



CALIFORNIA DEPARTMENT OF EDUCATION

1430 N Street

Sacramento, CA 95814-5901

F.Y. 20 - 21

Amendment 02

DATE: July 01, 2020

CONTRACT NUMBER: CSPP-0343

PROGRAM TYPE: CALIFORNIA STATE
PRESCHOOL PROGRAM

PROJECT NUMBER: 30-02183-00-0

LOCAL AGREEMENT FOR CHILD DEVELOPMENT SERVICES

CARES Act Allocation

CONTRACTOR'S NAME: CITY OF LA HABRA

This agreement with the State of California dated July 01, 2020 designated as number CSPP-0343 and Amendment #01 (Family Fee Credit) shall be amended in the following particulars but no others:

The Maximum Reimbursable Amount (MRA) payable pursuant to the provisions of this agreement shall be amended by deleting reference to \$1,528,940.00 and inserting \$1,532,810.00 in place thereof.

The Maximum Rate per child day of enrollment payable pursuant to the provisions of the agreement shall be \$49.85. (No change)

SERVICE REQUIREMENTS

The minimum Child Days of Enrollment (CDE) Requirement shall be amended by deleting reference to 30,671.0 and inserting 30,748.0 in place thereof.

Minimum Days of Operation (MDO) Requirement shall be 246. (No change)

EXCEPT AS AMENDED HEREIN all terms and conditions of the original agreement shall remain unchanged and in full force and effect.

STATE OF CALIFORNIA				CONTRACTOR			
BY (AUTHORIZED SIGNATURE)				BY (AUTHORIZED SIGNATURE)			
PRINTED NAME OF PERSON SIGNING Jaymi Brown,				PRINTED NAME AND TITLE OF PERSON SIGNING			
TITLE Contract Manager				ADDRESS			
AMOUNT ENCUMBERED BY THIS DOCUMENT \$ 3,870		PROGRAM/CATEGORY (CODE AND TITLE) Child Development Programs		FUND TITLE General		Department of General Services use only	
PRIOR AMOUNT ENCUMBERED FOR THIS CONTRACT \$ 1,528,940		(OPTIONAL USE) 0656 25451-2183					
TOTAL AMOUNT ENCUMBERED TO DATE \$ 1,532,810		ITEM 30.10.020.001 6100-194-0001	CHAPTER B/A	STATUTE 2020	FISCAL YEAR 2020-2021		
		OBJECT OF EXPENDITURE (CODE AND TITLE) 706 SACS: Res-0000 Rev-0000					
		I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purpose of the expenditure stated above.		T.B.A. NO.	B.R. NO.		
SIGNATURE OF ACCOUNTING OFFICER				DATE			