

Fiscal Year 2019–20 California State Preschool Program Expansion Funds Request for Applications

Contractors must read the accompanying instructions when completing this Request for Applications (RFA). The California State Preschool Program (CSPP) Expansion RFA Instructions may be accessed on the RFA web page at

<https://www.cde.ca.gov/fg/fo/r2/cspp19rfa.asp>

Section I – Contractor Information	
Legal Name of Contractor:	
Headquartered County:	
Vendor Number:	
Executive Director Name:	
Executive Director Prior Affiliations:	
Executive Director Telephone Number:	
Executive Director Fax Number:	
Executive Director Email Address:	
Program Director Name:	
Program Director Prior Affiliations:	
Program Director Telephone Number:	
Program Director Email Address:	
Agency Legal Business Address:	
City:	
Zip Code:	
Name of Contact Person Completing Application:	
Title of Contact Person Completing Application:	
Contact Person Telephone Number:	
Contact Person Email Address:	

Legal Name of Contractor:

Section II – Legal Status of Contractor	
Select the contractor's legal status. Check one box below:	County District School (CDS) Code:
<input type="checkbox"/> City or City Agency	Are you a current Early Learning and Care Division (ELCD) contractor?
<input type="checkbox"/> County or County Agency	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> State or Federal Agency	If yes, select a box for each program type you currently operate. Select all that apply:
<input type="checkbox"/> State College or University	<input type="checkbox"/> California State Preschool Program (CSPP)
<input type="checkbox"/> Community College	<input type="checkbox"/> General Child Care and Development (CCTR)
<input type="checkbox"/> County Office of Education	<input type="checkbox"/> Migrant Child Care and Development (CMIG)
<input type="checkbox"/> School District	<input type="checkbox"/> Handicapped Child Care and Development (CHAN)
<input type="checkbox"/> Tribal Government	<input type="checkbox"/> Alternative Payment Program (CAPP)
<input type="checkbox"/> Tribal Organization	<input type="checkbox"/> CalWORKS Stage 2 (C2AP)
<input type="checkbox"/> Military Installation	<input type="checkbox"/> CalWORKS Stage 3 (C3AP)
<input type="checkbox"/> Private for-profit/Private nonprofit	<input type="checkbox"/> California Resource and Referral (CRRP)
<input type="checkbox"/> Charter School (direct funded)	<input type="checkbox"/> California Migrant Alternative Payment (CMAP)

Legal Name of Contractor:

Section III – County or Counties of Service	
Name of county or counties contractor will serve with this funding:	
Section IV – Slots Requested	
Number of children your agency will serve in Full-Day/Full-Year programs with this funding:	
Number of children your agency will serve in Part-Day/Part-Year programs with this funding:	
Section V – Intent to Subcontract Services (if not subcontracting, skip this section)	
<input type="checkbox"/> 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 the subcontractor(s) information on Form ELCD 3704B. Form ELCD 3704B is located on the CSPP Expansion web page at https://www.cde.ca.gov/fg/fo/r2/documents/elcd3704b.pdf Use additional sheets as necessary.	
All applicant agencies must follow the subcontract requirements detailed in the <i>California Code of Regulations</i> , Title 5 (5 CCR), <i>California Education Code</i> , 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 Investigations Division.	

Legal Name of Contractor:

Section VI – Intent to Operate a CSPP via Family Child Care Home Education Network (FCCHEN) (if not operating a FCCHEN, skip this section)	
<input type="checkbox"/> Check this box if your agency intends to operate as a FCCHEN to implement the CSPP services described in this application. Submit one form for each proposed family child care home provider participating in the network. Use additional sheets as necessary.	
Provider Legal Name:	
Home Address:	
City, Zip Code:	
Contact Person Name:	
Contact Person Telephone Number:	
Contact Person Email Address:	
Contact Person Fax Number:	
CCLD License Number:	
License Capacity:	
Proposed Number of Children Served in this Home:	

Legal Name of Contractor:

Section VII – Fiscal Worksheets
A. Full-Day/Full-Year Programs

Full-Day applicants must complete, print, and submit the following forms. These forms are located on the CSPP Expansion RFA web page at <https://www.cde.ca.gov/fg/fo/r2/documents/cspp19fafdworksheets.xlsx>

Document Number	Title
Worksheet A1-A3	Full-Day/Full-Year Certified Enrollment Information and Funds Requested
Worksheet A4	Full-Day/Full-Year Non-Certified Enrollment Information
Worksheet A5-A6	Full-Day/Full-Year Site Summary Information
Worksheet A7-A11	Full-Day/Full-Year Projected Annual Program Budget Two Page Document

B. Part-Day/Part-Year Programs

Part-Day applicants must complete, print, and submit the following forms. These forms are located on the CSPP Expansion RFA web page at <https://www.cde.ca.gov/fg/fo/r2/documents/cspp19fapdworksheets.xlsx>

Document Number	Title
Worksheet B1-B3	Part-Day/Part-Year Certified Enrollment Information and Funds Requested
Worksheet B4	Part-Day/Part-Year Non-Certified Enrollment Information
Worksheet B5-B6	Part-Day/Part-Year Site Summary Information
Worksheet B7-B11	Part-Day/Part-Year Projected Annual Program Budget Two Page Document

Legal Name of Contractor:

Section VIII – Contractor Certification	
<p>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 any attachments hereto are true and correct. I further certify the applicant agency will fulfill all of the agreements, certifications, and conditions 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 declare:</p> <ul style="list-style-type: none">• 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 the Contractor complies with all applicable program statutes and regulations, including:<ul style="list-style-type: none">○ Subcontracting requirements, including competitive bidding, CDE approval, and audit requirements in 5 CCR, §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 arm’s length, and (ii) employment limitations stated in Education 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 5 CCR, §18033 et. seq.○ Accounting and reporting requirements in 5 CCR, §18063 et. seq.○ Operational and programmatic requirements.	
Printed Name of Contractor’s Authorized Representative:	
Title of Contractor’s Authorized Representative:	
Authorized Representative’s Telephone Number:	
Authorized Representative’s Email Address:	
Signature of Contractor’s Authorized Representative: (in blue ink)	
Date of Signature:	

Legal Name of Contractor:

Section IX – Fiscal Attachments
A. Statement of Fiscal Resources
All applicants must complete and submit a statement of fiscal resources. This statement is available on the CSPP RFA web page at https://www.cde.ca.gov/fg/fo/r2/documents/cspp19rfafiscalresources.pdf
B. Program Staffing Plan
All applicants must complete and submit a program staffing plan. This attachment is available on the CSPP RFA web page at https://www.cde.ca.gov/fg/fo/r2/documents/cspp19rfastaffingplan.pdf
C. Payee Data Record (STD. 204)
Applicants must complete the State of California, Payee Data Record (STD. 204) available on the Department of General Services website at https://www.documents.dgs.ca.gov/dgs/fmc/pdf/std204.pdf Complete sections 2 through 6; information on sections 2, 4, and 6 must be consistent with the information identified on the application cover sheet.
D. Request for a Service-Level Exemption (Start-Up Allowance)
Optional attachment for agencies who request a Start-Up Allowance. The contractor may be allowed a one-time only specified amount of the contract Maximum Reimbursable Amount, up to 15 percent of the total application amount requested, to be designated as a “Start-Up Allowance” (Service Level Exemption) an amount that may be reimbursed without the required enrollment to earn it. To apply for a Start-Up Allowance, the request for a Service-Level Exemption must be completed. This attachment is available on the CSPP RFA web page at https://www.cde.ca.gov/fg/fo/r2/documents/cspp19rfastartup.pdf

Legal Name of Contractor:

Section X – Program Attachments	
A. Program Calendar	
All applicants must complete, print, and submit a program calendar for FY 2019–20 (April through June 2020) and FY 2020–21.	
Click on the links below to access each fiscal year Program Calendar.	
FY 2019–20 Program Calendar	https://www.cde.ca.gov/sp/cd/ci/documents/eesd9730progcal1920.xls
FY 2020–21 Program Calendar	https://www.cde.ca.gov/sp/cd/ci/documents/elcd9730progcal2021.pdf
FY 2020–21 Justification for Operating Days	https://www.cde.ca.gov/fg/fo/r2/documents/cspp19justifyopdays.pdf
B. Program Narrative (Scoring Rubric)	
All applicants must compose and submit a program narrative. Instructions for the Program Narrative are available in the FY 2019–20 CSPP Expansion RFA Instructions on the CSPP RFA web page at https://www.cde.ca.gov/fg/fo/r2/cspp19rfa.asp .	
C. Form A: Program Narrative Acknowledgment–Monitoring	
All applicants must complete and submit Form A. This form is available on the CSPP RFA web page at https://www.cde.ca.gov/fg/fo/r2/documents/cspp19fafрма.pdf .	
D. Form B: Program Narrative Acknowledgment–Quality	
All applicants must complete and submit Form B. This form is available on the CSPP RFA web page at https://www.cde.ca.gov/fg/fo/r2/documents/cspp19fafrmb.pdf .	
E. Form C: Program Narrative Acknowledgment–Statutes and Regulations	
All applicants must complete and submit Form C. This form is available on the CSPP RFA web page at https://www.cde.ca.gov/fg/fo/r2/documents/cspp19fafrmmc.pdf .	

Requirement Checklist

Applications that do not meet the following criteria may be screened out. By initialing each section you are certifying that your application meets each criteria specified.

	Applicant Initials	ELCD Use Only
<ul style="list-style-type: none"> • Application will be received by the December 10, 2019 deadline. 		_____
<ul style="list-style-type: none"> • Use the required Program Narrative template to complete your application. Any additional pages will be not accepted. 		_____
<ul style="list-style-type: none"> • Applicants must use 8½ x 11-inch white paper; single-sided only. 		_____
<ul style="list-style-type: none"> • Standard 12-point font (e.g., Arial or Times New Roman) is used that does not exceed six lines per inch. Do not use a compressed, narrow, or script font. 		_____
<ul style="list-style-type: none"> • Acknowledgment Forms: <ul style="list-style-type: none"> ○ A. Acknowledgment Monitoring ○ B. Acknowledgment Quality ○ C. Acknowledgment Statutes and Regulations 		_____
<ul style="list-style-type: none"> • Justification for Operating Days and Hours: Required if planning to operate fewer than 246 days per year for Full-Day/Full-Year contract. 		_____
<ul style="list-style-type: none"> • Justification for Operating Days and Hours: Required if planning to operate fewer than 175 days per year for Part-Day/Part-Year contract. 		_____
<ul style="list-style-type: none"> • Five (5) completed application packages are included: one (1) application with original signatures and four (4) copies of the entire original application. The original package has an original signature in blue ink by the contractor's authorized agent in all sections (e.g., Certification Signature, Payee Data Record Form [STD.204]). 		_____

I understand that submissions that are incomplete or not in compliance with the application instructions may be rejected.

Signature of agency's authorized representative (in blue ink):

Application 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.

It is the sole responsibility of the contractor to ensure that the application package is received on or before **5 p.m. on Thursday, December 10, 2019**, to the following address:

California Department of Education
Early Learning and Care Division
Attention: Funding Application Unit
1430 N Street, Suite 3410
Sacramento, CA 95814-5901

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