

**CSPP**  
**Continued Funding Application**  
**2022-2023**

## California State Preschool Program Continued Funding Application Fiscal Year 2022–23

California State Preschool Program (CSPP) contractors who wish to be considered for continued funding for fiscal year (FY) 2022–23 must read the accompanying instructions and fully and accurately complete this application for continued funding. Instructions may be accessed on the Continued Funding Application (CFA) web page at: <https://www.cde.ca.gov/sp/cd/ci/cfaforms2223.asp>.

Please note that CSPP contractors have no vested right to a subsequent contract. Completion of this CFA does not guarantee a renewal of funding. Upon completion of this CFA the California Department of Education (CDE) will review the application and may contact your agency seeking additional information. If the CDE determines your agency will not be renewed for a subsequent contract year, you will be notified in writing no later than April 7, 2022, pursuant to the *California Code of Regulations*, Title 5 (5 CCR). CSPP contractors who apply for and are approved for continued funding do not need to sign a contract with the CDE to provide CSPP services for FY 2022–23, as contracts will be automatically renewed in accordance with all applicable federal and state laws as well as all CSPP Funding Terms and Conditions and Program Requirements that will be incorporated into the 2022–23 CSPP contract. By signing this CFA, the CSPP contractor is indicating that it wishes to automatically renew the CSPP contract for FY 2022–23 and is willing to, and does accept, all of the terms and conditions of the CSPP contract, which will be provided to the CSPP contractor no later than June 1, 2022. The CSPP contractor may reject the FY 2022–23 CSPP contract by providing the CDE with a written notice no later than July 1, 2022. Instructions on how to provide written notice of rejection of the terms of the new FY 2022–23 contract will be provided in forthcoming communication, on or before June 1, 2022, to CSPP contractors.

Failure to submit the CFA in a timely manner shall constitute as a notice to the CDE of the intent to discontinue services at the end of the current contract year, unless the CSPP contractor has received a written notice of extension of time from the CDE. If the CFA is returned to the CDE in a timely manner but is not fully and accurately completed, funding for FY 2022–23, if approved, may be delayed.

If you have any questions regarding the CFA, please contact [CFA@cde.ca.gov](mailto:CFA@cde.ca.gov).

**Section I – CSPP Contractor Information**

Legal Name of CSPP Contractor: [City of La Habra]

CSPP Contractor *Doing Business As* (DBA): [Redacted]

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 Email Address: jsadro@lahabracaca.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 the CFA: Johanna Perez

Title of Contact Person Completing the CFA: Assistant Child Development Director

Contact Person Telephone Number: (562) 383-4271

Contact Person Email Address: jperez@lahabracaca.gov

**Contractor Name:**

**Vendor #: County:**

[City of La Habra]

2183

30 Orange

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## Section II – CSPP Contract Type

Check all applicable boxes indicating the programs the CSPP contractor intends to continue to administer for the Fiscal Year 2022–23. The CSPP contractor agrees to continue implementation of these programs with funds provided by the CDE.

### CSPP Type

- Full-Day/Full-Year
- Part-Day/Part-Year
- Family Childcare Home Education Network

**Contractor Name:**

**Vendor #: County:**

[City of La Habra]

2183 30 Orange

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

Does the CSPP 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.

Officer, Board Member, Owner or Governing Individual Name	Title	Telephone Number	Mailing Address	Email Address
Jose Medrano	Mayor	(562) 383-4010	110 E. La Habra Blvd La Habra, Ca 90631	jmedrano@lahabra.ca.gov
James Gomez	Mayor Pro-Tem	(562) 383-4010	110 E. La Habra Blvd La Habra, Ca 90631	kgomez@lahabra.ca.gov
Steve Simonian	Council Member	(562) 383-4010	110 E. La Habra Blvd La Habra, Ca 90631	ssimonian@lahabra.ca.gov

Additional 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>
Rose Espinoza	Council Member	(562) 383-4010	110 E. La Habra Blvd. La Habra, CA 90631	Respinoza@lahabraca.gov
Vacant	Council Member	(562) 383-4010	110 E. La Habra Blvd. La Habra, CA 90631	Vacant

**Contractor Name:**

**Vendor #: County:**

[City of La Habra]

2183 30 Orange

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**Section IV – Program Narrative**

- A. Please select the box below if the CSPP contractor **does not** have programmatic **or** calendar changes to their CSPP.

No changes

- B. Please select all applicable fields below if the CSPP contractor **does** have programmatic **or** calendar changes to their CSPP. Programmatic or calendar changes require completion of a form ELCD 3704A. This form is available on the CFA web page at: <https://www.cde.ca.gov/sp/cd/ci/cfaforms2223.asp>.

**Note:** Program calendars must be submitted for both the part-day/part-year CSPP and the full-day/full-year CSPP, as applicable. Making changes to the Minimum Days of Operation (MDO) does not change the contract Maximum Reimbursable Amount (MRA).

Programmatic change

Calendar change

**Contractor Name:** [City of La Habra]      **Vendor #:** 2183      **County:** 30 Orange

**Section V – CSPP Personnel Certification**

The State of California requires any CSPP contractor receiving child care and development funds, disbursed by the CDE, to employ fully qualified personnel as stipulated in the *California Education Code (EC)*; and the *California Code of Regulations, Title 5 (5 CCR)*; and the Funding Terms and Conditions of the CSPP contract.

I certify, as the authorized agent representing this CSPP contractor, that I have read and understand the staffing requirements for Program Director, Site Supervisor, and Teacher. All staff employed in CDE funded CSPP 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 Education Division (ELCD).

<b>Signature of the CSPP Contractor's Authorized Representative:</b>	<div style="border: 1px solid black; height: 40px;"></div>
<b>Printed Name and Title of the CSPP Contractor's Authorized Representative:</b>	<div style="border: 1px solid black; padding: 5px;">Jim Sadro City Manager</div>
<b>Date of Signature:</b>	<div style="border: 1px solid black; height: 40px;"></div>
<b>Authorized Representative's Telephone Number:</b>	<div style="border: 1px solid black; padding: 5px;">(562) 383-4000</div>
<b>Authorized Representative's Email Address:</b>	<div style="border: 1px solid black; padding: 5px;">jsadro@lahabracaca.gov</div>

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

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**Section VI – Subcontract Certification**

A. Please select the box below if the CSPP contractor **does not** have subcontractors, and move to section VII:

No subcontractors

B. Please select the box below if the CSPP contractor **does** have subcontractors, and complete the information and sign in the section below. CSPP Contractors who subcontract CSPP services will need to complete and submit the form ELCD 3704B. The form is available on the CFA web page at:

<https://www.cde.ca.gov/sp/cd/ci/cfaforms2223.asp>.

Subcontractors

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 of the CSPP contract.

I understand that signing this certificate does not lessen the legal responsibility for the CSPP contract requirements. As the CSPP 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 the CSPP Contractor's Authorized Representative:**

**Printed Name and Title of the CSPP 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

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**Section VII – CSPP Contractor Certification**

- Under penalty of perjury, I certify the following:
  - I am authorized by the CSPP contractor’s Board of Directors or other governing authority to execute this CFA, signifying their intent to automatically renew the current contract for FY 2022–23, under new terms and conditions to be established by the CDE, unless rejected in writing prior to the effective date of the new CSPP contract on July 1, 2022.
  - On behalf of the CSPP contractor and its governing authority, we understand some information requested in this CFA 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 CSPP contract has expired, if ever. Therefore, we further understand that the information (and any underlying transactions) disclosed by this CFA 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 CSPP, have actual, personal knowledge of the information provided in this CFA and certify that it is true and correct in all material respects.
  - I am familiar with and will ensure that the CSPP contractor complies with all applicable program statutes and regulations, including:
    - Subcontracting requirements, including competitive bidding, CDE approval, and audit requirements in 5 CCR.
    - 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*.
    - Cost reimbursement requirements, including reimbursable and non-reimbursable costs, documentation requirements, the provisions for determining the reimbursable amount and other provisions in 5 CCR, Accounting and reporting requirements in 5 CCR.
    - Operational and programmatic requirements.

**Contractor Name:**

**Vendor #: County:**

[City of La Habra]

2183 30 Orange

By signing this CFA, the CSPP contractor is indicating that it wishes to automatically renew the current CSPP contract for FY 2022-23 and, if approved, is willing to, and does accept, all of the terms and conditions of the CSPP contract, which will be provided to the CSPP contractor no later than June 1, 2022. The CSPP contractor may reject the FY 2022–23 CSPP contract by providing the CDE with a written notice of rejection no later than July 1, 2022. Instructions on how to provide written notice of rejection of the terms of the new FY 2022–23 contract will be provided in forthcoming communication, on or before June 1, 2022, to CSPP contractors.

**Signature of the CSPP Contractor's  
Authorized Representative:**

**Printed Name and Title of the  
CSPP Contractor's  
Authorized Representative:**

Jim Sadro City Manager

**Date of Signature:**

**Authorized Representative's  
Telephone Number:**

(562) 383-4200

**Authorized Representative's Email  
Address:**

jsadro@lahabracaca.gov

**Contractor Name:**

**Vendor #: County:**

[City of La Habra]

2183 30 Orange

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**Section VIII – Certification of CSPP Contractor Information in the  
Child Development Management Information System**

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

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As the authorized representative of the CSPP contractor listed below, I certify, under penalty of perjury, that I have reviewed all of the information for

[City of La Habra]

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
- CSPP Family Child Care Home Education Network (FCCHEN) provider summary information

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

[City of La Habra]

as of the date this certification is signed.

**Program Director/Authorized Representative Signature:**

**Date Signed:**

**Printed Name of Program Director/Authorized Representative:**

Jim Sadro City Manager

# CHILD DEVELOPMENT DIVISION

## 2022-2023 OPERATIONAL CALENDAR

<b>Site Name</b>
<b>PART-DAY PRESCHOOL</b>

<b>Program Option</b>
<b>Part-Day</b>

<b>Program Variation (part-day, full-day)</b>
<b>Part-Day/Part Year</b>

Place an "X" on each day your program will be open for service. Please use a separate calendar (tab) for each program option and/or variations with different start and end dates.

### First Quarter

#### July 2021

Su	M	T	W	TH	F	SA
					1	2
3	4 H	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22 T	23
24	25	26	27	28	29	30

Days of Operation: **0**

#### August 2021

Su	M	T	W	TH	F	SA
	1	2	3	4	5	6
7	8	9	10	11	12 X	13
14	15 X	16 X	17 X	18 X	19 X	20
21	22 X	23 X	24 X	25 X	26 X	27
28	29 X	30 X	31 X			

Days of Operation: **14**

#### September 2021

Su	M	T	W	TH	F	SA
				1 X	2 X	3
4	5 H	6 X	7 X	8 X	9 X	10
11	12 X	13 X	14 X	15 X	16 X	17
18	19 X	20 X	21 X	22 X	23 X	24
25	26 X	27 X	28 X	29 X	30 X	

Days of Operation: **21**  
1st Qtr Days of Operation: **35**

### Second Quarter

#### October 2021

Su	M	T	W	TH	F	SA
						1
2	3 X	4 X	5 X	6 X	7 X	8
9	10 X	11 X	12 X	13 X	14 X	15
16	17 X	18 X	19 X	20 X	21 X	22
23	24 X	25 X	26 X	27 X	28 T	29
30	31 X					

Days of Operation: **20**

#### November 2021

Su	M	T	W	TH	F	SA
		1 X	2 X	3 X	4 X	5
6	7 V	8 X	9 X	10 X	11 H	12
13	14 X	15 X	16 X	17 X	18 X	19
20	21 V	22 V	23 V	24 H	25 H	26
27	28 X	29 X	30 X			

Days of Operation: **15**

#### December 2021

Su	M	T	W	TH	F	SA
				1 X	2 X	3
4	5 X	6 X	7 X	8 X	9 X	10
11	12 X	13 X	14 X	15 X	16 X	17
18	19 V	20 V	21 V	22 V	23 H	24
25	26 V	27 V	28 V	29 V	30 V	31

Days of Operation: **12**  
2nd Qtr Days of Operation: **47**

#### January 2022

Su	M	T	W	TH	F	SA
1	2 V	3 V	4 V	5 V	6 V	7
8	9 V	10 X	11 X	12 X	13 X	14
15	16 H	17 X	18 X	19 X	20 X	21
22	23 X	24 X	25 X	26 X	27 T	28
29	30 X	31 X				

Days of Operation: **14**

#### February 2022

Su	M	T	W	TH	F	SA
			1 X	2 X	3 X	4
5	6 X	7 X	8 X	9 X	10 X	11
12	13 H	14 X	15 X	16 X	17 X	18
19	20 H	21 X	22 X	23 X	24 X	25
26	27 X	28 X				

Days of Operation: **18**

#### March 2022

Su	M	T	W	TH	F	SA
			1 X	2 X	3 X	4
5	6 X	7 X	8 X	9 X	10 X	11
12	13 X	14 X	15 X	16 X	17 X	18
19	20 V	21 V	22 V	23 V	24 V	25
26	27 X	28 X	29 X	30 X	31 X	

Days of Operation: **18**  
3rd Qtr Days of Operation: **50**

### Fourth Quarter

#### April 2022

Su	M	T	W	TH	F	SA
						1
2	3 X	4 X	5 X	6 X	7 X	8
9	10 X	11 X	12 X	13 X	14 X	15
16	17 X	18 X	19 X	20 X	21 X	22
23	24 X	25 X	26 X	27 X	28 X	29
30						

Days of Operation: **20**

#### May 2022

Su	M	T	W	TH	F	SA
	1 X	2 X	3 X	4 X	5 X	6
7	8 X	9 X	10 X	11 X	12 X	13
14	15 X	16 X	17 X	18 X	19 X	20
21	22 X	23 X	24 X	25 X	26 X	27
28	29 H	30 X	31 X			

Days of Operation: **22**

#### June 2022

Su	M	T	W	TH	F	SA
				1 X	2 T	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	

Days of Operation: **1**  
4th Qtr Days of Operation: **43**

Total Days of Operation: **175**

- T - Training Day
- H - Holiday
- V - Vacation Day

# CHILD DEVELOPMENT DIVISION

## 2022-2023 OPERATIONAL CALENDAR

<b>Site Name</b>
<b>FULL-DAY PRESCHOOL</b>

<b>Program Option</b>
<b>Full-Day</b>

<b>Program Variation (part-day, full-day)</b>
<b>Full Day/Full Year</b>

Place an "X" on each day your program will be open for service. Please use a separate calendar (tab) for each program option and/or variations with different start and end dates.

### First Quarter

#### July 2021

Su	M	T	W	TH	F	SA
					1 X	2
3	4 H	5 X	6 X	7 X	8 X	9
10	11 X	12 X	13 X	14 X	15 X	16
17	18 X	19 X	20 X	21 X	22 T	23
24	25 X	26 X	27 X	28 X	29 X	30

Days of Operation: **19**

#### August 2021

Su	M	T	W	TH	F	SA
	1 X	2 X	3 X	4 X	5 X	6
7	8 X	9 X	10 X	11 X	12 X	13
14	15 X	16 X	17 X	18 X	19 X	20
21	22 X	23 X	24 X	25 X	26 X	27
28	29 X	30 X	31 X			

Days of Operation: **23**

#### September 2021

Su	M	T	W	TH	F	SA
				1 X	2 X	3
4	5 H	6 X	7 X	8 X	9 X	10
11	12 X	13 X	14 X	15 X	16 X	17
18	19 X	20 X	21 X	22 X	23 X	24
25	26 X	27 X	28 X	29 X	30 X	

Days of Operation: **21**

1st Qtr Days of Operation: **63**

### Second Quarter

#### October 2021

Su	M	T	W	TH	F	SA
						1
2	3 X	4 X	5 X	6 X	7 X	8
9	10 X	11 X	12 X	13 X	14 X	15
16	17 X	18 X	19 X	20 X	21 X	22
23	24 X	25 X	26 X	27 X	28 T	29
30	31 X					

Days of Operation: **20**

#### November 2021

Su	M	T	W	TH	F	SA
		1 X	2 X	3 X	4 X	5
6	7 X	8 X	9 X	10 X	11 H	12
13	14 X	15 X	16 X	17 X	18 X	19
20	21 X	22 X	23 X	24 H	25 H	26
27	28 X	29 X	30 X			

Days of Operation: **19**

#### December 2021

Su	M	T	W	TH	F	SA
				1 X	2 X	3
4	5 X	6 X	7 X	8 X	9 X	10
11	12 X	13 X	14 X	15 X	16 X	17
18	19 X	20 X	21 X	22 X	23 H	24
25	26 X	27 X	28 X	29 X	30 X	31

Days of Operation: **21**

2nd Qtr Days of Operation: **60**

#### January 2022

Su	M	T	W	TH	F	SA
1	2 X	3 X	4 X	5 X	6 X	7
8	9 X	10 X	11 X	12 X	13 X	14
15	16 H	17 X	18 X	19 X	20 X	21
22	23 X	24 X	25 X	26 X	27 T	28
29	30 X	31 X				

Days of Operation: **20**

#### February 2022

Su	M	T	W	TH	F	SA
			1 X	2 X	3 X	4
5	6 X	7 X	8 X	9 X	10 X	11
12	13 H	14 X	15 X	16 X	17 X	18
19	20 H	21 X	22 X	23 X	24 X	25
26	27 X	28 X				

Days of Operation: **18**

#### March 2022

Su	M	T	W	TH	F	SA
			1 X	2 X	3 X	4
5	6 X	7 X	8 X	9 X	10 X	11
12	13 X	14 X	15 X	16 X	17 X	18
19	20 X	21 X	22 X	23 X	24 X	25
26	27 X	28 X	29 X	30 X	31 X	

Days of Operation: **23**

3rd Qtr Days of Operation: **61**

### Fourth Quarter

#### April 2022

Su	M	T	W	TH	F	SA
						1
2	3 X	4 X	5 X	6 X	7 X	8
9	10 X	11 X	12 X	13 X	14 X	15
16	17 X	18 X	19 X	20 X	21 X	22
23	24 X	25 X	26 X	27 X	28 X	29
30						

Days of Operation: **20**

#### May 2022

Su	M	T	W	TH	F	SA
	1 X	2 X	3 X	4 X	5 X	6
7	8 X	9 X	10 X	11 X	12 X	13
14	15 X	16 X	17 X	18 X	19 X	20
21	22 X	23 X	24 X	25 X	26 X	27
28	29 H	30 X	31 X			

Days of Operation: **22**

#### June 2022

Su	M	T	W	TH	F	SA
				1 T	2 T	3
4	5 X	6 X	7 X	8 X	9 X	10
11	12 X	13 X	14 X	15 X	16 X	17
18	19 X	20 X	21 X	22 X	23 X	24
25	26 X	27 X	28 X	29 X	30 X	

Days of Operation: **20**

4th Qtr Days of Operation: **62**

Total Days of Operation: **246**

T - Training Day  
H - Holiday

**PAYEE DATA RECORD**

(Required when receiving payment from the State of California in lieu of IRS W-9 or W-7)

STD 204 (Rev. 03/2021)

**Section 1 – Payee Information****NAME** (This is required. Do not leave this line blank. Must match the payee's federal tax return)

City of La Habra

**BUSINESS NAME, DBA NAME or DISREGARDED SINGLE MEMBER LLC NAME** (If different from above)**MAILING ADDRESS** (number, street, apt. or suite no.) (See instructions on Page 2)

110 E. La Habra

**CITY, STATE, ZIP CODE**

La Habra CA 90631

**E-MAIL ADDRESS****Section 2 – Entity Type****Check one (1) box only that matches the entity type of the Payee listed in Section 1 above.** (See instructions on page 2) **SOLE PROPRIETOR / INDIVIDUAL** **SINGLE MEMBER LLC** *Disregarded Entity owned by an individual* **PARTNERSHIP** **ESTATE OR TRUST** **CORPORATION** (see instructions on page 2) **MEDICAL** (e.g., dentistry, chiropractic, etc.) **LEGAL** (e.g., attorney services) **EXEMPT** (e.g., nonprofit) **ALL OTHERS****Section 3 – Tax Identification Number**Enter your Tax Identification Number (TIN) in the appropriate box. The TIN must match the name given in Section 1 of this form. Do not provide more than one (1) TIN. The TIN is a 9-digit number. **Note:** Payment will not be processed without a TIN.

- For **Individuals**, enter SSN.
- If you are a **Resident Alien**, and you do not have and are not eligible to get an SSN, enter your ITIN.
- Grantor Trusts (such as a Revocable Living Trust while the grantors are alive) may not have a separate FEIN. Those trusts must enter the individual grantor's SSN.
- For **Sole Proprietor or Single Member LLC (disregarded entity)**, in which the sole member is an individual, enter SSN (ITIN if applicable) or FEIN (FTB prefers SSN).
- For **Single Member LLC (disregarded entity)**, in which the sole member is a business entity, enter the owner entity's FEIN. Do not use the disregarded entity's FEIN.
- For all other entities including LLC that is taxed as a corporation or partnership, estates/trusts (with FEINs), enter the entity's FEIN.

**Social Security Number (SSN) or Individual Tax Identification Number (ITIN)****OR****Federal Employer Identification Number (FEIN)**

9 5 6 0 0 0 7 3 0

**Section 4 – Payee Residency Status** (See instructions)

- CALIFORNIA RESIDENT** – Qualified to do business in California or maintains a permanent place of business in California.
- CALIFORNIA NONRESIDENT** – Payments to nonresidents for services may be subject to state income tax withholding.
- No services performed in California
- Copy of Franchise Tax Board waiver of state withholding is attached.

**Section 5 – Certification**

*I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the state agency below.*

**NAME OF AUTHORIZED PAYEE REPRESENTATIVE**

Jim Sadro

**TITLE**

City Manager

**E-MAIL ADDRESS**

jsadro@lahabraca.gov

**SIGNATURE****DATE****TELEPHONE** (include area code)  
(562)383-4000**Section 6 – Paying State Agency****Please return completed form to:****STATE AGENCY/DEPARTMENT OFFICE**

California Department of Education

**UNIT/SECTION**

Education and Early support Division

**MAILING ADDRESS**

1430 N. Street, Suite 3040

**FAX**

(916)323-6853

**TELEPHONE** (include area code)

(916)322-6233

**CITY**

Sacramento

**STATE**

CA

**ZIP CODE**

95814-5901

**E-MAIL ADDRESS**

CFA@cde.ca.gov

**PAYEE DATA RECORD**

(Required when receiving payment from the State of California in lieu of IRS W-9 or W-7)  
STD 204 (Rev. 03/2021)

**GENERAL INSTRUCTIONS**

Type or print the information on the Payee Data Record, STD 204 form. Sign, date, and return to the state agency/department office address shown in Section 6. Prompt return of this fully completed form will prevent delays when processing payments.

Information provided in this form will be used by California state agencies/departments to prepare Information Returns (Form 1099).

**NOTE:** Completion of this form is optional for Government entities, i.e. federal, state, local, and special districts.

A completed Payee Data Record, STD 204 form, is required for all payees (non-governmental entities or individuals) entering into a transaction that may lead to a payment from the state. Each state agency requires a completed, signed, and dated STD 204 on file; therefore, it is possible for you to receive this form from multiple state agencies with which you do business.

Payees who do not wish to complete the STD 204 may elect not to do business with the state. If the payee does not complete the STD 204 and the required payee data is not otherwise provided, payment may be reduced for federal and state backup withholding. Amounts reported on Information Returns (Form 1099) are in accordance with the Internal Revenue Code (IRC) and the California Revenue and Taxation Code (R&TC).

**Section 1 – Payee Information**

**Name** – Enter the name that appears on the payee's federal tax return. The name provided shall be the tax liable party and is subject to IRS TIN matching (when applicable).

- Sole Proprietor/Individual/Revocable Trusts – enter the name shown on your federal tax return.
- Single Member Limited Liability Companies (LLCs) that is disregarded as an entity separate from its owner for federal tax purposes - enter the name of the individual or business entity that is tax liable for the business in section 1. Enter the DBA, LLC name, trade, or fictitious name under Business Name.
- Note: for the State of California tax purposes, a Single Member LLC is not disregarded from its owner, even if they may be disregarded at the Federal level.
- Partnerships, Estates/Trusts, or Corporations – enter the entity name as shown on the entity's federal tax return. The name provided in Section 1 must match to the TIN provided in section 3. Enter any DBA, trade, or fictitious business names under Business Name.

**Business Name** – Enter the business name, DBA name, trade or fictitious name, or disregarded LLC name.

**Mailing Address** – The mailing address is the address where the payee will receive information returns. Use form STD 205, Payee Data Record Supplement to provide a remittance address if different from the mailing address for information returns, or make subsequent changes to the remittance address.

**Section 2 – Entity Type**

If the Payee in Section 1 is a(n)...	THEN Select the Box for...
Individual • Sole Proprietorship • Grantor (Revocable Living) Trust disregarded for federal tax purposes	Sole Proprietor/Individual
Limited Liability Company (LLC) owned by an individual and is disregarded for federal tax purposes	Single Member LLC-owned by an individual
Partnerships • Limited Liability Partnerships (LLP) • and, LLC treated as a Partnership	Partnerships
Estate • Trust (other than disregarded Grantor Trust)	Estate or Trust
Corporation that is medical in nature (e.g., medical and healthcare services, physician care, nursery care, dentistry, etc.) • LLC that is to be taxed like a Corporation and is medical in nature	Corporation-Medical
Corporation that is legal in nature (e.g., services of attorneys, arbitrators, notary publics involving legal or law related matters, etc.) • LLC that is to be taxed like a Corporation and is legal in nature	Corporation-Legal
Corporation that qualifies for an Exempt status, including 501(c) 3 and domestic non-profit corporations.	Corporation-Exempt
Corporation that does not meet the qualifications of any of the other corporation types listed above • LLC that is to be taxed as a Corporation and does not meet any of the other corporation types listed above	Corporation-All Other

**Section 3 – Tax Identification Number**

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 is required by R&TC sections 18646 and 18661 to facilitate tax compliance enforcement activities and preparation of Form 1099 and other information returns as required by the IRC section 6109(a) and R&TC section 18662 and its regulations.

**Section 4 – Payee Residency Status**

**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.
- An estate is a resident if the decedent was a California resident at time of death.
- A trust is a resident if at least one trustee is a California resident.
  - 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. Generally, an individual who comes to California for a purpose that will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.

For information on Nonresident Withholding, contact the Franchise Tax Board at the numbers listed below:

Withholding Services and Compliance Section: 1-888-792-4900

E-mail address: [wscs.gen@ftb.ca.gov](mailto:wscs.gen@ftb.ca.gov)

For hearing impaired with TDD, call: 1-800-822-6268

Website: [www.ftb.ca.gov](http://www.ftb.ca.gov)

**Section 5 – Certification**

Provide the name, title, email address, signature, and telephone number of individual completing this form and date completed. In the event that a SSN or ITIN is provided, the individual identified as the tax liable party must certify the form. Note: the signee may differ from the tax liable party in this situation if the signee can provide a power of attorney documented for the individual.

**Section 6 – Paying State Agency**

This section must be completed by the state agency/department requesting the STD 204.

**Privacy Statement**

Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, state, or local governmental agency, which requests an individual to disclose their social security account number, shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it. It is mandatory to furnish the information requested. Federal law requires that payment for which the requested information is not provided is subject to federal backup withholding and state law imposes noncompliance penalties of up to \$20,000. You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the state agency(ies) with which you transact that business.

All questions should be referred to the requesting state agency listed on the bottom front of this form.

## CALIFORNIA CIVIL RIGHTS LAWS CERTIFICATION

Pursuant to Public Contract Code section 2010, 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 hereby certifies compliance with the following:

1. CALIFORNIA CIVIL RIGHTS LAWS: For contracts \$100,000 or more, executed or renewed after January 1, 2017, the contractor certifies compliance with the Unruh Civil Rights Act (Section 51 of the Civil Code) and the Fair Employment and Housing Act (Section 12960 of the Government Code); and
2. EMPLOYER DISCRIMINATORY POLICIES: For contracts \$100,000 or more, executed or renewed after January 1, 2017, if a Contractor has an internal policy against a sovereign nation or peoples recognized by the United States government, the Contractor certifies that such policies are not used in violation of the Unruh Civil Rights Act (Section 51 of the Civil Code) or the Fair Employment and Housing Act (Section 12960 of the Government Code).

## CERTIFICATION

I, the official named below, certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

1. Proposer/Bidder Firm Name (Printed):

City of La Habra

2. Federal ID Number:

956000730

3. By (Authorized Signature):

- 
4. Printed Name and Title of Person Signing:

Jim Sadro City Manager

5. Date Executed:

- 
6. Executed in the County and State of:

Orange , CA

# Contractor Certification Clauses

CCC 04/2017

## CERTIFICATION

I, the official named below, CERTIFY UNDER PENALTY OF PERJURY that I am duly authorized to legally bind the prospective Contractor to the clause(s) listed below. This certification is made under the laws of the State of California.

Contractor/Bidder Firm Name (Printed)	Federal ID Number
City of La Habra	956000730
By (Authorized Signature)	

Printed Name and Title of Person Signing	
Jim Sadro City Manager	
Date Executed	Executed in the County of
	Orange

## CONTRACTOR CERTIFICATION CLAUSES

1. **STATEMENT OF COMPLIANCE:** Contractor has, unless exempted, complied with the nondiscrimination program requirements. (Gov. Code §12990 (a-f) and CCR, Title 2, Section 11102) (Not applicable to public entities.)

2. **DRUG-FREE WORKPLACE REQUIREMENTS:** Contractor will comply with the requirements of the Drug-Free Workplace Act of 1990 and will provide a drug-free workplace by taking the following actions:

a. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations.

b. Establish a Drug-Free Awareness Program to inform employees about:

- 1) the dangers of drug abuse in the workplace;
- 2) the person's or organization's policy of maintaining a drug-free workplace;
- 3) any available counseling, rehabilitation and employee assistance programs; and,
- 4) penalties that may be imposed upon employees for drug abuse violations.

c. Every employee who works on the proposed Agreement will:

- 1) receive a copy of the company's drug-free workplace policy statement; and,

2) agree to abide by the terms of the company's statement as a condition of employment on the Agreement.

Failure to comply with these requirements may result in suspension of payments under the Agreement or termination of the Agreement or both and Contractor may be ineligible for award of any future State agreements if the department determines that any of the following has occurred: the Contractor has made false certification, or violated the certification by failing to carry out the requirements as noted above. (Gov. Code §8350 et seq.)

3. NATIONAL LABOR RELATIONS BOARD CERTIFICATION: Contractor certifies that no more than one (1) final unappealable finding of contempt of court by a Federal court has been issued against Contractor within the immediately preceding two-year period because of Contractor's failure to comply with an order of a Federal court, which orders Contractor to comply with an order of the National Labor Relations Board. (Pub. Contract Code §10296) (Not applicable to public entities.)

4. CONTRACTS FOR LEGAL SERVICES \$50,000 OR MORE- PRO BONO REQUIREMENT: Contractor hereby certifies that Contractor will comply with the requirements of Section 6072 of the Business and Professions Code, effective January 1, 2003.

Contractor agrees to make a good faith effort to provide a minimum number of hours of pro bono legal services during each year of the contract equal to the lessor of 30 multiplied by the number of full time attorneys in the firm's offices in the State, with the number of hours prorated on an actual day basis for any contract period of less than a full year or 10% of its contract with the State.

Failure to make a good faith effort may be cause for non-renewal of a state contract for legal services, and may be taken into account when determining the award of future contracts with the State for legal services.

5. EXPATRIATE CORPORATIONS: Contractor hereby declares that it is not an expatriate corporation or subsidiary of an expatriate corporation within the meaning of Public Contract Code Section 10286 and 10286.1, and is eligible to contract with the State of California.

6. SWEATFREE CODE OF CONDUCT:

a. All Contractors contracting for the procurement or laundering of apparel, garments or corresponding accessories, or the procurement of equipment, materials, or supplies, other than procurement related to a public works contract, declare under penalty of perjury that no apparel, garments or corresponding accessories, equipment, materials, or supplies furnished to the state pursuant to the contract have been laundered or produced in whole or in part by sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor, or with the benefit of sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor. The contractor further declares under penalty of perjury that they adhere to the Sweatfree Code of Conduct as set forth on the California Department of Industrial Relations website located at [www.dir.ca.gov](http://www.dir.ca.gov), and Public Contract Code Section 6108.

b. The contractor agrees to cooperate fully in providing reasonable access to the contractor's records, documents, agents or employees, or premises if reasonably

required by authorized officials of the contracting agency, the Department of Industrial Relations, or the Department of Justice to determine the contractor's compliance with the requirements under paragraph (a).

7. DOMESTIC PARTNERS: For contracts of \$100,000 or more, Contractor certifies that Contractor is in compliance with Public Contract Code section 10295.3.

8. GENDER IDENTITY: For contracts of \$100,000 or more, Contractor certifies that Contractor is in compliance with Public Contract Code section 10295.35.

## **DOING BUSINESS WITH THE STATE OF CALIFORNIA**

The following laws apply to persons or entities doing business with the State of California.

1. CONFLICT OF INTEREST: Contractor needs to be aware of the following provisions regarding current or former state employees. If Contractor has any questions on the status of any person rendering services or involved with the Agreement, the awarding agency must be contacted immediately for clarification.

Current State Employees (Pub. Contract Code §10410):

1). No officer or employee shall engage in any employment, activity or enterprise from which the officer or employee receives compensation or has a financial interest and which is sponsored or funded by any state agency, unless the employment, activity or enterprise is required as a condition of regular state employment.

2). No officer or employee shall contract on his or her own behalf as an independent contractor with any state agency to provide goods or services.

Former State Employees (Pub. Contract Code §10411):

1). For the two-year period from the date he or she left state employment, no former state officer or employee may enter into a contract in which he or she engaged in any of the negotiations, transactions, planning, arrangements or any part of the decision-making process relevant to the contract while employed in any capacity by any state agency.

2). For the twelve-month period from the date he or she left state employment, no former state officer or employee may enter into a contract with any state agency if he or she was employed by that state agency in a policy-making position in the same general subject area as the proposed contract within the 12-month period prior to his or her leaving state service.

If Contractor violates any provisions of above paragraphs, such action by Contractor shall render this Agreement void. (Pub. Contract Code §10420)

Members of boards and commissions are exempt from this section if they do not receive payment other than payment of each meeting of the board or commission, payment for preparatory time and payment for per diem. (Pub. Contract Code §10430 (e))

2. LABOR CODE/WORKERS' COMPENSATION: Contractor needs to be aware of the provisions which require every employer to be insured against liability for Worker's Compensation or to undertake self-insurance in accordance with the provisions, and

Contractor affirms to comply with such provisions before commencing the performance of the work of this Agreement. (Labor Code Section 3700)

3. AMERICANS WITH DISABILITIES ACT: Contractor assures the State that it complies with the Americans with Disabilities Act (ADA) of 1990, which prohibits discrimination on the basis of disability, as well as all applicable regulations and guidelines issued pursuant to the ADA. (42 U.S.C. 12101 et seq.)

4. CONTRACTOR NAME CHANGE: An amendment is required to change the Contractor's name as listed on this Agreement. Upon receipt of legal documentation of the name change the State will process the amendment. Payment of invoices presented with a new name cannot be paid prior to approval of said amendment.

5. CORPORATE QUALIFICATIONS TO DO BUSINESS IN CALIFORNIA:

a. When agreements are to be performed in the state by corporations, the contracting agencies will be verifying that the contractor is currently qualified to do business in California in order to ensure that all obligations due to the state are fulfilled.

b. "Doing business" is defined in R&TC Section 23101 as actively engaging in any transaction for the purpose of financial or pecuniary gain or profit. Although there are some statutory exceptions to taxation, rarely will a corporate contractor performing within the state not be subject to the franchise tax.

c. Both domestic and foreign corporations (those incorporated outside of California) must be in good standing in order to be qualified to do business in California. Agencies will determine whether a corporation is in good standing by calling the Office of the Secretary of State.

6. RESOLUTION: A county, city, district, or other local public body must provide the State with a copy of a resolution, order, motion, or ordinance of the local governing body which by law has authority to enter into an agreement, authorizing execution of the agreement.

7. AIR OR WATER POLLUTION VIOLATION: Under the State laws, the Contractor shall not be: (1) in violation of any order or resolution not subject to review promulgated by the State Air Resources Board or an air pollution control district; (2) subject to cease and desist order not subject to review issued pursuant to Section 13301 of the Water Code for violation of waste discharge requirements or discharge prohibitions; or (3) finally determined to be in violation of provisions of federal law relating to air or water pollution.

8. PAYEE DATA RECORD FORM STD. 204: This form must be completed by all contractors that are not another state agency or other governmental entity.

# FEDERAL CERTIFICATIONS

**CO.8 (REV. 06/20)**

**California Department of Education**

## CERTIFICATIONS REGARDING LOBBYING; DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS; AND DRUG-FREE WORKPLACE REQUIREMENTS

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature on this form provides for compliance with certification requirements under 45 CFR Part 93, "New restrictions on Lobbying," and 45 CFR Part 76, "Government-wide Debarment and Suspension (Non procurement) and Government-wide requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Education determines to award the covered transaction, grant, or cooperative agreement.

### 1. LOBBYING

As required by Section 1352, Title 31 of the U.S. Code, and implemented at 45 CFR Part 93, for persons entering into a grant or cooperative agreement over \$100,000 as defined at 45 CFR Part 93, Sections 93.105 and 93.110, the applicant certifies that:

(a) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress in connection with the making of any federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal grant or cooperative agreement:

(b) If any funds other than federal appropriated funds have been or will be paid to any person for influencing or attempting to influence an employee of Congress, or any employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form -LLL, "Disclosure Form to Report Lobbying," in accordance with this instruction;

(c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subgrants, contracts under grants and cooperative agreements, and subcontracts) and that all subrecipients shall certify and disclose accordingly.

### 2. DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS

As required by executive Order 12549, Debarment and Suspension, and other responsibilities implemented at 45 CFR Part 76, for prospective participants in primary or a lower tier covered transactions, as defined at 45 CFR Part 76, Sections 76.105 and 76.110.

A. The applicant certifies that it and its principals:

(a) Are not presently debarred, suspended proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency:

(b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction violation of federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with commission of any of the offenses enumerated in paragraph (1) (b) of this certification; and

(d) Have not within a three-year period proceeding this application had one or more public transactions (federal, state, or local) terminated for cause or default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

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### 3. DRUG-FREE WORKPLACE (GRANTEES OTHER THAN INDIVIDUALS)

As required by the Drug-Free Workplace Act of 1988, and implemented at 45 CFR Part 76, Subpart F, for grantees, as defined at 45 CFR Part 76, Sections 76.605 and 76.610-

A. The applicant certifies that it will or will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

(b) Establishing an on-going drug-free awareness program to inform employees about-

(1) The danger of drug abuse in the workplace;

(2) The grantee's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will -

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation;

(e) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (d) (2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title,

to: Director, Grants, and Contracts Service, U.S. Department of Education, 400 Maryland Avenue, S.W., (Room 3124, GSA Regional Office Building No. 3), Washington, DC 20202-4571.

Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d) (2), with respect to any employee who is so convicted:

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state, or local health, law enforcement, or other appropriate agency:

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d),(e), and (f).

B. The grantee shall insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

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

**City of La Habra  
215 N. Euclid  
La Habra Ca 90631**

Check  if there are workplaces on file that are not identified here.

**DRUG-FREE WORKPLACE  
(GRANTEES WHO ARE INDIVIDUALS)**

As required by the Drug-Free Workplace Act of 1988, and implemented at 45 CFR Part 76, Subpart F, for grantees, as defined at 45 CFR Part 76, Sections 76.605 and 76.610-

- a. As a condition of the grant, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant, and
- b. If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I will report the conviction, in writing, within 10 calendar days of the conviction, to: Director, Grants and contracts Service, U.S. department of Education, 400 Maryland Avenue, S.W. (Room 3124, GSA Regional Office Building No. 3) Washington, DC 20202-4571. Notice shall include the identification numbers(s) of each affected grant.

**ENVIRONMENTAL TOBACCO SMOKE ACT**

As required by the Pro-Children Act of 1994, (also known as Environmental Tobacco Smoke), and implemented at Public Law 103-277, Part C requires that:

The applicant certifies that smoking is not permitted in any portion of any indoor facility owned or leased or contracted and used routinely or regularly for the provision of health care services, day care, and education to children under the age of 18. Failure to comply with the provisions of this law may result in the imposition of a civil monetary penalty of up to \$1,000 per day. (The law does not apply to children's services provided in private residence, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for in-patient drug and alcohol treatment.)

As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above certifications.

NAME OF APPLICANT (CONTRACTOR) City of La Habra	CONTRACT # <u>1339</u>
PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE  <b>Jim Sadro City Manager</b>	
SIGNATURE  _____	DATE  _____

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

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### **Section IX – Required Attachments**

All attachments and/or documentation below must be completed and included when submitting the CFA. Attachments A-J are located on the CFA web page at: <https://www.cde.ca.gov/sp/cd/ci/cfaforms2223.asp>.

- A. Fiscal Year 2022–23 Program Calendar (ELCD-9730)**
- B. Payee Data Record (STD. 204) (Non-public agencies only)**
- C. Payee Data Record Supplement (STD. 205) (Non-public agencies only, as applicable)**
- D. Secretary of State (Non-public agencies only)**
- E. Verification of School District Name and Address (Public agencies only)**
- F. Program Narrative Change (ELCD 3704A) (As applicable)**
- G. Subcontractor Certification (ELCD 3704B) (As applicable)**
- H. California Civil Rights Laws Certification (CO-005)**
- I. Contractor Certification Clauses (CCC 04/2017)**
- J. Federal Certification (CO.8)**
- K. For Public Agencies only, include a copy of the agency’s board resolution and/or minutes authorizing signature on this document, and a delegation of authority, if applicable**

**Contractor Name:**

**Vendor #: County:**

[City of La Habra]

2183

30 Orange

**Section X – CFA Checklist**

Section	Section Description	Page	Check
Section I	CSPP Contractor Information	2	<input checked="" type="checkbox"/>
Section II	CSPP Contract Type	3	<input checked="" type="checkbox"/>
Section III	CSPP Contractor's Officers and Board of Directors Information	4	<input checked="" type="checkbox"/>
Section IV	Program Narrative	5	<input checked="" type="checkbox"/>
<b>Section V*</b>	<b>CSPP Personnel Certification</b>	6	<input checked="" type="checkbox"/>
<b>Section VI*</b>	<b>Subcontractor Certification</b>	7	<input checked="" type="checkbox"/>
<b>Section VII*</b>	<b>CSPP Contractor Certification</b>	8	<input checked="" type="checkbox"/>
<b>Section VIII*</b>	<b>Certification of CSPP Contractor Information in the CDMIS Database</b>	10	<input checked="" type="checkbox"/>
Section IX A.	CSPP Program Calendar(s) (ELCD-9730)	11	<input checked="" type="checkbox"/>
<b>Section IX B.*</b>	<b>State of California, Payee Data Record (STD. 204) (non-public agencies only)</b>	11	<input checked="" type="checkbox"/>
<b>Section IX C.*</b>	<b>Payee Data Record Supplement (STD. 205) (Non-public agencies only)</b>	11	<input checked="" type="checkbox"/>
Section IX D.	Secretary of State search results (non-public agencies only)	11	<input type="checkbox"/>
Section IX E.	Verification of School District Name and Address search, as applicable	11	<input type="checkbox"/>
Section IX F.	Program Narrative Change (ELCD 3704A)	Insert after page 5	<input type="checkbox"/>

**Contractor Name:** [City of La Habra]      **Vendor #:** 2183      **County:** 30 Orange

Section Number	Section Description	Page Number	Check Box
Section IX G.	Subcontractor Certification (ELCD 3704B)	Insert after page 7	<input type="checkbox"/>
<b>Section IX H.*</b>	<b>California Civil Rights Laws Certification (CO-005)</b>	11	<input checked="" type="checkbox"/>
<b>Section IX I.*</b>	<b>Contractor Certification Clauses (CCC 04/2017)</b>	11	<input checked="" type="checkbox"/>
<b>Section IX J.*</b>	<b>Federal Certification (CO.8)</b>	11	<input checked="" type="checkbox"/>
<b>Section IX K.*</b>	<b>For Public Agencies, include a copy of the agency's board resolution or minutes authorizing signature on this document, and a delegation of authority, if applicable</b>	11	<input checked="" type="checkbox"/>

All Sections must be included in the CFA package, as applicable  
 \***Bolded sections require a signature**