

Fiscal Year 2026–27 Continued Funding Application
DUE DATE: 5:00p.m. November 14, 2025

Contractors holding a current California State Preschool Program (CSPP) contract, and if applicable a Prekindergarten and Family Literacy Support (CPKS) contract, who wish to be considered for continued funding, for fiscal year (FY) 2026–27 must complete this application for continued funding. The FY 2026–27 CFA Overview and Instructions may be accessed on the [CFA web page](#). Contractors are strongly encouraged to review the CFA Overview and Instructions before and after completion of the CFA and associated documents to confirm that the application and forms submitted for their agency have been completed in accordance with all applicable instructions.

Contractors who apply for and are approved for continued funding do not need to sign a contract with the California Department of Education (CDE) to provide CSPP and CPKS services for FY 2026–27. Contracts will be automatically renewed in accordance with all applicable federal and state laws and contract terms and conditions (CT&C). By signing this CFA, the contractor is indicating that it wishes to automatically renew its contract(s) for FY 2026–27 and accepts all of the terms and conditions of the 2026–27 CSPP contract, and if applicable the 2026–27 CPKS contract, which will be provided to the contractor no later than June 1, 2026.

Upon completion of this CFA, the CDE will review the application and may contact your agency seeking additional information. If the CFA is returned to the CDE in a timely manner but is not fully and accurately completed, funding for FY 2026–27, if approved, may be delayed.

Please also note that contractors have no vested right to a subsequent contract. Completion of this CFA does not guarantee a renewal of funding. 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, 2026, pursuant to the *California Code of Regulations*, Title 5 (5 CCR) Section 17828.

Contractors that wish to reject the terms of the FY 2026–27 CSPP and/or CPKS contract must provide the CDE with written notice that the terms of the contract(s) are rejected by emailing EarlyEducationContracts@cde.ca.gov on or before June 30, 2026. The email should come from the Executive Director/Superintendent of the contracting entity or their authorized representative and state that the terms of the FY 2026–27 CSPP and, as applicable, the CPKS contract are rejected. Contractors providing such notice to the CDE of the rejection of the terms of the contract will not have contract(s) in effect for FY 2026–27. Contractors cannot reject their CSPP contract and still receive funding under a CPKS contract since CPKS funding is tied to having a CSPP contract. If no notice of rejection is sent to the CDE and the CFA is approved, the contract will be automatically renewed, and no further action will be required from the contractor.

If a contractor wishes to terminate the contract for any reason during the FY 2026–27 contract term, the contractor shall notify the CDE of its intent to terminate the contract at least 90 calendar days in advance of contract termination and shall follow 5 CCR 17795.

If you have any questions regarding the CFA, please contact CFA@cde.ca.gov.

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|---|
| Section I – Contractor Information |
| Contractor Legal Name: San Bernardino County Transitional Assistance Department |
| Contractor “Doing Business As” (DBA) Name: San Bernardino County Preschool Services Department |
| Vendor Number: 2236 |
| Headquartered County: San Bernardino |
| Legal Business Address: 150 South Lena Road, San Bernardino, 92415 |
| Mailing Address (if different from above): |
| Executive Director Name: Arlene Molina |
| Executive Director Telephone: (909)383-2025 |
| Executive Director Email Address: arlene.molina@psd.sbcounty.gov |

To update Contractor Information above, [log in to the Child Development Management Information System \(CDMIS\)](#) and follow these instructions: [Update Agency Information](#).

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| Section II – Contract and Program Type |
| Contractor agrees to continue to administer the following programs with funds provided by the California Department of Education (CDE) for Fiscal Year 2026–27. |
| Contract Type(s): CSPP CPKS |
| Program Type(s): Part-Day/Full-Year |
| Minimum Days of Operation (MDO): 233 |
| Subcontractor(s): No |
| License Exemption: No |

To request a change to Program Type(s), MDO, or other programmatic details, download and complete the [Program Narrative Change](#) form and return it with this CFA.

Subcontractors and License Exemption must be renewed annually, if applicable.

Section III – Contractor Certification

Under penalty of perjury, I certify the following statements as true and correct to the best of my knowledge:

- I have read and understand the staffing requirements for Program Director, Site Supervisor, and Teacher. All staff employed by the contractor for the provision of preschool services 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.
- I am authorized by the contractor's Board of Directors or other governing authority to execute this CFA, signifying their intent to automatically renew the current CSPP contract, and CPKS contract if applicable, for FY 2026–27, under new terms and conditions to be established by the CDE, unless rejected in writing prior to the effective date of the new contract(s) on June 30, 2026.
- On behalf of the contractor and its governing authority, I understand that 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, reviewed, or considered by the CDE until after the contract has expired, if ever. Therefore, the contractor further understands 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 the contractor's request for continued funding by the CDE is subsequently approved.
- The governing board members or persons with governing authority have been trained in understanding conflict of interest requirements associated with their positions on the board and have reported all known conflicts of interest.
- As the signer of this CFA, I have supervisory authority over the CSPP and have knowledge of the information provided in this CFA. I am familiar with and will ensure that the contractor complies with all applicable program statutes and regulations in effect for FY 2026–27, including but not limited to:
 - Subcontracting requirements, including competitive bidding, CDE approval, and audit requirements in 5 CCR. I certify that any contractual arrangement(s) with subcontractors are made in adherence to the required subcontract provisions contained in the *California Education Code (EC)*, 5 CCR, and the CT&C. 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 and that the contractor is ultimately responsible for the actions of any subcontractor.
 - 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 *EC*.
 - Cost reimbursement requirements, including reimbursable and non-reimbursable costs, documentation requirements, the provisions for determining the reimbursable amount

- and other provisions in 5 CCR, and accounting and reporting requirements in 5 CCR.
- Operational and programmatic requirements.
- Personnel requirements as stipulated in EC 5 CCR, and the CT&C.
- As the authorized representative of the CSPP contractor named in this application, I certify that:
 - I have reviewed all information for my agency and, to the best of my knowledge, the information on the CDMIS website reflects accurate information for my agency as of the date this certification is signed.
 - I understand my obligation as a CSPP contractor to ensure the accuracy of information in CDMIS on an ongoing basis and will update the information in CDMIS as needed throughout the contract period.

By signing this CFA, the contractor is indicating that it wishes to automatically renew the current contract for FY 2026–27 and, if approved, is willing to, and does accept, all terms and conditions of the CSPP contract, which will be provided to the contractor no later than June 1, 2026.

The contractor may reject the FY 2026–27 contract by providing the CDE with a written notice of rejection no later than June 30, 2026. Contractors that wish to reject the terms of the FY 2026–27 contract must provide written notice that the terms of the contract are rejected by emailing EarlyEducationContracts@cde.ca.gov on or before June 30, 2026. The email should come from the Executive Director/Superintendent of the contracting entity or their authorized representative and state that the terms of the FY 2026–27 CSPP contract, and CPKS contract if applicable, are rejected. Contractors providing such notice to the CDE of the rejection of the terms of the contract(s) will not have a contract(s) in effect for FY 2026–27. I understand that failure to timely reject the terms of the contract means that the contract may be automatically renewed for FY 2026–27 starting on July 1, 2026.

As the authorized representative of the contractor named in this application, I certify that I have reviewed all the information provided in this application, and in all accompanying forms, and I hereby attest that the information provided is true and correct to the best of my knowledge as of the date this certification is signed.

| | |
|--|-----------------------------|
| Printed Name of the Contractor's Authorized Representative: | Dawn Rowe |
| Title of the Contractor's Authorized Representative: | Chair, Board of Supervisors |
| Signature of the Contractor's Authorized Representative: | |
| Date of Signature: | |

| Required Attachments | Public Agency | Non-Public Agency | Check if Included |
|---|---|---|-------------------------------------|
| CSPP Program Calendar(s) (EED 9730) | Yes | Yes | <input checked="" type="checkbox"/> |
| California Civil Rights Laws Certification (CO-005) | Yes | Yes | <input checked="" type="checkbox"/> |
| Contractor Certification Clauses (CCC) | Yes | Yes | <input type="checkbox"/> |
| Federal Certification (CO.8) | Yes | Yes | <input checked="" type="checkbox"/> |
| CDMIS Agency Information Certification | Yes | Yes | <input checked="" type="checkbox"/> |
| State of California, Payee Data Record (STD. 204) | No | Yes | <input type="checkbox"/> |
| Payee Data Record Supplement (STD. 205) | No | Required only if payment address differs from mailing address on STD. 204 | <input type="checkbox"/> |
| Secretary of State certification or search results | No | Yes | <input type="checkbox"/> |
| Verification of LEA Name and Address: Information page printed from California School Directory web page or California Community College Chancellor's web page, as applicable | LEAs only | No | <input type="checkbox"/> |
| Program Narrative Change (EED 3704A) | Required only if requesting changes | Required only if requesting changes | <input checked="" type="checkbox"/> |
| Subcontract Certification (EED 3704B) | Required only if subcontracting | Required only if subcontracting | <input type="checkbox"/> |
| Contractor's Officers and Board of Directors Information | No | Yes | <input checked="" type="checkbox"/> |
| Authorizing Board Resolution | Yes | As applicable | <input checked="" type="checkbox"/> |
| Application for License Exemption | Required only from LEAs applying to renew exemption from licensure pursuant to <i>Health & Safety Code</i> Section 1596.792(o). | No | <input type="checkbox"/> |

Program Narrative Change

Change Requested for Fiscal Year: 2026-27

Contractor Legal Name: *(Full legal name required. Acronyms or site names not accepted)*
County of San Bernardino Transitional Assistance Department

Vendor Number: 2236 County: San Bernardino

Program Type: California State Preschool Program (CSPP)

Change Type(s): *Please select the type(s) of change(s)*

Minimum Days of Operation (MDO) Change Programmatic Change

Please include responses to the questions below:

1. If requesting an MDO change, what is the program's current MDO?

2. If requesting a programmatic change, how is the program currently operating without the requested change?

The program continues to operate using existing federal funding. While Needles has requested a reduction in the number of children served, services remain in place, and children from Crestline and Needles CSPP are being accommodated at other locations.

3. Describe and justify the proposed change(s) including how services to children and families will be impacted if the change(s) is(are) implemented?

The proposed change involves reallocating slots from lower-demand areas to high-need communities in the High Desert. This adjustment allows resources to better align with community demand, ensuring more equitable access to early education. Children will continue to be served through other CSPP programs across the county, minimizing disruption to families.

Under penalty of perjury, I certify as the authorized contractor representative, that all applicable State and federal statutes and regulations will be observed.

Name of Authorized Representative:

Dawn Rowe

Title of Authorized Representative:

Chair, Board of Supervisors

Signature of Authorized Representative:

Date:

California State Preschool Program Fiscal Year 2026–27 Program Calendar

Contractor Name: **San Bernardino County Transitional Assistance Department** County: **San Bernardino**

Vendor Number: **2236** Contract Type: **CSPP & CPKS** Program Type: **Part-Day/Full-Year**

Instructions: Check the box on each date your program will operate. Total days of operation will automatically calculate.

July 2026 Days of Operation 20

| SUN | MON | TUE | WED | THU | FRI | SAT |
|-----------------------------|--|--|--|--|--|-----------------------------|
| N/A | N/A | N/A | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 5 <input type="checkbox"/> | 6 <input checked="" type="checkbox"/> | 7 <input checked="" type="checkbox"/> | 8 <input checked="" type="checkbox"/> | 9 <input checked="" type="checkbox"/> | 10 <input checked="" type="checkbox"/> | 11 <input type="checkbox"/> |
| 12 <input type="checkbox"/> | 13 <input checked="" type="checkbox"/> | 14 <input checked="" type="checkbox"/> | 15 <input checked="" type="checkbox"/> | 16 <input checked="" type="checkbox"/> | 17 <input checked="" type="checkbox"/> | 18 <input type="checkbox"/> |
| 19 <input type="checkbox"/> | 20 <input checked="" type="checkbox"/> | 21 <input checked="" type="checkbox"/> | 22 <input checked="" type="checkbox"/> | 23 <input checked="" type="checkbox"/> | 24 <input checked="" type="checkbox"/> | 25 <input type="checkbox"/> |
| 26 <input type="checkbox"/> | 27 <input checked="" type="checkbox"/> | 28 <input checked="" type="checkbox"/> | 29 <input checked="" type="checkbox"/> | 30 <input checked="" type="checkbox"/> | 31 <input checked="" type="checkbox"/> | N/A |

August 2026 Days of Operation 19

| SUN | MON | TUE | WED | THU | FRI | SAT |
|-----------------------------|--|--|--|--|--|-----------------------------|
| N/A | N/A | N/A | N/A | N/A | N/A | 1 <input type="checkbox"/> |
| 2 <input type="checkbox"/> | 3 <input checked="" type="checkbox"/> | 4 <input checked="" type="checkbox"/> | 5 <input checked="" type="checkbox"/> | 6 <input checked="" type="checkbox"/> | 7 <input checked="" type="checkbox"/> | 8 <input type="checkbox"/> |
| 9 <input type="checkbox"/> | 10 <input checked="" type="checkbox"/> | 11 <input checked="" type="checkbox"/> | 12 <input checked="" type="checkbox"/> | 13 <input type="checkbox"/> | 14 <input type="checkbox"/> | 15 <input type="checkbox"/> |
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| 23 <input type="checkbox"/> | 24 <input checked="" type="checkbox"/> | 25 <input checked="" type="checkbox"/> | 26 <input checked="" type="checkbox"/> | 27 <input checked="" type="checkbox"/> | 28 <input checked="" type="checkbox"/> | 29 <input type="checkbox"/> |
| 30 <input type="checkbox"/> | 31 <input checked="" type="checkbox"/> | N/A | N/A | N/A | N/A | N/A |

September 2026 Days of Operation 21

| SUN | MON | TUE | WED | THU | FRI | SAT |
|-----------------------------|--|--|--|--|--|-----------------------------|
| N/A | N/A | 1 <input checked="" type="checkbox"/> | 2 <input checked="" type="checkbox"/> | 3 <input checked="" type="checkbox"/> | 4 <input checked="" type="checkbox"/> | 5 <input type="checkbox"/> |
| 6 <input type="checkbox"/> | 7 <input checked="" type="checkbox"/> | 8 <input checked="" type="checkbox"/> | 9 <input checked="" type="checkbox"/> | 10 <input checked="" type="checkbox"/> | 11 <input type="checkbox"/> | 12 <input type="checkbox"/> |
| 13 <input type="checkbox"/> | 14 <input checked="" type="checkbox"/> | 15 <input checked="" type="checkbox"/> | 16 <input checked="" type="checkbox"/> | 17 <input checked="" type="checkbox"/> | 18 <input checked="" type="checkbox"/> | 19 <input type="checkbox"/> |
| 20 <input type="checkbox"/> | 21 <input checked="" type="checkbox"/> | 22 <input checked="" type="checkbox"/> | 23 <input checked="" type="checkbox"/> | 24 <input checked="" type="checkbox"/> | 25 <input checked="" type="checkbox"/> | 26 <input type="checkbox"/> |
| 27 <input type="checkbox"/> | 28 <input checked="" type="checkbox"/> | 29 <input checked="" type="checkbox"/> | 30 <input checked="" type="checkbox"/> | N/A | N/A | N/A |

October 2026 Days of Operation 20

| SUN | MON | TUE | WED | THU | FRI | SAT |
|-----------------------------|--|--|--|--|--|-----------------------------|
| N/A | N/A | N/A | N/A | 1 <input checked="" type="checkbox"/> | 2 <input checked="" type="checkbox"/> | 3 <input type="checkbox"/> |
| 4 <input type="checkbox"/> | 5 <input checked="" type="checkbox"/> | 6 <input checked="" type="checkbox"/> | 7 <input checked="" type="checkbox"/> | 8 <input checked="" type="checkbox"/> | 9 <input checked="" type="checkbox"/> | 10 <input type="checkbox"/> |
| 11 <input type="checkbox"/> | 12 <input type="checkbox"/> | 13 <input checked="" type="checkbox"/> | 14 <input checked="" type="checkbox"/> | 15 <input checked="" type="checkbox"/> | 16 <input checked="" type="checkbox"/> | 17 <input type="checkbox"/> |
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| 25 <input type="checkbox"/> | 26 <input checked="" type="checkbox"/> | 27 <input checked="" type="checkbox"/> | 28 <input checked="" type="checkbox"/> | 29 <input checked="" type="checkbox"/> | 30 <input checked="" type="checkbox"/> | 31 <input type="checkbox"/> |

November 2026 Days of Operation 17

| SUN | MON | TUE | WED | THU | FRI | SAT |
|-----------------------------|--|--|--|--|--|-----------------------------|
| 1 <input type="checkbox"/> | 2 <input checked="" type="checkbox"/> | 3 <input checked="" type="checkbox"/> | 4 <input checked="" type="checkbox"/> | 5 <input checked="" type="checkbox"/> | 6 <input checked="" type="checkbox"/> | 7 <input type="checkbox"/> |
| 8 <input type="checkbox"/> | 9 <input checked="" type="checkbox"/> | 10 <input checked="" type="checkbox"/> | 11 <input type="checkbox"/> | 12 <input checked="" type="checkbox"/> | 13 <input checked="" type="checkbox"/> | 14 <input type="checkbox"/> |
| 15 <input type="checkbox"/> | 16 <input checked="" type="checkbox"/> | 17 <input checked="" type="checkbox"/> | 18 <input checked="" type="checkbox"/> | 19 <input checked="" type="checkbox"/> | 20 <input type="checkbox"/> | 21 <input type="checkbox"/> |
| 22 <input type="checkbox"/> | 23 <input checked="" type="checkbox"/> | 24 <input checked="" type="checkbox"/> | 25 <input checked="" type="checkbox"/> | 26 <input type="checkbox"/> | 27 <input type="checkbox"/> | 28 <input type="checkbox"/> |
| 29 <input type="checkbox"/> | 30 <input checked="" type="checkbox"/> | N/A | N/A | N/A | N/A | N/A |

December 2026 Days of Operation 20

| SUN | MON | TUE | WED | THU | FRI | SAT |
|-----------------------------|--|--|--|--|--|-----------------------------|
| N/A | N/A | 1 <input checked="" type="checkbox"/> | 2 <input checked="" type="checkbox"/> | 3 <input checked="" type="checkbox"/> | 4 <input checked="" type="checkbox"/> | 5 <input type="checkbox"/> |
| 6 <input type="checkbox"/> | 7 <input checked="" type="checkbox"/> | 8 <input checked="" type="checkbox"/> | 9 <input checked="" type="checkbox"/> | 10 <input checked="" type="checkbox"/> | 11 <input checked="" type="checkbox"/> | 12 <input type="checkbox"/> |
| 13 <input type="checkbox"/> | 14 <input checked="" type="checkbox"/> | 15 <input checked="" type="checkbox"/> | 16 <input checked="" type="checkbox"/> | 17 <input checked="" type="checkbox"/> | 18 <input checked="" type="checkbox"/> | 19 <input type="checkbox"/> |
| 20 <input type="checkbox"/> | 21 <input checked="" type="checkbox"/> | 22 <input checked="" type="checkbox"/> | 23 <input checked="" type="checkbox"/> | 24 <input type="checkbox"/> | 25 <input type="checkbox"/> | 26 <input type="checkbox"/> |
| 27 <input type="checkbox"/> | 28 <input checked="" type="checkbox"/> | 29 <input checked="" type="checkbox"/> | 30 <input checked="" type="checkbox"/> | 31 <input type="checkbox"/> | N/A | N/A |

January 2027 Days of Operation 18

| SUN | MON | TUE | WED | THU | FRI | SAT |
|-----------------------------|--|--|--|--|--|-----------------------------|
| N/A | N/A | N/A | N/A | N/A | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 3 <input type="checkbox"/> | 4 <input checked="" type="checkbox"/> | 5 <input checked="" type="checkbox"/> | 6 <input checked="" type="checkbox"/> | 7 <input checked="" type="checkbox"/> | 8 <input checked="" type="checkbox"/> | 9 <input type="checkbox"/> |
| 10 <input type="checkbox"/> | 11 <input checked="" type="checkbox"/> | 12 <input checked="" type="checkbox"/> | 13 <input checked="" type="checkbox"/> | 14 <input checked="" type="checkbox"/> | 15 <input type="checkbox"/> | 16 <input type="checkbox"/> |
| 17 <input type="checkbox"/> | 18 <input type="checkbox"/> | 19 <input checked="" type="checkbox"/> | 20 <input checked="" type="checkbox"/> | 21 <input checked="" type="checkbox"/> | 22 <input checked="" type="checkbox"/> | 23 <input type="checkbox"/> |
| 24 <input type="checkbox"/> | 25 <input checked="" type="checkbox"/> | 26 <input checked="" type="checkbox"/> | 27 <input checked="" type="checkbox"/> | 28 <input checked="" type="checkbox"/> | 29 <input checked="" type="checkbox"/> | 30 <input type="checkbox"/> |
| 31 <input type="checkbox"/> | N/A | N/A | N/A | N/A | N/A | N/A |

February 2027 Days of Operation 18

| SUN | MON | TUE | WED | THU | FRI | SAT |
|-----------------------------|--|--|--|--|--|-----------------------------|
| N/A | 1 <input checked="" type="checkbox"/> | 2 <input checked="" type="checkbox"/> | 3 <input checked="" type="checkbox"/> | 4 <input checked="" type="checkbox"/> | 5 <input checked="" type="checkbox"/> | 6 <input type="checkbox"/> |
| 7 <input type="checkbox"/> | 8 <input checked="" type="checkbox"/> | 9 <input checked="" type="checkbox"/> | 10 <input checked="" type="checkbox"/> | 11 <input checked="" type="checkbox"/> | 12 <input type="checkbox"/> | 13 <input type="checkbox"/> |
| 14 <input type="checkbox"/> | 15 <input type="checkbox"/> | 16 <input checked="" type="checkbox"/> | 17 <input checked="" type="checkbox"/> | 18 <input checked="" type="checkbox"/> | 19 <input checked="" type="checkbox"/> | 20 <input type="checkbox"/> |
| 21 <input type="checkbox"/> | 22 <input checked="" type="checkbox"/> | 23 <input checked="" type="checkbox"/> | 24 <input checked="" type="checkbox"/> | 25 <input checked="" type="checkbox"/> | 26 <input checked="" type="checkbox"/> | 27 <input type="checkbox"/> |
| 28 <input type="checkbox"/> | N/A | N/A | N/A | N/A | N/A | N/A |

March 2027 Days of Operation 22

| SUN | MON | TUE | WED | THU | FRI | SAT |
|-----------------------------|--|--|--|--|--|-----------------------------|
| N/A | 1 <input checked="" type="checkbox"/> | 2 <input checked="" type="checkbox"/> | 3 <input checked="" type="checkbox"/> | 4 <input checked="" type="checkbox"/> | 5 <input checked="" type="checkbox"/> | 6 <input type="checkbox"/> |
| 7 <input type="checkbox"/> | 8 <input checked="" type="checkbox"/> | 9 <input checked="" type="checkbox"/> | 10 <input checked="" type="checkbox"/> | 11 <input checked="" type="checkbox"/> | 12 <input type="checkbox"/> | 13 <input type="checkbox"/> |
| 14 <input type="checkbox"/> | 15 <input checked="" type="checkbox"/> | 16 <input checked="" type="checkbox"/> | 17 <input checked="" type="checkbox"/> | 18 <input checked="" type="checkbox"/> | 19 <input checked="" type="checkbox"/> | 20 <input type="checkbox"/> |
| 21 <input type="checkbox"/> | 22 <input checked="" type="checkbox"/> | 23 <input checked="" type="checkbox"/> | 24 <input checked="" type="checkbox"/> | 25 <input checked="" type="checkbox"/> | 26 <input checked="" type="checkbox"/> | 27 <input type="checkbox"/> |
| 28 <input type="checkbox"/> | 29 <input checked="" type="checkbox"/> | 30 <input checked="" type="checkbox"/> | 31 <input checked="" type="checkbox"/> | N/A | N/A | N/A |

April 2027 Days of Operation 21

| SUN | MON | TUE | WED | THU | FRI | SAT |
|-----------------------------|--|--|--|--|--|-----------------------------|
| N/A | N/A | N/A | N/A | 1 <input checked="" type="checkbox"/> | 2 <input checked="" type="checkbox"/> | 3 <input type="checkbox"/> |
| 4 <input type="checkbox"/> | 5 <input checked="" type="checkbox"/> | 6 <input checked="" type="checkbox"/> | 7 <input checked="" type="checkbox"/> | 8 <input checked="" type="checkbox"/> | 9 <input type="checkbox"/> | 10 <input type="checkbox"/> |
| 11 <input type="checkbox"/> | 12 <input checked="" type="checkbox"/> | 13 <input checked="" type="checkbox"/> | 14 <input checked="" type="checkbox"/> | 15 <input checked="" type="checkbox"/> | 16 <input checked="" type="checkbox"/> | 17 <input type="checkbox"/> |
| 18 <input type="checkbox"/> | 19 <input checked="" type="checkbox"/> | 20 <input checked="" type="checkbox"/> | 21 <input checked="" type="checkbox"/> | 22 <input checked="" type="checkbox"/> | 23 <input checked="" type="checkbox"/> | 24 <input type="checkbox"/> |
| 25 <input type="checkbox"/> | 26 <input checked="" type="checkbox"/> | 27 <input checked="" type="checkbox"/> | 28 <input checked="" type="checkbox"/> | 29 <input checked="" type="checkbox"/> | 30 <input checked="" type="checkbox"/> | N/A |

May 2027 Days of Operation 19

| SUN | MON | TUE | WED | THU | FRI | SAT |
|-----------------------------|--|--|--|--|--|-----------------------------|
| N/A | N/A | N/A | N/A | N/A | N/A | 1 <input type="checkbox"/> |
| 2 <input type="checkbox"/> | 3 <input checked="" type="checkbox"/> | 4 <input checked="" type="checkbox"/> | 5 <input checked="" type="checkbox"/> | 6 <input checked="" type="checkbox"/> | 7 <input checked="" type="checkbox"/> | 8 <input type="checkbox"/> |
| 9 <input type="checkbox"/> | 10 <input checked="" type="checkbox"/> | 11 <input checked="" type="checkbox"/> | 12 <input checked="" type="checkbox"/> | 13 <input checked="" type="checkbox"/> | 14 <input type="checkbox"/> | 15 <input type="checkbox"/> |
| 16 <input type="checkbox"/> | 17 <input checked="" type="checkbox"/> | 18 <input checked="" type="checkbox"/> | 19 <input checked="" type="checkbox"/> | 20 <input checked="" type="checkbox"/> | 21 <input checked="" type="checkbox"/> | 22 <input type="checkbox"/> |
| 23 <input type="checkbox"/> | 24 <input checked="" type="checkbox"/> | 25 <input checked="" type="checkbox"/> | 26 <input checked="" type="checkbox"/> | 27 <input checked="" type="checkbox"/> | 28 <input checked="" type="checkbox"/> | 29 <input type="checkbox"/> |
| 30 <input type="checkbox"/> | 31 <input type="checkbox"/> | N/A | N/A | N/A | N/A | N/A |

June 2027 Days of Operation 18

| SUN | MON | TUE | WED | THU | FRI | SAT |
|-----------------------------|--|--|--|--|--|-----------------------------|
| N/A | N/A | 1 <input checked="" type="checkbox"/> | 2 <input checked="" type="checkbox"/> | 3 <input checked="" type="checkbox"/> | 4 <input checked="" type="checkbox"/> | 5 <input type="checkbox"/> |
| 6 <input type="checkbox"/> | 7 <input checked="" type="checkbox"/> | 8 <input checked="" type="checkbox"/> | 9 <input checked="" type="checkbox"/> | 10 <input checked="" type="checkbox"/> | 11 <input checked="" type="checkbox"/> | 12 <input type="checkbox"/> |
| 13 <input type="checkbox"/> | 14 <input checked="" type="checkbox"/> | 15 <input checked="" type="checkbox"/> | 16 <input checked="" type="checkbox"/> | 17 <input checked="" type="checkbox"/> | 18 <input type="checkbox"/> | 19 <input type="checkbox"/> |
| 20 <input type="checkbox"/> | 21 <input checked="" type="checkbox"/> | 22 <input checked="" type="checkbox"/> | 23 <input checked="" type="checkbox"/> | 24 <input checked="" type="checkbox"/> | 25 <input checked="" type="checkbox"/> | 26 <input type="checkbox"/> |
| 27 <input type="checkbox"/> | 28 <input type="checkbox"/> | 29 <input type="checkbox"/> | 30 <input type="checkbox"/> | N/A | N/A | N/A |

Total Days of Operation: 233

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):

San Bernardino County

2. Federal ID Number:

95-6002748

3. By (Authorized Signature):



4. Printed Name and Title of Person Signing:

Arlene Molina, Director, Preschool Services Department

5. Date Executed:

9-26-25

6. Executed in the County and State of:

San Bernardino, California

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 Code of Federal Regulations (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 any of the statements in this certification, he or she shall attach an explanation to this application.

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)

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.

FISCAL YEAR 2026-27

CONTRACTOR NAME

San Bernardino County Transitional Assistance Department

VENDOR ID NUMBER

2236

PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

Dawn Rowe, Chair Board of Supervisors

SIGNATURE

DATE

RESOLUTION AUTHORIZING CONTINUED FUNDING APPLICATION

This resolution is adopted to certify approval of the Governing Board to submit the Continued Funding Application (CFA) to the California Department of Education (CDE). If the CFA is approved by the CDE, the agency's current California State Preschool Program contract and Prekindergarten and Family Literacy Support contract, if applicable, will be automatically renewed for fiscal year (FY) 2026–27. This resolution further authorizes the designated representative(s) below to sign the CFA and all related FY 2026–27 contract documents.

RESOLUTION

BE IT RESOLVED that the Governing Board of San Bernardino County authorizes the person/s listed below to sign the FY 2026–27 CFA and all related contract documents for the Governing Board.

| NAME/S OF AUTHORIZED REPRESENTATIVE/S | TITLE/S |
|---------------------------------------|-----------------------------|
| Dawn Rowe | Chair, Board of Supervisors |
| Luther Snoke | Chief Executive Officer |
| Arlene Molina | Director Preschool Services |

PASSED AND ADOPTED THIS DATE, 10/21/25, by the Governing Board of Supervisors of San Bernardino County, in the State of California.

I, Lynna Monell, Clerk of the Governing Board, certify that the foregoing is a full, true, and correct copy of a resolution adopted by the said Board at a meeting thereof held at a regular public place of meeting and the resolution is on file in the office of said Board.

(Clerk's Signature)

(Date)

Fiscal Year 2026–27

San Bernardino County Board of Supervisors

| Name | Title | Telephone Number | Mailing Address | Email Address |
|------------------|----------------------------|------------------|--|--|
| Paul Cook | First District Supervisor | 909-387-4830 | 385 N. Arrowhead Ave. 5 th Floor San Bernardino, CA. 92415 | Paul.Cook@bos.sbcounty.gov |
| Jesse Armenderez | Second District Supervisor | 909-387-4833 | 385 N. Arrowhead Ave. 5 th Floor San Bernardino, CA. 92415 | Jesse.Armenderez@bos.sbcounty.gov |
| Dawn Rowe | Third District Supervisor | 909-387-4885 | 385 N. Arrowhead Ave. 5 th Floor San Bernardino, CA. 92415 | Dawn.Rowe@bos.sbcounty.gov |
| Curt Hagman | Fourth District Supervisor | 909-387-4886 | 385 N. Arrowhead Ave. 5 th Floor San Bernardino, CA. 92415 | Curt.Hagman@bos.sbcounty.gov |
| Joe Baca, Jr. | Fifth District Supervisor | 909-387-4585 | 385 N. Arrowhead Ave. 5 th Floor San Bernardino, CA. 92415 | Joe.Baca@bos.sbcounty.gov |