

**CALIFORNIA DEPARTMENT OF EDUCATION**

**2019–20 END-OF-YEAR DATA SUBMISSION CERTIFICATION LETTER**

**Workforce Innovation and Opportunity Act,  
Title II: Adult Education and Family Literacy Act**

This certifies that the enclosed end-of-year data and reports are accurate and complete. This is the official data submission for this agency for the 2019–20 program year. I certify that there are complete records to support all TOPSpro® Enterprise data submitted and that all programs have been conducted in accordance with federal and state laws and regulations.

I have submitted via email to [capm@casas.org](mailto:capm@casas.org) the following data submission requirements, checked below, to comply with the 2019–20 end-of-year requirements:

Completed TOPSpro® Enterprise Adult Education Personnel, Teachers' Years of Experience, and Teacher Certification Tables

Data Integrity Report

Payment Points Summary Report

Completed Employment and Earnings Follow-Up Survey

Completed and Signed End-of-Year Data Submission Certification Letter (this document)

TOPSpro® Enterprise Data

Completed review of TOPSpro® Enterprise Data on \_\_\_\_\_

I understand that Comprehensive Adult Student Assessment Systems (CASAS) will return an official verified Payment Points Summary Report to our agency based on the data submitted. At that time, our agency will have the opportunity to compare the official Payment Points Summary Report produced by CASAS to the report we produced internally. If discrepancies exist, our agency will have the opportunity to contact CASAS as well as our California Department of Education Regional Consultant to resolve disputes during this time period:

- CASAS must receive all data submission requirements no later than **July 15, 2020**
- All data submission disputes must be resolved no later than **August 1, 2020**

**Agency Name:** \_\_\_\_\_

**Individual Completing Form and Title (Print):** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Agency's Authorized Agent and Title (PRINT):** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Primary Contact Email Address:** \_\_\_\_\_