

**CALIFORNIA DEPARTMENT OF EDUCATION**

1430 N Street

Sacramento, CA 95814-5901

F.Y. 14 - 15**Amendment 01****LOCAL AGREEMENT FOR CHILD DEVELOPMENT SERVICES**

Budget Act/Rate Increase

DATE: July 01, 2014

CONTRACT NUMBER: CSPP-4265

PROGRAM TYPE: CALIFORNIA STATE

PRESCHOOL PROGRAM

PROJECT NUMBER: 21-6545-00-4

CONTRACTOR'S NAME: SAN RAFAEL CITY ELEMENTARY SCHOOL DISTRICT

This agreement with the State of California dated July 01, 2014 designated as number CSPP-4265 shall be amended in the following particulars but no others:

The Maximum Reimbursable Amount (MRA) payable pursuant to the provisions of this agreement shall be amended by deleting reference to \$118,787.00 and inserting \$126,469.00 in place thereof.

The Maximim Rate per child day of enrollment payable pursuant to the provisions of the agreement shall be amended by deleting reference to \$34.38 and inserting \$36.10 in place thereof.

SERVICE REQUIREMENTS

The minimum Child Days of Enrollment (CDE) Requirement shall be amended by deleting reference to 3,455.0 and inserting 3,503.0 in place thereof.

Minimum Days of Operation (MDO) Requirement shall be 180. (No change)

EXCEPT AS AMENDED HEREIN all terms and conditions of the original agreement shall remain unchanged and in full force and effect.

STATE OF CALIFORNIA		CONTRACTOR			
BY (AUTHORIZED SIGNATURE)		BY (AUTHORIZED SIGNATURE)			
PRINTED NAME OF PERSON SIGNING Sueshil Chandra, Manager		PRINTED NAME AND TITLE OF PERSON SIGNING Chris Thomas, Chief Business Official			
TITLE Contracts, Purchasing and Conference Services		ADDRESS 310 Nova Albion Way San Rafael, CA 94903			
AMOUNT ENCUMBERED BY THIS DOCUMENT \$ 7,682	PROGRAM/CATEGORY (CODE AND TITLE) Child Development Programs		FUND TITLE General		Department of General Services use only
PRIOR AMOUNT ENCUMBERED FOR THIS CONTRACT \$ 118,787	(OPTIONAL USE) 0656 23038-6545				
TOTAL AMOUNT ENCUMBERED TO DATE \$ 126,469	ITEM 30 10.010 6110-196-0001	CHAPTER B/A	STATUTE 2014	FISCAL YEAR 2014-2015	
OBJECT OF EXPENDITURE (CODE AND TITLE) 702 SACS: Res-6105 Rev-8590					
I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purpose of the expenditure stated above.					
SIGNATURE OF ACCOUNTING OFFICER		T.B.A. NO.		B.R. NO.	
		DATE			