



DATE: Appendix O  
 PROGRAM: CARES Plus Program Round 2  
 CONTROL NO.: «Agreement\_Number»

**LOCAL AREA AGREEMENT FOR FIRST 5 CALIFORNIA PROGRAM FUNDS**

**LEAD AGENCY:** «Entity\_Name»  
**LEAD AGENCY ADDRESS:** «Address», «City», «State» «Zip»  
**PROGRAM NAME:** Comprehensive Approaches to Raising Educational Standards (CARES) Plus Program Round 2

By signing and returning this agreement to First 5 California, the duly authorized representative of the Lead Agency agrees to comply with the following: (1) Acknowledgement and acceptance of all program, administrative and fiscal responsibilities and requirements detailed in the CARES Plus Program Round 2 Request for Applications (RFA) dated March 4, 2013 (RFA) as terms and conditions of this Agreement, and therefore which is incorporated in its entirety herein this Agreement by reference; (2) Use of the funds awarded herein for expenditures pursuant to and in furtherance of the purpose(s) stated in the approved CARES Plus application for funding, which by this reference is hereby incorporated into this Agreement; (3) Meeting the local cash match requirement for Program Operations Funds as represented in Table F of the RFA; (4) Submittal of an annual independent audit of CARES Plus program expenditures in accordance with agreed-upon audit procedures or supplemental schedule determined by First 5 California; and (5) All CARES Plus Program Round 2 program, administrative and fiscal responsibilities and requirements described in the RFA, and the terms and conditions of this Agreement and any amendments thereto, as a condition of funding and reimbursement of allowable expenditures.

The term of this agreement shall be from \_\_\_\_\_, 2013 through June 30, 2016. The total amount of this Agreement shall not exceed «Total\_Funding» as detailed in the table below.

Fund Type	Authorized Period	Amount
Program	July 1, 2013 through June 30, 2016	«Program Funding»
<b>Total Award Amount</b>		<b>«Total_Funding»</b>

The funds will be paid on a reimbursement basis in accordance with the fiscal rules and funding parameters detailed in the RFA and any amendments thereto, consistent with the terms and conditions herein.

Funding of this Agreement is contingent upon the availability of sufficient funds pursuant to Health & Safety Code, Sections 130100-130155. This Agreement may be terminated immediately by First 5 California if funds are not available in amounts sufficient to fund the State’s obligations under this Agreement.

Any provision of this Agreement found to be in violation of federal and/or state statute or regulation shall be invalid, but such a finding shall not affect the remaining provisions of this Agreement.

Exhibit A, Standard Provisions for Local Area Agreements attached.

LOCAL AREA AGREEMENT FOR FIRST 5 CALIFORNIA PROGRAM FUNDS

LEAD AGENCY: «Entity\_Name»

<Date>

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<b>In Witness Whereof, this agreement has been executed by the parties identified below:</b>				
<b>STATE OF CALIFORNIA</b>			<b>AWARDEE</b>	
AGENCY NAME <b>First 5 California</b>			LEAD AGENCY NAME <b>«ENTITY_NAME»</b>	
BY (Authorized Signature) 	DATE SIGNED	BY (Authorized Signature) 	DATE SIGNED	
PRINTED NAME AND TITLE OF PERSON SIGNING <b>Camille Maben, Executive Director</b>			PRINTED NAME AND TITLE OF PERSON SIGNING <b>«First_Name» «Last_Name», «Position»</b>	
ADDRESS <b>2389 Gateway Oaks Drive, Suite 260 Sacramento, CA 95833-4247</b>			ADDRESS <b>«Address» «City», «State» «Zip»</b>	
<b>First 5 California Office Use Only:</b>				
Fund Title	ITEM	F.Y.	Projected Allocation	Amount Encumbered by this Document
Child Care	4250-601-0636	2013/14	«Program Year_1»	
Child Care	4250-601-0636	2014/15	«Program Year_2»	
Child Care	4250-601-0636	2015/16	«Program_Year_3»	\$0
				Object Code-PCA
<b>AGREEMENT TOTAL:</b>			<b>«Total_Funding»</b>	702. «County_No»-63601

*I CERTIFY upon my own personal knowledge that funds are available in the current budget year for the period and purpose of the expenditure stated above.*

ACCOUNTING OFFICER'S SIGNATURE

DATE SIGNED