

## Fiscal Year 2017–2018 Continued Funding Application

Contractors must read the accompanying instructions when completing the Continued Funding Application (CFA). Failure to accurately complete the CFA may result in a delay in the issuance of your fiscal year 2017-18 contract(s). CFA Instructions may be accessed on the CFA Web page at: <http://www.cde.ca.gov/sp/cd/ci/cfaforms.asp>

<b>Section I – Contractor Information</b>	
<b>Legal Name of Contractor:</b>	
<b>Contractor “Doing Business As” (DBA):</b>	
<b>Headquartered County:</b>	
<b>Vendor Number:</b>	
<b>Executive Director Name:</b>	
<b>Executive Director Telephone Number:</b>	
<b>Executive Director Fax Number:</b>	
<b>Executive Director E-mail Address:</b>	
<b>Legal Business Address:</b>	
<b>City:</b>	
<b>Zip Code:</b>	
<b>Mailing Address (if different from above):</b>	
<b>City:</b>	
<b>Zip Code:</b>	
<b>Name of Contact Person Completing Application:</b>	
<b>Title of Contact Person Completing Application:</b>	
<b>Contact Person Phone Number:</b>	
<b>Contact Person E-mail Address:</b>	

**Contractor Name**

**Vendor # County**

**Section II – Contract Types**

Check all applicable boxes indicating the programs the contractor intends to continue to administer for the Fiscal Year 2017–18. The contractor agrees to continue implementation of these programs with funds provided by the CDE.

**Center-Based Programs**

California State Preschool Program (CSPP)

Full-Year  Part-Year

California Center-Based (CCTR)

Infant/Toddler

School-age

Program for Special Needs Children (Handicapped) (CHAN)

Migrant Center-Based (CMIG) and Migrant Special services (CMSS)

**Alternative Payment Programs**

Alternative Payment Program (CAPP)

CalWORKs Stage 2 (C2AP)

CalWORKs Stage 3 (C3AP)

Migrant Alternative Payment (CMAP)

**Resource and Referral Programs**

Resource and Referral (CRRP)

**Family Child Care Home Programs**

Family Child Care Home Education Network (CFCC)

**Contractor Name**

**Vendor # County**

**Section III – Contractor’s Officers and Board of Directors Information**

Does the contractor have a board of directors?	Yes	No
If no, please explain:	If yes, list all officers and board members. Attach additional sheets as necessary.	

Officer or Board Member Name and Title:	Telephone Number:	Mailing Address:	E-mail Address:

**Contractor Name**

**Vendor # County**

<b>Section IV: Allocation of Funds</b>	
Contractor Fiscal Contact Name:	
Contractor Fiscal Contact E-mail Address:	
Date:	
If you have any questions regarding this form, please contact Robert Hom, Child Development and Nutrition Fiscal Services Unit by phone at 916-322-5090 or by e-mail at RHom@cde.ca.gov.	

Contract Type:	Contract Number:
County Name:	% of Total
	%
	%
	%
	%
<b>Total</b>	<b>%</b>

Contract Type:	Contract Number:
County Name:	% of Total
	%
	%
	%
	%
<b>Total</b>	<b>%</b>

Contract Type:	Contract Number:
County Name:	% of Total
	%
	%
	%
	%
<b>Total</b>	<b>%</b>

Contract Type:	Contract Number:
County Name:	% of Total
	%
	%
	%
	%
<b>Total</b>	<b>%</b>

Contract Type:	Contract Number:
County Name:	% of Total
	%
	%
	%
	%
<b>Total</b>	<b>%</b>

Contract Type:	Contract Number:
County Name:	% of Total
	%
	%
	%
	%
<b>Total</b>	<b>%</b>

**Contractor Name**

**Vendor # County**

**Section V – Program Narrative**

A. The following contract types do not have programmatic or calendar changes (select all that apply). **NOTE:** Program calendars must be submitted for all contract types.

California State Preschool Program (CSPP)

California Center-Based (CCTR)

Program for Special Needs (Handicapped) Children (CHAN)

Migrant, Center-Based (CMIG) and Migrant Specialized Services (CMSS)

Alternative Payment Program (CAPP)

CalWORKs Stage 2 (C2AP)

CalWORKs Stage 3 (C3AP)

Migrant Alternative Payment (CMAP)

Resource and Referral (CRRP)

Family Child Care Home Education Network (CFCC)

B. The following contract types do have programmatic and/or calendar changes (select all that apply). For each contract type selected in this section, complete a separate form EESD3704A. This form is available on the CFA Web page at <http://www.cde.ca.gov/sp/cd/ci/cfaforms.asp>. **NOTE:** Program Calendars must be submitted for all contract types.

California State Preschool Program (CSPP)

California Center-Based (CCTR)

Program for Special Needs (Handicapped) Children (CHAN)

Migrant, Center-Based (CMIG) and Migrant Specialized Services (CMSS)

Alternative Payment Program (CAPP)

CalWORKs Stage 2 (C2AP)

CalWORKs Stage 3 (C3AP)

Migrant Alternative Payment (CMAP)

Resource and Referral (CRRP)

Family Child Care Home Education Network (CFCC)

**Contractor Name**

**Vendor # County**

**Section VI – Personnel Certification for Center-Based Programs and Family Child Care Home Education Networks**

The State of California requires any contractor receiving child care and development funds, disbursed by the California Department of Education (CDE) to employ fully qualified personnel as contained in California *Education Code*; *California Code of Regulations*, Title 5; and Funding Terms and Conditions.

**I certify, as the authorized agent representing this contractor, I have read and understand the staffing requirements for Program Director, Site Supervisor, and Teacher. All child care staff employed in CDE funded program(s) are fully qualified for their respective positions. Exceptions to this certification are persons employed as "Program Director" or "Site Supervisor" who possesses a current Early Education and Support Division (EESD) approved Staffing Qualifications Waiver.**

<b>Signature of Authorized Representative:</b>	
<b>Printed Name and Title of Authorized Representative:</b>	
<b>Date of Signature:</b>	
<b>Authorized Representative Phone Number:</b>	
<b>Authorized Representative E-mail Address:</b>	

**Contractor Name**

**Vendor # County**

<b>Section VII – Subcontract Certification</b>	
<p><b>A.</b> The following contract types <u>do not</u> have subcontractors (check all that apply):</p> <p>California State Preschool Program (CSPP)</p> <p>California Center-Based (CCTR)</p> <p>Program for Special Needs (Handicapped) Children (CHAN)</p> <p>Migrant Center-Based (CMIG)</p>	
<p><b>B.</b> The following contract types <u>do</u> have subcontractors (check all that apply). For each contract type selected, submit a separate form EESD 3704B. This form is available on the CFA Web page at <a href="http://www.cde.ca.gov/sp/cd/ci/cfaforms.asp">http://www.cde.ca.gov/sp/cd/ci/cfaforms.asp</a>.</p> <p>California State Preschool Program (CSPP)</p> <p>California Center-Based (CCTR)</p> <p>Program for Special Needs (Handicapped) Children (CHAN)</p> <p>Migrant Center-Based (CMIG)</p>	
<p>I certify that the contractual arrangement(s) listed above are in adherence with the required subcontract provisions contained in the <i>California Code Regulations</i>, Title 5, and the Funding Terms and Conditions.</p> <p>I understand that signing this certificate does not lessen the legal responsibility for the child care and development service contract requirements. As the contractor, it is my responsibility to monitor the performance of the subcontractor to ensure services are provided appropriately through the entire contract term.</p>	
<b>Signature of Contractor's Authorized Representative:</b>	
<b>Printed Name and Title of Contractor's Authorized Representative:</b>	
<b>Date of Signature:</b>	
<b>Authorized Representative Phone Number:</b>	
<b>Authorized Representative E-mail Address:</b>	

**Contractor Name**

**Vendor # County**

**Section VIII – Contractor Certification**

Under penalty of perjury, I certify the following:

- I am authorized by the Contractor’s Board of Directors or other governing authority to execute this Continued Funding Application.
- On behalf of Contractor and its governing authority, we understand some information requested in this application is intended for use by CDE auditors in connection with future audit work and performance reviews and may not be used or even reviewed or considered by CDE until well after the contract has expired, if ever. Therefore, we further understand that the information (and any underlying transactions) disclosed by this Application shall not be considered properly noticed to CDE nor approved, accepted or authorized by the CDE, even if our request for continued funding by the CDE is subsequently approved.
- I have supervisory authority over the child development program, have actual, personal knowledge of the information provided in this Application and certify that it is true and correct in all material respects.
- I am familiar with and will ensure that Contractor complies with all applicable program statues and regulations, including:
  - -- Subcontracting requirements, including competitive bidding, CDE approval, and audit requirements in Title 5, §18026 et. seq.
  - -- Prohibitions on conflicts of interests, including i) the assurances required to establish that transactions with officers, directors and other related party transactions are conducted at arms-length, and ii) employment limitations in Ed. Code §8406.9.
  - -- Cost reimbursement requirements, including reimbursable and non-reimbursable costs, documentation requirements, the provisions for determining the reimbursable amount and other provisions in Title 5, §18033 et. seq.
  - -- Accounting and reporting requirements in Title 5 §18063 et. seq.
  - -- Operational and programmatic requirements.

<b>Signature of Contractor’s Authorized Representative:</b>	
<b>Printed Name and Title of Contractor’s Authorized Representative:</b>	
<b>Date of Signature:</b>	
<b>Authorized Representative Phone Number:</b>	
<b>Authorized Representative E-mail Address:</b>	

**Contractor Name**

**Vendor # County**

**Section IX – Required Attachments**

All attachments must be completed and attached to the application. These attachments are located on the Continued Funding Application Web page at:  
<http://www.cde.ca.gov/sp/cd/ci/cfaforms.asp>

**A. Fiscal Year 2017–18 Program Calendar (EESD–9730)**

**B. Update and Certification of Contractor Information in the Child Development Management Information System (CDMIS) Database**

**C. Payee Data Record (STD. 204) (Non-public agencies only)**

**D. Secretary of State (Non-public agencies only)**

**E. Verification of School District Name and Address**

**F. Program Narrative Change (EESD 3704A)**

**G. Subcontractor Certification (EESD 3704B)**

**Contractor Name**

**Vendor # County**

Section Number*	Section Description	Page Number	Box
Section I	Contractor Information	1	<input type="checkbox"/>
Section II	Contract Types	2	<input type="checkbox"/>
Section III	Contractor's Officers and Board of Directors Information	3	<input type="checkbox"/>
Section IV	Allocation of Funds	4	<input type="checkbox"/>
Section V	Program Narrative Change	5	<input type="checkbox"/>
<b>Section VI*</b>	Personnel Certification for Center-Based Programs and Family Child Care Home Education Networks	6	<input type="checkbox"/>
<b>Section VII*</b>	Subcontractor Certification	7	<input type="checkbox"/>
<b>Section VIII*</b>	Contractor Certification	8	
Section IX: Required Attachments			
Section IX A.	Program Calendar (EESD–9730) (one for each contract type)	9	<input type="checkbox"/>
<b>Section IX B.*</b>	Certification of Contractor Information in the Child Development Management Information System (CDMIS) Data Base	9	<input type="checkbox"/>
<b>Section IX C.*</b>	State of California, Payee Data Record (STD.204) (non-public agencies only)	9	<input type="checkbox"/>
Section IX D.	Secretary of State search results (non-public agencies only)	9	<input type="checkbox"/>
Section IX E.	Verification of School District Name and Address search	9	<input type="checkbox"/>
Section IX F.	Program Narrative Change EESD 3704A	Insert after Page 5	<input type="checkbox"/>
Section IX G.	Subcontract Certification EESD 3704B	Insert after Page 7	<input type="checkbox"/>
<b>*Bolded sections require a signature.</b>			