California Department of Education

October 2022

Early Education Division

# Fiscal Year 2023–24 Continued Funding Application Overview and Instructions

## Overview

Contractors operating a California State Preschool Program (CSPP) and/or a Prekindergarten and Family Literacy Support (CPKS) program must review the following instructions prior to completing the Continued Funding Application (CFA) for fiscal year (FY) 2023–24.

## Methods to Submit the CFA

The CFA must be submitted electronically or physically by mail. Electronic submissions of the CFA are encouraged. Remember to keep a copy of the signed CFA for your records.

## Electronic CFA

### Option 1: Electronic CFA with a Digital Signature

The CFA signature pages must be digitally signed by the contractor’s authorized representative if submitting the CFA electronically. Instructions for each signature page are found in each applicable section within this document.

**Electronic Submission Instructions**

1. Download, complete, and save all required supporting documents from the CFA web page at <https://www.cde.ca.gov/sp/cd/ci/cfaforms2324.asp>. These forms will need to be uploaded as a part of the application process.
2. Access and complete the CFA electronically on the CFA web page by selecting ‘CFA.’ The CFA must be completed by a user who has been delegated the authority to sign contractual documents on behalf of the agency. The CFA will be completed online via software called Snap Survey.
3. Users will be prompted to attach completed supporting documents when completing the CFA electronically. Users will be unable to proceed to the next section of the electronic CFA until all required questions are answered.
4. If you are unable to complete the CFA in one session, please select the ‘Save’ feature on the CFA. *Users that make this selection will be provided with a link and password to return to their application at a later date/time.*
5. Sign and submit the CFA electronically. The CFA must be signed by a user who has been delegated the authority to sign contractual documents on behalf of the agency.
6. Users will receive an email confirming receipt of the application.
7. The user who signed the CFA must follow up on submission by sending an email to CFA@cde.ca.gov to certify that the application is complete. ***Your application will be incomplete without this email certification.***
	* The message should read: “I have electronically submitted the Continuing Funding Application (CFA) to the California Department of Education on behalf of my agency/organization. I certify that I was authorized to submit the CFA for [Insert Contractor Name], vendor number [XXXX]. [Insert Contractor Name] intends for the CFA transaction to be completed by electronic means, which shall have the same effect as if it were signed in ink on a piece of paper, and all signatures included with the CFA are intended to be binding upon [Insert Contractor Name].”

### Option 2: Physical CFA by Mail (Hard Copy)

Physical CFAs may be mailed to the CDE, EED. All signatures in the CFA must be in

**blue ink**.

If submitting by mail, send the completed and signed CFA and all required attachments to the following address:

## Continued Funding Application 2023–24

## California Department of Education Early Education Division

1430 N Street, Suite 3410 Sacramento, CA 95814-5901

**Physical Submission Instructions**

1. Download the CFA and all supporting documents from the CFA web page at <https://www.cde.ca.gov/sp/cd/ci/cfaforms2324.asp>.
2. Complete all required CFA forms.
3. Request a paper copy of the CFA by emailing CFA@cde.ca.gov.
4. Complete the CFA.
5. Print the completed CFA as a single-sided copy.
6. Sign the CFA using **blue ink**.

Submit the CFA by mail to the CDE (address specified above).

**Due Date to Submit the CFA**

All CFAs must be received on or before 5 p.m., on **Friday, December 9, 2022,**

regardless of the method of the CFA submission.

*California Code of Regulations* Title 5 (*5 CCR)* provides that failure to respond within the timelines specified in the CFA request shall constitute notification of the contractor’s intent to discontinue services at the end of the current contract period. Agencies with legitimate reasons for needing additional time to return the CFA may seek an extension by emailing the CDE at CFA@cde.ca.gov and including the reason for the time extension. Time extension requests must be received by the CFA deadline, December 9, 2022. Contractors who request a time extension may experience delays in receipt of their contract.

**Auto-Renewal Process**

Any contractors who apply for and are approved for continued funding will not need to sign a CSPP contract, and CPKS contract if applicable, to provide services for FY 2023–24, as CSPP and CPKS contracts approved for continued funding will be automatically renewed in accordance with all applicable federal and state laws, as well as all corresponding Contract Terms and Conditions that will be incorporated into the subsequent contract.

By signing the CFA, your agency indicates that it wishes to automatically renew its current CSPP contract, and CPKS contract if applicable, for the next fiscal year and is willing to, and does accept, all terms and conditions of such contract, which will be provided to all contractors being renewed for funding no later than June 1, 2023. Contractors may reject the terms of the new contract(s) by providing written notice to the CDE no later than June 30, 2023, by emailing ChildDevelopmentContracts@cde.ca.gov. The email should come from the Executive Director/Superintendent of the contracting entity or their authorized representative and state that the terms of the FY 2023–24 CSPP, and as applicable, the CPKS contract, are rejected. Contractors providing such notice to the CDE of the rejection of the terms of the contract(s) will not have them in effect for FY 2023–24.

If there are any questions regarding the application process or the automatic renewal of approved funding requests, contact the CFA team by email at CFA@cde.ca.gov. Include your name and phone number on all inquiries.

## Section I – Contractor Information

The header on all pages of the electronic application for physical submission will automatically populate with the Contractor Legal Name, Headquartered County, and Vendor Number that was inputted in Section I as instructed below.

### Contractor Legal Name:

Insert the contractor’s legal name, as stated in your contract and filed with the California Secretary of State (if applicable).

### Contractor Doing Business As (DBA): Insert the DBA name, if applicable. Do not use DBA where the contractor’s legal name is requested.

### Headquartered County:

Select the county where the contractor’s contractor’s headquarters (HQ) is located from the drop-down menu. The HQ County is the county where: contractors have provided preschool services and family literacy services, if applicable, in the service delivery area, as defined in 5 *CCR*, Section 17700(bf), for at least three years or where contractors have their primary administrative office. The primary administrative office is that office that houses the executive officer(s), fiscal functions, and other centralized support services.

### Vendor Number:

Insert the CDE-assigned four- or five-digit vendor number for the Contractor. The vendor number is located on the face sheet of the contract following the words *vendor number*.

***Note:*** The executive director's information and the legal business address must match the information in the CDMIS. To update information in the CDMIS, refer to the instructions in Section VIII.

### Executive Director Name:

Insert the name of the contractor’s head executive (i.e., executive director, superintendent, chancellor, or president) as may be applicable for the organization.

### Executive Director Telephone Number:

Insert the telephone number for the executive director.

### Executive Director Email Address:

Insert the email address for the executive director.

### Legal Business Address:

Insert the contractor’s legal business address.

### City:

Insert the city of the contractor’s legal business address.

### Zip Code:

Insert the zip code of the contractor’s legal business address.

### Mailing Address (if different from above):

Insert the contractor’s mailing address if different from the legal business address.

### City:

Insert the city of the contractor’s mailing address if different from the legal business address.

### Zip Code:

Insert the zip code of the contractor’s mailing address if different from the legal business address.

### Name of Contact Person Completing Application:

Insert the name of the contact person completing the application.

### Title of Contact Person Completing Application:

Insert the title of the contact person completing the application.

### Contact Person Phone Number:

Insert the phone number of the contact person completing the application.

### Contact Person Email Address:

Insert the email address for the contact person completing the application.

## Section II, Part 1 – Contract and Program Types

Check all applicable boxes to indicate the contract and program type(s) the Contractor intends to administer in FY 2023–24. In checking the boxes, the Contractor agrees, if approved for continued funding, to continue implementing the preschool services, and family literacy services if applicable, with funds provided by the CDE.

The contract types are: (1) CSPP and (2) CPKS. Please indicate if the CSPP contractor operates a Family Childcare Home Education Network.

The program types are as follows: (1) Full-Day/Full-Year, (2) Part-Day/Part-Year, (3) Full-Day/Part-Year, and (4) Part-Day/Full-Year.

## Section II, Part 2 – Funded Enrollment

Insert the number of subsidized children funded to be enrolled for the different parameters below. These “Number of Children” counts will be used to determine and monitor compliance with a contractor’s 5 percent set aside count for children with exceptional needs, pursuant to California *Education Code* 8208(c)(1)(A) and (d)(2)(A)(i).

If the Contractor elects to change these numbers during the course of the fiscal year, the Contractor must submit a Program Narrative Change and confirm approval from their assigned regional consultant. The new numbers will also be collected during the Program Self Evaluation survey.

For the Total Number of Children funded to be enrolled for the entire contract, insert that number.

For the Number of Counties where CSPP services are administered, insert the number of counties served. For electronic applications, once this number is selected, that number of boxes for county-level information will appear.

For electronic applications, select the county from the drop-down box for each county. For paper applications, enter the information for each county. Next, enter the Number of Children funded to be enrolled in that county. Finally, enter the Number of Children in that county to be enrolled in part-day and the Number of Children to be enrolled in full-day.

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

### Does the contractor have a Board of Directors?

Select yes or no to respond to this question. If the Contractor does not have a Board of Directors, provide an explanation in the space provided. Indicate the form of entity (i.e., sole proprietorship, partnership, joint powers authority, etc.) and the governance structure (i.e., number of owners or partners etc.).

If the contractor has a Board of Directors, complete contact information for each of the current year contractor’s officers and board of directors or governing individuals, including name and title, telephone number, mailing address, and email address. Attach additional sheets if necessary.

**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?**

If the contractor has a Board of Directors, select **yes** or **no** to respond to this question. 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. If no, continue to the next table.

## Section IV – Program Narrative

* 1. Indicate if the CSPP **does not** have programmatic or minimum days of operation (MDO) changes by checking the box for each type of CSPP that the Contractor operates that **does not** have programmatic **or** MDO changes.
	2. Indicate if the CSPP **does** have programmatic and/or MDO changes by checking the box for each type of CSPP that the Contractor operates that **does** have either a programmatic change **and/or** a MDO change.

**Note:** Changes to the program and/or MDO require submission of the Program Narrative Change form.

CSPP contractors must complete a form EED-3704A for each type of CSPP selected in this section. This form is available on the CFA web page at <https://www.cde.ca.gov/sp/cd/ci/cfaforms2324.asp>.

## Section V – CSPP Personnel Certification

### Signature of the Contractor’s Authorized Representative:

This form must be completed and signed by the contractor’s authorized representative. To digitally sign the form for electronic submission, follow the on-screen instructions. Alternatively, the form can be printed and physically signed for a mailed submission. If submitting a physical copy of the application, signatures must be signed in **blue ink.** The authorized representative is the person who has the authority to sign and engage in a contractual relationship with the CDE.

### Printed Name and Title of the Contractor’s Authorized Representative:

Print the name and title of the contractor’s authorized representative.

### Date of Signature:

Insert the date of signature.

### Authorized Representative’s Telephone Number:

Insert the direct phone number of the contractor’s authorized representative.

### Authorized Representative’s Email Address:

Insert the email address of the contractor’s authorized representative.

## Section VI – Subcontract Certification

1. The CSPP contractor **does not** have subcontractors

Check the box if the Contractor operates **without** the use of a subcontractor.

1. The CSPP contractor **does** have subcontractors (select if applicable).

Contractors who subcontract CSPP services will need to complete and submit form EED-3704B. This form is available on the CFA web page at <https://www.cde.ca.gov/sp/cd/ci/cfaforms2324.asp>.

### Signature of the Contractor’s Authorized Representative:

This form must be completed and signed by the contractor’s authorized representative. To digitally sign the form for electronic submission, follow the on-screen instructions. Alternatively, the form can be printed and physically signed for a mailed submission. If submitting a physical copy of the application, signatures must be signed in **blue ink.** The authorized representative is the person who has the authority to sign and engage in a contractual relationship with the CDE.

### Print Name and Title of the Contractor’s Authorized Representative: Print the name and title of the contractor’s authorized representative.

### Date of Signature:

Insert the date of signature.

### Authorized Representative’s Telephone Number:

Insert the direct phone number of the contractor’s authorized representative.

### Authorized Representative’s Email Address:

Insert the email address of the contractor’s authorized representative.

## Section VII: Contractor Certification

The authorized representative certifies they are authorized to execute the CFA, has supervisory authority over the CSPP, and CPKS if applicable, has actual knowledge of the information in the application, and certifies that the information in the application is true and correct.

### The authorized representative agrees that by signing the CFA they are agreeing to renew the CSPP contract, and CPKS contract if applicable, under the terms and conditions that will be applicable to FY 2023–24 and that such contract will be in effect as of July 1, 2023, unless the CSPP contractor submits written notice of rejection of the contract to the CDE prior to the effective date of the contract on June 30, 2023.

Contractors that wish to reject the terms of the FY 2023–24 CSPP and/or CPKS contract must provide written notice that the terms of the contract are rejected by emailing ChildDevelopmentContracts@cde.ca.gov on or before June 30, 2023. The email should come from the Executive Director/Superintendent of the contracting entity or their authorized representative and state that the terms of the FY 2023–24 CSPP and/or CPKS contract are rejected. Contractors providing such notice to the CDE of the rejection of the terms of the contract will not have a contract in effect for FY 2023–24.

### Signature of the Contractor’s Authorized Representative:

This form must be completed and signed by the contractor’s authorized representative. To digitally sign the form for electronic submission, follow the on-screen instructions. Alternatively, the form can be printed and physically signed for a mailed submission. If submitting a physical copy of the application, signatures must be signed in **blue ink.** The authorized representative is the person who has the authority to sign and engage in a contractual relationship with the CDE.

### Printed Name and Title of Contractor’s Authorized Representative:

Print the name and title of the CSPP contractor’s authorized representative.

### Date of Signature:

### Insert the date of signature.Authorized Representative’s Telephone Number:

Insert the direct phone number of the contractor’s authorized representative.

### Authorized Representative’s Email Address:

Insert the email address of the CSPP contractor’s authorized representative.

## Section VIII: Certification of the Contractor Information in the CDMIS

CSPP contractors are required to review and update all information in the CDMIS and certify under penalty of perjury that information in CDMIS is complete and accurate as of the date of the certification. This update includes the name and contact information for the executive director and program directors, location of offices, location, license number and licensed capacity of facility sites and/or family childcare home providers who serve children through a CSPP Family Child Care Home Education Network (FCCHEN), and the number of children enrolled.

The information in the CDMIS **becomes part of the agency’s contract**. Complete and accurate information is critical to the maintenance of your agency’s CSPP contract. Incomplete or inaccurate information in the CDMIS can result in an audit finding at the state level and a finding of noncompliance for your agency. Maintenance of complete and accurate information in the CDMIS is the contractor’s responsibility. To perform the review and update, follow the directions below.

To access this information, the person logging onto the CDMIS must be a ***super user.***

Only superusers can access the Update Agency Information function within the CDMIS. To review the information and submit changes, log on to the CDMIS at <https://www4.cde.ca.gov/cdmis/default.aspx>. From the Main Menu, select the function ***Update Agency Information*** and click the ***Submit*** button. Review all of the information in the sections below, making changes as necessary. Detailed instructions for updating this information can be found within the CDMIS. A checklist has been provided below for your review.

* **Add/Edit Executive Director Information:** Update Executive Director’s name, phone number, fax number, and email address.
* **Add/Edit Program Director Information:** Update existing Program Director information; add new Program Directors; assign them to the contracts they are responsible for, change Program Director contract assignments, and delete Program Directors who are no longer assigned to a contract or no longer with the agency
* **Add/Edit Family Child Care Home Education Network (FCCHEN) Information:** This section only applies to CSPP contractors that provide CSPP services through a FCCHEN. Update information related to services provided in family child care homes through the contractor's CSPP contracts to reflect services as of the date of the CDMIS updates.
* **Add/Edit Sites/Offices:** Update, add, or delete sites/offices with the physical address of the site/office. Do not use post office boxes or mailing addresses. Update the Site Supervisor’s first and last name.
* **Update the site license information:** For licensed facilities, the site name and physical address should match the name and address on the license issued by the California Department of Social Services, Community Childcare Licensing Division.
* **Update the number of children served by contracts at sites** to reflect services as of the date of the CDMIS updates.
* **Certification of CSPP Contractor Information Form:** Once all of the information has been reviewed and all changes have been submitted, regardless of whether the changes have been approved by the assigned EED Program Quality Implementation (PQI) office Consultant or are still pending approval, complete and sign Section VIII – Certification of CSPP Contractor Information in the CDMIS, on page 89of the CFA.
* Alternatively, generate and **print** the ***Agency Information Certification*** form. Do not generate the Agency Information Certification form until all the information above has been reviewed and any changes needed have been submitted.
	+ To generate this form, scroll to the bottom of the *Update Agency Information* web page and click the ***Generate Certification form*** button.
	+ When the form is generated, print it using the browser's print function. The CSPP contractor’s authorized representative must sign the form. The signed form must be returned with the CFA. Applications **will be considered incomplete** without either the Certification of CSPP Contractor Information page completed or the ***Agency Information Certification*** form.

All changes submitted (adds, updates, or deletes) will remain pending until the CSPP contractor's assigned EED, PQI office consultant reviews and approves, or denies the changes.

**Ongoing Updates:** In addition to this annual review of information as part of the CFA process, CSPP contractors are required to submit changes to Executive Director Information, Program Director Information, and Site/Office information (site name, physical address, and license information only) as changes occur. The number of children served by contract and age group at each site/office only needs to be updated once a year during the CFA process.

**Note:** The CSPP contractor's legal name and mailing address cannot be changed through this process. For information on how to change your legal name or headquarters mailing address, contact your assigned EED, PQI office consultant.

For any other questions about submitting changes within the ***Update Agency Information*** section of the CDMIS website, please contact CDMIS staff at CDMIS@cde.ca.gov.

## Section IX: Required Attachments

All attachments must be completed and attached to the application. These attachments are located on the CFA web page at <https://www.cde.ca.gov/sp/cd/ci/cfaforms2324.asp>.

### Fiscal Year 2023–24 Program Calendar (EED-9730)

The Program Calendar (EED-9730) spreadsheet is required and **must be completed separately for each CSPP type.** The EED-9730 spreadsheet will automatically add the total MDO on the cover page when the dates are marked with a **1**. The instructions for completing the spreadsheet are as follows:

* + Select and download the EED-9730 spreadsheet at <https://www.cde.ca.gov/sp/cd/ci/documents/fy2324cfaeed9730.xlsx>.
	+ On the cover page, insert the name of the CSPP contractor, vendor number, county, and contract type.
	+ Complete the corresponding tab for **each month** that the program operates. Enter **1** if the program operates that day and a **0** if the program does not operate that day during the FY 2023–24 contract period.
	+ The total days of operation for each month will auto-populate.
	+ The number of days marked with a 1 for each month will automatically total to the MDO on the cover page.
	+ Sign the completed EED-9730 form. Print and sign the form if submitting the CFA by mail.

Complete and submit a Program Narrative Change form (EED 3704A) to justify any changes to the previously approved MDO, if applicable. When MDO changes occur during the current FY, the CSPP contractor is required to justify the change by submitting revised EED-9730 and EED-3704A forms to the assigned EED, PQI office consultant, to obtain the necessary approval. For any changes to FY 2023–24, the revised forms must be received electronically and be approved by the EED, PQI office consultant on or before March 2023. Requests for changes after March 2023 must be submitted on or after July 1, 2023, after receipt of the new contract to prevent delays in receipt of the contract. The forms are located on the CFA web page at <https://www.cde.ca.gov/sp/cd/ci/cfaforms2324.asp>.

### Payee Data Record (STD. 204) (Non-public Agencies Only)

**Tip:** The State Administrative Manual defines a **public agency** as any state agency, city, county, special district, school district, community college district, county superintendent of schools, or federal agency. Any CSPP contractor that does not meet these criteria is considered a ***non-public agency***.

* + **Non-public agencies** must download and complete the State of California Payee Data Record (STD. 204) form on the Department of General Services web page at <https://www.documents.dgs.ca.gov/dgs/fmc/pdf/std204.pdf>.
	+ **Section 1** – Read the instructions and complete sections 2 through 5.
	+ **Section 2** – Enter the payee’s legal business name. **This should match the Legal Name of the CSPP Contractor you entered in Section I of this application**. Sole proprietorships must also include the owner’s full name. An individual must list r full name. **The mailing address and business address should match the information submitted in Section I of this application.**
	+ **Section 3** – Check the box that corresponds to the payee business type. **Check only one (1) box**. Corporations must check the box that identifies the type of corporation. The State of California requires that all parties entering into business transactions that may lead to payment(s) from the State provide their Taxpayer Identification Number (TIN). The TIN for individuals and sole proprietorships is the Social Security Number. **Only partnerships, estates, trusts, and corporations will enter their Federal Employer Identification Number (FEIN).**
	+ **Section 4 – Are you a California resident or nonresident?** A corporation will be defined as a ***resident*** if it has a permanent place of business in California or is qualified through the Secretary of State to do business in California. A partnership is considered a resident partnership if it has a permanent place of business in California. For individuals and sole proprietors, the term ***resident*** includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose.
	+ **Section 5** – Complete all fields and sign the form. To digitally sign the form for electronic submission, left-click the signature field and follow the on-screen instructions. Alternatively, the form can be printed, physically signed, and scanned for electronic submission*. If submitting a physical copy of the application, signatures must be signed in* ***blue ink****.*

### Payee Data Record Supplement (STD. 205) (Non-public agencies only)

CSPP Contractors must download and complete the Payee Data Record Supplement form (STD. 205) if a non-public agency’s payment address is different from the mailing address provided on the Payee Data Record form (STD. 204)

**Name**

Insert Payee information (must match with STD. 204)

Business Name, DBA Name, or Disregarded Single Member Limited Liability Company Name

Insert if different from Name.

**TAX ID Number**

Insert Social Security Number, Individual Taxpayer Identification Number, or FEIN that matches the Tax ID number provided on STD. 204.

**Additional Remittance Address Information**

Insert information if different from the mailing address on the STD. 204. CSPP Contractors may provide additional remittance addresses on a second STD. 205 form if needed.

**Additional Contact Information**

Insert information to provide additional Authorized Representatives for the Payee (if applicable). CSPP Contractors may provide additional remittance addresses on a second STD. 205 form, if needed.

**Certification**

Complete all fields and sign the form. To digitally sign the form for electronic submission, left click the signature field and follow the on-screen instructions. Alternatively, the form can be printed, physically signed, and scanned for electronic submission. *If submitting a physical copy of the application, signatures must be signed in* ***blue ink*.**

### Secretary of State (Non-Public Agencies Only)

CSPP contractors that are required to register with the Secretary of State must have an ***active*** status, and the entity name and address **must match** the STD. 204 **and** the information submitted in Section I of the CFA. Contact your assigned EED, PQI office consultant immediately if your agency status is inactive. **Please provide a printed Secretary of State (SOS) verification of your agency’s status or SOS search results.** To search, click on the following link to access the Secretary of State web page: Under Search Type, click on the circle next to Corporation Name, Limited Liability Company/Limited Partnership Name, or Entity Number.

* + Under Search Criteria, insert entity name or number; if entering the number of a corporation, the number must begin with the letter C.
	+ Under Search Filter, using the drop-down menu, select the search filter if searching for an entity name.
	+ Click on Search.
	+ On the Business Search Results page screen, click on the entity name.
	+ On the Business Search Entity Detail screen, verify the status as active.
	+ Verify that the entity name and address match Section I of the application and the STD. 204.
	+ If submitting the CFA electronically, press the ***Print Screen*** key on your keyboard or at the Secretary of State web page at <https://bizfileonline.sos.ca.gov/>.
	+ Create a blank document in Microsoft Word and click paste to paste the image into the document. Save the document. If submitting the CFA by mail, right-click your computer mouse and click ***Print***.

### Verification of Local Educational Agency Name and Address

Please provide printed verification of your district or county office legal name and address from one of the following websites.

This information must match the information submitted in the application. To search, click on the corresponding link below.

* + **California Community Colleges or Community Colleges Districts** search the California Community College Chancellor’s web page at <https://www.cccco.edu/Search-Results#site-search-bar>.

		1. Click on the letter that your college or district starts with.
		2. Scroll to the college or district.
		3. Press the **Print Screen** key on your keyboard. This will capture an image of your **screen** and copy it to the clipboard.
		4. Create a blank document in Microsoft Word and click paste to paste the image into the document.
		5. Save the Word document. Print the document if submitting the CFA by mail.
	+ **School Districts, County Offices of Education, and Charter Schools:** search the California School Directory web page at <https://www.cde.ca.gov/SchoolDirectory/>.
		1. Click on the Advanced Search button.
		2. Search Type – click on the circle next to Districts and County Offices.
		3. County – scroll down and click on your county.
		4. District – scroll down and click on your District or County Office.
		5. Scroll down and click on the Search button.
		6. Right-click your computer mouse and print the current page only to PDF or physically print if submitting the CFA by mail.

### Program Narrative Change (EED-3704A):

**Note:** Only CSPP contractors who have identified MDO or programmatic changes in Section IV B must complete this form.

CSPP contractors with both part-day/part-year and full-day/full-year CSPP contracts must complete a separate form for each CSPP contract type, as applicable.

**Change Type:**

Select “Calendar Change” for any changes in the CSPP contractor’s MDO. Select “Programmatic Change” for other programmatic changes.

**Questions 1, 2, and 3:**

Complete questions 1, 2, and 3. Attach additional sheets as necessary.

The Program Narrative Change (EED-3704A) form is available on the CFA web page at <https://www.cde.ca.gov/sp/cd/ci/cfaforms2324.asp>.

### Subcontractor Certification Form (EED-3704B):

***Note:*** Only CSPP contractors who have identified that they subcontract CSPP services in Section VI B must complete this form.

CSPP contractors with both part-day/part-year and full-day/full-year CSPP contracts must complete a separate form for each CSPP contract type, as applicable.

**CSPP Contract Maximum Reimbursement Amount (MRA):**

Insert the dollar amount.

**Total percentage of the CSPP contract MRA subcontracted:**

Insert the percentage.

**Subcontractor Legal Name:**

Insert the legal name of the entity that you subcontracted with.

**Does the subcontractor also contract with the EED?**

Select “Yes” if the entity to which you subcontract your CSPP services also has a current EED contract to provide state-subsidized CSPP services. Select “No” if your subcontractor does not have a CSPP contract.

**Site Information and percentage of the CSPP Contract MRA Subcontracted:**

Include information on Site Number, Site Name, Site Address, Service County, and Percentage of MRA Subcontracted. Complete the form by inserting the CSPP contract and subcontractor information next to the Site Number, the Site Name, Site Address; select the Service County from the dropdown menu, and enter the Percentage of MRA Subcontracted.

Subcontracts for CSPP services must be audited in accordance with CDE Audit Guidelines and reported with the CSPP contractor’s annual audit.

The Subcontract Certification form (EED-3704B) is available on the CFA web page at <https://www.cde.ca.gov/sp/cd/ci/cfaforms2324.asp>.

### California Civil Rights Laws Certification (CO-005)

If a bidder or proposer executes or renews a contract in the amount of $100,000 or more on or after January 1, 2017, the bidder or proposer must certify compliance with the California Civil Rights Laws and Employer Discriminatory Policies.

**Proposer/Bidder Firm Name (Printed):**

Insert the firm’s name.

**Federal ID Number:**

Insert federal tax ID number.

**By (Authorized Signature):**

Provide authorized signature.

**Printed Name and Title of Person Signing:**

Insert name and title.

**Date Executed:**

Insert date of completion.

**Executed in the County and State of:**

Insert the county and state of firm.

### Contractor Certification Clauses (CCC)

Contractors must certify under penalty of perjury that they are duly authorized to legally bind the prospective contractor to the clauses listed within the Contractor Certification Clauses (CCC).

**Contractor/Bidder Firm Name (Printed):**

Insert the firm’s name.

**Federal ID Number:**

Insert federal tax ID number.

**By (Authorized Signature):**

Provide authorized signature.

**Printed Name and Title of Person Signing:**

Insert name and title.

**Date Executed:**

Insert date of completion.

**Executed in the County of:**

Insert the county of firm.

### Federal Certification (CO.8)

Prospective contractors must complete and sign the Federal Certification, to attest that they will comply with certification requirements regarding lobbying, debarment, suspension, and other workplace requirements.

**Place of Performance (Street address, city, county, state, zip code)**

Insert address.

**Contractor Name**

Insert Contractor’s name.

**Printed Name and Title of Authorized Representative**

Insert name and title of authorized representative.

**Signature**

Provide the signature of the authorized representative.

**Date**

Insert date of completion.

### Public agencies must include board resolution or minutes of meetings reflecting authorization of signature on this document and a delegation of authority if applicable

If the Contractor is a public agency, the board of the public agency must affirmatively approve in writing the intent to submit the CFA and automatically renew the CSPP contract and CPKS contract, if applicable, for FY 2023–24. A copy of a resolution, order, motion, ordinance, or other similar document from the local governing body authorizing the contract or minutes from a Board meeting reflecting such approval must be provided. Only those authorized in the board resolution may sign the CFA and contract documents.

### For Public Agencies, Self-Certification for License Exemption for LEAs Operating CSPP

If the Contractor is a public agency operating a CSPP and choosing to be exempt from licensure pursuant to Health and Safety Code Section 1596.7092(o), the self-certification for license-exempt LEAs form must be completed.

## Section X: Continued Funding Application (EED-3704) Checklist

The checklist must be submitted with the CFA package. The items in bold require a signature. Check all of the boxes for documents submitted, and if submitting the completed CFA by mail, assemble the application in page number order as indicated.