

Mail Completed Application with SIGNATURE to  
be received by January 31, 2017 TO:  
CALIFORNIA DEPARTMENT OF EDUCATION  
Attention: Clint Thompson  
Child Development and Nutrition Fiscal Services  
1430 N Street, Suite 2213  
Sacramento, CA 95814

FULL NAME OF CONTRACTOR:			
Contact Person:			Telephone Number:
COUNTY	VENDOR CODE	FISCAL YEAR (FY)	CONTRACT NUMBER
		2016–17	

INSTRUCTIONS: For each applicable section, attach a statement clearly describing the situation and include all documentation supporting both actual and projected cost. For example, include board minutes, salary schedules, letters, insurance bills, invoices, etc. Be sure to sign this application.

1. Loss of program resources from other sources. Describe loss (attach letters, notices, etc.)
  - a. Prior year (FY 2015–16) in-kind/supplemental support (based on Audit) \$ \_\_\_\_\_ (1a)
  - b. Subtract projected current year (FY 2016–17) in kind/supplemental support \$ \_\_\_\_\_ (1b)
  - c. Total projected shortfall \$ \_\_\_\_\_ (1c)
2. Need of a contractor to pay the same child care rates as those prevailing in the local community.
  - a. Projected current year (FY 2016–17) cost \$ \_\_\_\_\_ (2a)
  - b. Subtract prior year (FY 2015–16) actual cost (based on Audit) \$ \_\_\_\_\_ (2b)
  - c. Total projected shortfall \$ \_\_\_\_\_ (2c)
3. Increased cost directly attributable to new or different regulations. Attach a copy of each new regulations addressed.
  - a. Projected current year (FY 2016–17) cost \$ \_\_\_\_\_ (3a)
  - b. Subtract prior year (FY 2015–16) actual cost (based on Audit) \$ \_\_\_\_\_ (3b)
  - c. Total projected shortfall \$ \_\_\_\_\_ (3c)
4. Documented increased cost necessary to maintain the prior year's level of service and ensure the continuation of threatened programs. Describe increased cost (attach documentation).
  - a. Projected current year (FY 2016–17) cost \$ \_\_\_\_\_ (4a)
  - b. Subtract prior year (FY 2015–16) actual cost (based on Audit) \$ \_\_\_\_\_ (4b)
  - c. Total projected shortfall \$ \_\_\_\_\_ (4c)

5. Current percentage of subsidized service. Using your September 2016 Attendance and Fiscal Report, divide adjusted certified enrollment by adjusted total enrollment (certified + noncertified).  $\frac{\text{adjusted certified enrollment}}{\text{adjusted total enrollment}}$  % (5)  
(4 decimal places)

6. Calculate subsidized shortfall: \$ \_\_\_\_\_ (6)

Add lines (1c),(2c),(3c),(4c) and multiply by the percentage on line 5.

7. Calculate requested reimbursement rate:

a. Current FY 2016–17 Maximum Reimbursable Amount (from contract) \$ \_\_\_\_\_ (7a)

b. Plus projected shortfall (enter amount from line 6) \$ \_\_\_\_\_ (7b)

c. Total funds necessary to ensure service stability (add lines 7a + 7b) \$ \_\_\_\_\_ (7c)

d. Current cde requirement (from contract) \$ \_\_\_\_\_ (7d)

e. Calculate daily rate (line 7c divided by line 7d) \$ \_\_\_\_\_ (7e)

8. Calculated Contract Terms:

a. Current FY 2016–17 Maximum Reimbursable Amount (from contract) \$ \_\_\_\_\_ (8a)

b. Calculated daily rate (enter amount from line 7e) \$ \_\_\_\_\_ (8b)

e. Calculated new cde requirement (line 8a divided by line 8b) \$ \_\_\_\_\_ (8c)

I hereby certify that to the best of my knowledge and belief, the information contained in this application is true and correct. I have attached all documentation which shows actual and projected cost, and have completed the calculations on this form to support the projected shortfall.

Signature of Executive Officer/Superintendent  
or Authorized Designee:

Title:

Date:

## STATE USE ONLY

The contractor's current contract rate per cde is \$ \_\_\_\_\_. I have reviewed this application and all the attached documentation and recommend the following assigned reimbursement rate for Fiscal Year 2016-17.

☐ Approved

☐ Denied

\$ \_\_\_\_\_

Assigned Analyst

Date: \_\_\_\_\_

☐ Approved

☐ Denied

\$ \_\_\_\_\_

CDNFS Lead Analyst

Date: \_\_\_\_\_

☐ Approved

☐ Denied

\$ \_\_\_\_\_

CDNFS Manager III

Date: \_\_\_\_\_