



CONTINUED FUNDING APPLICATION FISCAL YEAR 2023-24

Section I – Contractor Information

1. Legal Name of Contractor *

San Bernardino, County of

2. Contractor "Doing Business As" (DBA)

San Bernardino County, Preschool Services Department

3. Headquartered County *

San Bernardino ▼

4. Vendor Number

223

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 *

Arlene Molina

Title *

Assistant Director

Telephone Number (999-999-9999) *

Please enter the phone number in the following format: 999-999-9999

Email Address *

Arlene.Molina@psd.sbcounty.gov

6. Executive Director Information *

Full Name *

Jacquelyn Greene

Telephone Number (999-999-9999) *

9093832025

Please enter the phone number in the following format: 999-999-9999

Email Address *

jacquelyn.greene@psd.sbcounty.gov

7. Program Director Information *

Full Name *

Jacquelyn Greene

Telephone Number (999-999-9999) *

9093832025

Please enter the phone number in the following format: 999-999-9999

Email Address *

jacquelyn.greene@psd.sbcounty.gov

Street Address *

385 N. Arrowhead Ave., 5th Floor, San B

City *

san bernardino

Zip Code

*

92418

9. Mailing Address (if different from above)

Street Address

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> *

QQZWBL2LPC85

Back

Next

Save and continue later ▼



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

- ☐ 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
- ☐ Child Care Bridge Program
- ☒ California State Preschool Program (CSPP)
- ☒ Head Start
- ☒ Early Head Start
- ☐ Not applicable

[Back](#) [Next](#)

17%



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 *

Paul

Last Name *

Cook

Title *

First District Supervisor

Telephone Number (999-999-9999) *

909-387-4830

Email Address *

supervisor.cook@bos.sbcounty.gov

Address *

385 N. Arrowhead Ave., 5th Floor, San Bernardino ,ca 92411

~~received state or federal funding and which agency funding was terminated or involuntary~~
agency was debarred from funding for any period of time? *

☒ No

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

First Name *

Jesse

Last Name *

Armendarez

Title *

Second District Supervisor

Telephone Number (999-999-9999) *

909-387-4833

Email Address *

supervisor.armendarez@bos.sbcol

Address *

385 N. Arrowhead Ave., 5th Floor, San Bernardino ,ca 9241

Has this individual ever served as an officer, board member, owner or governing individ
received state or federal funding and which agency funding was terminated or involunt
agency was debarred from funding for any period of time? *

☒ No

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

Remove Item

First Name *

Dawn

Last Name *

Rowe

Title *

Third District Supervisor

Telephone Number (999-999-9999) *

909-387-4855

Email Address *

supervisor.rowe@bos.sbcounty.gov

Address *

385 N. Arrowhead Ave., 5th Floor, San Bernardino ,ca 9241

Has this individual ever served as an officer, board member, owner or governing individual received state or federal funding and which agency funding was terminated or involuntary agency was debarred from funding for any period of time? *

☒ No

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

[Remove Item](#)**First Name ***

Curt

Last Name *

Hagman

Title *

Fourth District Supervisor

Telephone Number (999-999-9999) *

909-387-5455

Email Address *

supervisor.hagman@bos.sbcounty.

Address *

385 N. Arrowhead Ave., 5th Floor, San Bernardino ,ca 9241

received state or federal funding and which agency funding was terminated or involuntary agency was debarred from funding for any period of time? *

☒ No

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

[Remove Item](#)

First Name *

Joe

Last Name *

Baca Jr.

Title *

Fifth District Supervisor

Telephone Number (999-999-9999) *

909-387-4565

Email Address *

supervisor.baca@bos.sbcounty.gov

Address *

385 N. Arrowhead Ave., 5th Floor, San Bernardino ,ca 9241

Has this individual ever served as an officer, board member, owner or governing individual received state or federal funding and which agency funding was terminated or involuntary agency was debarred from funding for any period of time? *

☒ No

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

[Remove Item](#)

Save and continue later ▾

Back Next

25%



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

Improvement Consultant has approved the subcontractors identified in the Subcontractor Certification Form. *

☒ I certify that my Program Quality and Improvement Consultant has approved the subcontractors.

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

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)

Authorized Representative's Email Address

33%



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.

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

☒ Yes

☐ No

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.

22. 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.

☒ 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 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.

24. 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
--	-------

Signature of

Dawn Rowe

Title of Contractor's Authorized Representative

Chair, Board of Supervisors

Date of Signature

03/14/2023



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

909-387-4855

Authorized Representative's Email Address

supervisor.rowe@bos.sbcour

Back

Next

42%



CONTINUED FUNDING APPLICATION FISCAL YEAR 2023-24

Section VI – Certification of Contractor Information in the CDMIS

25. 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 **San Bernardino, County of** 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 **San Bernardino, County of** as of the date this certification was signed.

*

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

26. Signature of Program Director/Authorized Representative:

Signature & Printed Name

	Clear
--	-------

Signature of

Jacquelyn Greene

Date Signed



Back

Next

50%



CONTINUED FUNDING APPLICATION FISCAL YEAR 2023-24

Section VII – Required Attachments

27. 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

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

Save and continue later ▾

business in or holding property in California?

☐ Yes

☒ No

[Back](#)

[Next](#)

58%