

**CALIFORNIA DEPARTMENT OF EDUCATION**

1430 N Street

Sacramento, CA 95814-5901

**F.Y. 17 - 18****Amendment 01****DATE:** July 01, 2017**CONTRACT NUMBER:** CSPP-7255**PROGRAM TYPE:** CALIFORNIA STATE  
PRESCHOOL PROGRAM**PROJECT NUMBER:** 19-6504-00-7**LOCAL AGREEMENT FOR CHILD DEVELOPMENT SERVICES**

Budget Act/Rate Increase

**CONTRACTOR'S NAME:** SULPHUR SPRINGS UNION SCHOOL DISTRICT

This agreement with the State of California dated July 01, 2017 designated as number CSPP-7255 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 \$598,898.00 and inserting \$677,078.00 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 14,806.0. (No change)

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**

BY (AUTHORIZED SIGNATURE)

PRINTED NAME OF PERSON SIGNING  
VALARIE BLISS,TITLE  
CONTRACT MANAGER**CONTRACTOR**

BY (AUTHORIZED SIGNATURE)

PRINTED NAME AND TITLE OF PERSON SIGNING

ADDRESS

AMOUNT ENCUMBERED BY THIS  
DOCUMENT

\$ 78,180

PRIOR AMOUNT ENCUMBERED FOR  
THIS CONTRACT

\$ 598,898

TOTAL AMOUNT ENCUMBERED TO  
DATE

\$ 677,078

PROGRAM/CATEGORY (CODE AND TITLE)

Child Development Programs

FUND TITLE

General

(OPTIONAL USE) 0656

23038-6504

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

Department of General Services  
use only

I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purpose of the expenditure stated above.

T.B.A. NO.

B.R. NO.

SIGNATURE OF ACCOUNTING OFFICER

DATE