One **(1)** original and two **(2)** complete copies of all required forms must be mailed and received by **Monday, December 3, 2012, 5 p.m.** to:

FY 2013–14 Continued Funding Application
Child Development Division
California Department of Education
1430 N Street, Suite 3410
Sacramento, CA 95814-5901

Fiscal Year 2013–14 Continued Funding Application

Contractor Legal Name	Palo Verde Community College District	
Contractor "Doing Business As" (DBA)	Palo Verde College Child Development Center	
County: 33- Riverside	Vendor Number: 7351	Federal Identification Number (FIN): 956000929

Executive Director: Denise Whittaker	Program Director: Maria Kehl
Address: One College Drive	Address: One College Drive
City: Blythe	City: Blythe
ZIP Code: 92225	ZIP Code: 92225
Telephone Number: (760) 921-5500	Telephone Number: (760) 922-8714
Fax Number: (760) 921-5590	Fax Number: (760) 922-8714
E-mail Address: denise.whittaker@paloverde.edu	E-mail Address: Mkehl@paloverde.edu
Board of Director Chairperson:	Telephone Number: (760) 921-5440

Under penalty of perjury, I certify as the authorized contractor representative, that all applicable State and federal statutes and regulations will be observed for the programs marked. I also certify that all completed forms accurately describe program operations.	
Authorized Representative Signature: Maria Kehl	Date: 10/31/2012
Name and Title of Authorized Representative: Maria Kehl- Program Director	Telephone Number: (760) 922-8714

This contractor is currently funded for all contracts identified with a check mark below for this fiscal year. The contractor agrees to continue implementation of these programs during fiscal year 2013–14 with funds provided by the CDE.

Current Contracts (Check all that are applicable)

Center-Based and Family Child Care Home Programs

- [✓] California State Preschool Program (CSPP)
- [ ] California Center-Based (CCTR)
  - [ ] Infant/Toddler
  - [ ] School-Age
  - [ ] Family Child Care Home Education Networks (CCTR)
- [ ] Family Child Care Home Education Networks (CFCC)
- [ ] Program for Special Needs Children (Handicapped) (CHAN)
- [ ] Migrant, Center-Based (CMIG) and Migrant Specialized Services (CMSS)

Alternative Payment Programs

- [ ] Alternative Payment Program (CAPP)
- [ ] CalWORKs Stage 2 (C2AP)
- [ ] CalWORKs Stage 3 (C3AP)
- [ ] Migrant Alternative Payment (CMAP)

Resource and Referral Programs

- [ ] Resource and Referral (CRRP)

Governing Board of Directors
Contact Information
(See FY 2013–14 CFA Instructions, page 2.)

Contractor's Legal Name: Palo Verde Community College District			Vendor Number: 7351	
Governing Board Member's Name	**Title**	**Telephone Number**	**Mailing Address**	**E-mail Address**
1. Ed Gonzales	President	(760) 921-5440	1929 Cortez St. Needles, CA. 92363	
2. Millie Rodriguez	Vice President	(760) 922-2289	514 N. Lovekin Blvd. Blythe, CA. 92225	milliepillie40@yahoo.com
3. Jerry Lewis	Clerk of the Board	(760) 792-6024	233 Safari Drive Needles, CA. 92363	jndlewis@citlink.net
4. Ted Arneson	Trustee	(760) 922-2061	12910 W. Riverside Blythe, CA. 92225	tarneson@paloverde.edu
5. Lincoln Edmond	Trustee	(760) 922-4838	370 S. First Street Blythe, CA. 92225	ledmond@paloverde.edu
6. George Thomas	Trustee	(760) 922-6591	331 Bristlecone Ave. Blythe, CA. 92225	gmdthomas@msn.com

CD-3704A
(Revised October 2012)

Fiscal Year 2013–14
Program Narrative Change

☑ **No Changes** (check box if there are no changes)

Complete this page only if the contractor requests a modification of its existing program narrative from the Child Development Division. (See FY 2013–14 CFA Instructions, page 2.)

Contractor Legal Name: Palo Verde Community College District	Program Type (e.g., CCTR):
County: 33- Riverside	Vendor Number: 7351

1. Identify the program component for which the contractor is requesting a change.

2. Describe how the program currently provides services to children and families in relation to the above-identified program component.

3. Describe the proposed change, and how services will be improved if the change is implemented.

Fiscal Year 2013–14
Center-Based Programs and Family Child Care Home Education Networks Personnel Certification

The State of California requires any contractor receiving child care and development funds, disbursed by the California Department of Education (CDE) to employ fully qualified personnel as contained in California *Education Code* (*EC*); *California Code of Regulations* (*CCR*), Title 5; and Funding Terms and Conditions. (Review Acceptable Proof of Certification of Center-Based Programs and Family Child Care Home Education Networks, FY 2013–14 CFA Instructions, pages 3–4.)

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

Signature of Authorized Representative	Maria Rede
Contractor Legal Name	Palo Verde Community College District
Date	10/31/12

Fiscal Year 2013–14
Subcontract Certification

N/A

A contractor who chooses to subcontract direct services does not have to submit the subcontract to the Child Development Division (CDD) for prior approval. Information about the direct service contract and subcontractor needs to be described below. Subcontracts for direct services must be audited in accordance with CDE Audit Guidelines and reported with the contractor's audit. Duplicate this sheet if additional space is needed. (See FY 2013–14 CFA Instructions, page 5.)

Subcontractor Legal Name			
Does the Subcontractor also contract with the CDE? Yes ☐ No ☐			
Subcontract Dollar Amount	**$**	**Contract Type: CCTR ☐ CSPP ☐ CMIG ☐**	
Site Name	**Site Complete Address**	**Service County**	
1.			
2.			
3.			

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

I understand that signing this certificate does not lessen the legal responsibility for the direct service contract requirements. As the prime contractor, it is my responsibility to monitor the performance of the subcontractor to ensure services are provided appropriately.

Contractor Legal Name	Palo Verde Community College District
Signature of Prime Contractor's Authorized Representative: (Use Blue Ink.)	
Date of Signature	

Fiscal Year 2013-14 Program Calendar

Applicants must complete and print the Fiscal Year 2013-14 Program Calendar (CD-9730) at hyperlink: http://www.cde.ca.gov/sp/cd/ci/documents/cd9730progcal1314.xls. (See FY 2013–14 CFA Instructions, page 6.)

Agency Information Certification

As part of the Annual Continued Funding Application process, each contractor must submit an Agency Information Certification. This form is generated within the Child Development Management Information System (CDMIS) Web site at https://www4.cde.ca.gov/cdmis/default.aspx from the Update Agency Information page. Contractor staff must have "super user" level access to this Web site. After the "super user" has reviewed and updated the information within this section, this form must be printed, signed by the Program Director or Authorized Representative, and returned to the CDD with the Continued Funding Application. (See FY 2013–14 CFA Instructions, pages 7-8.)

Payee Data Record

N/A

Applicants **must download and complete** the State of California Payee Data Record (STD. 204) form at http://www.cde.ca.gov/sp/cd/ci/documents/std204formcdd.pdf (see instructions on the STD. 204 form regarding submission exemptions and instructions). Complete sections 2 through 5. Information on sections 2 and 4 must be consistent with the information identified on the CD-3704 cover sheet. (See FY 2013–14 CFA Instructions, page 9.)

Continued Funding Application Checklist

This is required and must be submitted with the CD-3704 application. (See FY 2013-14 Continued Funding Application, page 8.)

Fiscal Year 2013–14
Continued Funding Application Checklist

Contractor Legal Name	Palo Verde Community College District

Required Page Number(s)	**Required Item Description**	**Check (✓) Box**
CD-3704 Application, pages 1 and 2	Fiscal Year 2013–14 Continued Funding Application (CD-3704)	☑
CD-3704 Application, page 3	Governing Board of Directors Contact Information (For current year)	☑
CD-3704 Application, page 4	Fiscal Year 2013–14 Program Narrative Change Request (CD-3704A)	☑
CD-3704 Application, page 5	Fiscal Year 2013–14 Center-Based Programs and Family Child Care Home Education Networks Personnel Certification	☑
CD-3704 Application, page 7	Fiscal Year 2013–14 Program Calendar (one for each contract type)	☑
CD-3704 Application, page 7	Agency Information Certification Form (from CDMIS Web site)	☑
CD-3704 Application, page 7	State of California, Payee Data Record (Std. 204)	☐
CD-3704 Application, page 8	FY 2013–2014 Continued Funding Application Checklist	☑

Applicable Page Number(s)	**Applicable Item Description**	**Check (✓) Box**
CD-3704 Application, page 5	Fiscal Year 2013–14 Subcontract Certification	☐
CD-3704 Instructions, page 4	Site Supervisor or Program Director Qualifications Waiver Request (CD-7701A)	☐

Applications must be received by the CDD on or before **Monday, December 3, 2012, 5 p.m.** Mail one (**1**) original and two (**2**) complete copies of the application packet, including all documents marked on the Continued Funding Application Checklist to the address below:

FY 2013–14 Continued Funding Application
Child Development Division
California Department of Education
1430 N Street, Suite 3410
Sacramento, CA 95814-5901

Child Development Division
Agency Information Certification

I certify, as the authorized representative of the agency listed below, I have reviewed all the information for **Palo Verde Community College (7351)** 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 **Palo Verde Community College (7351)** as of the date this certification was signed.

Maria Kehl 10/31/2012

Program Director/Authorized Representative Signature Date Signed

MARIA KEHL

Printed Name of Program Director/Authorized Representative

Name of Agency User Generating Certification: Maria Kehl

Date Generated: 10/31/2012

Assigned CDD Consultant: Sandy Patitucci

California Department of Education
Child Development Division

CD-9730
October 2012

Fiscal Year 2013-14 Program Calendar

Name of Contractor	County	Vendor Number	Contract Type
Palo Verde Community College District	33	7351	CSPP

Enter an "X" for Days of Operation.

July 2013

S	M	T	W	T	F	S
	x	x	x	4	x	6
7	x	x	x	x	x	13
14	x	x	x	x	x	20
21	x	x	x	x	x	27
28	x	x	x			

Days of Operation 22

August 2013

S	M	T	W	T	F	S
				x	x	3
4	x	x	x	x	x	10
11	x	x	x	x	x	17
18	x	x	x	x	x	24
25	x	x	x	x	x	31

Days of Operation 22

September 2013

S	M	T	W	T	F	S
1	2	x	x	x	x	7
8	x	x	x	x	x	14
15	x	x	x	x	x	21
22	x	x	x	x	x	28
29	x					

Days of Operation 20

Quarterly Subtotal 64

October 2013

S	M	T	W	T	F	S
		x	x	x	x	5
6	x	x	x	x	x	12
13	x	x	x	x	x	19
20	x	x	x	x	x	26
27	x	x	x	x		

Days of Operation 23

November 2013

S	M	T	W	T	F	S
					x	2
3	x	x	x	x	x	9
10	11	x	x	x	x	16
17	x	x	x	x	x	23
24	x	x	x	28	29	30

Days of Operation 18

December 2013

S	M	T	W	T	F	S
1	x	x	x	x	x	7
8	x	x	x	x	x	14
15	x	x	x	x	x	21
22	x	24	25	26	27	28
29	x	31				

Days of Operation 17

Quarterly Subtotal 58

January 2014

S	M	T	W	T	F	S
			1	x	x	4
5	x	x	x	x	x	11
12	x	x	x	x	x	18
19	x	x	x	x	x	25
26	x	x	x	x	x	

Days of Operation 22

February 2014

S	M	T	W	T	F	S
						1
2	x	x	x	x	x	8
9	x	x	x	x	x	15
16	17	x	x	x	x	22
23	x	x	x	x	x	

Days of Operation 19

March 2014

S	M	T	W	T	F	S
						1
2	x	x	x	x	x	8
9	x	x	x	x	x	15
16	x	x	x	x	x	22
23	x	x	x	x	x	29
30	x					

Days of Operation 21

Quarterly Subtotal 62

April 2014

S	M	T	W	T	F	S
		x	x	x	x	5
6	x	x	x	x	x	12
13	x	x	x	x	18	19
20	x	x	x	x	x	26
27	x	x	x			

Days of Operation 21

May 2014

S	M	T	W	T	F	S
				x	x	3
4	x	x	x	x	x	10
11	x	x	x	x	x	17
18	x	x	x	x	x	24
25	26	x	x	x	x	31

Days of Operation 21

June 2014

S	M	T	W	T	F	S
1	x	x	x	x	x	7
8	x	x	x	x	x	14
15	x	x	x	x	x	21
22	x	x	x	x	x	28
29	x					

Days of Operation 21

Quarterly Subtotal 63

Total Days of Operation 247

CDD Consultant Initials _____

Date approved by CDD Consultant _____

STATE OF CALIFORNIA-DEPARTMENT OF FINANCE

PAYEE DATA RECORD

(Required when receiving payment from the State of California in lieu of IRS W-9)

STD. 204 (Rev. 6-2003)

N/A

1

INSTRUCTIONS: Complete all information on this form. Sign, date, and return to the State agency (department/office) address shown at the bottom of this page. Prompt return of this **fully completed** form will prevent delays when processing payments. Information provided in this form will be used by State agencies to prepare Information Returns (1099). See reverse side for more information and Privacy Statement.

NOTE: Governmental entities, federal, State, and local (including school districts), are not required to submit this form.

2

PAYEE'S LEGAL BUSINESS NAME (Type or Print)	
SOLE PROPRIETOR – ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)	**E-MAIL ADDRESS**
MAILING ADDRESS	**BUSINESS ADDRESS**
CITY, STATE, ZIP CODE	**CITY, STATE, ZIP CODE**

3

PAYEE ENTITY TYPE

CHECK ONE BOX ONLY

ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): ___ - _____

☐ **PARTNERSHIP**

☐ **ESTATE OR TRUST**

CORPORATION:

- ☐ **MEDICAL** (e.g., dentistry, psychotherapy, chiropractic, etc.)
- ☐ **LEGAL** (e.g., attorney services)
- ☐ **EXEMPT** (nonprofit)
- ☐ **ALL OTHERS**

☐ **INDIVIDUAL OR SOLE PROPRIETOR ENTER SOCIAL SECURITY NUMBER:** ___ - __ - ____

(SSN required by authority of California Revenue and Tax Code Section 18646)

NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.

4

PAYEE RESIDENCY STATUS

☐ California resident - Qualified to do business in California or maintains a permanent place of business in California.

☐ California nonresident (see reverse side) - Payments to nonresidents for services may be subject to State income tax withholding.

- ☐ No services performed in California.
- ☐ Copy of Franchise Tax Board waiver of State withholding attached.

5

I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the State agency below.

AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)		**TITLE**
SIGNATURE	**DATE**	**TELEPHONE** ( )

6

Please return completed form to:

Department/Office: California Department of Education

Unit/Section: Child Development Division

Mailing Address: 1430 N Street, Suite 3410

City/State/Zip: Sacramento, CA 95814-5901

Telephone: 916-322-6233 **Fax:** 916-323-6853

STATE OF CALIFORNIA-DEPARTMENT OF FINANCE

PAYEE DATA RECORD

STD. 204 (Rev. 6-2003) (REVERSE)

1	**Requirement to Complete Payee Data Record, STD. 204** A completed Payee Data Record, STD. 204, is required for payments to all non-governmental entities and will be kept on file at each State agency. Since each State agency with which you do business must have a separate STD. 204 on file, it is possible for a payee to receive this form from various State agencies. Payees who do not wish to complete the STD. 204 may elect to not do business with the State. If the payee does not complete the STD. 204 and the required payee data is not otherwise provided, payment may be reduced for federal backup withholding and nonresident State income tax withholding. Amounts reported on Information Returns (1099) are in accordance with the Internal Revenue Code and the California Revenue and Taxation Code.
2	Enter the payee's legal business name. Sole proprietorships must also include the owner's full name. An individual must list his/her full name. The mailing address should be the address at which the payee chooses to receive correspondence. Do not enter payment address or lock box information here.
3	Check the box that corresponds to the payee business type. Check only one box. Corporations must check the box that identifies the type of corporation. The State of California requires that all parties entering into business transactions that may lead to payment(s) from the State provide their Taxpayer Identification Number (TIN). The TIN is required by the California Revenue and Taxation Code Section 18646 to facilitate tax compliance enforcement activities and the preparation of Form 1099 and other information returns as required by the Internal Revenue Code Section 6109(a). The TIN for individuals and sole proprietorships is the Social Security Number (SSN). Only partnerships, estates, trusts, and corporations will enter their Federal Employer Identification Number (FEIN).
4	**Are you a California resident or nonresident?** A corporation will be defined as a "resident" if it has a permanent place of business in California or is qualified through the Secretary of State to do business in California. A partnership is considered a resident partnership if it has a permanent place of business in California. An estate is a resident if the decedent was a California resident at time of death. A trust is a resident if at least one trustee is a California resident. For individuals and sole proprietors, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose that will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident. Payments to all nonresidents may be subject to withholding. Nonresident payees performing services in California or receiving rent, lease, or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for State income taxes. However, no withholding is required if total payments to the payee are $1,500 or less for the calendar year. For information on Nonresident Withholding, contact the Franchise Tax Board at the numbers listed below: Withholding Services and Compliance Section: 1-888-792-4900 E-mail address: wscs.gen@ftb.ca.gov For hearing impaired with TDD, call: 1-800-822-6268 Website: www.ftb.ca.gov
5	Provide the name, title, signature, and telephone number of the individual completing this form. Provide the date the form was completed.
6	This section must be completed by the State agency requesting the STD. 204.
	Privacy Statement Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, State, or local governmental agency, which requests an individual to disclose their social security account number, shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it. It is mandatory to furnish the information requested. Federal law requires that payment for which the requested information is not provided is subject to federal backup withholding and State law imposes noncompliance penalties of up to $20,000. You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the State agency(ies) with which you transact that business. All questions should be referred to the requesting State agency listed on the bottom front of this form.