



**Section I - Contractor Information**

Legal Name of Contractor: City of La Habra

Contractor "Doing Business As" (DBA):

Headquartered County: 30 Orange 

Vendor Number: 2183

Executive Director Name: Jim Sadro

Executive Director Telephone Number: (562) 383-4000

Executive Director Fax Number: (562) 383-4474

Executive Director E-mail Address: jsadro@lahabraca.gov

Legal Business Address: 110 E. La Habra Blvd.

City: La Habra

Zip Code: 90631

Mailing Address (if different from above): 215 N. Euclid Street

City: La Habra

Zip Code: 90631

Name of Person Completing Application: Catherine Villanueva, Ed.D.

Title of Contact Person Completing Application: Child Development Manager

Contact Person Telephone Number: (562) 383-4270

Contact Person E-mail Address: cvillanueva@lahabraca.gov

**Contractor Name**  
 City of La Habra

**Vendor #**    **County**  
 2183    30 Orange



**Section II – Contract Types**

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.

**Center-Based Programs**

- California State Preschool Program (CSPP)
  - Full-Year     Part-Year
- California Center-Based (CCTR)
  - Infant/Toddler
  - School-age
- Program for Special Needs (Handicapped) Children (CHAN)
- Migrant Center-Based (CMIG) and Migrant Special Services (CMSS)

**Alternative Payment Programs**

- Alternative Payment Program (CAPP)
- CalWORKs Stage 2 (C2AP)
- CalWORKs Stage 3 (C3AP)
- Migrant Alternative Payment (CMAP)

**Resource and Referral Programs**

- Resource and Referral (CRRP)

**Family Child Care Home Programs**

- Family Child Care Home Education Network (CFCC)

**Contractor Name**

**Vendor #**

**County**

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

Does the contractor have a board of directors?  Yes  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?

Yes  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.

<b>Officer, Board Member, Owner or Governing Individual Name</b>	<b>Title</b>	<b>Telephone Number</b>	<b>Mailing Address</b>	<b>Email Address</b>
Tom Beamish	Mayor	(562) 383-4010	110 E. La Habra Blvd. La Habra, CA 90631	tbeamish@lahabraca.gov
Rose Espinoza	Mayor Pro-Tem	(562) 383-4010	110 E. La Habra Blvd. La Habra, CA 90631	respinoza@lahabraca.gov
James Gomez	Council Member	(562) 383-4010	110 E. La Habra Blvd. La Habra, CA 90631	jgomez@lahabraca.gov
Tim Shaw	Council Member	(562) 383-4010	110 E. La Habra Blvd. La Habra, CA 90631	tshaw@lahabraca.gov
Jose Medrano				jmedrano@lahabraca.gov

**Contractor Name**

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**County**

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**Section IV – Program Narrative**

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.

- |   |  |
|---|--|
| <input type="checkbox"/> California State Preschool Program (CSPP)                            | <input type="checkbox"/> CalWORKs Stage 2 (C2AP)                         |
| <input checked="" type="checkbox"/> California Center-Based (CCTR)                            | <input type="checkbox"/> CalWORKs 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) |

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).

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> California State Preschool Program (CSPP)                 | <input type="checkbox"/> CalWORKs Stage 2 (C2AP)                         |
| <input checked="" type="checkbox"/> California Center-Based (CCTR)                            | <input type="checkbox"/> CalWORKs 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**  
 City of La Habra

**Vendor #**    **County**  
 2183        30 Orange



**Section V – Personnel Certification for Center-Based Programs and Family Child Care Home Education Networks**

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 *California Education Code (EC)*; *California Code of Regulations, Title 5 (5 CCR)*; and Funding Terms and Conditions.

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).

<b>Signature of Contractor's Authorized Representative:</b>	
<b>Printed Name and Title of Contractor's Authorized Representative:</b>	Jim Sadro, City Manager
<b>Date of Signature:</b>	
<b>Authorized Representative's Telephone Number:</b>	(562) 383-4000
<b>Authorized Representative's Email Address:</b>	jsadro@lahabracaca.gov

**Contractor Name**

**Vendor #**

**County**

City of La Habra

2183

30 Orange



**Section VI – Subcontract Certification**

A. The following types of contracts **do not** have subcontractors (check all that apply):

- California State Preschool Program (CSPP)
- California Center-Based (CCTR)
- Program for Special Needs (Handicapped) Children (CHAN)
- Migrant Center-Based (CMIG)

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>.

- California State Preschool Program (CSPP)
- California Center-Based (CCTR)
- Program for Special Needs (Handicapped) Children (CHAN)
- Migrant Center-Based (CMIG)

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.

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.

**Signature of Contractor’s Authorized Representative:**

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

Jim Sadro, City Manager

**Date of Signature:**

**Authorized Representative’s Telephone Number:**

(562) 383-4000

**Authorized Representative’s Email Address:**

jsadro@lahabraca.gov

<b>Contractor Name</b>	<b>Vendor #</b>	<b>County</b>
City of La Habra	2183	30 Orange



**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.

<b>Signature of Contractor’s Authorized Representative:</b>	
<b>Printed Name and Title of Contractor’s Authorized Representative:</b>	Jim Sadro, City Manager
<b>Date of Signature:</b>	
<b>Authorized Representative’s Telephone Number:</b>	(562) 383-4000
<b>Authorized Representative’s Email Address:</b>	jsadro@lahabraca.gov

<b>Contractor Name</b>	<b>Vendor #</b>	<b>County</b>
City of La Habra	2183	30 Orange



### **Section VIII**

## **Certification of Contractor Information in the CDMIS**

Contractors are required to review all information in the Child Development Management Information System (CDMIS) and update any outdated information. To review the information and submit changes, log on to the CDMIS at <https://www4.cde.ca.gov/cdmis/default.aspx>

I certify, as the authorized representative of the agency listed below, I have reviewed all the information for

**City of La Habra**

---

Contractor Name

and updates, additions, or deletions have been submitted as needed for information in all of the areas below:

- Executive Director/Superintendent information
- Program Director information
- Sites and Licenses and/or Office information
- Family Child Care Home summary information

To the best of my knowledge, the information on the CDMIS Web site reflects accurate information for

**City of La Habra**

---

Contractor Name

as of the date this certification was signed.

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Program Director/Authorized Representative Signature

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Date Signed

Jim Sadro

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Printed Name of Program Director/Authorized Representative

<b>Contractor Name</b>	<b>Vendor #</b>	<b>County</b>	
City of La Habra	2183	30 Orange	

**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)**

**Fiscal Year 2021–22 Program Calendar**

Name of Contractor	Vendor Number	County	Contract Type
City of La Habra	2183	30 - Orange	CCTR

Instructions: Enter an UPPERCASE X on each day your program will operate. Your days of operation will auto-calculate in the boxes below each month, and in the Total Days of Operation box at the bottom of the form. The asterisks (\*) in the month tables refer to days which fall in either the preceding or the following month. Do not enter any values in boxes with an asterisk.

July 2021						
Sun	M	Tu	W	Th	F	Sat
*	*	*	*	X	X	3
4	5	X	X	X	X	10
11	X	X	X	X	X	17
18	X	X	X	X	X	24
25	X	X	X	X	X	31

August 2021						
Sun	M	Tu	W	Th	F	Sat
1	X	X	X	X	X	7
8	X	X	X	X	X	14
15	X	X	18	19	20	21
22	X	X	X	X	X	28
29	X	X	*	*	*	*

September 2021						
Sun	M	Tu	W	Th	F	Sat
*	*	*	X	X	X	4
5	6	X	X	X	X	11
12	X	X	X	X	X	18
19	X	X	X	X	X	25
26	X	X	X	X	*	*

July Days of Operation

August Days of Operation

September Days of Operation

First Quarter Subtotal

October 2021						
Sun	M	Tue	W	Th	F	Sat
*	*	*	*	*	X	2
3	X	X	X	X	X	9
10	X	X	X	X	X	16
17	X	X	X	X	X	23
24	X	X	X	X	X	30
31	*	*	*	*	*	*

November 2021						
Sun	M	Tu	W	Th	F	Sat
*	X	X	X	X	X	6
7	X	X	X	11	X	13
14	X	X	X	X	X	20
21	X	X	X	25	26	27
28	X	X	*	*	*	*

December 2021						
Sun	M	Tu	W	Th	F	Sat
*	*	*	X	X	X	4
5	X	X	X	X	X	11
12	X	X	X	X	X	18
19	X	X	X	23	24	25
26	X	X	X	X	31	*

October Days of Operation

November Days of Operation

December Days of Operation

Second Quarter Subtotal

January 2022						
Sun	M	Tu	W	Th	F	Sat
*	*	*	*	*	*	1
2	X	X	X	X	X	8
9	X	X	X	X	X	15
16	17	X	X	X	X	22
23	X	X	X	X	X	29
30	X	*	*	*	*	*

February 2022						
Sun	M	Tu	W	Th	F	Sat
*	*	X	X	X	X	5
6	X	X	X	X	X	12
13	14	X	X	X	X	19
20	21	X	X	X	X	26
27	X	*	*	*	*	*

March 2022						
Sun	M	Tu	W	Th	F	Sat
*	*	X	X	X	X	5
6	X	X	X	X	X	12
13	X	X	X	X	X	19
20	X	X	X	X	X	26
27	X	X	X	X	*	*

January Days of Operation

February Days of Operation

March Days of Operation

Third Quarter Subtotal

April 2022						
Sun	M	Tu	W	Th	F	Sat
*	*	*	*	*	X	2
3	X	X	X	X	X	9
10	X	X	X	X	X	16
17	X	X	X	X	X	23
24	X	X	X	X	X	30

May 2022						
Sun	M	Tu	W	Th	F	Sat
1	X	X	X	X	X	7
8	X	X	X	X	X	14
15	X	X	X	X	X	21
22	23	X	X	X	X	28
29	X	X	*	*	*	*

June 2022						
Sun	M	Tu	W	Th	F	Sat
*	*	*	X	X	X	4
5	X	X	X	X	X	11
12	X	X	X	X	X	18
19	X	X	X	X	X	25
26	X	X	X	X	*	*

April Days of Operation

May Days of Operation

June Days of Operation

Fourth Quarter Subtotal

Total Days of Operation

ELCD Consultant Initials (for CDE use only)

Date approved by ELCD Consultant (for CDE use only)

**Fiscal Year 2021–22 Program Calendar**

Name of Contractor	Vendor Number	County	Contract Type
City of La Habra	2183	30 - Orange	CSP - Full Year

Instructions: Enter an UPPERCASE X on each day your program will operate. Your days of operation will auto-calculate in the boxes below each month, and in the Total Days of Operation box at the bottom of the form. The asterisks (\*) in the month tables refer to days which fall in either the preceding or the following month. Do not enter any values in boxes with an asterisk.

July 2021						
Sun	M	Tu	W	Th	F	Sat
*	*	*	*	X	X	3
4	5	X	X	X	X	10
11	X	X	X	X	X	17
18	X	X	X	X	X	24
25	X	X	X	X	X	31

August 2021						
Sun	M	Tu	W	Th	F	Sat
1	X	X	X	X	X	7
8	X	X	X	X	X	14
15	X	X	18	19	20	21
22	X	X	X	X	X	28
29	X	X	*	*	*	*

September 2021						
Sun	M	Tu	W	Th	F	Sat
*	*	*	X	X	X	4
5	6	X	X	X	X	11
12	X	X	X	X	X	18
19	X	X	X	X	X	25
26	X	X	X	X	*	*

July Days of Operation

August Days of Operation

September Days of Operation

First Quarter Subtotal

October 2021						
Sun	M	Tue	W	Th	F	Sat
*	*	*	*	*	X	2
3	X	X	X	X	X	9
10	X	X	X	X	X	16
17	X	X	X	X	X	23
24	X	X	X	X	X	30
31	*	*	*	*	*	*

November 2021						
Sun	M	Tu	W	Th	F	Sat
*	X	X	X	X	X	6
7	X	X	X	11	X	13
14	X	X	X	X	X	20
21	X	X	X	25	26	27
28	X	X	*	*	*	*

December 2021						
Sun	M	Tu	W	Th	F	Sat
*	*	*	X	X	X	4
5	X	X	X	X	X	11
12	X	X	X	X	X	18
19	X	X	X	23	24	25
26	X	X	X	X	31	*

October Days of Operation

November Days of Operation

December Days of Operation

Second Quarter Subtotal

January 2022						
Sun	M	Tu	W	Th	F	Sat
*	*	*	*	*	*	1
2	X	X	X	X	X	8
9	X	X	X	X	X	15
16	17	X	X	X	X	22
23	X	X	X	X	X	29
30	X	*	*	*	*	*

February 2022						
Sun	M	Tu	W	Th	F	Sat
*	*	X	X	X	X	5
6	X	X	X	X	X	12
13	14	X	X	X	X	19
20	21	X	X	X	X	26
27	X	*	*	*	*	*

March 2022						
Sun	M	Tu	W	Th	F	Sat
*	*	X	X	X	X	5
6	X	X	X	X	X	12
13	X	X	X	X	X	19
20	X	X	X	X	X	26
27	X	X	X	X	*	*

January Days of Operation

February Days of Operation

March Days of Operation

Third Quarter Subtotal

April 2022						
Sun	M	Tu	W	Th	F	Sat
*	*	*	*	*	X	2
3	X	X	X	X	X	9
10	X	X	X	X	X	16
17	X	X	X	X	X	23
24	X	X	X	X	X	30

May 2022						
Sun	M	Tu	W	Th	F	Sat
1	X	X	X	X	X	7
8	X	X	X	X	X	14
15	X	X	X	X	X	21
22	23	X	X	X	X	28
29	X	X	*	*	*	*

June 2022						
Sun	M	Tu	W	Th	F	Sat
*	*	*	X	X	X	4
5	X	X	X	X	X	11
12	X	X	X	X	X	18
19	X	X	X	X	X	25
26	X	X	X	X	*	*

April Days of Operation

May Days of Operation

June Days of Operation

Fourth Quarter Subtotal

Total Days of Operation

ELCD Consultant Initials (for CDE use only)

Date approved by ELCD Consultant (for CDE use only)

**Fiscal Year 2021–22 Program Calendar**

Name of Contractor	Vendor Number	County	Contract Type
City of La Habra	2183	30 - Orange	CSPP - Part Year

Instructions: Enter an UPPERCASE X on each day your program will operate. Your days of operation will auto-calculate in the boxes below each month, and in the Total Days of Operation box at the bottom of the form. The asterisks (\*) in the month tables refer to days which fall in either the preceding or the following month. Do not enter any values in boxes with an asterisk.

July 2021						
Sun	M	Tu	W	Th	F	Sat
*	*	*	*	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

August 2021						
Sun	M	Tu	W	Th	F	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	X	X	X	X	X	28
29	X	X	*	*	*	*

September 2021						
Sun	M	Tu	W	Th	F	Sat
*	*	*	X	X	X	4
5	6	X	X	X	X	11
12	X	X	X	X	X	18
19	X	X	X	X	X	25
26	X	X	X	X	*	*

July Days of Operation

August Days of Operation

September Days of Operation

First Quarter Subtotal

October 2021						
Sun	M	Tue	W	Th	F	Sat
*	*	*	*	*	X	2
3	X	X	X	X	X	9
10	X	X	X	X	X	16
17	X	X	X	X	X	23
24	X	X	X	X	X	30
31	*	*	*	*	*	*

November 2021						
Sun	M	Tu	W	Th	F	Sat
*	X	X	X	X	X	6
7	X	X	X	11	12	13
14	X	X	X	X	X	20
21	22	23	24	25	26	27
28	X	X	*	*	*	*

December 2021						
Sun	M	Tu	W	Th	F	Sat
*	*	*	X	X	X	4
5	X	X	X	X	X	11
12	X	X	X	X	X	18
19	20	21	22	23	24	25
26	27	28	29	30	31	*

October Days of Operation

November Days of Operation

December Days of Operation

Second Quarter Subtotal

January 2022						
Sun	M	Tu	W	Th	F	Sat
*	*	*	*	*	*	1
2	X	X	X	X	X	8
9	X	X	X	X	X	15
16	17	X	X	X	X	22
23	X	X	X	X	X	29
30	X	*	*	*	*	*

February 2022						
Sun	M	Tu	W	Th	F	Sat
*	*	X	X	X	X	5
6	X	X	X	X	X	12
13	14	X	X	X	X	19
20	21	X	X	X	X	26
27	X	*	*	*	*	*

March 2022						
Sun	M	Tu	W	Th	F	Sat
*	*	X	X	X	X	5
6	X	X	X	X	X	12
13	X	X	X	X	X	19
20	X	X	X	X	X	26
27	X	X	X	X	*	*

January Days of Operation

February Days of Operation

March Days of Operation

Third Quarter Subtotal

April 2022						
Sun	M	Tu	W	Th	F	Sat
*	*	*	*	*	X	2
3	X	X	X	X	X	9
10	X	X	X	X	X	16
17	18	19	20	21	22	23
24	X	X	X	X	X	30

May 2022						
Sun	M	Tu	W	Th	F	Sat
1	X	X	X	X	X	7
8	X	X	X	X	X	14
15	X	X	X	X	X	21
22	23	X	X	X	X	28
29	X	X	*	*	*	*

June 2022						
Sun	M	Tu	W	Th	F	Sat
*	*	*	X	X	X	4
5	X	X	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	*	*

April Days of Operation

May Days of Operation

June Days of Operation

Fourth Quarter Subtotal

Total Days of Operation

ELCD Consultant Initials (for CDE use only)

Date approved by ELCD Consultant (for CDE use only)

