiver of Enrollment Priorities (Required for Funding)

If awarded funding pursuant to provisions described in Senate Bill 101, Section 28, Item of Section 2.00 of the Budget Act of 2015, requests a waiver, in accordance with the California *Education Code*.

will give first priority enrollment for CSPP part-day services provided under contract with CDE to children with exceptional needs, whose family otherwise meets eligibility requirements.

This waiver is required in order for to increase access to CSPP part-day services for children with exception needs and meet the intent of the funding award.

This waiver, to give first priority for enrollment to children with exceptional needs, will be valid for any family enrolling in part-day/part-year services under the CSPP contract. Families must otherwise meet eligibility requirements.

Include the legal name of contractor where requested.

Name and Title of Authorized Representative: _____
Signature of Authorized Representative: _____
Phone Number: _____ Date: _____

Legal Name of Contractor:	Vendor #:
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Section IX	WEIGHTED QUESTIONS
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Weighted Questions (80 points possible). Limited to eight pages total.

1. Describe agency process for recruiting and sustaining enrollment of eligible families with children with exceptional needs.
2. Describe agency plan for the implementation of the Desired Results Development System and inclusion of children with exceptional needs.
3. Describe how the agency plans to ensure reasonable accommodations and support services, as outlined in the Individualized Education Plan (IEP), specifically to families and children with exceptional needs.
4. Describe efforts to expand inclusion of exceptional needs children in the program.
5. Describe classroom structure, routine, and staffing that will be used to meet the needs of children with exceptional needs.
6. Describe how your agency demonstrates collaborative systems within your community to provide inclusive classroom settings for children with exceptional needs.
 - 6.1 To what extent does your agency currently operate a preschool classroom serving children with an IEP?
 - 6.2 What is your agency process for building collaborative community based support systems that support families and children with exceptional needs?

Legal Name of Contractor:	Vendor #:
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Checklist

Number of Copies Required: Five (5) completed application packages are required; one (1) original (signed in blue ink) and four (4) copies of the completed application.

The order in which the items in the application must be assembled is listed below.

Required Sections
<input type="checkbox"/> Section I: Contractor Information
<input type="checkbox"/> Section II: Legal Status of Contractor
<input type="checkbox"/> Section III: Requested County or Counties
<input type="checkbox"/> Section IV: Determining Headquartered Status
<input type="checkbox"/> Section V: Slots Requested
<input type="checkbox"/> Section VIII: Waiver Information
<input type="checkbox"/> Section IX: Weighted Questions Response
Optional Sections
<input type="checkbox"/> Section VI: Intent to Subcontract Services
<input type="checkbox"/> Section VII: Start-Up Information

NOTE: It is the sole responsibility of the contractor to ensure that the application package is received by the CDE on or before 5 p.m. on Tuesday, August 2, 2016.

Name of Contact Person (Print):	Title:
Phone Number:	Date:
E-mail:	