

CONTINUED FUNDING APPLICATION FISCAL YEAR 2023-24

Section I – Contractor Information

1. Legal Name of Contractor *

2. Contractor "Doing Business As" (DBA)

3. Headquartered County *

4. Vendor Number

5. Contact Person Completing Application

The Contact Person listed below will be the point of contact for the CDSS if there are any questions regarding this Continued Funding Application. *

Full Name *

Title *

Telephone Number (999-999-9999) *

Email Address *

Full Name *

Jim Sadro

Telephone Number (999-999-9999) *

562-383-4200

Email Address *

Jsadro@lahabraca.gov

7. Program Director Information *

Full Name *

Kelly Fujio

Telephone Number (999-999-9999) *

562-383-4201

Email Address *

kfujio@lahabraca.gov

8. Legal Business Address *

Street Address *

110 East La Habra Blvd.

City *

La Habra

Zip Code

*

90631

9. Mailing Address (if different from above)

City

Zip Code

10. Recipients of Federal funding must be registered and be active in SAM.gov. Please provide your SAM.gov unique ID number. <https://sam.gov/content/home>*



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CONTINUED FUNDING APPLICATION FISCAL YEAR 2023-24

Section II – Contract Types

Check all applicable boxes indicating the programs the contractor intends to continue to administer for FY 2023-24. The contractor agrees to continue implementation of these programs with funds provided by the CDSS.

11. Center-Based Programs: *

- General Child Care and Development (CCTR) – Infant/Toddler
- General Child Care and Development (CCTR) – School-age
- General Child Care and Development (CCTR) – Family Child Care Homes
- Program for Special Needs (Handicapped) Children (CHAN)
- Migrant Center-Based (CMIG) and Migrant Special Services (CMSS)
- Not applicable

12. Alternative Payment Programs: *

- Alternative Payment Program (CAPP)
- CalWORKs Stage 2 (C2AP)
- CalWORKs Stage 3 (C3AP)
- Migrant Alternative Payment (CMAP)
- Not applicable

13. Other Programs: *

- Resource and Referral (CRRP)
- Family Child Care Home Education Network (CFCC)
- Not applicable

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

- CalWORKs Stage 1

California State Preschool Program (CSPP)

Head Start

Early Head Start

Not applicable

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CONTINUED FUNDING APPLICATION FISCAL YEAR 2023-24

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

15. Does the contractor have a board of directors? *

Yes

No

16. List all officers and board members/governing individuals (i.e., owner, director, etc.)

Click “Add Another Officer, Board Member, Owner or Governing Individual” as necessary.

*

First Name *

James

Last Name *

Gomez

Title *

Mayor

Telephone Number (999-999-9999) *

562-383-4000

Email Address *

kgomez@lahabraca.gov

Address *

110 E. La Habra Blvd La Habra Ca 90631

Has this individual ever served as an officer, board member, owner or governing individual 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?

No

Yes - please specify the former agency with which this individual was previously affiliated and circumstances leading to the termination, involuntary non-renewal or debarment:

First Name *

Daren

Last Name *

Nigsarian

Title *

Telephone Number (999-999-9999) *

Email Address *

dnigsarian@lahabracca.gov

Address *

562-383-4200

Has this individual ever served as an officer, board member, owner or governing individual 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:

No

Yes - please specify the **former agency** with which this individual was previously affiliated and **circumstances leading to the termination, involuntary non-renewal or debarment:**

[Remove Item](#)

First Name *

Steve

Last Name *

Simonian

Title *

Council Member

Telephone Number (999-999-9999) *

562-383-4200

Email Address *

ssimonian@lahabracca.gov

Address *

110 E. La Habra Blvd La Habra Ca 90631

Has this individual ever served as an officer, board member, owner or governing individual 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:

No

Yes - please specify the **former agency** with which this individual was previously affiliated and **circumstances leading to the termination, involuntary non-renewal or debarment:**

[Remove Item](#)

First Name *

Rose

Last Name *

Espinoza

Title *

Council Member

Telephone Number (999-999-9999) *

562-383-4200

respinoza@lahabracaca.gov

110 E. La Habra Blvd La Habra Ca 90631

Has this individual ever served as an officer, board member, owner or governing individual 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?

- No
- Yes - please specify the former agency with which this individual was previously affiliated and circumstances leading to the termination, involuntary non-renewal or debarment:

[Remove Item](#)

First Name *

Jose

Last Name *

Medrano

Title *

Council Member

Telephone Number (999-999-9999) *

562-383-4200

Email Address *

jmedrano@lahabracaca.gov

Address *

110 E. La Habra Blvd La Habra Ca 90631

Has this individual ever served as an officer, board member, owner or governing individual 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?

- No
- Yes - please specify the former agency with which this individual was previously affiliated and circumstances leading to the termination, involuntary non-renewal or debarment:

[Remove Item](#)
[Add Another Officer, Board Member, Owner or Governing Individual](#)
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CONTINUED FUNDING APPLICATION FISCAL YEAR 2023-24

Section IV – Subcontractor Certification

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

- Alternative Payment Programs (C2AP, C3AP, CAPP, CMAP)
- General Child Care and Development (CCTR)
- Program for Special Needs (Handicapped) Children (CHAN)
- Migrant Center-Based (CMIG) or Migrant Specialized Services (CMSS)
- Resource and Referral (CRRP)
- Family Child Care Home Education Network (CFCC)
- Not applicable

18. The following types of contracts **do have** subcontractors (check all that apply). For each contract type selected, submit a separate form [CCD 30B](#) (upload the files in Section VII). The form is available on the [CFA web page](#). *

- Alternative Payment Programs (C2AP, C3AP, CAPP, CMAP)
- General Child Care and Development (CCTR)
- Program for Special Needs (Handicapped) Children (CHAN)
- Migrant Center-Based (CMIG) or Migrant Specialized Services (CMSS)
- Resource and Referral (CRRP)
- Family Child Care Home Education Network (CFCC)
- Not applicable

19. **By providing a signature at the end of this section, I certify that all of the above subcontractor certification information is true**

Signature of Contractor's Authorized Representative

Sign name using mouse or touch pad

Signature of

Title of Contractor's Authorized Representative

Date of Signature



Authorized Representative's Telephone Number (999-999-9999)

Authorized Representative's Email Address



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CONTINUED FUNDING APPLICATION FISCAL YEAR 2023-24

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 (W&IC), 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.

20. 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.

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.

21. I subcontract part of my subsidized funding. *

- Yes
- No

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.

22. 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.


requirements, 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 W&IC 10399.
- All audit and fiscal requirements and I take full responsibility for obtaining the required financial and compliance audits for my subcontractor (s).
- All subcontractors' audits and fiscal reporting and submission requirements.
- All audits and fiscal requirements for subcontractors and I am aware that not meeting reporting timelines can result in apportionment withholding unless an extension is granted.
- 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.

23. By providing a signature at the end of this section, I certify that all of the above information in this section is true.

Signature of Contractor's Authorized Representative

Clear




Sign name using mouse or touch pad

Signature of

Title of Contractor's Authorized Representative

Date of Signature



Authorized Representative's Telephone Number (999-999-9999)

jperez@lahabraca.gov



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CONTINUED FUNDING APPLICATION FISCAL YEAR 2023-24

Section VI – Certification of Contractor Information in the CDMIS

24. 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](#).

By checking the box below, I certify, as the authorized representative of the agency listed below, I have reviewed all 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
- 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** as of the date this certification was signed.

*

I certify that the above requirements have been met by my agency.

25. Signature of Program Director/Authorized Representative:



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CONTINUED FUNDING APPLICATION FISCAL YEAR 2023-24

Section VII – Required Attachments

26. Are you a public agency?

*The State Administrative Manual defines a **public agency** as any state agency, city, county, special district, school district, community college district, county superintendent of schools, or federal agency. Any agency that does not meet this criteria is considered a “**non-public agency**.” **

- Yes
 No

27. Do you represent a school or school district? *

- Yes
 No

28. Are you a community college or community college district in California? *

- Yes
 No

29. Are you a tax-exempt entity? *

- Yes
 No

30. Are you a charitable corporation, unincorporated association, or trustee doing business in or holding property in California? *

- Yes
 No

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Save and continue later ▾



CONTINUED FUNDING APPLICATION FISCAL YEAR 2023-24

Section VII – Required Attachments (Cont'd)

All attachments must be completed and uploaded to the application. For your convenience, links to the required forms are provided below. These links are also located on the [CFA web page](#). Please download, complete, and save a copy of each form for your records.

31. [Continued Funding Application Fiscal Year 2023-24 Program Calendar \(CCD 33\)](#)

Required for all contractors. Complete one calendar for each contract type and upload below. *

32. Proof is required of active 501 (c)(3) or 501 (c)(5) Status:

To access and save proof of active status, visit the [Internal Revenue Service Tax Exempt Organization Search](#) web page. You may search by your organization's name or Employer Identification Number (EIN). Enter your organization's name or EIN in the 'Search Term' field. Click on your organization's name. Save a screenshot of the subsequent page showing the search results. Upload the file below. *

33. All agencies with a board of directors are required to submit a board resolution authorizing the signer to contract with the California Department of Social Services for the purpose of providing child care and development services and to authorize the designated personnel to sign contract documents for Fiscal Year 2023-24.

You may upload a copy of your board's resolution below. A sample template is also available at the following link: [CCD 44 Board Resolution](#) *

FISCAL YEAR 2023-24 PROGRAM CALENDAR

CONTRACTOR NAME City of La Habra	VENDOR NUMBER 2183	COUNTY NAME Orange	CONTRACT TYPE California Center-Based
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Instructions: Enter an uppercase "X" on each day your program will operate. The totals for "Days of Operation," "Quarter Subtotals," and "Total Days of Operation" will then automatically calculate. Please verify accuracy.

	S	M	T	W	T	F	S
JULY 2023							1
DAYS OF OPERATION	2	3 X	4	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	22
	23	24 X	25 X	26 X	27 X	28 X	29
	30	31 X					
19							

	S	M	T	W	T	F	S
AUGUST 2023			1 X	2 X	3 X	4 X	5
DAYS OF OPERATION	6	7 X	8 X	9 X	10 X	11 X	12
	13	14 X	15 X	16 X	17 X	18 X	19
	20	21 X	22 X	23 X	24 X	25 X	26
	27	28 X	29 X	30 X	31 X		
23							

	S	M	T	W	T	F	S
SEPTEMBER 2023					1 X	2	
DAYS OF OPERATION	3	4	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
20							

FIRST QUARTER SUBTOTAL **62**

	S	M	T	W	T	F	S
OCTOBER 2023	1	2 X	3 X	4 X	5 X	6 X	7
DAYS OF OPERATION	8	9 X	10 X	11 X	12 X	13 X	14
	15	16 X	17 X	18 X	19 X	20 X	21
	22	23 X	24 X	25 X	26 X	27	28
	29	30 X	31 X				
21							

	S	M	T	W	T	F	S
NOVEMBER 2023			1 X	2 X	3 X	4	
DAYS OF OPERATION	5	6 X	7 X	8 X	9 X	10	11
	12	13 X	14 X	15 X	16 X	17 X	18
	19	20 X	21 X	22 X	23	24	25
	26	27 X	28 X	29 X	30 X		
19							

	S	M	T	W	T	F	S
DECEMBER 2023					1 X	2	
DAYS OF OPERATION	3	4 X	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	26 X	27 X	28 X	29 X	30
	31						
20							

SECOND QUARTER SUBTOTAL **60**

	S	M	T	W	T	F	S
JANUARY 2024		1	2 X	3 X	4 X	5 X	6
DAYS OF OPERATION	7	8 X	9 X	10 X	11 X	12 X	13
	14	15	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			
21							

	S	M	T	W	T	F	S
FEBRUARY 2024					1 X	2 X	3
DAYS OF OPERATION	4	5 X	6 X	7 X	8 X	9 X	10
	11	12 X	13 X	14 X	15 X	16	17
	18	19	20 X	21 X	22 X	23 X	24
	25	26 X	27 X	28 X	29 X		
19							

	S	M	T	W	T	F	S
MARCH 2024						1 X	2
DAYS OF OPERATION	3	4 X	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
	31						
21							

THIRD QUARTER SUBTOTAL **61**

	S	M	T	W	T	F	S
APRIL 2024		1 X	2 X	3 X	4 X	5 X	6
DAYS OF OPERATION	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				
22							

	S	M	T	W	T	F	S
MAY 2024			1 X	2 X	3 X	4	
DAYS OF OPERATION	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	28 X	29 X	30 X	31 X	
22							

	S	M	T	W	T	F	S
JUNE 2024							1
DAYS OF OPERATION	2	3	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						
19							

FOURTH QUARTER SUBTOTAL **63**

TOTAL DAYS OF OPERATION 246

IF THERE ARE CHANGES TO THE MINIMUM DAYS OF OPERATION (MDO), PLEASE EXPLAIN WHY.

CCDD CONSULTANT INITIALS
(FOR CDSS USE ONLY)
DATE APPROVED BY CCDD
CONSULTANT (FOR CDSS USE ONLY)

FISCAL YEAR 2023-24 PROGRAM CALENDAR

CONTRACTOR NAME City of La Habra	VENDOR NUMBER 2183	COUNTY NAME Orange	CONTRACT TYPE Family Child Care Hom
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Instructions: Enter an uppercase "X" on each day your program will operate. The totals for "Days of Operation," "Quarter Subtotals," and "Total Days of Operation" will then automatically calculate. Please verify accuracy.

	S	M	T	W	T	F	S
JULY 2023							1
DAYS OF OPERATION	2	3 X	4	5 X	6 X	7 X	8
	9	10 X	11 X	12 X	13 X	14 X	15
20	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					

AUGUST 2023			1 X	2 X	3 X	4 X	5
DAYS OF OPERATION	6	7 X	8 X	9 X	10 X	11 X	12
	13	14 X	15 X	16 X	17 X	18 X	19
23	20	21 X	22 X	23 X	24 X	25 X	26
	27	28 X	29 X	30 X	31 X		

SEPTEMBER 2023						1 X	2
DAYS OF OPERATION	3	4	5 X	6 X	7 X	8 X	9
	10	11 X	12 X	13 X	14 X	15 X	16
20	17	18 X	19 X	20 X	21 X	22 X	23
	24	25 X	26 X	27 X	28 X	29 X	30

FIRST QUARTER SUBTOTAL 63

OCTOBER 2023	1	2 X	3 X	4 X	5 X	6 X	7
DAYS OF OPERATION	8	9 X	10 X	11 X	12 X	13 X	14
	15	16 X	17 X	18 X	19 X	20 X	21
22	22	23 X	24 X	25 X	26 X	27 X	28
	29	30 X	31 X				

NOVEMBER 2023			1 X	2 X	3 X	4	
DAYS OF OPERATION	5	6 X	7 X	8 X	9 X	10	11
	12	13 X	14 X	15 X	16 X	17 X	18
19	19	20 X	21 X	22 X	23	24	25
	26	27 X	28 X	29 X	30 X		

DECEMBER 2023					1 X	2	
DAYS OF OPERATION	3	4 X	5 X	6 X	7 X	8 X	9
	10	11 X	12 X	13 X	14 X	15 X	16
19	17	18 X	19 X	20 X	21 X	22	23
	24	25	26 X	27 X	28 X	29 X	30
	31						

SECOND QUARTER SUBTOTAL 60

	S	M	T	W	T	F	S
JANUARY 2024		1	2 X	3 X	4 X	5 X	6
DAYS OF OPERATION	7	8 X	9 X	10 X	11 X	12 X	13
	14	15	16 X	17 X	18 X	19 X	20
21	21	22 X	23 X	24 X	25 X	26 X	27
	28	29 X	30 X	31 X			

FEBRUARY 2024					1 X	2 X	3
DAYS OF OPERATION	4	5 X	6 X	7 X	8 X	9 X	10
	11	12 X	13 X	14 X	15 X	16 X	17
20	18	19	20 X	21 X	22 X	23 X	24
	25	26 X	27 X	28 X	29 X		

MARCH 2024						1 X	2
DAYS OF OPERATION	3	4 X	5 X	6 X	7 X	8 X	9
	10	11 X	12 X	13 X	14 X	15 X	16
21	17	18 X	19 X	20 X	21 X	22 X	23
	24	25 X	26 X	27 X	28 X	29 X	30
	31						

THIRD QUARTER SUBTOTAL 62

APRIL 2024	1 X	2 X	3 X	4 X	5 X	6	
DAYS OF OPERATION	7	8 X	9 X	10 X	11 X	12 X	13
	14	15 X	16 X	17 X	18 X	19 X	20
22	21	22 X	23 X	24 X	25 X	26 X	27
	28	29 X	30 X				

MAY 2024				1 X	2 X	3 X	4
DAYS OF OPERATION	5	6 X	7 X	8 X	9 X	10 X	11
	12	13 X	14 X	15 X	16 X	17 X	18
22	19	20 X	21 X	22 X	23 X	24 X	25
	26	27	28 X	29 X	30 X	31 X	

JUNE 2024							1
DAYS OF OPERATION	2	3 X	4 X	5 X	6 X	7 X	8
	9	10 X	11 X	12 X	13 X	14 X	15
20	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						

FOURTH QUARTER SUBTOTAL 64

TOTAL DAYS OF OPERATION 249

IF THERE ARE CHANGES TO THE MINIMUM DAYS OF OPERATION (MDO), PLEASE EXPLAIN WHY.

CCDD CONSULTANT INITIALS
(FOR CDSS USE ONLY)
DATE APPROVED BY CCDD
CONSULTANT (FOR CDSS USE ONLY)