

CCTR  
Continued Funding Application  
2022-2023

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## **CONTINUED FUNDING APPLICATION FISCAL YEAR 2022-23**

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**Contractor Name:** City of La Habra

**Vendor Number:** 2183

**County:** 30 Orange

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. Please note that contractors have no vested right to a subsequent contract. Failure to respond to this application by the noted due date shall constitute notice to the Child Care and Development Division (CCDD) of the intent to discontinue services at the end of the current contract year unless the contractor has received a written notice of extension of time from the CCDD. If this application is returned to the CCDD by the noted due date, but is not fully and accurately completed, funding for FY 2022-23, if awarded, may be delayed. Completion of this Continued Funding Application (CFA) does not guarantee a renewal of funding. Any contractors who are approved for continued funding will be expected to execute a contract with the California Department of Social Services (CDSS) and comply with all applicable federal and state laws as well as all Funding Terms and Conditions and applicable Program Requirements incorporated into the contract. Please contact your Program Quality and Improvement (PQI) Assigned Consultant if your agency does not intend to continue services. PQI Assigned Consultants may be contacted at the information on the [CDSS Child Care and Development Contractor Landing web page](#). Please note that PQI Assigned Consultant assignments may have changed from previous fiscal years.

Instructions may be accessed on the Child Care and Development [CFA Webpage](#).

**Contractor Name:** City of La Habra

**Vendor Number:** 2183

**County:** 30 Orange

<b>Section I – Contractor Information</b>	
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 Email Address:	jsadro@lahabraca.gov
Program Director Name:	Kelly Fujio
Program Director Telephone Number:	(562) 383-4200
Program Director Email Address:	kfujio@lahabraca.gov
Legal Business Address:	110 E. La Habra
City:	La Habra
Zip Code:	90631
Mailing Address (if different from above):	215 N. Euclid
City:	La Habra
Zip Code:	90631
Name of Person Completing Application:	Johanna Perez
Title of Contact Person Completing Application:	Assistant Director
Contact Person Telephone Number:	(562) 383-4271
Contact Person Email Address:	jperez@lahabraca.gov

**Contractor Name:** City of La Habra

**Vendor Number:** 2183

**County:** 30 Orange

**Section II – Contract Types**

Check all applicable boxes indicating the programs the contractor intends to continue to administer for FY 2022-23. The contractor agrees to continue implementation of these programs with funds provided by the CDSS.

<b>Center-Based Programs</b>	<b>Alternative Payment Programs</b>
<input checked="" type="checkbox"/> General Child Care and Development (CCTR) <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Infant/Toddler</li> <li><input checked="" type="checkbox"/> School-age</li> </ul> <input type="checkbox"/> Program for Special Needs (Handicapped) Children (CHAN) <input type="checkbox"/> Migrant Center-Based (CMIG) and Migrant Special Services (CMSS)	<input type="checkbox"/> Alternative Payment Program (CAPP) <input type="checkbox"/> CalWORKs Stage 2 (C2AP) <input type="checkbox"/> CalWORKs Stage 3 (C3AP) <input type="checkbox"/> Migrant Alternative Payment (CMAP) <p style="text-align: center;"><b>Resource and Referral Programs</b></p> <input type="checkbox"/> Resource and Referral (CRRP) <p style="text-align: center;"><b>Family Child Care Home Programs</b></p> <input type="checkbox"/> Family Child Care Home Education Network (CFCC)

For informational purposes only, please indicate if your agency has one of the following programs:

- CalWORKs Stage 1
- Child Care Bridge Program

**Contractor Name:** City of La Habra

**Vendor Number:** 2183

**County:** 30 Orange

<b>Section III – Contractor’s Officers and Board of Directors Information</b>	
Does the contractor have a board of directors?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list 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.	

**Contractor Name:** City of La Habra

**Vendor Number:** 2183

**County:** 30 Orange

<b>Section III – Contractor’s Officers and Board of Directors Information (Continued)</b>	
List all officers and board members/governing individuals (i.e., owner, director, etc.). Attach additional sheets as necessary.	
<b>1. Officer, Board Member, Owner or Governing Individual</b>	
Name: Jose Medrano	Title: Mayor
Telephone Number: (562) 383-4010	Email Address: jmedrano@lahabraca.gov
Address: 110 E. La Habra Blvd, Ca 90631	
<b>2. Officer, Board Member, Owner or Governing Individual</b>	
Name: James Gomez	Title: Mayor Pro- Tem
Telephone Number: (562) 383-4210	Email Address: jgomez@lahabraca.gov
Address: 110 E. La Habra Blvd, Ca 90631	
<b>3. Officer, Board Member, Owner or Governing Individual</b>	
Name: Steve Simonian	Title: Council Member
Telephone Number: (562) 383-4210	Email Address: ssimonian@lahabraca.gov
Address: 110 E. La Habra Blvd, Ca 90631	
<b>4. Officer, Board Member, Owner or Governing Individual</b>	
Name: Rose Espinoza	Title: Council Member
Telephone Number: (562) 383-4210	Email Address: respinoza@lahabraca.gov
Address: 110 E. La Habra Blvd, Ca 90631	

**Contractor Name:** City of La Habra

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<b>Section IV – Subcontractor Certification</b>	
A. The following types of contracts do not have subcontractors (check all that apply):	
<input type="checkbox"/> Alternative Payment Programs (C2AP, C3AP, CAPP, CMAP) <input checked="" type="checkbox"/> General Child Care and Development (CCTR) <input type="checkbox"/> Program for Special Needs (Handicapped) Children (CHAN) <input type="checkbox"/> 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 <a href="#">CCD 30B</a> . The form is available on the <a href="#">CFA web page</a> .	
<input type="checkbox"/> Alternative Payment Programs (C2AP, C3AP, CAPP, CMAP) <input type="checkbox"/> General Child Care and Development (CCTR) <input type="checkbox"/> Program for Special Needs (Handicapped) Children (CHAN) <input type="checkbox"/> Migrant Center-Based (CMIG)	

<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@lahabracca.gov

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### Section V – Contractor Certifications

**INSTRUCTIONS:** Please indicate “Yes” or “No” to the following as they apply to your agency. By providing a signature at the end of this section, the signer certifies and understands the following:

#### Personnel Certification

*Applies only to agencies who are 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 CDSS 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 as stipulated in Welfare and Institution Code (WIC), EC, 5 CCR, and Funding Terms and Conditions. All child care staff employed in CDSS 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 CCDD.

I am a Center-Based Program or a Family Child Care Home Education Network.

YES

NO

#### Contractors with Subcontracts

*Applies only to agencies with subcontracts.*

I certify that the contractual arrangement(s) listed in Section IV – Subcontract Certification 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.

I understand the subcontracting requirements, including competitive bidding, CDSS approval, and audit requirements in 5 CCR section 18026 et. seq.

I subcontract part of my subsidized funding.

YES

NO

**Contractor Name:** City of La Habra

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**Board of Directors**

*Applies only to agencies with a Board of Directors.*

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 CDSS auditors in connection with future audit work and performance reviews and may not be used or even reviewed or considered by the CDSS 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 CDSS nor approved, accepted or authorized by the CDSS, even if our request for continued funding by the CDSS 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 a board of directors or other governing authority to execute this CFA.

YES             NO

**Program and Fiscal Operations**

*Applies to all applying agencies.*

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:

- 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 WIC 10399.
- Cost reimbursement requirements, including reimbursable and non-reimbursable costs, documentation requirements, the provisions for determining the reimbursable amount and other provisions in 5 CCR section 18033 et. seq.
- Accounting and reporting requirements in 5 CCR section 18063 et. seq.
- Operational and programmatic requirements.

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By providing a signature at the end of this section, I certify that all of the above (pages 7 and 8) is true.

<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:** City of La Habra

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By providing a signature at the end of this section, I certify that all of the above (pages 7 and 8) is true.

<b>Signature of Contractor's Authorized Representative:</b>	
<b>Printed Name and Title of Contractor's Authorized Representative:</b>	Jim Sadro 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

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**Section VI – 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.

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.

Date Signed: \_\_\_\_\_

\_\_\_\_\_  
(Program Director/Authorized Representative Signature)

Jim Sadro City Manager

(Printed Name of Program Director/Authorized Representative)

**Contractor Name:** City of La Habra

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<b>Section VII – Required Attachments</b>
All attachments must be completed and attached to the application. These attachments are located on the <a href="#">CFA web page</a> .
<b>A. Continued Funding Application Fiscal Year 2022-23 Program Calendar (CCD 33)</b>
<b>B. Payee Data Record (STD. 204) (Non-public agencies only)</b>
<b>C. Secretary of State (Non-public agencies only)</b>
<b>D. Verification of School District Name and Address</b>
<b>E. Subcontract Certification (CCD 30B)</b>

# CHILD DEVELOPMENT DIVISION

## 2022-2023 OPERATIONAL CALENDAR

Site Name
CCTR - SCHOOL AGE

Program Option
Full-Day

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

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

Full Days: 69 Days  
PART Days: 177 Days

# CHILD DEVELOPMENT DIVISION

## 2022-2023 OPERATIONAL CALENDAR

Site Name
Family Child Care Homes

Program Option
Full-Day

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

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 X	23
24	25 X	26 X	27 X	28 X	29 X	30

Days of Operation: **20**

#### 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: **64**

### 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 X	29
30	31 X					

Days of Operation: **21**

#### 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: **61**

#### 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 X	28
29	30 X	31 X				

Days of Operation: **21**

#### 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: **62**

### 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 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 X	24
25	26 X	27 X	28 X	29 X	30 X	

Days of Operation: **22**  
4th Qtr Days of Operation: **64**

Total Days of Operation: **251**

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

**Contractor Name:** City of La Habra

**Vendor Number:** 2183

**County:** 30 Orange

<b>Section VIII – Application Checklist</b>			
Sections listed below with the asterisk (*) require a signature.			
<b>Section Number*</b>	<b>Section Description</b>	<b>Page Number</b>	<b>Check Box</b>
Section I	Contractor Information	2	<input checked="" type="checkbox"/>
Section II	Contract Types	3	<input checked="" type="checkbox"/>
Section III	Contractor’s Officers and Board of Directors Information	4 & 5	<input checked="" type="checkbox"/>
<b>Section IV*</b>	Subcontractor Certification	6	<input type="checkbox"/>
<b>Section V*</b>	Contractor Certifications	7-9	<input type="checkbox"/>
<b>Section VI*</b>	Certification of Contractor Information in the CDMIS Database	10	<input checked="" type="checkbox"/>
Section VII A.	Continued Funding Application Fiscal Year 2022-23 Program Calendar (CCD 33) (one for each contract type)	11	<input type="checkbox"/>
<b>Section VII B.*</b>	State of California, Payee Data Record (STD. 204) (non-public agencies only)	11	<input type="checkbox"/>
Section VII C.	Secretary of State search results (non-public agencies only)	11	<input type="checkbox"/>
Section VII D.	Verification of School District Name and Address search	11	<input type="checkbox"/>
Section VII E.	Subcontract Certification (CCD 30B)	Insert after page 6	<input type="checkbox"/>

**Contractor Name:** City of La Habra

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<b>Section VIII – Application Checklist</b>			
Sections listed below with the asterisk (*) require a signature.			
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Section III	Contractor’s Officers and Board of Directors Information	4 & 5	<input checked="" type="checkbox"/>
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Section VII D.	Verification of School District Name and Address search	11	<input type="checkbox"/>
Section VII E.	Subcontract Certification (CCD 30B)	Insert after page 6	<input type="checkbox"/>