

ELCD Non-COVID-19 Emergency Closure Requests for Fiscal Year 2020-21 Form

Section A: Agency Information:

Date	
Contractors Full Legal Name	
Contractors Vendor Number	
Contact Person (Name, Position)	
Contact Person Phone Number	
Contact Person Email Address	

Section B: Site Closure Information:

Description of Non-
COVID-19 Emergency

Please list all contract types that were fully closed due to the Non-COVID-19 Emergency above here:

Contract Type	Start Date	End Date	Number of Sites Closed	Number of Children Effectuated

Section C: Certification of closure:

I am the authorized representative and certify that the above information is true, correct and approved by the authorized entity.

Signature:	
First Name, Last Name:	
Title or Position:	

FOR ELCD USE ONLY:

This Non-COVID-19 Emergency Closure Request above has been approved. The contractor is credited:

Days of Operation for the (CCTR, CSPP, CFCC, CMIG, CHAN) contract(s).

Signature:	
First Name, Last Name:	
Title or Position:	

Instructions for Completing the ELCD Non-COVID-19 Emergency Closure Request Form:

Contractors should submit one (1) ELCD Non-COVID-19 Emergency Closure Request Form per emergency closure incident. Only fully closed contract(s) should be listed on the request form. It is not necessary to submit an emergency closure request if at least one child in a contract was served during a day of operation.

Enter the following information on the form:

Section A: Agency Information:

1. Date of emergency closure request.
2. Contractor full legal name. Full spelling of legal name only.
3. Contractor four-digit vendor number (example: 1234).
4. Enter the name of the contact person along with their telephone number and email address

Section B: Site Closure Information:

5. The description of the Non-COVID-19 Emergency that required the full closure of the program
6. Contract type(s) that was fully closed. One line per contract type
7. Start date of closure request for the contract
8. End date of closure request for the contract
9. Number of sites closed for the contract type
10. Number of children effected by the closure for the contract type

Section C: Certification of Closure:

11. Name and title of a contact person for the request
12. Contact person's telephone number
13. Contact person's email address (approvals will be sent to this email address)
14. Signature of an authorized representative for the contract(s). Either an electronic signature or a wet signature will be accepted. The Authorized Representative is the person who has the authority to sign and engage in a contractual relationship with the CDE.

Email the ELCD Non-COVID-19 Emergency Closure Request Form to you assigned Program Quality Implementation consultant. A list of PQI consultants can be found online at:

<https://www.cde.ca.gov/sp/cd/ci/assignments.asp>



California Department of
EDUCATION

If you have questions about filling out this form or the Non-COVID-19 Emergency Closure Request process, please contact your assigned Program Quality Implementation consultant. A list of PQI consultants can be found online at: <https://www.cde.ca.gov/sp/cd/ci/assignments.asp>