

# CONTINUED FUNDING APPLICATION FISCAL YEAR 2025-26

## 1. Introduction

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Contractors who wish to be considered for continued funding for Fiscal Year (FY) 2025-26 must read the accompanying instructions and fully and accurately complete this application for continued funding. Please note that contractors have no vested right to a subsequent contract. Failure to respond to this application by the due date of 11:59 p.m., December 20, 2024 shall constitute notice to the Child Care and Development Division (CCDD) of the intent to discontinue services at the end of the current contract year unless the contractor has received a written notice of extension of time from the CCDD. If this application is returned to the CCDD by the due date, but is not fully and accurately completed, continued funding for FY 2025-26 may not be awarded, or funding may be delayed. Completion of this Continued Funding Application (CFA) does not guarantee a renewal of funding. Any contractors who are approved for continued funding will be expected to execute a contract with the California Department of Social Services (CDSS) and comply with all applicable federal and state laws as well as all Funding Terms and Conditions and applicable Program Requirements incorporated into the contract.

If your agency does not intend to continue their contract, please contact your [Program Quality and Improvement \(PQI\) Assigned Consultant](#). Instructions on how to relinquish your contract can be found on the main [CFA web page](#).

Instructions to complete this application may be accessed on the Child Care and Development [CFA web page](#).

Select Next at the bottom of the screen to begin the application.

## 2. Section I – Contractor Information

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### 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

2236

### 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)

909-383-2078

#### Email Address

Arlene.Molina@psd.sbcounty.gov

### 6. Executive Director Information

#### Full Name

Arlene Molina

**Telephone Number (999-999-9999)**

909-383-2078

**Email Address**

Arlene.Molina@psd.sbcounty.gov

**7. Program Director Information**

**Full Name**

Arlene Molina

**Telephone Number (999-999-9999)**

909-383-2078

**Email Address**

Arlene.Molina@psd.sbcounty.gov

**8. Legal Business Address**

**Street Address**

150 South Lena Rd.

**City**

San Bernardino

**Zip Code**

92415

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>

QQZWBL@LPC85

**3. Section II – Contract Types**

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**My agency currently has a contract to administer the programs indicated below.**

**Check all applicable boxes indicating the programs the contractor intends to continue to administer for FY 2025-26. 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) – Birth to Age 3

**12. Family Child Care Home Education Networks:**

General Child Care and Development (CCTR) – Family Child Care Home Education Network

**Please enter the number of homes for each contract (as applicable):**

**General Child Care and Development (CCTR) – Family Child Care Home Education Network:**

23

**Migrant Center-Based (CMIG)**

**Family Child Care Home Education Networks (CFCC) Program**

**13. Alternative Payment Programs:**

Not applicable

**14. Other Programs:**

Not applicable

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

Not applicable

**16. Please provide the number of children currently on your agency's waitlist by contract type:**

**General Child Care and Development (CCTR) – Birth to Age 3**

224

**General Child Care and Development (CCTR) – Three and Four-Year-Olds**

**General Child Care and Development (CCTR) – TK through Age 13**

**Program for Special Needs (Handicapped) Children (CHAN)**

**General Child Care and Development (CCTR) – Family Child Care Home Education Network**

0

**Migrant Center-Based (CMIG)**

**Family Child Care Home Education Networks (CFCC) Program**

**Alternative Payment Program (CAPP)**

**CalWORKs Stage 2 (C2AP)**

**CalWORKs Stage 3 (C3AP)**

**Migrant Alternative Payment (CMAP)**

**17. Are any children listed on more than one waitlist per the different contracts your agency holds?**

No

**18. Please provide license capacity breakdowns for your agency. Provide the overall license capacity across all sites within your CCTR contract only.**

**Note: This should include total capacity in all CCTR centers and, if applicable, FCCHEN sites included in your CCTR contract.**

**Overall License Capacity:**

**General Child Care and Development (CCTR) – Birth to Age 3**

150

**General Child Care and Development (CCTR) – Three and Four-Year-Olds**

**General Child Care and Development (CCTR) – TK through Age 13**

**Program for Special Needs (Handicapped) Children (CHAN)**

**General Child Care and Development (CCTR) – Family Child Care Home Education Network**

0

**Migrant Center-Based (CMIG)**

**19. Of the total capacity provided in the previous question, please provide how much is dedicated to serving only CCTR-subsidized children.**

**Note: This number is not an enrollment number, but rather what number of total capacity spots within your CCTR contract that are for subsidized children.**



**CCTR-Subsidized License Capacity:**

General Child Care and Development (CCTR) – Birth to Age 3

86

General Child Care and Development (CCTR) – Three and Four-Year-Olds

General Child Care and Development (CCTR) – TK through Age 13

Program for Special Needs (Handicapped) Children (CHAN)

General Child Care and Development (CCTR) – Family Child Care Home Education Network

0

Migrant Center-Based (CMIG)

**20. List the total number of children reported on your last 801A report.**

General Child Care and Development (CCTR) – Birth to Age 3

184

General Child Care and Development (CCTR) – Three and Four-Year-Olds

General Child Care and Development (CCTR) – TK through Age 13

Program for Special Needs (Handicapped) Children (CHAN)

General Child Care and Development (CCTR) – Family Child Care Home Education Network

0

Migrant Center-Based (CMIG)

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

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**Board of Directors**

Contractor and its governing authority 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, Contractor and its governing authority 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 Contractor’s request for continued funding by the CDSS is subsequently approved.

**21. I have a board of directors, board of trustees, board of education, or other governing authority to execute this CFA.**

Yes

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

**22. 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

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

No

**First Name**

Jesse

**Last Name**

Armendarez

**Title**

Second District Supervisor

**Telephone Number (999-999-9999)**

909-387-4833

**Email Address**

Supervisor.Armendarez@bos.sbcounty.gov

**Address**

385 N. Arrowhead Ave. 5th Floor

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

No

**First Name**

Rowe

**Last Name**

Dawn

**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

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

No

**First Name**

Curt

**Last Name**

Hagman

**Title**

Fourth District Supervisor

**Telephone Number (999-999-9999)**

909-387-5455

**Email Address**

Supervisor.Hagman@bos.sbcounty.gov

**Address**

385 N. Arrowhead Ave. 5th Floor

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

No

**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

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

No

**5. Section IV – Board Resolution**

**23. Please make one selection:**

My agency has an existing board approval for this CFA or has an existing agency policy/delegation authority that permits the authorized representative to sign this CFA on behalf of the agency's board.

This resolution must be adopted in order to certify the approval of the Governing Board to enter into this transaction 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 2025-26.

**RESOLUTION**

24. BE IT RESOLVED that the Governing Board of San Bernardino, County of (Vendor #: 2236) authorizes entering into local agreement with the State of California and that the person/s who is/are listed below, is/are authorized to sign the transaction for the Governing Board.

Signature of Contractor's Authorized Representative

□

Signature of:

Title of Contractor's Authorized Representative

Chair, Board of Supervisors

Date of Signature

01/14/2025

**PASSED AND ADOPTED** by the Governing Board of San Bernardino, County of of San Bernardino County, California.

Resolution passed and adopted on (MM/DD/YYYY):

01/14/2025

25. I, [Your Name] \_\_\_\_\_, Clerk of the Governing Board of San Bernardino, County of, of San Bernardino County, California certify that the foregoing is a full, true and correct copy of a resolution adopted by the said Board on [Meeting Date] \_\_\_\_\_ at a regular public place of meeting and the resolution is on file in the office of said Board.

Clerk Signature

□

Signature of: Lynna Monell

Meeting Date (MM/DD/YYYY)

01/14/2025

Date of Signature

01/14/2025

**6. Section V – Subcontractor Certification**

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I certify that the contractual arrangement(s) listed in the Subcontractor 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.

26. I subcontract part of my subsidized funding.

Yes



27. The following types of contracts operate with the use of subcontractors (check all that apply). For each contract type selected, submit a separate Subcontract Certification form [CCD 30B](#) (upload the file in Section IX). The form is available on the [CFA web page](#).

General Child Care and Development (CCTR)

28. By checking the box below, the authorized representative certifies that the Program Quality and Improvement Assigned Consultant has approved the subcontractors identified in the Subcontract Certification Form ([CCD 30B](#)).

The authorized representative certifies that the Program Quality and Improvement Assigned Consultant has approved the subcontractors identified in the Subcontract Certification Form ([CCD 30B](#)).

29. By checking the box below, the authorized representative certifies under penalty of perjury that they are duly authorized to legally bind the prospective contractor to the clause(s) listed above. This certification is made under the laws of the State of California.

The authorized representative certifies under penalty of perjury that they are duly authorized to legally bind the prospective contractor to the clause(s) listed above.

## 7. Section VI – Contractor Certifications

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**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.

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

Yes



## 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.

31. By checking the checkbox below, the authorized representative certifies under penalty of perjury that they are duly authorized to legally bind the prospective contractor to the clause(s) listed above. This certification is made under the laws of the State of California.

The authorized representative certifies under penalty of perjury that they are duly authorized to legally bind the prospective contractor to the clause(s) listed above.

### 8. Section VII – Certification of Contractor Information in the CDMIS

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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](#).

32. By checking the boxes 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.

### 9. Section VIII – Contract Requirements

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33. Are you a public agency

Yes – My organization is a city, county, special district, school district, community college district, county superintendent of schools, or a federal agency.

34. Do you represent a K-12 school or a K-12 school district?

No

35. Are you a community college or community college district in California?

No

### 10. Section IX – Required Contract Attachments

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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.

36. [Fiscal Year 2025-26 Program Calendar \(CCD 33\)](#)

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

[Program Calendar CCD33 2025-26.pdf](#)

Has the Minimum Days of Operation (MDO) changed from the previous year's Program Calendar?

No

37. [Subcontract Certification \(CCD 30B\)](#)

Required for agencies with subcontractors. Please upload a separate form CCD 30B for each contract type identified in Section V (Subcontractor Certification). The form is available on the [CFA web page](#).

[Subcontract Certification CCD30B \(9\).pdf](#)

## 11. Section X – Self-Certifications

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**Check the boxes to self-certify that your agency meets the requirements below.**

38. Contractors must self-certify that they are not listed as a delinquent tax payor on the Franchise Tax Board's [Corporate Income Tax List Top 500 Tax Delinquencies](#)

By checking this checkbox, the applicant certifies that their agency meets this requirement.

39. Contractors must self-certify that they are not listed as a delinquent tax payor on the Department of Tax & Fee Administration's [Top 500 Sales & Use Delinquencies in California](#)

By checking this checkbox, the applicant certifies that their agency meets this requirement.

40. Contractors must self-certify that they are not on the list of sanctioned entities in response to Russian Aggression in Ukraine. Contractors may search the U.S. Treasury's [Office of Foreign Assets Control Sanctions List Search](#).

By checking this checkbox, the applicant certifies that their agency meets this requirement.

## 12. Section X – Self-Certifications (Cont'd)

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### 41. Federal Certifications

**Check the box at the end of the page to self-certify that your agency meets the requirements below.**

**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 CFR Part 93, "New restrictions on Lobbying," , 2 CFR Part 376, "Government-wide Debarment and Suspension (Non procurement), and 2 CFR Part 382.10 "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 Social Services determines to award the covered transaction, grant, or cooperative agreement.

**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.

#### **DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS**

As required by executive Order 12549, Debarment and Suspension, and other responsibilities implemented at 2 CFR part 376 , for prospective participants in primary or a lower tier covered transactions.

**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 to any of the statements in this certification, he or she shall attach an explanation to this application.**

#### **DRUG-FREE WORKPLACE (GRANTEES OTHER THAN INDIVIDUALS)**

As required by the Drug-Free Workplace Act of 1988, and implemented at 2 CFR Part 382.10. 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).

#### **DRUG-FREE WORKPLACE (GRANTEES WHO ARE INDIVIDUALS)**

As required by the Drug-Free Workplace Act of 1988, and implemented at 2 CFR Part 382.10.

(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 20 U.S.C. Section 7973, Public Law 103-277, Title X, 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, and portions of facilities used for in-patient drug and alcohol treatment.)

By checking this checkbox, the authorized representative certifies that their agency will comply with the above certifications.

### **13. Section X – Self-Certifications (Cont'd)**

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#### **42. Contractor Certification Clauses**

**Check the box at the end of the page to self-certify that your agency meets the requirements below.**

**STATEMENT OF COMPLIANCE:** Contractor has, unless exempted, complied with the nondiscrimination program requirements. (Gov. Code §12990 (a-f) and CCR, Title 2, Section 11102) (Not applicable to public entities.)

**DRUG-FREE WORKPLACE REQUIREMENTS:** Contractor will comply with the requirements of the Drug-Free Workplace Act of 1990 and will provide a drug-free workplace by taking the following actions:

(a) Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations.

(b) Establish a Drug-Free Awareness Program to inform employees about:

- (1) the dangers of drug abuse in the workplace;
- (2) the person's or organization's policy of maintaining a drug-free workplace;
- (3) any available counseling, rehabilitation and employee assistance programs; and,
- (4) penalties that may be imposed upon employees for drug abuse violations.

(c) Every employee who works on the proposed Agreement will:



(1) receive a copy of the company's drug-free workplace policy statement; and,  
(2) agree to abide by the terms of the company's statement as a condition of employment on the Agreement.

Failure to comply with these requirements may result in suspension of payments under the Agreement or termination of the Agreement or both and Contractor may be ineligible for award of any future State agreements if the department determines that any of the following has occurred: the Contractor has made false certification, or violated the certification by failing to carry out the requirements as noted above. (Gov. Code §8350 et seq.)

**NATIONAL LABOR RELATIONS BOARD CERTIFICATION:** Contractor certifies that no more than one (1) final unappealable finding of contempt of court by a Federal court has been issued against Contractor within the immediately preceding two-year period because of Contractor's failure to comply with an order of a Federal court, which orders Contractor to comply with an order of the National Labor Relations Board. (Pub. Contract Code §10296) (Not applicable to public entities.)

**CONTRACTS FOR LEGAL SERVICES \$50,000 OR MORE- PRO BONO REQUIREMENT:** Contractor hereby certifies that Contractor will comply with the requirements of Section 6072 of the Business and Professions Code, effective January 1, 2003.

Contractor agrees to make a good faith effort to provide a minimum number of hours of pro bono legal services during each year of the contract equal to the lesser of 30 multiplied by the number of full time attorneys in the firm's offices in the State, with the number of hours prorated on an actual day basis for any contract period of less than a full year or 10% of its contract with the State. Failure to make a good faith effort may be cause for non-renewal of a state contract for legal services, and may be taken into account when determining the award of future contracts with the State for legal services.

**EXPATRIATE CORPORATIONS:** Contractor hereby declares that it is not an expatriate corporation or subsidiary of an expatriate corporation within the meaning of Public Contract Code Section 10286 and 10286.1, and is eligible to contract with the State of California.

**SWEATFREE CODE OF CONDUCT:**

(a) All Contractors contracting for the procurement or laundering of apparel, garments or corresponding accessories, or the procurement of equipment, materials, or supplies, other than procurement related to a public works contract, declare under penalty of perjury that no apparel, garments or corresponding accessories, equipment, materials, or supplies furnished to the state pursuant to the contract have been laundered or produced in whole or in part by sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor, or with the benefit of sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor. The contractor further declares under penalty of perjury that they adhere to the Sweat free Code of Conduct as set forth on the California Department of Industrial Relations website located at [www.dir.ca.gov](http://www.dir.ca.gov), and Public Contract Code Section 6108.

(b) The contractor agrees to cooperate fully in providing reasonable access to the contractor's records, documents, agents or employees, or premises if reasonably required by authorized officials of the contracting agency, the Department of Industrial Relations, or the Department of Justice to determine the contractor's compliance with the requirements under paragraph (a).

**DOMESTIC PARTNERS:** For contracts of \$100,000 or more, Contractor certifies that Contractor is in compliance with Public Contract Code section 10295.3.

**GENDER IDENTITY:** For contracts of \$100,000 or more, Contractor certifies that Contractor is in compliance with Public Contract Code section 10295.35.

## **DOING BUSINESS WITH THE STATE OF CALIFORNIA**

The following laws apply to persons or entities doing business with the State of California.

**CONFLICT OF INTEREST:** Contractor needs to be aware of the following provisions regarding current or former state employees. If Contractor has any questions on the status of any person rendering services or involved with the Agreement, the awarding agency must be contacted immediately for clarification.

**Current State Employees (Pub. Contract Code §10410):**

(a) No officer or employee shall engage in any employment, activity or enterprise from which the officer or employee receives compensation or has a financial interest and which is sponsored or funded by any state agency, unless the employment, activity or enterprise is required as a condition of regular state employment.

(b) No officer or employee shall contract on his or her own behalf as an independent contractor with any

state agency to provide goods or services.

**Former State Employees (Pub. Contract Code §10411):**

(a) For the two-year period from the date he or she left state employment, no former state officer or employee may enter into a contract in which he or she engaged in any of the negotiations, transactions, planning, arrangements or any part of the decision-making process relevant to the contract while employed in any capacity by any state agency.

(b) For the twelve-month period from the date he or she left state employment, no former state officer or employee may enter into a contract with any state agency if he or she was employed by that state agency in a policy-making position in the same general subject area as the proposed contract within the 12-month period prior to his or her leaving state service.

(c) If Contractor violates any provisions of above paragraphs, such action by Contractor shall render this Agreement void. (Pub. Contract Code §10420)

(d) Members of boards and commissions are exempt from this section if they do not receive payment other than payment of each meeting of the board or commission, payment for preparatory time and payment for per diem. (Pub. Contract Code §10430 (e))

**LABOR CODE/WORKERS' COMPENSATION:** Contractor needs to be aware of the provisions which require every employer to be insured against liability for Worker's Compensation or to undertake self-insurance in accordance with the provisions, and Contractor affirms to comply with such provisions before commencing the performance of the work of this Agreement. (Labor Code Section 3700)

**AMERICANS WITH DISABILITIES ACT:** Contractor assures the State that it complies with the Americans with Disabilities Act (ADA) of 1990, which prohibits discrimination on the basis of disability, as well as all applicable regulations and guidelines issued pursuant to the ADA. (42 U.S.C. 12101 et seq.)

**CONTRACTOR NAME CHANGE:** An amendment is required to change the Contractor's name as listed on this Agreement. Upon receipt of legal documentation of the name change the State will process the amendment. Payment of invoices presented with a new name cannot be paid prior to approval of said amendment.

**CORPORATE QUALIFICATIONS TO DO BUSINESS IN CALIFORNIA:** When agreements are to be performed in the state by corporations, the contracting agencies will be verifying that the contractor is currently qualified to do business in California in order to ensure that all obligations due to the state are fulfilled.

"Doing business" is defined in R&TC Section 23101 as actively engaging in any transaction for the purpose of financial or pecuniary gain or profit. Although there are some statutory exceptions to taxation, rarely will a corporate contractor performing within the state not be subject to the franchise tax.

Both domestic and foreign corporations (those incorporated outside of California) must be in good standing in order to be qualified to do business in California. Agencies will determine whether a corporation is in good standing by calling the Office of the Secretary of State.

**RESOLUTION:** A county, city, district, or other local public body must provide the State with a copy of a resolution, order, motion, or ordinance of the local governing body which by law has authority to enter into an agreement, authorizing execution of the agreement.

**AIR OR WATER POLLUTION VIOLATION:** Under the State laws, the Contractor shall not be: (1) in violation of any order or resolution not subject to review promulgated by the State Air Resources Board or an air pollution control district; (2) subject to cease and desist order not subject to review issued pursuant to Section 13301 of the Water Code for violation of waste discharge requirements or discharge prohibitions; or (3) finally determined to be in violation of provisions of federal law relating to air or water pollution.

**PAYEE DATA RECORD FORM STD. 204:** This form must be completed by all contractors that are not another state agency or other governmental entity.

By checking this checkbox, the authorized representative certifies under penalty of perjury that they are duly authorized to legally bind the prospective contractor to the clause(s) listed above. This certification is made under the laws of the State of California.

## 14. Review

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Would you like to receive a copy of your responses for review purposes prior to submitting your application? If you select "Yes" and click "Next," an email with your current responses (attached as a PDF) will be sent to this email address: [Arlene.Molina@psd.sbcounty.gov](mailto:Arlene.Molina@psd.sbcounty.gov).

Yes

## 15. Submission Page

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**Signature Check: Please ensure that the following sections are complete prior to submitting the application.**

### 43. Section IV – Board Resolution

I have uploaded my agency's upcoming board meeting agenda showing the CDSS FY 2025-26 CFA as an agenda item. I will email [CFA@dss.ca.gov](mailto:CFA@dss.ca.gov) when my agency receives the required approval.

By signing this CFA, San Bernardino, County of is indicating that it wishes to automatically renew the current contract for FY 2025-26 and, if approved, is willing to, and does accept, all terms and conditions of the contract, which will be provided to the contractor no later than July 1, 2025. The San Bernardino, County of may reject the FY 2025-26 contract by providing the CDSS with a written notice of rejection no later than June 30, 2025.

Contractors that wish to reject the terms of the FY 2025-26 contract must provide written notice that the terms of the contract are rejected by emailing [ChildCareContracts@dss.ca.gov](mailto:ChildCareContracts@dss.ca.gov) and their [Program Quality and Improvement Assigned Consultant](#) on or before June 30, 2025. 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 2025-26 contract, if applicable, are rejected. Contractors providing such notice to the CDSS of the rejection of the terms of the contract(s) will not have a contract(s) in effect for FY 2025-26.

### 44. Final Signature

**AGREEMENT:** By signing this application electronically, I, the authorized designee, agree that my electronic signature is the legally binding equivalent to my handwritten signature.

Signature of the Contractor's Authorized Representative

□

Signature of:

Title of Contractor's Authorized Representative

Chair, Board of Supervisors

Date of Signature

01/14/2025

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

909-387-3841

Authorized Representative's Email Address

cob@sbcounty.gov

## 16. Thank You!

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Thank you for completing the Continued Funding Application (CFA) for Fiscal Year 2025-26. You will receive an email confirming your submission to the California Department of Social Services, Child Care and Development Division (CCDD). A copy of your responses and any attachments will accompany the confirmation email. The PDF copy of your application will be password protected. Please use **CFA25-26** to access your file. If you have any questions, please contact the CCDD CFA Team at [CFA@dss.ca.gov](mailto:CFA@dss.ca.gov).

### SUBCONTRACT CERTIFICATION

**INSTRUCTIONS:** Please complete one form per subcontractor.

**Please Note:** Family Child Care Home Education Network (FCCHEN) providers are not considered contractors and should not be included on this form.

Contractor Name San Bernardino County, Preschool Services Department		Vendor Number 2236	County 36 San Bernardino
Subcontractor Legal Name Romero FCC LLC		Contracted Program Type California Center-Based (CCTR)	
Contract Maximum Reimbursable Amount (MRA) \$280,000		Total Percentage of MRA Subcontracted <u>12</u> %	
How many children does this subcontractor serve?		Does this subcontractor also contract with the CCDD? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Site #	Site Name	Site Address	New Subcontractor	Service County	Percentage of MRA Subcontracted	Approved (CCDD ONLY)
1	Lilly Bug Children's Center	4280 Lindero St. Phelan, CA. 92371	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	36 San Bernardino	12	
2			<input type="checkbox"/> Yes <input type="checkbox"/> No			
3.			<input type="checkbox"/> Yes <input type="checkbox"/> No			
4.			<input type="checkbox"/> Yes <input type="checkbox"/> No			
5			<input type="checkbox"/> Yes <input type="checkbox"/> No			
6			<input type="checkbox"/> Yes <input type="checkbox"/> No			

**Please note:** Subcontractors must be approved by the Child Care and Development Division, Program Quality and Improvement Branch.  
Please contact your county's [Program Quality and Improvement Branch Consultant](#).



**FOR CCDD USE ONLY – PROGRAM CONSULTANT APPROVAL**

I declare under penalty of perjury that the above information is true and correct to the best of my knowledge. I acknowledge that by providing my electronic signature for this form, I agree my electronic signature is the legal binding equivalent to my handwritten signature. I hereby confirm that my electronic signature represents my execution of authentication of this form, and my intent to be bound by it.

CCDD Program Consultant indicates signed approval of the above referenced subcontractors. \_\_\_\_\_

Indicate any notes on subcontractor sites not approved:

**INSTRUCTIONS:**

This form is only required from agencies who operate with the use of a subcontractor. Please complete one form per subcontractor.

1. **Contractor Name:** Enter the contractor's name.
2. **Vendor Number:** Enter the contractor's vendor number.
3. **County:** Select the contractor's headquartered county from the drop-down menu.
4. **Contract Type:** Select the contracted program type from the drop-down menu.
5. **Contract Maximum Reimbursable Amount (MRA):** Enter the dollar amount of the MRA.
6. **Total Percentage of MRA Subcontracted:** Enter the total percentage of the MRA subcontracted.
7. **Subcontractor Legal Name:** Enter the subcontractor's legal name.
8. **Does this subcontractor also contract with the CCDD?:**  
Select 'yes' if the contractor to which you subcontract your services also has a current CCDD contract to provide state-subsidized child care and development services. Select 'no' if your subcontractor does not have a CCDD contract.
9. **Site Information and percentage of MRA Subcontracted:**  
Enter the subcontractor's site name.  
Enter the subcontractor's site address.  
Subcontractors must be approved by the CCDD. Select 'yes' or 'no' to indicate if the subcontractor is new or has been previously approved by the CCDD.  
Select the subcontractor's service county from drop-down menu.  
Enter the percentage of MRA subcontracted.  
**Please note:** Subcontracts for child care and development services must be audited in accordance with Audit Guidelines and reported with the contractor's audit.

# FISCAL YEAR 2025-26 PROGRAM CALENDAR

**INSTRUCTIONS:**

1. Contractor Name: Enter the contractor's name.
2. Vendor Number: Enter the contractor's vendor number.
3. County: Select the contractor's headquartered county from the drop-down menu.
4. Contract Type(s): Select the contracted program type(s). Check all that apply.
5. Calendar: Click on the date for the days of operation and enter an uppercase 'X' for all days the program will serve subsidized children during the FY 2025-26 contract period (Center-Based programs and CFCC). AP and R&R programs should mark the days the program office is open for business. The total number of days marked with a capital letter 'X' for each contract will constitute each contract's MDO. The totals for "Days of Operation," "Quarter Subtotals," and "Total Days of Operation" will then automatically calculate. Please verify accuracy.
6. Minimum Days of Operation: If your MDO has changed from the previous year, please provide a brief explanation in the space provided.

**CONTRACTOR AND CONTRACT INFORMATION:**

<p><b>CONTRACTOR NAME</b> San Bernardino County Transitional Assistance Department</p>	<p><b>VENDOR NUMBER</b> 2236</p>	<p><b>COUNTY NAME</b> San Bernardino</p>
<p><b>CONTRACT TYPE(S)</b> SELECT ALL THAT APPLY.</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> General Child Care And Development (CCTR)</li> <li><input type="checkbox"/> Program for Special Needs (Handicapped) Children (CHAN)</li> <li><input type="checkbox"/> Migrant Center-Based (CMIG)</li> <li><input type="checkbox"/> Family Child Care Home Education Networks (CFCC) Program</li> <li><input type="checkbox"/> California Alternative Payment Program (CAPP)</li> <li><input type="checkbox"/> CalWORKs Stage 2 (C2AP)</li> <li><input type="checkbox"/> CalWORKs Stage 3 C3AP</li> <li><input type="checkbox"/> Resource &amp; Referral Program (CRRP)</li> <li><input type="checkbox"/> Migrant Alternative Payment Program (CMAP)</li> </ul>		
<p>IF THERE ARE CHANGES TO THE MINIMUM DAYS OF OPERATION (MDO), PLEASE EXPLAIN WHY.</p>		

# FISCAL YEAR 2025-26 PROGRAM CALENDAR

	S	M	T	W	T	F	S
<b>JULY 2025</b>			1	2	3	4	5
DAYS OF OPERATION	6	7 X	8 X	9 X	10 X	11 X	12
19	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		

	S	M	T	W	T	F	S
<b>AUGUST 2025</b>						1 X	2
DAYS OF OPERATION	3	4 X	5 X	6 X	7 X	8 X	9
20	10	11 X	12 X	13 X	14	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						

	S	M	T	W	T	F	S
<b>SEPTEMBER 2025</b>		1	2 X	3 X	4 X	5 X	6
DAYS OF OPERATION	7	8 X	9 X	10 X	11 X	12	13
20	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				

FIRST QUARTER SUBTOTAL 59

	S	M	T	W	T	F	S
<b>OCTOBER 2025</b>			1 X	2 X	3 X	4	
DAYS OF OPERATION	5	6 X	7 X	8 X	9 X	10 X	11
21	12	13	14 X	15 X	16 X	17 X	18
	19	20 X	21 X	22 X	23 X	24	25
	26	27 X	28 X	29 X	30 X	31 X	

	S	M	T	W	T	F	S
<b>NOVEMBER 2025</b>							1
DAYS OF OPERATION	2	3 X	4 X	5 X	6 X	7 X	8
16	9	10 X	11	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	28	29
	30						

	S	M	T	W	T	F	S
<b>DECEMBER 2025</b>		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
20	14	15 X	16 X	17 X	18 X	19 X	20
	21	22 X	23 X	24	25	26 X	27
	28	29 X	30 X	31			

SECOND QUARTER SUBTOTAL 57

	S	M	T	W	T	F	S
<b>JANUARY 2026</b>						1	2 X
DAYS OF OPERATION	4	5 X	6 X	7 X	8 X	9 X	10
19	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	30 X	31

	S	M	T	W	T	F	S
<b>FEBRUARY 2026</b>	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	14
18	15	16	17 X	18 X	19 X	20 X	21
	22	23 X	24 X	25 X	26 X	27 X	28

	S	M	T	W	T	F	S
<b>MARCH 2026</b>	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	14
21	15	16 X	17 X	18 X	19 X	20 X	21
	22	23 X	24 X	25 X	26 X	27 X	28
	29	30 X	31 X				

THIRD QUARTER SUBTOTAL 58

	S	M	T	W	T	F	S
<b>APRIL 2026</b>			1 X	2 X	3 X	4	
DAYS OF OPERATION	5	6 X	7 X	8 X	9 X	10 X	11
21	12	13 X	14 X	15 X	16 X	17	18
	19	20 X	21 X	22 X	23 X	24 X	25
	26	27 X	28 X	29 X	30 X		

	S	M	T	W	T	F	S
<b>MAY 2026</b>						1 X	2
DAYS OF OPERATION	3	4 X	5 X	6 X	7 X	8 X	9
19	10	11 X	12 X	13 X	14 X	15	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						

	S	M	T	W	T	F	S
<b>JUNE 2026</b>		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
19	14	15 X	16 X	17 X	18 X	19	20
	21	22 X	23 X	24 X	25 X	26 X	27
	28	29	30				

FOURTH QUARTER SUBTOTAL 59

**TOTAL DAYS OF OPERATION** 233

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