

**CALIFORNIA DEPARTMENT OF EDUCATION**

1430 N Street

Sacramento, CA 95814-5901

F.Y. 17 - 18**Amendment 01****DATE:** July 01, 2017**CONTRACT NUMBER:** CSPP-7228**PROGRAM TYPE:** CALIFORNIA STATE
PRESCHOOL PROGRAM**PROJECT NUMBER:** 19-6483-00-7**LOCAL AGREEMENT FOR CHILD DEVELOPMENT SERVICES**

Budget Act/Rate Increase

CONTRACTOR'S NAME: NEWHALL SCHOOL DISTRICT

This agreement with the State of California dated July 01, 2017 designated as number CSPP-7228 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 \$590,852.00 and inserting \$667,978.00 in place thereof.

The Maximum Rate per child day of enrollment payable pursuant to the provisions of this agreement shall be amended by deleting reference to \$40.45 and inserting \$45.73 in place thereof.

SERVICE REQUIREMENTS

The minimum Child Days of Enrollment (CDE) Requirement shall be 14,607.0. (No change)

Minimum Days of Operation (MDO) Requirement shall be 175. (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 VALARIE BLISS, | | PRINTED NAME AND TITLE OF PERSON SIGNING Paul Cordeiro, Superintendent | | | |
| TITLE CONTRACT MANAGER | | ADDRESS 25375 Orchard Village Rd #200, Valencia, CA 91355 | | | |
| AMOUNT ENCUMBERED BY THIS DOCUMENT \$ 77,126 | PROGRAM/CATEGORY (CODE AND TITLE) Child Development Programs | | FUND TITLE General | | Department of General Services use only |
| PRIOR AMOUNT ENCUMBERED FOR THIS CONTRACT \$ 590,852 | (OPTIONAL USE) 0656 23038-6483 | | | | |
| TOTAL AMOUNT ENCUMBERED TO DATE \$ 667,978 | ITEM 30.10.010. 6100-196-0001 | CHAPTER B/A | STATUTE 2017 | FISCAL YEAR 2017-2018 | |
| 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 | | | |