

CONTINUED FUNDING APPLICATION FISCAL YEAR 2022-23

Contractor Name: Contra Costa County Employment and Human Services Department**Vendor Number:** 2207**County:** 07 Contra Costa

Contractors who wish to be considered for continued funding for Fiscal Year (FY) 2022-23 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 noted due date 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 noted due date, but is not fully and accurately completed, funding for FY 2022-23, if awarded, 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. Please contact your Program Quality and Improvement (PQI) Assigned Consultant if your agency does not intend to continue services. PQI Assigned Consultants may be contacted at the information on the [CDSS Child Care and Development Contractor Landing web page](#). Please note that PQI Assigned Consultant assignments may have changed from previous fiscal years.

Instructions may be accessed on the Child Care and Development [CFA Webpage](#).

Contractor Name: Contra Costa County Employment and Human Services Department**Vendor Number:** 2207**County:** 07 Contra Costa**Section I – Contractor Information**

Legal Name of Contractor:	Contra Costa County Employment and Human Services Department
Contractor "Doing Business As" (DBA):	
Headquartered County:	07 Contra Costa
Vendor Number:	2207
Executive Director Name:	Kathy Gallagher
Executive Director Telephone Number:	925-608-4801
Executive Director Email Address:	kgallagher@ehsd.cccounty.us
Program Director Name:	Amy Wells
Program Director Telephone Number:	(925) 405-7771
Program Director Email Address:	awells@ehsd.cccounty.us
Legal Business Address:	40 Douglas
City:	Martinez
Zip Code:	94553
Mailing Address (if different from above):	1470 Civic Court, Suite 200
City:	Concord
Zip Code:	94520
Name of Person Completing Application:	Nelly Ige
Title of Contact Person Completing Application:	Administrative Services Assistant III
Contact Person Telephone Number:	(925) 681-6334
Contact Person Email Address:	nescobar@ehsd.cccounty.us

Contractor Name: Contra Costa County Employment and Human Services Department

Vendor Number: 2207

County: 07 Contra Costa

Section II – Contract Types

Check all applicable boxes indicating the programs the contractor intends to continue to administer for FY 2022-23. The contractor agrees to continue implementation of these programs with funds provided by the CDSS.

Center-Based Programs	Alternative Payment Programs
<input checked="" type="checkbox"/> General Child Care and Development (CCTR) <input checked="" type="checkbox"/> Infant/Toddler <input type="checkbox"/> School-age <input type="checkbox"/> Program for Special Needs (Handicapped) Children (CHAN) <input type="checkbox"/> Migrant Center-Based (CMIG) and Migrant Special Services (CMSS)	<input checked="" type="checkbox"/> Alternative Payment Program (CAPP) <input checked="" type="checkbox"/> CalWORKs Stage 2 (C2AP) <input type="checkbox"/> CalWORKs Stage 3 (C3AP) <input type="checkbox"/> Migrant Alternative Payment (CMAP) <p style="text-align: center;">Resource and Referral Programs</p> <input type="checkbox"/> Resource and Referral (CRRP) <p style="text-align: center;">Family Child Care Home Programs</p> <input type="checkbox"/> Family Child Care Home Education Network (CFCC)

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

- ☒ CalWORKs Stage 1
- ☒ Child Care Bridge Program

Contractor Name: Contra Costa County Employment and Human Services Department**Vendor Number:** 2207**County:** 07 Contra Costa**Section III – Contractor's Officers and Board of Directors Information**

Does the contractor have a board of directors?

☒ Yes☐ No

If no, please explain the entity type and the governance structure (i.e., number of owners and partnership):

Have any of the listed officers, board members, owners or other governing individuals 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?

☐ Yes☒ No

If yes, list the officer(s), board member(s), owner(s) or other governing individual(s) to which this applies and include the former agency(ies) with which the individual(s) was/were previously affiliated and the circumstances leading to the termination, involuntary non-renewal or debarment.

Contractor Name: Contra Costa County Employment and Human Services Department**Vendor Number:** 2207**County:** 07 Contra Costa**Section III – Contractor's Officers and Board of Directors Information (Continued)**

List all officers and board members/governing individuals (i.e., owner, director, etc.). Attach additional sheets as necessary.

1. Officer, Board Member, Owner or Governing Individual

Name: Candace Anderson		Title: Board of Supervisors
Telephone Number: (925) 957-8860	Email Address: supervisoranderson@bos.cccounty.us	
Address: 309 Diablo Road, Danville, CA 94526		

2. Officer, Board Member, Owner or Governing Individual

Name: Diane Burgis		Title: Board of Supervisors
Telephone Number: (925) 252-4500	Email Address: supervisor_burgis@bos.cccounty.us	
Address: 3361 Walnut Boulevard, Suite 140 Brentwood, CA 94513		

3. Officer, Board Member, Owner or Governing Individual

Name: John M. Gioia		Title: Board of Supervisors
Telephone Number: (510) 231-8686	Email Address: john.gioia@bos.cccounty.us	
Address: 11780 San Pablo Avenue, Suite D El Cerrito, CA 94530		

4. Officer, Board Member, Owner or Governing Individual

Name: Federal D. Glover		Title: Board of Supervisors
Telephone Number: (925) 608-4200	Email Address: district5@bos.cccounty.us	
Address: 190 E. 4th Street, Pittsburg, CA 94565		

Contractor Name: Contra Costa County Employment and Human Services Department**Vendor Number:** 2207**County:** 07 Contra Costa**Section III – Contractor's Officers and Board of Directors Information (Continued)**

List all officers and board members/governing individuals (i.e., owner, director, etc.). Attach additional sheets as necessary.

1. Officer, Board Member, Owner or Governing Individual

Name: Karen Mitchoff		Title: Board of Supervisors
Telephone Number: (925) 521-7100	Email Address: Supervisormitchoff@bos.cccounty.us	
Address: 2151 Salvio St, Suite R, Concord, CA 94520		

2. Officer, Board Member, Owner or Governing Individual

Name:		Title:
Telephone Number:	Email Address:	
Address:		

3. Officer, Board Member, Owner or Governing Individual

Name:		Title:
Telephone Number:	Email Address:	
Address:		

4. Officer, Board Member, Owner or Governing Individual

Name:		Title:
Telephone Number:	Email Address:	
Address:		

Contractor Name: Contra Costa County Employment and Human Services Department**Vendor Number:** 2207**County:** 07 Contra Costa**Section IV – Subcontractor Certification****A. The following types of contracts do not have subcontractors (check all that apply):**

- ☒ Alternative Payment Programs (C2AP, C3AP, CAPP, CMAP)
☐ General Child Care and Development (CCTR)
☐ Program for Special Needs (Handicapped) Children (CHAN)
☐ Migrant Center-Based (CMIG)

B. The following types of contracts do have subcontractors (check all that apply). For each contract type selected, submit a separate form [CCD 30B](#). The form is available on the [CFA web page](#).

- ☐ Alternative Payment Programs (C2AP, C3AP, CAPP, CMAP)
☒ General Child Care and Development (CCTR)
☐ Program for Special Needs (Handicapped) Children (CHAN)
☐ Migrant Center-Based (CMIG)

Signature of Contractor's Authorized Representative:	
Printed Name and Title of Contractor's Authorized Representative:	Kathy Gallagher, Executive Director
Date of Signature:	
Authorized Representative's Telephone Number:	(925) 608-4801
Authorized Representative's Email Address:	kgallagher@ehsd.cccounty.us

Contractor Name: Contra Costa County Employment and Human Services Department**Vendor Number:** 2207**County:** 07 Contra Costa**Section V – Contractor Certifications**

INSTRUCTIONS: Please indicate "Yes" or "No" to the following as they apply to your agency. By providing a signature at the end of this section, the signer certifies and understands the following:

Personnel Certification

Applies only to agencies who are Center-Based Programs and Family Child Care Home Education Networks.

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

I certify, as the authorized agent representing this contractor, that I have read and understand the staffing requirements for Program Director, Site Supervisor, and Teacher as stipulated in Welfare and Institution Code (WIC), 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.

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

☒ YES☐ NO**Contractors with Subcontracts**

Applies only to agencies with subcontracts.

I certify that the contractual arrangement(s) listed in Section IV – Subcontract Certification are made in adherence to the required subcontract provisions contained in the 5 CCR, and the Funding Terms and Conditions.

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

I understand the subcontracting requirements, including competitive bidding, CDSS approval, and audit requirements in 5 CCR section 18026 et. seq.

I subcontract part of my subsidized funding.

☒ YES☐ NO

Contractor Name: Contra Costa County Employment and Human Services Department

Vendor Number: 2207

County: 07 Contra Costa

Board of Directors

Applies only to agencies with a Board of Directors.

I am authorized by the Contractor's Board of Directors or other governing authority to execute this CFA.

On behalf of the Contractor and its governing authority, we understand some information requested in this application is intended for use by CDSS auditors in connection with future audit work and performance reviews and may not be used or even reviewed or considered by the CDSS until well after the contract has expired, if ever. Therefore, we further understand that the information (and any underlying transactions) disclosed by this Application shall not be considered properly noticed to the CDSS nor approved, accepted or authorized by the CDSS, even if our request for continued funding by the CDSS is subsequently approved.

The governing board members have been trained in understanding conflict of interest requirements associated with their positions on the board and have reported all known conflicts of interest.

I have a board of directors or other governing authority to execute this CFA.

☒ YES

☐ NO

Program and Fiscal Operations

Applies to all applying agencies.

I have supervisory authority over the child development program, have actual, personal knowledge of the information provided in this Application and certify that it is true and correct in all material respects.

I am familiar with and will ensure that the Contractor complies with all applicable program 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 WIC 10399.
- 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.

Contractor Name: Contra Costa County Employment and Human Services Department**Vendor Number:** 2207**County:** 07 Contra Costa

By providing a signature at the end of this section, I certify that all of the above (pages 7 and 8) is true.

Signature of Contractor's Authorized Representative:	
Printed Name and Title of Contractor's Authorized Representative:	Kathy Gallagher, Executive Director
Date of Signature:	
Authorized Representative's Telephone Number:	(925) 608-4801
Authorized Representative's Email Address:	kgallagher@ehsd.cccounty.us

Contractor Name: Contra Costa County Employment and Human Services Department

Vendor Number: 2207

County: 07 Contra Costa

Section VI – Certification of Contractor Information in the CDMIS

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.

I certify, as the authorized representative of the agency listed below, I have reviewed all the information for Contra Costa County Employment and Human Services Department

(Contractor Name)

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 Contra Costa County Employment and Human Services Department

(Contractor Name)

as of the date this certification was signed.

Date Signed: _____

(Program Director/Authorized Representative Signature)

Kathy Gallagher

(Printed Name of Program Director/Authorized Representative)

Contractor Name: Contra Costa County Employment and Human Services Department**Vendor Number:** 2207**County:** 07 Contra Costa**Section VII – Required Attachments**

All attachments must be completed and attached to the application. These attachments are located on the [CFA web page](#).

A. Continued Funding Application Fiscal Year 2022-23 Program Calendar (CCD 33)**B. Payee Data Record (STD. 204) (Non-public agencies only)****C. Secretary of State (Non-public agencies only)****D. Verification of School District Name and Address****E. Subcontract Certification (CCD 30B)**

CONTINUED FUNDING APPLICATION PROGRAM CALENDAR FOR FISCAL YEAR 2022-23

CONTRACTOR NAME	VENDOR NUMBER	COUNTY NAME	CONTRACT TYPE
Contra Costa County	2207	Contra Costa	CalWORKs Stage 2 (C)

Instructions: Enter an uppercase "X" on each day your program will operate. The totals for "Days of Operation," "Quarter Subtotals," and "Total Days of Operation" will then automatically calculate. Please verify accuracy.

	S	M	T	W	T	F	S
JULY 2022						1 X	2
DAYS OF OPERATION	3	4	5 X	6 X	7 X	8 X	9
20	10	11 X	12 X	13 X	14 X	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
AUGUST 2022		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
23	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	31 X			

	S	M	T	W	T	F	S
SEPTEMBER 2022					1 X	2 X	3
DAYS OF OPERATION	4	5	6 X	7 X	8 X	9 X	10
21	11	12 X	13 X	14 X	15 X	16 X	17
	18	19 X	20 X	21 X	22 X	23 X	24
	25	26 X	27 X	28 X	29 X	30 X	

FIRST QUARTER SUBTOTAL 64

	S	M	T	W	T	F	S
OCTOBER 2022							1
DAYS OF OPERATION	2	3 X	4 X	5 X	6 X	7 X	8
21	9	10 X	11 X	12 X	13 X	14 X	15
	16	17 X	18 X	19 X	20 X	21 X	22
	23	24 X	25 X	26 X	27 X	28 X	29
	30	31 X					

	S	M	T	W	T	F	S
NOVEMBER 2022		1 X	2 X	3 X	4 X	5	
DAYS OF OPERATION	6	7 X	8 X	9 X	10 X	11	12
19	13	14 X	15 X	16 X	17 X	18 X	19
	20	21 X	22 X	23 X	24	25	26
	27	28 X	29 X	30 X			

	S	M	T	W	T	F	S
DECEMBER 2022					1 X	2 X	3
DAYS OF OPERATION	4	5 X	6 X	7 X	8 X	9 X	10
21	11	12 X	13 X	14 X	15 X	16 X	17
	18	19 X	20 X	21 X	22 X	23 X	24
	25	26	27 X	28 X	29 X	30 X	31

SECOND QUARTER SUBTOTAL 61

	S	M	T	W	T	F	S
JANUARY 2023	1	2	3 X	4 X	5 X	6 X	7
DAYS OF OPERATION	8	9 X	10 X	11 X	12 X	13 X	14
20	15	16	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				

	S	M	T	W	T	F	S
FEBRUARY 2023				1 X	2 X	3 X	4
DAYS OF OPERATION	5	6 X	7 X	8 X	9 X	10 X	11
19	12	13 X	14 X	15 X	16 X	17 X	18
	19	20	21 X	22 X	23 X	24 X	25
	26	27 X	28 X				

	S	M	T	W	T	F	S
MARCH 2023				1 X	2 X	3 X	4
DAYS OF OPERATION	5	6 X	7 X	8 X	9 X	10 X	11
23	12	13 X	14 X	15 X	16 X	17 X	18
	19	20 X	21 X	22 X	23 X	24 X	25
	26	27 X	28 X	29 X	30 X	31 X	

THIRD QUARTER SUBTOTAL 62

	S	M	T	W	T	F	S
APRIL 2023							1
DAYS OF OPERATION	2	3 X	4 X	5 X	6 X	7 X	8
20	9	10 X	11 X	12 X	13 X	14 X	15
	16	17 X	18 X	19 X	20 X	21 X	22
	23	24 X	25 X	26 X	27 X	28 X	29
	30						

	S	M	T	W	T	F	S
MAY 2023		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
22	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	30 X	31 X			

	S	M	T	W	T	F	S
JUNE 2023					1 X	2 X	3
DAYS OF OPERATION	4	5 X	6 X	7 X	8 X	9 X	10
22	11	12 X	13 X	14 X	15 X	16 X	17
	18	19 X	20 X	21 X	22 X	23 X	24
	25	26 X	27 X	28 X	29 X	30 X	

FOURTH QUARTER SUBTOTAL 64**TOTAL DAYS OF OPERATION** 251

IF THERE ARE CHANGES TO THE MINIMUM DAYS OF OPERATION (MDO), PLEASE EXPLAIN WHY.

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

CONTINUED FUNDING APPLICATION PROGRAM CALENDAR FOR FISCAL YEAR 2022-23

CONTRACTOR NAME	VENDOR NUMBER	COUNTY NAME	CONTRACT TYPE
Contra Costa County	2207	Contra Costa	Alternative Payment Pr

Instructions: Enter an uppercase "X" on each day your program will operate. The totals for "Days of Operation," "Quarter Subtotals," and "Total Days of Operation" will then automatically calculate. Please verify accuracy.

	S	M	T	W	T	F	S
JULY 2022						1 X	2
DAYS OF OPERATION	3	4	5 X	6 X	7 X	8 X	9
20	10	11 X	12 X	13 X	14 X	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
AUGUST 2022		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
23	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	31 X			

	S	M	T	W	T	F	S
SEPTEMBER 2022					1 X	2 X	3
DAYS OF OPERATION	4	5	6 X	7 X	8 X	9 X	10
21	11	12 X	13 X	14 X	15 X	16 X	17
	18	19 X	20 X	21 X	22 X	23 X	24
	25	26 X	27 X	28 X	29 X	30 X	

FIRST QUARTER SUBTOTAL 64

	S	M	T	W	T	F	S
OCTOBER 2022							1
DAYS OF OPERATION	2	3 X	4 X	5 X	6 X	7 X	8
21	9	10 X	11 X	12 X	13 X	14 X	15
	16	17 X	18 X	19 X	20 X	21 X	22
	23	24 X	25 X	26 X	27 X	28 X	29
	30	31 X					

	S	M	T	W	T	F	S
NOVEMBER 2022		1 X	2 X	3 X	4 X	5	
DAYS OF OPERATION	6	7 X	8 X	9 X	10 X	11	12
19	13	14 X	15 X	16 X	17 X	18 X	19
	20	21 X	22 X	23 X	24	25	26
	27	28 X	29 X	30 X			

	S	M	T	W	T	F	S
DECEMBER 2022					1 X	2 X	3
DAYS OF OPERATION	4	5 X	6 X	7 X	8 X	9 X	10
21	11	12 X	13 X	14 X	15 X	16 X	17
	18	19 X	20 X	21 X	22 X	23 X	24
	25	26	27 X	28 X	29 X	30 X	31

SECOND QUARTER SUBTOTAL 61

	S	M	T	W	T	F	S
JANUARY 2023	1	2	3 X	4 X	5 X	6 X	7
DAYS OF OPERATION	8	9 X	10 X	11 X	12 X	13 X	14
20	15	16	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				

	S	M	T	W	T	F	S
FEBRUARY 2023					1 X	2 X	3 X
DAYS OF OPERATION	5	6 X	7 X	8 X	9 X	10 X	11
19	12	13 X	14 X	15 X	16 X	17 X	18
	19	20	21 X	22 X	23 X	24 X	25
	26	27 X	28 X				

	S	M	T	W	T	F	S
MARCH 2023					1 X	2 X	3 X
DAYS OF OPERATION	5	6 X	7 X	8 X	9 X	10 X	11
23	12	13 X	14 X	15 X	16 X	17 X	18
	19	20 X	21 X	22 X	23 X	24 X	25
	26	27 X	28 X	29 X	30 X	31 X	

THIRD QUARTER SUBTOTAL 62

	S	M	T	W	T	F	S
APRIL 2023							1
DAYS OF OPERATION	2	3 X	4 X	5 X	6 X	7 X	8
20	9	10 X	11 X	12 X	13 X	14 X	15
	16	17 X	18 X	19 X	20 X	21 X	22
	23	24 X	25 X	26 X	27 X	28 X	29
	30						

	S	M	T	W	T	F	S
MAY 2023		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
22	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	30 X	31 X			

	S	M	T	W	T	F	S
JUNE 2023					1 X	2 X	3
DAYS OF OPERATION	4	5 X	6 X	7 X	8 X	9 X	10
22	11	12 X	13 X	14 X	15 X	16 X	17
	18	19 X	20 X	21 X	22 X	23 X	24
	25	26 X	27 X	28 X	29 X	30 X	

FOURTH QUARTER SUBTOTAL 64

TOTAL DAYS OF OPERATION 251

IF THERE ARE CHANGES TO THE MINIMUM DAYS OF OPERATION (MDO), PLEASE EXPLAIN WHY.

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

CONTINUED FUNDING APPLICATION PROGRAM CALENDAR FOR FISCAL YEAR 2022-23

CONTRACTOR NAME	VENDOR NUMBER	COUNTY NAME	CONTRACT TYPE
Contra Costa County	2207	Contra Costa	California Center-Based

Instructions: Enter an uppercase "X" on each day your program will operate. The totals for "Days of Operation," "Quarter Subtotals," and "Total Days of Operation" will then automatically calculate. Please verify accuracy.

	S	M	T	W	T	F	S
JULY 2022						1 X	2
DAYS OF OPERATION	3	4	5 X	6 X	7 X	8 X	9
20	10	11 X	12 X	13 X	14 X	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
AUGUST 2022		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
23	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	31 X			

	S	M	T	W	T	F	S
SEPTEMBER 2022					1 X	2 X	3
DAYS OF OPERATION	4	5	6 X	7 X	8 X	9 X	10
21	11	12 X	13 X	14 X	15 X	16 X	17
	18	19 X	20 X	21 X	22 X	23 X	24
	25	26 X	27 X	28 X	29 X	30 X	

FIRST QUARTER SUBTOTAL 64

	S	M	T	W	T	F	S
OCTOBER 2022							1
DAYS OF OPERATION	2	3 X	4 X	5 X	6 X	7 X	8
21	9	10 X	11 X	12 X	13 X	14 X	15
	16	17 X	18 X	19 X	20 X	21 X	22
	23	24 X	25 X	26 X	27 X	28 X	29
	30	31 X					

	S	M	T	W	T	F	S
NOVEMBER 2022		1 X	2 X	3 X	4 X	5	
DAYS OF OPERATION	6	7 X	8 X	9 X	10 X	11	12
19	13	14 X	15 X	16 X	17 X	18 X	19
	20	21 X	22 X	23 X	24	25	26
	27	28 X	29 X	30 X			

	S	M	T	W	T	F	S
DECEMBER 2022					1 X	2 X	3
DAYS OF OPERATION	4	5 X	6 X	7 X	8 X	9 X	10
21	11	12 X	13 X	14 X	15 X	16 X	17
	18	19 X	20 X	21 X	22 X	23 X	24
	25	26	27 X	28 X	29 X	30 X	31

SECOND QUARTER SUBTOTAL 61

	S	M	T	W	T	F	S
JANUARY 2023	1	2	3 X	4 X	5 X	6 X	7
DAYS OF OPERATION	8	9 X	10 X	11 X	12 X	13 X	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				

FEBRUARY 2023				1 X	2 X	3 X	4
DAYS OF OPERATION	5	6 X	7 X	8 X	9 X	10 X	11
	12	13 X	14 X	15 X	16 X	17 X	18
	19	20	21 X	22 X	23 X	24 X	25
	26	27 X	28 X				

MARCH 2023				1 X	2 X	3 X	4
	5	6 X	7 X	8 X	9 X	10 X	11
	12	13 X	14 X	15 X	16 X	17 X	18
	19	20 X	21 X	22 X	23 X	24 X	25
	26	27 X	28 X	29 X	30 X	31 X	
DAYS OF OPERATION							
23							

THIRD QUARTER SUBTOTAL 63

	S	M	T	W	T	F	S
APRIL 2023							1
DAYS OF OPERATION	2	3 X	4 X	5 X	6 X	7 X	8
20	9	10 X	11 X	12 X	13 X	14 X	15
	16	17 X	18 X	19 X	20 X	21 X	22
	23	24 X	25 X	26 X	27 X	28 X	29
	30						

	S	M	T	W	T	F	S
MAY 2023		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
22	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	30 X	31 X			

JUNE 2023					1 X	2 X	3
DAYS OF OPERATION	4	5 X	6 X	7 X	8 X	9 X	10
	11	12 X	13 X	14 X	15 X	16 X	17
	18	19 X	20 X	21 X	22 X	23 X	24
	25	26 X	27 X	28 X	29 X	30 X	

FOURTH QUARTER SUBTOTAL 64

TOTAL DAYS OF OPERATION 252

IF THERE ARE CHANGES TO THE MINIMUM DAYS OF OPERATION (MDO), PLEASE EXPLAIN WHY.

One of our subcontractors will be open on January 16th, 2023 and therefore total days of operation increased by one compared to FY 2021-2022.

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

SUBCONTRACT CERTIFICATION**INSTRUCTIONS:** Please complete one form per subcontractor.**Contractor Name:** Employment and Human Services Depart.**Vendor Number:** 2207**County:** 07 Contra Costa**Contract Type:** California Center-Based (CCTR)**Contract MRA:** \$3,855,946.00**Total Percentage of MRA Subcontracted:** 8.5%**Subcontractor****Subcontractor Legal Name:** Kindercare Learning Centers LLC

Does this subcontractor also contract with CCDD?

☐ Yes☒ No

Site #	Site Name	Site Address	Service County	Percentage of MRA Subcontracted
1.	Kindercare Learning Center	2300 Mahogany Way, Antioch, CA 94509	07 Contra Costa	8%
2.				
3.				
4.				

SUBCONTRACT CERTIFICATION**INSTRUCTIONS:** Please complete one form per subcontractor.**Contractor Name:** Employment and Human Services Depart.**Vendor Number:** 2207**County:** 07 Contra Costa**Contract Type:** California Center-Based (CCTR)**Contract MRA:** \$3,855,946.00**Total Percentage of MRA Subcontracted:** 8.5%**Subcontractor****Subcontractor Legal Name:** Orantes LLC dba Tiny Toes

Does this subcontractor also contract with CCDD?

☐ Yes☒ No

Site #	Site Name	Site Address	Service County	Percentage of MRA Subcontracted
1.	Tiny Toes	1284 Dainty Avenue, Brentwood, CA 94513	07 Contra Costa	.50
2.				
3.				
4.				

Contractor Name: Contra Costa County Employment and Human Services Department

Vendor Number: 2207

County: 07 Contra Costa

Section VIII – Application Checklist			
Sections listed below with the asterisk (*) require a signature.			
Section Number*	Section Description	Page Number	Check Box
Section I	Contractor Information	2	<input checked="" type="checkbox"/>
Section II	Contract Types	3	<input checked="" type="checkbox"/>
Section III	Contractor's Officers and Board of Directors Information	4 & 5	<input checked="" type="checkbox"/>
Section IV*	Subcontractor Certification	6	<input checked="" type="checkbox"/>
Section V*	Contractor Certifications	7-9	<input checked="" type="checkbox"/>
Section VI*	Certification of Contractor Information in the CDMIS Database	10	<input checked="" type="checkbox"/>
Section VII A.	Continued Funding Application Fiscal Year 2022-23 Program Calendar (CCD 33) (one for each contract type)	11	<input checked="" type="checkbox"/>
Section VII B.*	State of California, Payee Data Record (STD. 204) (non-public agencies only)	11	<input type="checkbox"/>
Section VII C.	Secretary of State search results (non-public agencies only)	11	<input type="checkbox"/>
Section VII D.	Verification of School District Name and Address search	11	<input type="checkbox"/>
Section VII E.	Subcontract Certification (CCD 30B)	Insert after page 6	<input checked="" type="checkbox"/>