

Application Forms

Section 1: Applicant Information

Agency/Organization Information	
Legal Name of Agency/Organization:	
Legal Physical Address:	
Mailing Address:	
Headquartered County:	
Executive Director Information	
Name:	
Phone Number:	
Fax Number:	
E-mail Address:	
Program Director Information	
Name:	
Phone Number:	
E-mail Address:	
Applicant Legal Status	
Select legal status:	Are you a current CDE Early Learning and Care Division contractor?
<input type="checkbox"/> City or City Agency <input type="checkbox"/> County or County Agency <input type="checkbox"/> State or Federal Agency <input type="checkbox"/> State College or University <input type="checkbox"/> Community College <input type="checkbox"/> County Office of Education <input type="checkbox"/> School District <input type="checkbox"/> Tribal Council/Military Installation <input type="checkbox"/> Private for-profit <input type="checkbox"/> Private non-profit <input type="checkbox"/> Charter School (direct-funded)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, select all programs currently being operated:
	<input type="checkbox"/> CA State Preschool Program (CSPP) <input type="checkbox"/> General Child Care and Development (CCTR) <input type="checkbox"/> Migrant Child Care and Development (CMIG) <input type="checkbox"/> Handicapped Child Care and Development (CHAN) <input type="checkbox"/> CA Alternative Payment Program (CAPP) <input type="checkbox"/> CalWORKS Stage 2 (C2AP) <input type="checkbox"/> CalWORKS Stage 3 (C3AP) <input type="checkbox"/> CA Resource and Referral (CRRP) <input type="checkbox"/> CA Migrant Alternative Payment (CMAP)

Section 2: Service Delivery Options

Center-Based Programs		
If your agency intends to operate center-based programs to implement CCTR and/or CSPP services described in this application, provide the number of children to be served in the applicable program type below.		
	CCTR	CSPP
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:		

This section intentionally left blank.

Section 2: Service Delivery Options, continued

Intent to Operate a CCTR via Family Child Care Home Education Network (FCCHEN) (if not intending to operate a FCCHEN, skip this section)	
If your agency intends to operate as a FCCHEN to implement CCTR 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:	
Contact Person:	
Phone Number:	
Fax Number:	
Email Address:	
CCL License Number:	
License Capacity:	
Proposed Number of Children Served in this Home:	

This section intentionally left blank.

Section 3: Program Narrative

Each section of the Program Narrative should be clearly labeled and addressed in the below order. Proposals should be straightforward, concise, and include explanations of technical terms used. The Program Narrative is limited to a maximum of 10 pages.

a) Agency Introduction

Provide a general overview of the agency's early education and development services for children and families. Include a description of your agency, size, location, types of services provided, and partners.

b) Service Area

Describe the targeted service area(s). List of sites and classroom designations must be provided in the Fiscal Attachments. Please refer to Appendix A for a list of existing locations and Appendix B for Priority Zip Codes.

c) Description of Need

Describe the needs of the targeted population with respect to the proposed service area and how these needs will be met.

d) Program Quality

Describe the agency's commitment to implement a quality program.

Desired Results System. Include your agency's process for continuous quality improvement using the Developmental Profile, Parent Survey, Environmental Rating Scale, and Program Self-Evaluation.

Education Program. Describe how the program ensures the following and include references to the Quality Rating and Improvement System (QRIS), as appropriate:

- Program approach is developmentally, linguistically, and culturally appropriate.
- Program is inclusive of children with special needs.
- Program encourages respect for the feelings and rights of children.
- Program supports children's social and emotional development.
- Program provides for the development of cognitive and language skills.
- Program promotes each child's physical development by providing sufficient time, indoor and outdoor space, equipment, materials, and guidelines for active play and movement.
- Program promotes and maintains practices that are healthy and safe.

Staff Development. Describe how professional development is planned, implemented, and evaluated for all staff.

Nutrition. Describe your agency's plan to include a nutrition component that ensures children have access to nutritious meals and snacks, at no additional cost to families, that are culturally and developmentally appropriate.

e) Parent Involvement and Education

Describe how your agency plans to ensure that effective, two-way, comprehensive communication between staff and parents is carried out on a regular basis throughout the program year. Include how your agency's plan for parent involvement and education in orientation for parents, parent conferences, open door policy, and Parent Advisory Committees.

f) Health and Social Services

Describe how your agency identifies needs of children and families. Include how families are linked to appropriate resources and describe follow-up procedures that are in place to ensure needs have been met.

g) Program Monitoring and Administration

Provide a comprehensive description of how your agency plans to monitor and ensure both fiscal and programmatic compliance.

Include an organizational chart that identifies roles and responsibilities of all individuals who monitor and implement fiscal and programmatic compliance, and their assigned areas of responsibility and lines of communication. The organizational chart should be submitted as an attachment and will not count towards the Program Narrative page limit. Explain what the reporting relationships will be between line staff and supervisors.

Describe your agency's systems for the following:

- ongoing oversight
- program self-evaluation
- corrective action
- continuous quality improvement
- fiscal management, including, but not limited to enrollment, attendance, and expenditures

Include a description of how the management system ensures budget and staffing patterns that promote continuity of care.

h) Transition Plan

Children and families are currently receiving CCTR and CSPP services (see Appendix A for a complete list of existing locations). Describe how you will support children, families, and staff in making a successful transition, if applicable.

Section 4: Form A – Program Staffing Plan

Legal Name of Agency:				
Code Definitions				
(A) Administration Includes program directors, site supervisors, fiscal coordinators, secretaries, clerks, and others whose primary function is to facilitate the administrative processes of your agency or FCCHEN.		(IS) Instructional Services Includes certificated, classified staff or CTC permit holders providing instruction to children (i.e., FCCHEN providers).		
(OS) Other Operational Services Includes custodians, cooks, bus drivers, grounds persons, and others performing similar functions.		(SS) Support Services Includes nurses, counselors, social workers, resource teachers, and others who are licensed and performing specialized professional services.		
A. List below the staff positions that will be paid from the requested contract dollars.				
Code/Job Title Use Codes (A, IS, OS, SS)		Number of Full- Time-Equivalent Employees (for this program only)	Salary Range (Hourly or Monthly)	
Code	Job Title/Number of Employees (head count)		Minimum	Maximum
B. List other staff resources that are not paid through this application but support program activities (In-Kind).				

Section 5: Child Days of Enrollment Projections

Please refer to the CCTR Fiscal Attachment and CSPP Fiscal Attachment Excel Workbooks to complete required Budget and Child Days of Enrollment Projections worksheets. Fiscal Attachment pages will not count towards the Program Narrative page limit.

Applicants must provide a budget, in accordance with the California School Accounting Manual at <https://www.cde.ca.gov/fg/ac/sa/documents/csam2019complete.pdf>, showing all costs necessary to operate the proposed child care and development program.

Applicants must provide projections for Child Days of Enrollments, as appropriate, for the proposed service delivery options.

Applicants proposing to operate **CCTR programs only** must complete and submit the CCTR Fiscal Attachment Excel Workbook. Applicants proposing to operate **CSPP programs only** must complete and submit the CSPP Fiscal Attachment Excel Workbook. Applicants applying to **operate both CCTR and CSPP programs must complete both** CCTR and CSPP Fiscal Attachment Excel Workbooks.

CCTR Fiscal Attachment

Applicants proposing to operate CCTR programs **only** must complete and submit all worksheets in the CCTR Fiscal Attachment Excel Workbook.

- *CCTR Budget Worksheet* – please refer to the CCTR Budget Worksheet of the CCTR Fiscal Attachment for instructions.
- *CCTR Child Days of Enrollment Projections Worksheet* – applicants must provide projections for CCTR Child Days of Enrollments. Please refer to the worksheet for instructions.

CSPP Fiscal Attachment

Applicants proposing to operate CSPP programs **only** must complete and submit all worksheets in the CSPP Fiscal Attachment Excel Workbook.

- *CSPP Budget Worksheet* – please refer to the CSPP Budget Worksheet of the CSPP Fiscal Attachment for instructions.
- *CSPP Child Days of Enrollment Projections Worksheet* – applicants must provide projections for CSPP Child Days of Enrollments. Please refer to the worksheet for instructions.

Section 6: Form B: Compliance with California Code of Regulations Title 22

		YES	NO	
1. Is the applicant agency exempt by statute or otherwise exempt from licensure?				
2. Does the applicant agency currently have a license with California Community Care Licensing (CCL)?				
a. If NOT currently licensed with CCL, is applicant agency eligible for a licensing in accordance with 22 CCR, Community Care Licensing, Division 12?				
b. If NOT currently licensed with CCL, is applicant agency exempt by statute or otherwise exempt from licensure?				
APPLICANTS CURRENTLY LICENSED WITH CCL ONLY				
3. Has the applicant agency holding a license with 22 CCR, Community Care Licensing, Division 12, received any non-compliance violation(s) at any site operated by the applicant agency within the past 12 months immediately preceding the date of this RFA?				
If YES , you must submit the following information for each site receiving a non-compliance finding within the past 12 months. Add additional pages as needed.				
License Number	Site Name and Address	Violation Type (A or B) and Brief Description	Corrective Action Plan	Cleared or Pending Clearance (supporting documentation)

Section 7: Financial Review

Provide a Financial Review Narrative limited to 3 pages double-spaced (Financial Review Narrative does not count towards Program Narrative page limit) that address all the following components:

a. Financial Capability

Applicants must include a copy of its most recent audit report or statements from Certified Public Accountants (these Supplemental Attachments do not count towards the Program Narrative or Financial Review Narrative page limits).

b. Financial Management System

Describe internal controls, compliance, and ethical values, including:

- Policies and procedures to achieve compliance with award requirements
- Ability to meet the 8.5% limitation on administrative costs
- Commitment to high ethical standards in relation to written policies and programs inherent within the organization.

Describe accounting policies and procedures, including:

- Logical and consistent method for the allocation of indirect costs
- If applicant has an indirect cost rate agreement, reference the indirect rate agreement and identify the process for collection of indirect costs, calculation of rate(s), and the application or allocation of costs to specific grants.
- If application utilizes the direct allocation method, describe the process for identifying and prorating joint costs using a base that is most appropriate to the particular element of cost that is being prorated
- If CCTR and/or CSPP funding will be combined with other early childhood funding sources, describe how costs will be properly allocated.

c. Additional Information

- State whether the applicant has had any contracts terminated or revoked in the past 3 years. Describe the conditions for contract termination or revocation and whether issues have been resolved. If your organization has not had any contracts terminated or revoked in the past 3 years, please state so.
- State whether the applicant has not been able to fulfill the terms of any contracts in the past 3 years. Describe the reasons for not being able to fulfill contract terms and whether the issue has been resolved. If your organization has not had any contracts terminated or revoked in the past 3 years, please state so.
- State whether the applicant has received a Qualified, Disclaimer, or Adverse audit opinion in the past 2 years for any state or federal grant program.
- State whether the materially non-compliant finding(s), which caused the Qualified, Disclaimer, or Adverse audit opinion, have been resolved.
- Provide a summary of each piece of litigation (including bankruptcies) involving your organization, including federal, state, or local government agency as parties. This includes anticipated litigation, pending litigation, or litigation completed within the past 12 months. If your organization is not involved in any litigation, please state so.

Based upon the applicant's responses to the Financial Review Narrative, to other information provided in their application and other available public information, SJCOE will conduct an analysis of the applicant's Governing Body in order to determine how effective, legal and cohesive the applicant's Governing Body has historically functioned and whether it has a documented history of providing effective Child Care and State Preschool services so as to best benefit the children and families who will be receiving services pursuant to the contracts resulting from this RFA process. As part of this process, applicants must cooperate and respond to subsequent SJCOE requests for documents and/or information made in this assessment process.

Section 8 – Supplemental Attachments

The following Supplemental Attachments are required and must be submitted as attachments to the Program Narrative. Supplemental Attachments will not count towards the Program Narrative or Financial Review Narrative page limits and should be submitted in the following order:

- Proof of legal status
- List of Board of Directors and their affiliations
- Organizational Chart that identifies roles and responsibilities of all individuals who monitor and implement fiscal and programmatic compliance, and their assigned areas of responsibility and lines of communication
- Job Descriptions for key staff (e.g., program director, site supervisor, teacher, teacher assistant)
- Indirect cost rate agreement
- Memorandums of Understanding or other agreements demonstrating the applicants' partnerships
- Most recent audit report or statements from Certified Public Accountants

This section intentionally left blank.

Section 9: Certifications & Assurances

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, and this application, as well as abide by all applicable federal and state laws. I declare:

- I have supervisory authority over the children 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 compliance with all applicable program statutes and regulations, including:
 - California Department of Education Child Development Contracts Funding Terms and Conditions (FT&Cs). The FT&Cs are available at <https://www.cde.ca.gov/fg/aa/cd/>
 - Subcontracting requirements, including competitive bidding, SJCOE approval, and audit requirements in California Code of Regulations, Title 5 (5 CCR) §18026 et. seq.
 - Prohibitions on conflicts of interest, 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 Title 5, §18033 et. seq.
 - Accounting and reporting requirements in Title 5, §18063 et. seq.
 - Operational and programmatic requirements.

Authorized Signer Certification	
Printed Name of Authorized Representative:	
Title of Authorized Representative:	
Signature of Authorized Representative:	
Date of Signature:	