

Continued Funding Application Fiscal Year 2021–22

Contractors who wish to be considered for continued funding for Fiscal Year (FY) 2021–22 must read the accompanying instructions and fully and accurately complete this application for continued funding. Please note that contractors have no vested right to a subsequent contract. Failure to timely respond to this application shall constitute notice to the Early Learning and Care Division (ELCD) of the intent to discontinue services at the end of the current contract year unless the contractor has received a written notice of extension of time from the ELCD. If this application is timely returned to the ELCD, but is not fully and accurately completed, funding for FY 2021–22, if awarded, may be delayed. Completion of this Continued Funding Application (CFA) does not guarantee a renewal of funding. Any contractors who are approved for continued funding will be expected to execute a contract with the California Department of Education (CDE) and comply with all applicable federal and state laws as well as all Funding Terms and Conditions and applicable Program Requirements incorporated into the contract. Please contact your regional consultant if your agency does not intend to continue services. Regional consultants may be contacted at the information on the CDE Regional Consultant Assignments web page at <https://www.cde.ca.gov/sp/cd/ci/assignments.asp>.

Instructions may be accessed on the CFA Web page at:
<https://www.cde.ca.gov/sp/cd/ci/cfaforms2122.asp>

Section I - Contractor Information

Legal Name of Contractor:

Contractor "Doing Business As" (DBA):

Headquartered County:

Vendor Number:

Executive Director Name:

Executive Director Telephone Number:

Executive Director Fax Number:

Executive Director E-mail Address:

Legal Business Address:

City:

Zip Code:

Mailing Address (if different from above):

City:

Zip Code:

Name of Person Completing Application:

Title of Contact Person Completing
Application:

Contact Person Telephone Number:

Contact Person E-mail Address:

Contractor Name

Vendor # County

Section II – Contract Types	
<p>Check all applicable boxes indicating the programs the contractor intends to continue to administer for the Fiscal Year 2021–22. The contractor agrees to continue implementation of these programs with funds provided by the California Department of Education.</p>	
<p style="text-align: center;">Center-Based Programs</p> <p><input type="checkbox"/> California State Preschool Program (CSPP) <input type="checkbox"/> Full-Year <input type="checkbox"/> Part-Year</p> <p><input type="checkbox"/> California Center-Based (CCTR) <input type="checkbox"/> Infant/Toddler <input type="checkbox"/> School-age</p> <p><input type="checkbox"/> Program for Special Needs (Handicapped) Children (CHAN)</p> <p><input type="checkbox"/> Migrant Center-Based (CMIG) and Migrant Special Services (CMSS)</p>	<p style="text-align: center;">Alternative Payment Programs</p> <p><input type="checkbox"/> Alternative Payment Program (CAPP)</p> <p><input type="checkbox"/> CalWORKs Stage 2 (C2AP)</p> <p><input type="checkbox"/> CalWORKs Stage 3 (C3AP)</p> <p><input type="checkbox"/> Migrant Alternative Payment (CMAP)</p> <p style="text-align: center;">Resource and Referral Programs</p> <p><input type="checkbox"/> Resource and Referral (CRRP)</p> <p style="text-align: center;">Family Child Care Home Programs</p> <p><input type="checkbox"/> Family Child Care Home Education Network (CFCC)</p>

Contractor Name

Vendor # County

Section III – Contractor’s Officers and Board of Directors Information				
Does the contractor have a board of directors?		<input type="checkbox"/> Yes		<input type="checkbox"/> No
If no, please explain the entity type and the governance structure (i.e., number of owners and partnership)				
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?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
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.				
List all officers and board members/governing individuals (i.e., owner, director, etc.) Attach additional sheets as necessary.				
Officer, Board Member, Owner or Governing Individual Name	Title	Telephone Number	Mailing Address	Email Address

Contractor Name

Vendor # County

Section IV – Program Narrative	
<p>A. The following types of contracts do not have programmatic or calendar changes (select all that apply). NOTE: Program calendars must be submitted for all contract types.</p>	
<input type="checkbox"/> California State Preschool Program (CSPP)	<input type="checkbox"/> CaWORKs Stage 2 (C2AP)
<input type="checkbox"/> California Center-Based (CCTR)	<input type="checkbox"/> CaWORKs Stage 3 (C3AP)
<input type="checkbox"/> Program for Special Needs (Handicapped) Children (CHAN)	<input type="checkbox"/> Migrant Alternative Payment (CMAP)
<input type="checkbox"/> Migrant, Center-Based (CMIG) and Migrant Specialized Services (CMSS)	<input type="checkbox"/> Resource and Referral (CRRP)
<input type="checkbox"/> Alternative Payment Program (CAPP)	<input type="checkbox"/> Family Child Care Home Education Network (CFCC)
<p>B. The following types of contracts do have programmatic and/or calendar changes (select all that apply). For each contract type selected in this section, complete a separate form ELCD 3704A. This form is available on the CFA web page at: https://www.cde.ca.gov/sp/cd/ci/cfaforms2122.asp. NOTE: Program calendars must be submitted for all contract types. Making changes to Minimum Days of Operation (MDO) does not change the contract Maximum Reimbursable Amount (MRA).</p>	
<input type="checkbox"/> California State Preschool Program (CSPP)	<input type="checkbox"/> CaWORKs Stage 2 (C2AP)
<input type="checkbox"/> California Center-Based (CCTR)	<input type="checkbox"/> CaWORKs Stage 3 (C3AP)
<input type="checkbox"/> Program for Special Needs (Handicapped) Children (CHAN)	<input type="checkbox"/> Migrant Alternative Payment (CMAP)
<input type="checkbox"/> Migrant, Center-Based (CMIG) and Migrant Specialized Services (CMSS)	<input type="checkbox"/> Resource and Referral (CRRP)
<input type="checkbox"/> Alternative Payment Program (CAPP)	<input type="checkbox"/> Family Child Care Home Education Network (CFCC)

Contractor Name

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Section V – Personnel Certification for Center-Based Programs and Family Child Care Home Education Networks	
<p>The State of California requires any contractor receiving child care and development funds, disbursed by the CDE to employ fully qualified personnel as stipulated in <i>California Education Code (EC)</i>; <i>California Code of Regulations, Title 5 (5 CCR)</i>; and Funding Terms and Conditions.</p>	
<p>I certify, as the authorized agent representing this contractor, that 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. The exception to this certification is a person employed as Program Director or Site Supervisor who possesses a current Staffing Qualifications Waiver approved by the Early Learning and Care Division (ELCD).</p>	
Signature of Contractor's Authorized Representative:	
Printed Name and Title of Contractor's Authorized Representative:	
Date of Signature:	
Authorized Representative's Telephone Number:	
Authorized Representative's Email Address:	

Contractor Name

Vendor # County

Section VI – Subcontract Certification	
<p>A. The following types of contracts do not have subcontractors (check all that apply):</p> <p><input type="checkbox"/> California State Preschool Program (CSPP)</p> <p><input type="checkbox"/> California Center-Based (CCTR)</p> <p><input type="checkbox"/> Program for Special Needs (Handicapped) Children (CHAN)</p> <p><input type="checkbox"/> Migrant Center-Based (CMIG)</p>	
<p>B. The following types of contracts do have subcontractors (check all that apply). For each contract type selected, submit a separate form ELCD 3704B. The form is available on the CFA web page: https://www.cde.ca.gov/sp/cd/ci/cfaforms2122.asp.</p> <p><input type="checkbox"/> California State Preschool Program (CSPP)</p> <p><input type="checkbox"/> California Center-Based (CCTR)</p> <p><input type="checkbox"/> Program for Special Needs (Handicapped) Children (CHAN)</p> <p><input type="checkbox"/> Migrant Center-Based (CMIG)</p>	
<p>I certify that the contractual arrangement(s) listed above are made in adherence to the required subcontract provisions contained in the 5 CCR, 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>	
Signature of Contractor’s Authorized Representative:	
Printed Name and Title of Contractor’s Authorized Representative:	
Date of Signature:	
Authorized Representative’s Telephone Number:	
Authorized Representative’s Email Address:	

Contractor Name

Vendor # County

Section VII – 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 CFA.
- On behalf of the 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 the 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 the CDE nor approved, accepted or authorized by the CDE, even if our request for continued funding by the CDE is subsequently approved.
- The governing board members have been trained in understanding conflict of interest requirements associated with their positions on the board and have reported all known conflicts of interest.
- 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:
 - 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.

Signature of Contractor’s Authorized Representative:

Printed Name and Title of Contractor's Authorized Representative:

Date of Signature:

Authorized Representative’s Telephone Number:

Authorized Representative’s Email Address:

Contractor Name

Vendor # County

Section IX – Required Attachments
All attachments must be completed and included with the application. These attachments are located on the CFA web page at: https://www.cde.ca.gov/sp/cd/ci/cfaforms2122.asp
A. Fiscal Year 2021–22 Program Calendar (ELCD-9730)
B. Payee Data Record (STD. 204) (Non-public agencies only)
C. Secretary of State (Non-public agencies only)
D. Verification of School District Name and Address
E. Program Narrative Change (ELCD 3704A)
F. Subcontractor Certification (ELCD 3704B)

