

# 2009-10 Consolidated Application for Funding Categorical Aid Programs

California Department of Education

(Part I)

Consolidated Application

<p><b>Purpose:</b> To declare the agency's intent to apply for 2009-10 funding of Consolidated Categorical Aid Programs.</p>	<p><b>Agency:</b> El Dorado County Office of Education</p>
<p><b>CDE Contact:</b> Anne Daniels 916-319-0295 ADaniels@cde.ca.gov</p>	<p><b>CD code:</b>    0   9   1   0   0   9   0</p>
<p><b>Legal status of agency:</b></p> <p style="margin-left: 20px;"> <input type="checkbox"/> School District  <input checked="" type="checkbox"/> County Office of Education  <input type="checkbox"/> Direct Funded Charter         </p>	<p>Do not return the paper copy of this form to the California Department of Education.</p> <p>The ConApp must be submitted electronically using the ConApp Data System (CADS).</p>
<p>Date of approval by local governing board: 06/09/2009</p>	
<p>Date of LEA Plan approval by State Board of Education: 07/11/2003</p>	
<p style="text-align: center;"><b>Advisory Committees:</b> <i>The undersigned certify that they have been given the opportunity to advise on the pages in this application related to compensatory education programs for English learners.</i></p>	
<p>_____ Signature-District Advisory Committee (DAC)* <small>(Required if the LEA operates a state Compensatory Education program.)</small></p>	<p>_____/_____/_____ Date</p>
<p>_____ Signature-District English Learner Advisory Committee (DELAC)* <small>(Required if the LEA has 51 or more identified English learners.)</small></p>	<p>_____/_____/_____ Date</p>
<p><i>OR,</i></p> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>for each committee, check the appropriate box to the right</p> </div>	
<p style="text-align: right;"> <input checked="" type="checkbox"/> Committee is N/A      <input type="checkbox"/> Committee refused to sign  <input checked="" type="checkbox"/> Committee is N/A      <input type="checkbox"/> Committee refused to sign         </p>	
<p><b>Certification:</b> <i>I hereby certify that all of the applicable state and federal rules and regulations will be observed by this applicant; that to the best of my knowledge the information contained in this application is correct and complete; and I agree to have the use of these funds reviewed and/or audited according to the standards and criteria set forth in the California Department of Education's Categorical Program Monitoring (CPM) Manual. Legal assurances for all programs are accepted as the basic legal condition for the operation of selected projects and programs and copies of assurances are retained on site. I certify that we accept all assurances except for those for which a waiver has been obtained or requested. A copy of all waivers or requests is on file. I certify that actual ink signatures for this page are on file.</i></p>	
<p>_____ Signature of authorized representative</p>	<p style="text-align: center;">Vicki L. Barber, Ed.D. Printed name of authorized representative</p>
<p style="text-align: right;">             _____              Superintendent              Title           </p>	
<p style="text-align: right;">             _____              Date           </p>	
<p> <input type="checkbox"/> Electronic certification HAS been completed.      <input checked="" type="checkbox"/> Electronic certification has NOT been completed.         </p>	

\* Signatures of appropriate committee chairpersons certifying opportunity to review and advise in the development of this application will be required in Part II.