

Fiscal Year 2017-2018 Continued Funding Application

Contractors must read the accompanying instructions when completing the Continued Funding Application (CFA). Failure to accurately complete the CFA may result in a delay in the issuance of your fiscal year 2017-18 contract(s). CFA Instructions may be accessed on the CFA Web page at: <http://www.cde.ca.gov/sp/cd/ci/cfaforms.asp>

Section I – Contractor Information	
Legal Name of Contractor:	City of Menlo Park -Belle Haven CDC
Contractor "Doing Business As" (DBA):	Belle Haven Child Development Center
Headquartered County:	41 San Mateo
Vendor Number:	2184
Executive Director Name:	Alex McIntyre
Executive Director Telephone Number:	650 330-6610
Executive Director Fax Number:	(650) 328-7935
Executive Director E-mail Address:	admcintrye@menlopark.org
Legal Business Address:	701 Laurel Street
City:	Menlo Park
Zip Code:	94025
Mailing Address (if different from above):	410 Ivy Drive
City:	Menlo Park
Zip Code:	94025
Name of Contact Person Completing Application:	Patty Briese
Title of Contact Person Completing Application:	Program Supervisor
Contact Person Phone Number:	650 330-2272
Contact Person E-mail Address:	pwbriese@menlopark.org

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Section II – Contract Types

Check all applicable boxes indicating the programs the contractor intends to continue to administer for the Fiscal Year 2017-18. The contractor agrees to continue implementation of these programs with funds provided by the CDE.

Center-Based Programs

California State Preschool Program (CSPP)

Full-Year Part-Year

California Center-Based (CCTR)

Infant/Toddler

School-age

Program for Special Needs Children (Handicapped) (CHAN)

Migrant Center-Based (CMIG) and Migrant Special services (CMSS)

Alternative Payment Programs

Alternative Payment Program (CAPP)

CalWORKs Stage 2 (C2AP)

CalWORKs Stage 3 (C3AP)

Migrant Alternative Payment (CMAP)

Resource and Referral Programs

Resource and Referral (CRRP)

Family Child Care Home Programs

Family Child Care Home Education Network (CFCC)

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

Does the contractor have a board of directors?

Yes No

If no, please explain:

If yes, list all officers and board members. Attach additional sheets as necessary.

Officer or Board Member Name and Title:	Telephone Number:	Mailing Address:	E-mail Address:
Richard Cline Mayor	650 2071677	701 Laurel Street Menlo Park, Ca 94025	racline@menlopark.org
Kristen Keith Mayor Pro-Tem	650 308-4618	701 Laurel Street Menlo Park, Ca 94025	kkeith@menlopark.org
Catherine Carlton Council Member	650 575-4523	701 Laurel Street Menlo Park, Ca 94025	ccarlton@menlopark.org
Ray Mueller Council Member	650 776-8995	701 Laurel Street Menlo Park, Ca 94025	RDMueller@menlopark.org
Peter Ohtaki Council Member	650-328-0300	701 Laurel Street Menlo Park, Ca 94025	piohtaki@menlopark.org

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Section IV: Allocation of Funds	
Contractor Fiscal Contact Name:	Jordan Clegg
Contractor Fiscal Contact E-mail Address:	jclegg@cde.ca.gov
Date:	
If you have any questions regarding this form, please contact Robert Hom, Child Development and Nutrition Fiscal Services Unit by phone at 916-322-5090 or by e-mail at RHom@cde.ca.gov.	

Contract Type:	Contract Number:
CSPP	
County Name:	% of Total
41 San Mateo	100 %
00 Select One	%
00 Select One	%
00 Select One	%
Total	100 %

Contract Type:	Contract Number:
Select One	
County Name:	% of Total
00 Select One	%
00 Select One	%
00 Select One	%
00 Select One	%
Total	0 %

Contract Type:	Contract Number:
Select One	
County Name:	% of Total
04 Butte	%
15 Kern	%
00 Select One	%
00 Select One	%
Total	0 %

Contract Type:	Contract Number:
Select One	
County Name:	% of Total
00 Select One	%
00 Select One	%
00 Select One	%
00 Select One	%
Total	0 %

Contract Type:	Contract Number:
Select One	
County Name:	% of Total
00 Select One	%
00 Select One	%
00 Select One	%
00 Select One	%
Total	0 %

Contract Type:	Contract Number:
Select One	
County Name:	% of Total
00 Select One	%
00 Select One	%
00 Select One	%
00 Select One	%
Total	0 %

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Section V – Program Narrative

A. The following contract types do not have programmatic or calendar changes (select all that apply). **NOTE:** Program calendars must be submitted for all contract types.

- California State Preschool Program (CSPP)
- California Center-Based (CCTR)
- Program for Special Needs (Handicapped) Children (CHAN)
- Migrant, Center-Based (CMIG) and Migrant Specialized Services (CMSS)
- Alternative Payment Program (CAPP)
- CalWORKs Stage 2 (C2AP)
- CalWORKs Stage 3 (C3AP)
- Migrant Alternative Payment (CMAP)
- Resource and Referral (CRRP)
- Family Child Care Home Education Network (CFCC)

B. The following contract types do have programmatic and/or calendar changes (select all that apply). For each contract type selected in this section, complete a separate form EESD3704A. This form is available on the CFA Web page at <http://www.cde.ca.gov/sp/cd/ci/cfaforms.asp>. **NOTE:** Program Calendars must be submitted for all contract types.

- California State Preschool Program (CSPP)
- California Center-Based (CCTR)
- Program for Special Needs (Handicapped) Children (CHAN)
- Migrant, Center-Based (CMIG) and Migrant Specialized Services (CMSS)
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- CalWORKs Stage 2 (C2AP)
- CalWORKs Stage 3 (C3AP)
- Migrant Alternative Payment (CMAP)
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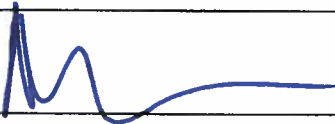
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Section VI – Personnel Certification for Center-Based Programs and Family Child Care Home Education Networks

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

I certify, as the authorized agent representing this contractor, I have read and understand the staffing requirements for Program Director, Site Supervisor, and Teacher. All child care staff employed in CDE funded program(s) are fully qualified for their respective positions. Exceptions to this certification are persons employed as "Program Director" or "Site Supervisor" who possesses a current Early Education and Support Division (EESD) approved Staffing Qualifications Waiver.

Signature of Authorized Representative:		
Printed Name and Title of Authorized Representative:	Alex McIntyre	
Date of Signature:		
Authorized Representative Phone Number:	(650) 330-6610	
Authorized Representative E-mail Address:	adm McIntyre@menlopark.org	adm McIntyre@menlopark.org

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Section VII – Subcontract Certification

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

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

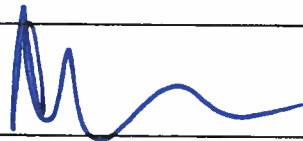
B. The following contract types do have subcontractors (check all that apply). For each contract type selected, submit a separate form EESD 3704B. This form is available on the CFA Web page at <http://www.cde.ca.gov/sp/cd/ci/cfaforms.asp>.

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

I certify that the contractual arrangement(s) listed above are in adherence with the required subcontract provisions contained in the *California Code Regulations*, Title 5, and the Funding Terms and Conditions.

I understand that signing this certificate does not lessen the legal responsibility for the child care and development service contract requirements. As the contractor, it is my responsibility to monitor the performance of the subcontractor to ensure services are provided appropriately through the entire contract term.

Signature of Contractor's Authorized Representative:



Printed Name and Title of Contractor's Authorized Representative:

Alex McIntyre-City Manager

Date of Signature:

Authorized Representative Phone Number:

(650) 330-6610

Authorized Representative E-mail Address:

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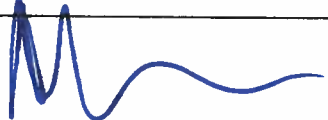
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Section VIII – Contractor Certification

Under penalty of perjury, I certify the following:

- I am authorized by the Contractor's Board of Directors or other governing authority to execute this Continued Funding Application.
- On behalf of Contractor and its governing authority, we understand some information requested in this application is intended for use by CDE auditors in connection with future audit work and performance reviews and may not be used or even reviewed or considered by CDE until well after the contract has expired, if ever. Therefore, we further understand that the information (and any underlying transactions) disclosed by this Application shall not be considered properly noticed to CDE nor approved, accepted or authorized by the CDE, even if our request for continued funding by the CDE is subsequently approved.
- 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 Contractor complies with all applicable program statues and regulations, including:
 - -- Subcontracting requirements, including competitive bidding, CDE approval, and audit requirements in Title 5, §18026 et. seq.
 - -- Prohibitions on conflicts of interests, including i) the assurances required to establish that transactions with officers, directors and other related party transactions are conducted at arms-length, and ii) employment limitations in Ed. Code §8406.9.
 - -- Cost reimbursement requirements, including reimbursable and non-reimbursable costs, documentation requirements, the provisions for determining the reimbursable amount and other provisions in Title 5, §18033 et. seq.
 - -- Accounting and reporting requirements in Title 5 §18063 et. seq.
 - -- Operational and programmatic requirements.

Signature of Contractor's Authorized Representative:	
Printed Name and Title of Contractor's Authorized Representative:	Alex McIntyre-City Manager
Date of Signature:	
Authorized Representative Phone Number:	(650) 330-6610
Authorized Representative E-mail Address:	adm McIntyre@menlopark.org admcintyre@menlopark.org

*adm McIntyre @
menlopark.org*

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Section IX – Required Attachments

All attachments must be completed and attached to the application. These attachments are located on the Continued Funding Application Web page at:

<http://www.cde.ca.gov/sp/cd/ci/cfaforms.asp>

A. Fiscal Year 2017-18 Program Calendar (EESD-9730)

B. Update and Certification of Contractor Information in the Child Development Management Information System (CDMIS) Database

C. Payee Data Record (STD. 204) (Non-public agencies only)

D. Secretary of State (Non-public agencies only)

E. Verification of School District Name and Address

F. Program Narrative Change (EESD 3704A)

G. Subcontractor Certification (EESD 3704B)

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Section Number*	Section Description	Page Number	Box
Section I	Contractor Information	1	<input checked="" type="checkbox"/>
Section II	Contract Types	2	<input checked="" type="checkbox"/>
Section III	Contractor's Officers and Board of Directors Information	3	<input checked="" type="checkbox"/>
Section IV	Allocation of Funds	4	<input checked="" type="checkbox"/>
Section V	Program Narrative Change	5	<input checked="" type="checkbox"/>
Section VI*	Personnel Certification for Center-Based Programs and Family Child Care Home Education Networks	6	<input checked="" type="checkbox"/>
Section VII*	Subcontractor Certification	7	<input checked="" type="checkbox"/>
Section VIII*	Contractor Certification	8	<input checked="" type="checkbox"/>
Section IX: Required Attachments			
Section IX A.	Program Calendar (EESD-9730) (one for each contract type)	9	<input checked="" type="checkbox"/>
Section IX B.*	Certification of Contractor Information in the Child Development Management Information System (CDMIS) Data Base	9	<input checked="" type="checkbox"/>
Section IX C.*	State of California, Payee Data Record (STD.204) (non-public agencies only)	9	<input type="checkbox"/>
Section IX D.	Secretary of State search results (non-public agencies only)	9	<input type="checkbox"/>
Section IX E.	Verification of School District Name and Address search	9	<input type="checkbox"/>
Section IX F.	Program Narrative Change EESD 3704A	Insert after Page 5	<input type="checkbox"/>
Section IX G.	Subcontract Certification EESD 3704B	Insert after Page 7	<input type="checkbox"/>
*Bolded sections require a signature.			