

**SANTA BARBARA COUNTY SELPA  
JOINT POWERS AGENCY BOARD**

**Regular Meeting**

**Monday, September 9, 2024**

**Public Session – 9:15 a.m.**

**Santa Barbara County Education Office –  
Cabinet Conference Room**

**Orcutt Union School District Office –  
Technology Center**

**4400 Cathedral Oaks Rd., Santa Barbara, CA 93110**

**500 Dyer Street, Orcutt, CA 93455**

**Agenda**

*In compliance with the Americans with Disabilities Act, if you need special assistance to participate in this meeting or need this agenda provided in a disability-related alternative format, please contact the SBCSELPA Office at 683-1424. Prompt notification will assist the SBCSELPA to make suitable arrangements.*

**PUBLIC COMMENTS ARE WELCOME**

The Santa Barbara County SELPA JPA Board will receive public comments about items appearing on today's agenda, as well as other matters within the subject matter jurisdiction of the Board. All such comments will be received during the Public Comments section of the agenda. Individuals who address the Board are limited to three (3) minutes to speak on any item and a total of 10 minutes on all items for their presentation. The Board may limit the total time for all public comments to 30 minutes. People needing additional time are requested to submit the information in writing.

For comments concerning matters not on the agenda, open meeting laws and fairness to other residents who may have an interest in your topic prohibit the Board from acting or engaging in extended discussion of your concerns. The Board may direct staff to meet at a later date with speakers who have specific concerns or needs. The Board may also direct that an issue be placed on a future agenda for discussion and consideration. This permits the Board and staff members to prepare and receive necessary information and for the public to be aware that a topic is being formally considered. We appreciate your cooperation.

Forms are available from the Board’s secretary for requests to address the Board. People wishing to make public comments are requested to complete the appropriate form and return it to the Board Secretary.

**I. PUBLIC SESSION**

- A. Call to Order
- B. Roll Call
- C. Flag Salute
- D. Welcome Guests
- E. SBCSELPA Executive Director’s Report

REF: I-E

**II. PUBLIC COMMENTS**

Please refer to information above regarding public comment guidelines.

**III. APPROVAL OF ADDITIONAL EMERGENCY ITEMS (Government Code Section 54954.3(b)(2))**

**IV. APPROVAL OF ACTION AGENDA**

It is recommended that the JPA Board take action to approve the action agenda as presented/amended.

Motion: \_\_\_\_\_  
Second: \_\_\_\_\_  
In Favor: \_\_\_\_\_  
Opposed: \_\_\_\_\_  
Abstained: \_\_\_\_\_

**V. CONSENT AGENDA ITEMS**

- A. Minutes of June 3, 2024, Regular Meeting REF: V-A
- B. Ratification of Payment Claims REF: V-B
- C. 2023-24 Nonpublic School (NPS) Individual Service Agreements (ISAs) REF: V-C
  - 1. Individual Service Agreement: Elevations Academy RTC
  - 2. Individual Service Agreement: Elevations Academy RTC
- D. 2024-25 Nonpublic School (NPS) Individual Service Agreements (ISAs) REF: V-D
  - 1. Individual Service Agreement: Devereux ABH
  - 2. Individual Service Agreement: Lava Heights Academy
  - 3. Individual Service Agreement North Valley School, Inc.
  - 4. Individual Service Agreement: Casa Pacifica School
  - 5. Individual Service Agreement: Elevations Academy RTC
  - 6. Individual Service Agreement: Elevations Academy RTC
  - 7. Individual Service Agreement: Elevations Academy RTC
  - 8. Individual Service Agreement: Elevations Academy RTC
  - 9. Individual Service Agreement: Mountain Valley School
- E. 2024-25 Nonpublic Agency (NPA) Master Contract Rates REF: V-E
  - 1. Exhibit A Rates Sheet: AYA Healthcare, Inc.
  - 2. Exhibit A Rates Sheet: Backstage Health
  - 3. Exhibit A Rates Sheet: CHG Healthcare Services dba Comphealth Medical Staffing
  - 4. Exhibit A Rates Sheet: Club Xcite, LLC
  - 5. Exhibit A Rates Sheet: Covelo Group, Inc.
  - 6. Exhibit A Rates Sheet: HealthPro Pediatrics
  - 7. Exhibit A Rates Sheet: Kathleen Blake
  - 8. Exhibit A Rates Sheet: OT Arts
  - 9. Exhibit A Rates Sheet: PresenceLearning, Inc.
  - 10. Exhibit A Rates Sheet: RCM Technologies USA Inc. dba RCM Health Care Services
  - 11. Exhibit A Rates Sheet: Ro Health, LLC
  - 12. Exhibit A Rates Sheet: Soliant Health, LLC
  - 13. Exhibit A Rates Sheet: Star of CA, LLC (DBA ERA ED)
  - 14. Exhibit A Rates Sheet: The Stepping Stones Group, LLC – San Jose
  - 15. Exhibit A Rates Sheet: The Wellness Project, LLC
  - 16. Exhibit A Rates Sheet: Tilly Therapy
- F. 2024-25 Nonpublic School (NPS) Master Contract Rates REF: V-F
  - 1. Exhibit A Rates Sheet: Casa Pacifica School
  - 2. Exhibit A Rates Sheet: Devereux School of Viera
  - 3. Exhibit A Rates Sheet: Care Youth Corporation dba Lava Heights Academy
  - 4. Exhibit A Rates Sheet: Mount Valley Child and Family Services Inc. / Mountain Valley School

V. **CONSENT AGENDA ITEMS** *(continued)*

- G. 2024-2025 Legal Service Agreements REF: V-G
  - 1. Fagen Friedman & Fulfroost
  - 2. Liebert Cassidy Whitmore
  
- H. 2024-2025 SBCSELPA GROW Training Consultant Agreement – 2 REF: V-H  
with San Louis Obispo (SLO)
  - 1. 24-25 Agreement for Consultant Services

It is recommended that Consent Agenda Items A through H be approved as presented.

Motion: \_\_\_\_\_  
 Second: \_\_\_\_\_  
 In Favor: \_\_\_\_\_  
 Opposed: \_\_\_\_\_  
 Abstained: \_\_\_\_\_

VI. **PRESENTATIONS**

- A. **SBCSELPA Regional Programs & County-wide Continuum of Services** REF: VI-A  
Presenters: Ray Avila, SBCSELPA Executive Director, and  
Rachel Wigle, SBCSELPA Chief Business Official
  
- B. **SBCSELPA Unaudited Actual Report, Fiscal Year 2023-2024 Presentation** REF: VI-B  
Presenter: Rachel Wigle, SBCSELPA Chief Business Official

VII. **ITEMS SCHEDULED FOR ACTION/CONSIDERATION**

- A. 2023-2024 Unaudited Actuals Financial Report and Ending Fund Balance REF: VII-A
  - 1. SBCSELPA Ending Fund Balance
  - 2. Recommendations for Undesignated Balances
  - 3. Unaudited Actuals Financial Report

It is recommended that the JPA Board approve the Unaudited Actuals Report and the proposed Ending Fund Balance designations as presented.

Motion: \_\_\_\_\_  
 Second: \_\_\_\_\_  
 In Favor: \_\_\_\_\_  
 Opposed: \_\_\_\_\_  
 Abstained: \_\_\_\_\_

- B. Santa Barbara County Education Office (SBCEO) Regional Program REF: VII-B  
Operator Request to Expand Office Space in Santa Maria for SBCEO Staff  
and Service Providers
  - 1. SBCEO Request

It is recommended that the JPA Board approve the SBCEO request to expand and extend lease of office space at 625 McClelland St. in Santa Maria for SBCEO Staff and Service Providers as presented.

Motion: \_\_\_\_\_  
 Second: \_\_\_\_\_  
 In Favor: \_\_\_\_\_  
 Opposed: \_\_\_\_\_  
 Abstained: \_\_\_\_\_

**VII. ITEMS SCHEDULED FOR ACTION/CONSIDERATION (continued)**

- C. Santa Barbara County Education Office (SBCEO) Regional Program Operator Request for Funding for Program Expansion for Additional Preschool Classrooms in Santa Maria/Orcutt for the 2024-25 School Year REF: VII-C
  - 1. SBCEO Request

It is recommended that the JPA Board approve the SBCEO Regional Program request for funding for expansion for additional preschool classrooms in Santa Maria/Orcutt as presented.

Motion: \_\_\_\_\_  
 Second: \_\_\_\_\_  
 In Favor: \_\_\_\_\_  
 Opposed: \_\_\_\_\_  
 Abstained: \_\_\_\_\_

**VIII. ITEMS SCHEDULED FOR INFORMATION AND DISCUSSION**

- A. Lompoc Unified School District (LUSD) Request to Take Back Preschool Plus Programs, Effective Starting the 2025-2026 School Year REF: VIII-A
  - 1. Letter of Intent, Year & a Day Notice
- B. Lompoc Unified School District (LUSD) Request to Take Back Preschool Inclusion Programs, Effective Starting the 2025-2026 School Year REF: VIII-B
  - 1. Letter of Intent, Year & a Day Notice
- C. Lompoc Unified School District (LUSD) Request to Take Back Preschool Special Day Class (SDC) Programs, Effective Starting the 2025-2026 School Year REF: VIII-C
  - 1. Letter of Intent, Year & a Day Notice
- D. Lompoc Unified School District (LUSD) Request to Take Back Preschool Speech Only Students, Effective starting the 2025-2026 School Year REF: VIII-D
  - 1. Letter of Intent, Year & a Day Notice
- E. SBCSELPA WRAP Referral Form Review & Revisions REF: VIII-E
  - 1. Referral for SBCSELPA WRAP Supports Form, SELPA28A, with marked revisions
  - 2. Revised Referral for SBCSELPA Wrap Form, SELPA28A
- F. SBCSELPA Procedural Handbook, Section 13 – Regional Program Reporting Revisions REF: VIII-F
  - 1. Section 13, Regional Program Operating with revision markups
  - 2. Section 13, Regional Program Operating revised with no markups
- G. SBCSELPA Professional Development September 2024 Calendar & Offerings REF: VIII-G
  - 1. Instructional Assistant/Paraprofessional Network Meeting Flyer
  - 2. New Leaders Network Meetings Flyer
- H. SBCSELPA Specific Learning Disability (SLD) Manual REF: VIII-H
- I. Response to Education Code 56366.1(a) amended to AB 1172; Nonpublic Schools and Agencies (NPS/A) Verification of Mandatory Behavior Training REF: VIII-I
  - 1. “Supporting Student Behavior Series” – For NPAs and Santa Barbara County Staff

VIII. ITEMS SCHEDULED FOR INFORMATION AND DISCUSSION (continued)

- J. Early Childhood Special Education (ECSE), Extensive Support Needs (ESN), Mild Moderate Support Needs (MMSN), Bridge Authorization
  - 1. Special Education Bridge Authorizations: Professional Development Completion Letter for Bridge Authorization 2024
  - 2. 2024 Bridge Flyers: ESN, MMSN, ECSE
  
- K. Resignation Notifications from SBCSELPA WRAP Staff
  - 1. Alex Holdom, SBCSELPA WRAP Facilitator, Resignation Letter
  - 2. Rachel Bidinost, SBCSELPA WRAP Youth Support Specialist (YSS), Resignation Letter
  
- L. Announcement of New SBCSELPA WRAP Staff Member
  
- M. LEA/District Costs Associated with Due Process – SBCSELPA Year-to-Date Account Balances
  
- N. SBCSELPA Legal Fees Year-to-Date Reserve
  
- O. Nonpublic School (NPS) Year-to-Date Placement Expenditures

IX. MISCELLANEOUS AGENDA ITEMS

- A. Items Proposed for Future Action or Discussion
  
- B. Next Scheduled JPA Board Meeting:
  - Date: **October 7, 2024**
  - Time: **12:00 p.m.**
  - Location: **SBCEO – Cabinet Conference Room & Orcutt Union School District Office - Technology Center**

X. PUBLIC COMMENT PERIOD REGARDING CLOSED SESSION ITEMS

Please refer to information at the beginning of the agenda regarding public comment guidelines.

XI. CLOSED SESSION

- A. **Confidential Nonpublic School (NPS) Student Updates**
  
- B. **CONFERENCE WITH LABOR NEGOTIATOR** (*Government Code §54957.6*)
  - Agency Designated Representative:** Ray Avila
  - SBCSELPA Unrepresented Employees:** Classified & Certificated Staff

XII. RECONVENE TO PUBLIC SESSION: Report of action taken in Closed Session, as appropriate.

XIII. ADJOURNMENT



**Santa Barbara County**  
**Special Education Local Plan Area**  
*Joint Powers Agency*

REF: V-A

**SANTA BARBARA COUNTY SPECIAL EDUCATION LOCAL PLAN AREA**  
**JOINT POWERS AGENCY BOARD**  
**MINUTES OF JUNE 3, 2024, REGULAR MEETING**  
**Public Session – 12:00 p.m.**

**Santa Barbara County Education Office**  
**Cabinet Conference Room**  
**4400 Cathedral Oaks Rd., Santa Barbara, CA 93110**

**Orcutt Union School District Office –**  
**Technology Center**  
**500 Dyer Street, Orcutt, CA 93455**

**I. PUBLIC SESSION**

**A. Call to Order**

The regular meeting of the Santa Barbara County Special Education Local Plan Area (SBCSELPA) Joint Powers Agency Board was called to order by Anne Hubbard at **12:02 p.m.** at Montecito Union School, Art Room, Santa Barbara, CA.

**B. Roll Call**

Lindsay MacDonald took membership roll call.

Members Present: Amy Alzina, *Clerk* (arrived at 1207 p.m.)

Antonio Garcia

Anne Hubbard, *Chairperson*

Randal Haggard, *Vice-Chairperson*

Hilda Maldonado

Susan Salcido (arrived at 1:00 p.m.)

Members Absent: None

Others Present: Ray Avila, SBCSELPA Executive Director and Secretary to the Board, and other SBCSELPA staff:

Lindsay MacDonald, SBCSELPA Office Manager

Rachel Wigle, SBCSELPA Chief Business Official

Jennifer Connolly, SBCSELPA Coordinator

Brian Helt, SBCSELPA Executive Assistant

Kirsten Escobedo, Assistant Superintendent, Special Education, SBCEO

Anthony Ranii, Superintendent, Montecito Union School District

**C. Flag Salute**

Anne Hubbard led the assembly in the Pledge of Allegiance.

**D. Welcome Guests**

Ray Avila began by welcoming our regular meeting attendees that are not on the Board or from SBCSELPA, Kirsten Escobedo joined this meeting. There were no other guests in attendance at the meeting.

**E. Election & Oath of Office**

New Board Member Anthony Ranii (Combined North & South County). Renew Membership for Current Board Members & Board Officer Positions of Randall Haggard, JPA Vice Chairperson, Antonio Garcia, and Holly Edds and administer Oath of Office.

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**F. Review Board Positions: Chairperson, Vice Chairperson, & Clerk.**

Anne Hubbard (Chairperson), Randal Haggard (Vice Chairperson), & Amy Alzina (Clerk) all shared a brief description of their Board positions and their duties. All shared that they were more than happy to step down if there was another member who would like to step into the role.

**G. SBCSELPA Executive Director's Report**

Ray Avila reviewed the report he prepared for the JPA Board, highlighting items #5, SBCSELPA Local Plan submission to the CDE, & #6, Special Education Resources. Ray shared that the SBCSELPA received all LEA, SBCEO, and CAC signatures per the CDE Local Plan submission process. The SBCSELPA Local Plan has been officially submitted to CDE. Approval notifications usually arrive at SELPAs at the end of the summer.

As to item #6, Ray shared in collaboration with Rachel Fauver, Director, School & District Support, SBCEO presented at the California SIP Inclusion Conference on May 9th. This presentation highlighted the work that has occurred during the 2024-25 school year between SBCSELPA and SBCEO in developing and facilitating the "Santa Barbara County Inclusion Network, he provided a copy of the Santa Barbara County SIP Inclusion Conference Presentation as an attachment. The Board was satisfied; there were no questions or comments.

**II. PUBLIC COMMENTS**

There were no public comments.

**III. PUBLIC HEARING**

**A. Santa Barbara County SELPA 2024-2025 Proposed Adopted Budget**

- |                                  |                                  |
|----------------------------------|----------------------------------|
| 1. Convene Public Hearing        | <b>Opened: <u>12:12 p.m.</u></b> |
| 2. Discussion and Input          |                                  |
| 3. Adjournment of Public Hearing | <b>Closed: <u>12:13 p.m.</u></b> |

**IV. APPROVAL OF ADDITIONAL EMERGENCY ITEMS**

There were no additional emergency items presented.

**V. APPROVAL OF ACTION AGENDA**

**Recommendation:** The JPA Board approves the Action Agenda as presented.

**Motion to Approve:** Holly Edds **Second:** Randal Haggard

**Vote:** 7 – 0 The motion passed with JPA Board Members Amy Alzina, Antonio Garcia, Randal Haggard, Emilio Handall, Anne Hubbard, Holly Edds, and Hilda Maldonado voting in favor; none opposed.

**VI. CONSENT AGENDA: The JPA Board took action on Items A - E:**

**A. Minutes of May 6, 2024 Regular Meeting**

- B. Ratification of Payment of Claims:** 01-791603 – 01-791616, 01-791947, 01-792573 – 01-792586, 01-793759 – 01-793781, 01-795103 – 01-795105.

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- C. **2024-2025 Nonpublic Agency (NPA) Master Contract Rates**
  - 1. Exhibit A Rates Sheet: Amergis Healthcare Staffing, Inc.
  - 2. Exhibit A Rates Sheet: California Psychare
  - 3. Exhibit A Rates Sheet: E-Therapy
  - 4. Exhibit A Rates Sheet: New Mediscan II, dba Cross Country Education
  - 5. Exhibit A Rates Sheet: TinyEye

- D. **2024-2025 Legal Service Agreements (AMENDED)**
  - 1. Adams, Silva, & McNally
  - ~~2. Atkinson, Adelson, Loya, Ruud & Romo~~
  - 3. Dannis Woliver Kelley
  - ~~4. Fagen Friedman & Fulfrost~~
  - 5. Hatch & Cesario
  - 6. JRG Legal Consulting
  - ~~7. Liebert Cassidy Whitmore~~

E. **2024-2026 SIRAS Systems, Inc. Contract Renewal with Santa Barbara County SELPA**

**Recommendation:** The JPA Board approves Consent Agenda Items A through F as amended.

**Motion to Approve:** Amy Alzina **Second:** Hilda Maldonado

**Vote:** 7 – 0 The motion passed with JPA Board Members Amy Alzina, Holly Edds, Antonio Garcia, Randal Haggard, Emilio Handall, Anne Hubbard, and Hilda Maldonado voting in favor; none opposed.

The Board was satisfied; there were no questions or comments.

VII. **PRESENTATION**

- A. SBCSELPA Professional Development 2023-2024 & 2024-2025  
Presenter: Jennifer Connolly, SBCSELPA Coordinator

VIII. **ITEMS SCHEDULED FOR ACTION/CONSIDERATION**

- A. **Santa Barbara County SELPA (SBCSELPA) 2024-2025 Proposed Adopted Budget**
  - 1. SBCSELPA Proposed Adopted Budget

**Recommendation:** The JPA Board approves the SBCSELPA 2024-2025 Proposed Adopted Budget as presented.

**Motion to Approve:** Amy Alzina **Second:** Randal Haggard

**Vote:** 7 – 0 The motion passed with JPA Board Members Amy Alzina, Holly Edds, Antonio Garcia, Randal Haggard, Emilio Handall, Anne Hubbard, and Hilda Maldonado voting in favor; none opposed.

The Board was satisfied; there were no questions or comments.



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**B. Santa Barbara County SELPA Local Plan Revision, Section 9, AB 602 Special Education Fiscal Allocation Plan – Proposed Changes from Funding Model Committee (Second Reading/Approval)**

- 1. L.P., Section 9 with marked revisions
- 2. L.P., Section 9 in final form
- 3. L.P., Section 9, excerpt only with marked revisions

**Recommendation:** The JPA Board approves the proposed SBCSELPA Local Plan changes to Section 9, AB 602 Special Education Fiscal Allocation Plan as presented.

**Motion to Approve:** Hilda Maldonado **Second:** Antonio Garcia

**Vote:** 7 – 0 The motion passed with JPA Board Members Amy Alzina, Holly Edds, Antonio Garcia, Randal Haggard, Emilio Handall, Anne Hubbard, and Hilda Maldonado voting in favor; none opposed.

The Board was satisfied; there were no questions or comments.

**C. Proposed 2024-2025 SBCSELPA JPA Board Meeting Dates**

**Recommendation:** The JPA Board approves the proposed 2024-2025 SBCSELPA JPA Board Meeting dates as presented.

**Motion to Approve:** Emilio Handall **Second:** Randal Haggard

**Vote:** 7 – 0 The motion passed with JPA Board Members Amy Alzina, Holly Edds, Antonio Garcia, Randal Haggard, Emilio Handall, Anne Hubbard, and Hilda Maldonado voting in favor; none opposed.

The Board was satisfied; there were no questions or comments.

**IX. ITEMS SCHEDULED FOR INFORMATION AND DISCUSSION**

**A. Santa Maria Joint Union High School District (SMJUHSD) Request to Take Back Deaf & Hard of Hearing (DHOH) Special Day Class (SDC) Program for 2025-26 School Year**

- 1. Letter of Intent, Year & a Day Notice

The Board was satisfied; there were no questions or comments.

**B. Santa Maria Joint Union High School District (SMJUHSD) Request to Take Back Therapeutic Learning Center (TLC) Special Day Class (SDC) Program for 2025-26 School Year**

- 1. Letter of Intent, Year & a Day Notice

The Board was satisfied; there were no questions or comments.

**C. Peabody Charter School Request to Join the Santa Barbara County SELPA (SBCSELPA) in the 2025-26 School Year**

- 1. Letter of Intent, Year & a Day Notice

The Board was satisfied; there were no questions or comments.

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**D. SBCSELPA 2023-2024 Alternate Dispute Resolution (ADR) Outcomes**

1. SBCSELPA ADR Outcome Data for 2023-2024 School Year
2. SBCSELPA ADR Countywide Events for 2023-2024 by Month

The Board was satisfied; there were no questions or comments.

**E. SBCSELPA Professional Development (PD) Summary for 2023-2024 and Proposed PD Plan for 2024-2025**

1. SBCSELPA Professional Development Offerings Feedback 2023-2024
2. SBCSELPA Professional Development One-Year-Plan for 2024-2025
3. 2024-2025 Professional Development LEA Requests in Categories
4. 2024-2025 LEA PD Requests from 2023-2024 Survey
5. Professional Development 2024-2025 Projections by Month In Person, Virtual, Hybrid In Person & Virtual (Recorded, posted on SBCSELPA website)
6. SBCSELPA Network Meetings, All Santa Barbara County
7. SBCSELPA Professional Development Offerings Booklet 2023-2024

The Board was satisfied; there were no questions or comments.

**F. SBCSELPA Community Advisory Committee (CAC) 2023-2024 Annual Project**

1. SBCSELPA Community Advisory Committee Newsletters to Parents
2. SBCSELPA “Best Practices in IEP Interpretation” Help Sheet for Staff

The Board was satisfied; there were no questions or comments.

**G. LEA/District Costs Associated with Due Process SBCSELPA Year-to-Date Account Balances**

The Board was satisfied; there were no questions or comments.

**H. SBCSELPA Legal Fees Year-to-Date Reserve**

The Board was satisfied; there were no questions or comments.

**I. Nonpublic School (NPS) Year-to-Date Placement Expenditures**

The Board was satisfied; there were no questions or comments.

**X. MISCELLANEOUS AGENDA ITEMS**

**A. Items Proposed for Future Action or Discussion**

There were no requests for future agenda items.

- B. Next Scheduled JPA Board Meeting:**
- |                  |                   |
|------------------|-------------------|
| <b>Date:</b>     | September 9, 2024 |
| <b>Time:</b>     | 9:15 a.m.         |
| <b>Location:</b> | 2 Locations - TBD |

**XI. PUBLIC COMMENT PERIOD REGARDING CLOSED SESSION ITEM**

There were no public comments.

**XII. CLOSED SESSION: The JPA Board adjourned to Closed Session at 1:16 p.m.**

- A. CONFERENCE WITH LABOR NEGOTIATOR (Government Code §54957.6)**  
**Agency Designated Representative: Ray Avila**  
**SBCSELPA Unrepresented Employees: Classified & Certificated Staff**

SBCSELPA JPA BOARD  
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XIII. **RECONVENE TO PUBLIC SESSION:** Anne Hubbard called the meeting back into Public Session at **1:26 p.m.** The Board took no action.

XIV. **ADJOURNMENT**  
The meeting was adjourned at **1:26 p.m.**

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Anne Hubbard, Chairperson  
Santa Barbara County SELPA

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Ray Avila, Secretary  
Santa Barbara County SELPA

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Date

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Date

ReqPay12a

Board Report

Checks Dated 05/22/2024 through 08/21/2024

Check Number	Check Date	Pay to the Order of	Fund-Object	Expensed Amount	Check Amount
01-795980	05/28/2024	Avila, Ray S	01-4300	92.47	
			01-5200	45.79	138.26
01-795981	05/28/2024	Bucio, Rosy	01-5200		1,397.96
01-795982	05/28/2024	Footo, Lisa A	01-5200		533.33
01-795983	05/28/2024	Lindsey, Alison	01-5200		612.78
01-795984	05/28/2024	MacDonald, Lindsay	01-4300		244.84
01-795985	05/28/2024	ALD Telecom	Reissued		65.41 *
Reissued on 07/30/2024, Cancel Register # 5748851					
01-795986	05/28/2024	Aldous Patton	01-5860		3,000.00
01-795987	05/28/2024	Casa Pacifica	01-5880	35,449.55	
			01-5892	3,550.45	39,000.00
01-795988	05/28/2024	Catherine Park	01-5880		3,000.00
01-795989	05/28/2024	CPR COMPUTER SERVICES	01-5880		1,200.00
01-795990	05/28/2024	CRISIS PREVENTION INSTITUTE	01-5800		4,800.00
01-795991	05/28/2024	Emma Warren	01-5880		3,000.00
01-795992	05/28/2024	Frontier	01-5910		205.12
01-795993	05/28/2024	Gabrielle Esposito	01-5880		3,000.00
01-795994	05/28/2024	Goleta Union School District	01-7281		3,881.85
01-795995	05/28/2024	Patterson Associates	01-5600		6,619.69
01-795996	05/28/2024	Rachel Bklinost	01-4300		20.21
01-795997	05/28/2024	Santa Barbara Unified District	01-5860		35,363.93
01-795998	05/28/2024	Santa Maria Jt. union High Dist	01-5830		15,553.00
01-795998	05/28/2024	Securitas Technology Corp.	01-5860		70.11
01-796000	05/28/2024	Tania Nunez De La Torre	01-5200		39.62
01-796952	06/04/2024	Bucio, Rosy	01-5800		305.13
01-796953	06/04/2024	Cassandra Sivola	01-4310		168.03
01-796954	06/04/2024	NPS 2022-23-77	01-5880		1,253.45
01-796955	06/04/2024	FAGEN FRIEDMAN & FULFROST LLP	01-5800		1,620.00
01-796956	06/04/2024	Frontier	01-5910		176.88
01-796957	06/04/2024	Guadalupe Union School Dist.	01-5800		460.13
01-796958	06/04/2024	Santa Barbara County Education Office	01-4300		41.00
01-796959	06/04/2024	Santa Maria Jt. union High Dist	01-7281		1,670.36
01-796960	06/04/2024	X Tech Laser Printing Inc.	01-5860		439.51
01-798017	06/11/2024	Bucio, Rosy	01-5200		35.00
01-798018	06/11/2024	Connolly, Jennifer	01-4300		261.89
01-798019	06/11/2024	Fazio-Leon, Netafie	01-5200		35.00
01-798020	06/11/2024	Footo, Lisa A	01-5200		132.49
01-798021	06/11/2024	ACSA	01-5300		135.61
01-798022	06/11/2024	Alexandra Holdom	01-5200		1,031.29
01-798023	06/11/2024	American Psychological Assoc.	01-5880		4,000.00
01-798024	06/11/2024	Big Green Cleaning Company	01-5860		408.00
01-798025	06/11/2024	Central Coast Otolaryngology	01-5910		280.00
01-798026	06/11/2024	CRISIS PREVENTION INSTITUTE	01-5800		4,499.00
01-798027	06/11/2024	Devereux ABH	01-5890	17,596.08	
			01-5892	4,321.36	21,918.44

The preceding Checks have been issued in accordance with the District's Policy and authorization of the Board of Trustees. It is recommended that the preceding Checks be approved.

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Board Report

Checks Dated 05/22/2024 through 08/28/2024

Check Number	Check Date	Pay to the Order of	Fund-Object	Expensed Amount	Check Amount
01-798028	06/11/2024	Elevationa RTC	01-5890	52,080.00	
			01-5892	14,300.00	66,380.00
01-798029	06/11/2024	Gissell Crespo	01-5200	788.39	
			01-5910	35.00	823.39
01-798030	06/11/2024	Jazmin Estebez	01-4300	64.07	
			01-5200	1,038.77	
			01-5910	35.00	1,137.84
01-798031	06/11/2024	JRG Legal Consulting	01-5830		1,105.00
01-798032	06/11/2024	Laura Morizio	01-5850		1,677.50
01-798033	06/11/2024	Lauren Gerken	01-5200	1,301.50	
			01-5910	35.00	1,336.50
01-798034	06/11/2024	Lava Heights Academy	01-6691	9,648.00	
			01-5892	3,795.00	13,343.00
01-798035	06/11/2024	Lompoc Unified School District	01-7281		2,731.42
01-798036	06/11/2024	Michelle White	01-4300	110.57	
			01-5200	1,457.79	
			01-5910	35.00	1,603.36
01-798037	06/11/2024	Rachel Bidmest	01-4300	23.53	
			01-5200	1,013.76	
			01-5910	35.00	1,072.31
01-798038	06/11/2024	Sage Communications, Inc.	01-5910		390.36
01-798039	06/11/2024	Tania Nunez De La Torre	01-5200	592.31	
			01-5910	35.00	727.31
01-798040	06/11/2024	Verizon Wireless	01-5910		223.09
01-798041	06/11/2024	VISA - SB Teachers Fed Credit Union	01-4300	500.54	
			01-5800	1,116.88	1,617.42
01-799184	06/18/2024	Avila, Ray S	01-4300	38.01	
			01-5200	1,646.81	1,684.82
01-799185	06/18/2024	ALD Telecom	01-5910		131.20
01-799186	06/18/2024	Alexandra Holdom	01-4300		26.88
01-799187	06/18/2024	Atkinson Anderson Loyo Rudd Ro	01-5300		350.00
01-799188	06/18/2024	Casa Pacifica	01-5890	35,705.30	
			01-5892	4,594.70	40,300.00
01-799189	06/18/2024	Frontier	01-5910		97.73
01-799190	06/18/2024	HEATHER BOUVIER	01-4310		75.66
01-799191	06/18/2024	Jane Harpeter	01-4310		51.18
01-799192	06/18/2024	Lauren Bussian	01-4310		320.52
01-799193	06/18/2024	North Valley Schools Inc.	01-5890	6,174.00	
			01-5892	7,854.00	14,028.00
01-799194	06/18/2024	Rachel Bidmest	01-4300		16.99
01-799195	06/18/2024	Santa Barbara County Education Office	01-5800		300.00
01-799196	06/18/2024	Santa Barbara Unified District	01-5830	21,285.00	
			01-5860	68,156.42	89,441.42
01-799197	06/18/2024	Santa Maria-Bonita School Dist	01-5800	586.05	
			01-7281	9,702.51	10,288.56
01-799198	06/18/2024	SIRAS Systems	01-5850		1,870.00

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ESCAPE

ReqPay12a

Board Report

Checks Dated 05/22/2024 through 08/28/2024

Check Number	Check Date	Pay to the Order of	Fund-Object	Expensed Amount	Check Amount
01-798199	06/18/2024	Tania Nunez De La Torre	01-4300		17.45
01-800318	06/25/2024	Hurwitz, Taryn	01-5200		81.74
01-800319	06/25/2024	Lindsey, Alison	01-5200		1,568.70
01-800320	06/25/2024	Wigle, Rachel R	01-5200		50.12
01-800321	06/25/2024	CPR COMPUTER SERVICES	01-5880		1,468.10
01-800322	06/25/2024	Great America Financial Svcs.	01-5880		349.58
01-800323	06/25/2024	Rachel Bidinost	01-4300		39.13
01-800324	06/25/2024	San Bernardino Co. Supt.	01-5800		2,000.00
01-800325	06/25/2024	Securitas Technology Corp.	01-5880		276.56
01-800326	06/25/2024	X Tech Laser Printing Inc.	01-5880		304.53
01-801382	07/02/2024	Avila, Rey S	01-4300		111.87
01-801383	07/02/2024	Buclo, Rosy	01-5910		35.00
01-801384	07/02/2024	Faclo-Leon, Natalia	01-5200	717.41	
			01-5910	35.00	752.41
01-801395	07/02/2024	Foote, Lisa A	01-5910		35.00
01-801396	07/02/2024	Alexandra Holdom	01-5200		850.39
01-801397	07/02/2024		01-5890		449.66
01-801398	07/02/2024	Devereux ABM	01-5890		1,035.66
01-801399	07/02/2024	Frontier	01-5910		272.32
01-801400	07/02/2024	Gissell Crespo	01-4300	82.87	
			01-5200	1,046.87	
			01-5910	35.00	1,164.34
01-801401	07/02/2024	Guadalupe Union School Dist.	01-5890		5,338.00
01-801402	07/02/2024	Jazmin Estebez	01-5200	964.26	
			01-5910	35.00	898.26
01-801403	07/02/2024	Lauren Gerken	01-5910		35.00
01-801404	07/02/2024	Lompoc Unified School District	01-7281		1,813.85
01-801405	07/02/2024	Michelle White	01-5200	1,152.87	
			01-5910	35.00	1,187.87
01-801406	07/02/2024	Moss Levy & Hartzheim	01-5910		4,000.00
01-801407	07/02/2024	North Valley Schools Inc.	01-5890	2,526.82	
			01-5882	1,056.83	3,583.65
01-801408	07/02/2024	Patterson Associates	01-5600		6,619.89
01-801409	07/02/2024	Rachel Bidinost	01-5910		35.00
01-801410	07/02/2024	Santa Barbara Unified District	01-5880		31,645.98
01-801411	07/02/2024	Santa Maria J. Union High Dist	01-7281		168,526.89
01-801412	07/02/2024	Santa Maria-Bonita School Dist	01-7281		12,859.92
01-801413	07/02/2024	Tania Nunez De La Torre	01-5200	748.86	
			01-5910	35.00	783.86
01-802121	07/09/2024	Buclo, Rosy	01-5200		1,016.05
01-802122	07/09/2024	Faclo-Leon, Natalia	01-5200		530.77
01-802123	07/09/2024	Foote, Lisa A	01-5200		650.03
01-802124	07/09/2024	Elevations RTC	01-5890	82,160.00	
			01-5882	14,960.00	77,120.00
01-802125	07/09/2024	Frontier	01-5910		167.41
01-802126	07/09/2024	Hope School District	01-7281		6,103.00

NPS 2022-23-72

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Board Report

Checks Dated 05/22/2024 through 08/28/2024

Check Number	Check Date	Pay to the Order of	Fund-Object	Expensed Amount	Check Amount
01-802127	07/09/2024	Laura Morizio	01-5860		1,815.00
01-802128	07/09/2024	Lauren Gerken	01-4300	6.00	
			01-5200	985.70	991.70
01-802129	07/09/2024	Rachel Bidinost	01-5200		1,250.82
01-802130	07/09/2024	Tania Nunez De La Torre	01-4300		13.00
01-802131	07/09/2024	Verizon Wireless	01-5910		217.78
01-802132	07/09/2024	X Tech Laser Printing Inc.	01-5860		390.84
01-803118	07/16/2024	Devenaux ABH	01-5890	17,030.40	
			01-5892	4,321.36	21,351.76
01-803119	07/16/2024	Goleta Union School District	01-7281		9,306.00
01-803120	07/16/2024	Lompoc Unified School District	01-7281		16,223.00
01-803121	07/16/2024	NPS 2022-23-74	01-5890		1,843.78
01-803122	07/16/2024	NPS 2022-23-74	01-5890		763.91
01-803123	07/16/2024	North Valley Schools Inc.	01-5890	8,164.00	
			01-5891	8,164.00	16,328.00
01-803124	07/16/2024	NPS 2023-24-80	01-5890		794.99
01-803125	07/16/2024	Santa Barbara Charter School	01-7281		7,365.00
01-804300	07/23/2024	Avila, Ray S	01-4300	150.00	
			01-5200	1,830.18	1,780.18
01-804301	07/23/2024	Umansky, Deborah	01-5200		156.78
01-804302	07/23/2024	ACSA	01-5300		135.61
01-804303	07/23/2024	ALD Telecom	01-5910		66.85
01-804304	07/23/2024	Big Green Cleaning Company	01-5860		458.38
01-804305	07/23/2024	Cass Pacifica	01-5890	35,658.40	
			01-5892	3,341.60	39,000.00
01-804306	07/23/2024	COALITION FOR ADEQUATE FUNDING - Orange USD SELPA	01-5300		1,400.00
01-804307	07/23/2024	CPR COMPUTER SERVICES	01-5880		1,200.00
01-804308	07/23/2024	Frontier	01-5910		98.40
01-804309	07/23/2024	Goleta Union School District	01-7281		54.03
01-804310	07/23/2024	North Valley Schools Inc.	01-5890	7,522.58	
			01-5892	898.79	8,421.35
01-804311	07/23/2024	Regents of Univ. of CA	01-8899		4,804.04
01-804312	07/23/2024	Sage Communications, Inc.	01-5910		390.36
01-804313	07/23/2024	Santa Barbara Unified District	01-5880		94,073.47
01-804314	07/23/2024	Securitas Technology Corp.	01-5860		70.11
01-804315	07/23/2024	SELPA ADMINISTRATORS QF CA db E. San Gabriel Valley SELPA	01-5300		1,660.00
01-804316	07/23/2024	SIRAS Systems	01-5850		114,912.00
01-804317	07/23/2024	Strategic Incentives, Inc.	01-4300		1,062.06
01-804318	07/23/2024	VISA	01-4300	4,759.90	
			01-5800	355.60	5,155.50
01-804319	07/23/2024	West Shield Adolescent Service	01-5890		5,480.53
01-805124	07/30/2024	Avila, Ray S	01-4300		270.00
01-805125	07/30/2024	ALD Telecom	01-5910		65.41
01-805126	07/30/2024	Chelsea Offedal	01-4310		13.69
01-805127	07/30/2024	CRISIS PREVENTION INSTITUTE	01-5800		200.00

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ESCAPE 4 3 4 17

ReqPay12a

Board Report

Checks Dated 05/22/2024 through 08/28/2024

Check Number	Check Date	Pay to the Order of	Fund-Object	Expensed Amount	Check Amount
01-805128	07/30/2024	Frontier	01-5910		118.06
01-805129	07/30/2024	Great America Financial Svcs.	01-5860		160.65
01-805130	07/30/2024	Lava Heights Academy	01-5890	4,620.00	
			01-5891	4,620.00	
			01-5892	3,300.00	12,540.00
01-805131	07/30/2024	Lisa Kuhlman	01-4310		96.48
01-805132	07/30/2024	Monica Santana	01-4310		94.64
01-805133	07/30/2024	Patterson Associates	01-5600		6,619.69
01-805134	07/30/2024	Rachel Blidinost	01-5200		975.19
01-805135	07/30/2024	Sisc II Property & Liability	01-5450		7,130.00
01-805872	08/06/2024	Avila, Ray S	01-5200		140.06
01-805873	08/06/2024	NPS 2023-24-82	01-5890		971.01
01-805874	08/06/2024	Big Green Cleaning Company	01-5860		409.00
01-805875	08/06/2024	FAGEN FRIEDMAN & FULFROST LLP	01-5830		1,558.00
01-805876	08/06/2024	Frontier	01-5910		322.84
01-805877	08/06/2024	Glissell Crespo	01-5200	963.46	
			01-5910	35.00	998.46
01-805878	08/06/2024	Jazmin Estebez	01-5200	1,138.06	
			01-5910	35.00	1,173.06
01-805879	08/06/2024	Lauren Gerken	01-5200	811.04	
			01-5910	35.00	846.04
01-805880	08/06/2024	Lompoc Unified School District	01-7281		189.99
01-805881	08/06/2024	Michelle White	01-5200	1,129.96	
			01-5910	35.00	1,164.96
01-805882	08/06/2024	Rachel Blidinost	01-5910		35.00
01-805883	08/06/2024	School Services of California	01-5860		5,850.00
01-805884	08/06/2024	Tania Nunez De La Torre	01-5200	731.84	
			01-5910	35.00	766.84
01-805885	08/06/2024	Verizon Wireless	01-5910		225.81
01-806798	08/13/2024	Avila, Ray S	01-5200		78.81
01-806799	08/13/2024	ACSA	01-5300		135.61
01-806800	08/13/2024	Alessandra Mae Mittelstat	01-5860		30.00
01-806801	08/13/2024	Blochman Union School District	01-7281		1,220.00
01-806802	08/13/2024	Danielle Zahn	01-5860		49.00
01-806803	08/13/2024	Devereux ABH	01-5890	9,238.08	
			01-5891	9,238.08	18,476.17
01-806804	08/13/2024	Gianna Famolare	01-5860		33.50
01-806805	08/13/2024	Lava Heights Academy	01-5890	4,774.00	
			01-5891	4,774.00	
			01-5892	3,630.00	13,178.00
01-806806	08/13/2024	NPS 2023-24-80	01-5860		1,004.30
01-806807	08/13/2024	NPS 2023-24-80	01-5890		901.92
01-806808	08/13/2024	Sage Communications, Inc.	01-5910		390.95
01-806809	08/13/2024	Sandra Guzman	01-5880		20.00
01-806810	08/13/2024	Santa Barbara Unified District	01-7281		35,215.84
01-806811	08/13/2024	VISA	01-4300	3,124.50	

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ESCAPE ONLY

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ReqPay12a

Board Report

Checks Dated 05/22/2024 through 08/28/2024

Check Number	Check Date	Pay to the Order of	Fund-Object	Expensed Amount	Check Amount
01-806811	08/13/2024	VISA	01-5880	531.87	3,656.47
01-807817	08/20/2024	ALD Telecom	01-5910		70.11
01-807818	08/20/2024	CPR COMPUTER SERVICES	01-5880		1,020.00
01-807819	08/20/2024	Elevations RTC	01-5890	73,160.00	
			01-5892	20,240.00	93,400.00
01-807820	08/20/2024	Frontier	01-5910		95.40
01-807821	08/20/2024	Hope School District	01-5880	6,800.00	
			01-7281	8,777.00	15,377.00
01-807822	08/20/2024	Leticia Leon	01-4310		30.65
01-807823	08/20/2024	Mountain Valley CFS, Inc	01-5890	5,528.50	
			01-5892	918.40	6,444.90
01-807824	08/20/2024	Santa Barbara County Education Office	01-7282		70,871.55
01-807825	08/20/2024	Santa Barbara Independent	01-5840		720.00
01-808749	08/27/2024	Avila, Ray S	01-5200		78.59
01-808750	08/27/2024	Alessandra Mae Mittelstet	01-5860		4,000.00
01-808751	08/27/2024	Beckman Software Engineering	01-4300		1,653.71
01-808752	08/27/2024	CALPERS	01-3202		700.00
01-808753	08/27/2024	CalPERS Financial Reporting	01-3202		55,273.00
01-808754	08/27/2024	Carlsinteria Unified District	01-7281		28,516.97
01-808755	08/27/2024	Casa Pacifica	01-5890	19,726.24	
			01-5891	19,726.24	
			01-5892	847.52	40,300.00
01-808756	08/27/2024	Danielle Zahn	01-5860		4,000.00
01-808757	08/27/2024	Frontier	01-5910		107.22
01-808758	08/27/2024	Gianna Femolare	01-5860		4,000.00
01-808759	08/27/2024	Great America Financial Svcs.	01-5860		321.30
01-808760	08/27/2024	Joel Burdette	01-5860		67.00
01-808761	08/27/2024	Kerstin Schnopp	01-5860		4,000.00
01-808762	08/27/2024	Mountain Valley CFS, Inc	01-5890	24,474.50	
			01-5892	3,903.20	28,377.70
01-808763	08/27/2024	North Valley Schools Inc.	01-5890	4,573.55	
			01-5891	4,573.55	
			01-5892	2,488.00	11,835.10
01-808764	08/27/2024	Patterson Associates	01-5600		6,619.69
01-808765	08/27/2024	Sandra Guzman	01-5860		4,000.00
01-808766	08/27/2024	Securitas Technology Corp.	01-5860		70.11
			<b>Total Number of Checks</b>	<b>205</b>	<b>1,804,807.02</b>

	Count	Amount
Reissue	1	65.41
Net Issue		1,804,441.61

Fund Recap

Fund	Description	Check Count	Expensed Amount
01	General Fund	205	1,804,441.61

The preceding Checks have been issued in accordance with the District's Policy and authorization of the Board of Trustees. It is recommended that the preceding Checks be approved.

ESCAPE

**ReqPay12a**

**Board Report**

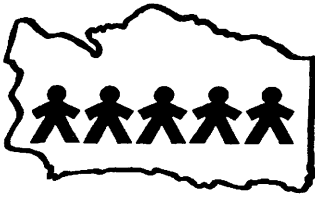
Checks Dated 05/23/2024 through 08/28/2024

Check Number	Check Date	Pay to the Order of	Fund-Object	Expensed Amount	Check Amount
		Total Number of Checks	209	1,604,441.61	
		Less Unpaid Tax Liability		.00	
		Net (Check Amount)		<u>1,604,441.61</u>	

The preceding Checks have been issued in accordance with the District's Policy and authorization of the Board of Trustees. It is recommended that the preceding Checks be approved.

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**Santa Barbara County  
Special Education Local Plan Area**  
A Joint Powers Agency

Date: September 9, 2024  
To: SBCSELPA JPA Board  
From: Ray Avila, SBCSELPA Executive Director  
Re: 2023-2024 Nonpublic School (NPS) Individual Service Agreements (ISAs)

**BACKGROUND:**

- The following ISAs are for services provided to NPS students currently in placement reflect the rates negotiated in the JPA Board approved **2023-2024** Nonsectarian, Nonpublic School/Agency Master Contract.

<i>Nonpublic School</i>	<i>Case Number</i>	<i>100% Contract Cost</i>	<i>Effective Dates</i>
Elevations Academy RTC	NPS 2023-24-82	\$17,060.00	6/10/2024 – 06/30/2024
Elevations Academy RTC	NPS 2023-24-83	\$14,860.00	6/24/2024 – 06/30/2024
<b>Total</b>		<b>\$31,920.00</b>	

**FISCAL IMPACT:** The contracted costs for the SBCSELPA NPS placements for 2023-2024 are \$31,920.00.

**RECOMMENDATION:** The JPA Board approves the above 2023-2024 NPS ISAs as presented.

RA:lm

**EXHIBIT B: 2023-2024 ISA**

**INDIVIDUAL SERVICES AGREEMENT (ISA) FOR NONPUBLIC, NONSECTARIAN SCHOOL SERVICES**  
(Education Code Sections 56365 et seq.)

This agreement is effective on June 10, 2024 or the date student begins attending a nonpublic school or receiving services from a nonpublic agency, if after the date identified, and terminates at 5:00 P.M. on June 30, 2024, unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency Santa Barbara County Special Education Local Plan Area Nonpublic School Elevations Academy RTC

LEA Case Manager: Name Ray Avila, SELPA Executive Director Phone Number (805) 693-1424

Pupil Name: NPS 2023-24-82 Sex  M  F Grade: 10

(Last) (First) (M.I.)  
Address City Santa Barbara State/Zip CA/93101

DOB Residential Setting:  Home  Foster  LCI #  OTHER RTC

Parent/Guardian Phone (805) ( )  
(Residence) (Business)

Address City State/Zip  
(If different from student)

**AGREEMENT TERMS:**

- Nonpublic School:* The average number of minutes in the instructional day will be \_\_\_\_\_ during the regular school year  
\_\_\_\_\_ during the extended school year
- Nonpublic School:* The number of school days in the calendar of the school year are: 15 during the regular school year  
\_\_\_\_\_ during the extended school year

3. Educational services as specified in the IEP shall be provided by the CONTRACTOR and paid at the rates specified below.

A. **INCLUSIVE AND/OR BASIC EDUCATION PROGRAM RATE:** (Applies to nonpublic schools only): Daily Rate: \$220

Estimated Number of Days 15 x Daily Rate \$220 = PROJECTED BASIC EDUCATION COSTS \$3,300

**B. RELATED SERVICES:**

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	OTHER Specify				
Intensive Individual Services (340)		x		15	\$220		\$3,300
Language/Speech Therapy (415) a. Individual b. Group							
Adapted Physical Ed. (425)							
Health and Nursing: Specialized Physical Health Care (435)							
Health and Nursing Services: Other (436)							
Assistive Technology Services (445)							
Occupational Therapy (450)							
Physical Therapy (460)							
Individual Counseling (510)							
Counseling and guidance (515)							
Parent Counseling (520)							
Social Work Services (525)							

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	OTHER Specify				
Psychological Services (630)							
Behavior Intervention Services (635)							
Specialized Services for Low Incidence Disabilities (610)							
Specialized Deaf and Hard of Hearing Services (710)							
Interpreter Services (715)							
Audiological Services (720)							
Specialized Vision Services (725)							
Orientation and Mobility (730)							
Braille Transcription (735)							
Specialized Orthopedic Service (740)							
Reader Services (745)							
Note Taking Services (750)							
Transcription Services (755)							
Recreation Services (760)							
College Awareness Preparation (820)							
Vocational Assessment, Counseling, Guidance and Career Assessment (830)							
Career Awareness (840)							
Work Experience Education (850)							
Mentoring (860)							
Agency Linkages (865)							
Travel Training (870)							
Residential Room and Board	x			21	\$390		\$8,190
Mental Health Services	x			21	\$170		\$3,570
Enrollment Fee	x			1	\$2,000		\$2,000
Transportation-Emergency b. Transportation-Parent							
Bus Passes							
Other							

107250

ESTIMATED MAXIMUM RELATED SERVICES COSTS \$13,760

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS \$ 17,060

4. Other Provisions/Attachments:

\_\_\_\_\_

5. MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON \_\_\_\_\_

6. Progress Reporting Requirements: \_\_\_\_\_ Quarterly X Monthly \_\_\_\_\_ Other (Specify) \_\_\_\_\_

The parties hereto have executed this Individual Services Agreement by and through their duly authorized agents or representatives as set forth below.

-CONTRACTOR-

-LEA/SELPA-

Elevations Academy RTC

Santa Barbara County SELPA

(Name of Nonpublic School/Agency)

(Name of LEA/SELPA)

Ryan Mortensen  
Ryan Mortensen (Apr 11, 2024 12:50 PM)

06/11/2024

Dr. Roy Avila  
Dr. Roy Avila (Apr 11, 2024 12:53 PM)

(Signature)  
(Date)

(Signature)

(Date)

Ryan Mortensen, Associate Executive Director

Dr. Roy Avila, Executive Director

(Name and Title)

(Name of Superintendent or Authorized Designee)










# WB ISA - Elevations RTC ISA 2023-24

Final Audit Report

2024-06-11

Created:	2024-06-11
By:	Brian Helt (bhelt@sbcsepa.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAADRvGWKIVQjgEWsuzzoleRLuDXGwFpSV31

## "WB ISA - Elevations RTC ISA 2023-24" History

-  Document created by Brian Helt (bhelt@sbcsepa.org)  
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-  Document emailed to ravila@sbcsepa.org for signature  
2024-06-11 - 5:34:52 PM GMT
-  Document emailed to Ryan Mortensen (rmortensen@elevationsrtc.com) for signature  
2024-06-11 - 5:34:52 PM GMT
-  Email viewed by Ryan Mortensen (rmortensen@elevationsrtc.com)  
2024-06-11 - 5:34:58 PM GMT- IP address: 72.14.199.70
-  Email viewed by ravila@sbcsepa.org  
2024-06-11 - 5:40:57 PM GMT- IP address: 208.83.1.2
-  Signer ravila@sbcsepa.org entered name at signing as Ray Avila  
2024-06-11 - 5:41:47 PM GMT- IP address: 208.83.1.2
-  Document e-signed by Ray Avila (ravila@sbcsepa.org)  
Signature Date: 2024-06-11 - 5:41:49 PM GMT - Time Source: server- IP address: 208.83.1.2
-  Document e-signed by Ryan Mortensen (rmortensen@elevationsrtc.com)  
Signature Date: 2024-06-11 - 7:30:20 PM GMT - Time Source: server- IP address: 63.248.254.235
-  Agreement completed.  
2024-06-11 - 7:30:20 PM GMT



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**EXHIBIT B: 2023-2024 ISA**

**INDIVIDUAL SERVICES AGREEMENT (ISA) FOR NONPUBLIC, NONSECTARIAN SCHOOL SERVICES**  
(Education Code Sections 56365 et seq.)

This agreement is effective on June 24, 2024 or the date student begins attending a nonpublic school or receiving services from a nonpublic agency, if after the date identified, and terminates at 5:00 P.M. on June 30, 2024, unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency Santa Barbara County Special Education Local Plan Area Nonpublic School Elevations Academy RTC

LEA Case Manager: Name Ray Avila, SELPA Executive Director Phone Number (805) 683-1424

Pupil Name NPS 2023-24-83 Sex:  M  F Grade: 10  
(Last) (First) (M.I.)

Address \_\_\_\_\_ City Lompoc State/Zip CA93436

DOB \_\_\_\_\_ Residential Setting:  Home  Foster  LCI # \_\_\_\_\_  OTHER RTC

Parent/Guardian \_\_\_\_\_ Phone (805) \_\_\_\_\_ 0 \_\_\_\_\_  
(Residential) (Business)

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_  
(if different from student)

**AGREEMENT TERMS:**

- Nonpublic School:* The average number of minutes in the instructional day will be: \_\_\_\_\_ during the regular school year  
\_\_\_\_\_ during the extended school year
- Nonpublic School:* The number of school days in the calendar of the school year are: 15 during the regular school year  
\_\_\_\_\_ during the extended school year
- Educational services as specified in the IEP shall be provided by the CONTRACTOR and paid at the rates specified below.*

A. **INCLUSIVE AND/OR BASIC EDUCATION PROGRAM RATE:** (Applies to nonpublic schools only): Daily Rate: \$220

Estimated Number of Days 5 x Daily Rate \$220 = PROJECTED BASIC EDUCATION COSTS \$1,100

**B. RELATED SERVICES:**

SERVICE	Provider			# of Times per week/yr., Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	OTHER Specify				
Intensive Individual Services (310)		x		5	\$220		\$1,100
Language/Speech Therapy (415) a. Individual b. Group							
Adapted Physical Ed. (425)							
Health and Nursing: Specialized Physical Health Care (436)							
Health and Nursing Services: Other (436)							
Assistive Technology Services (445)							
Occupational Therapy (450)							
Physical Therapy (460)							
Individual Counseling (510)							
Counseling and guidance (515)							
Parent Counseling (520)							
Social Work Services (525)							



SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	OTHER Specify				
Psychological Services (530)							
Behavior Intervention Services (535)							
Specialized Services for Low Incidence Disabilities (610)							
Specialized Deaf and Hard of Hearing Services (710)							
Interpreter Services (715)							
Audiological Services (720)							
Specialized Vision Services (725)							
Orientation and Mobility (730)							
Braille Transcription (735)							
Specialized Orthopedic Service (740)							
Reader Services (745)							
Note Taking Services (750)							
Transcription Services (755)							
Recreation Services (760)							
College Awareness Preparation (820)							
Vocational Assessment, Counseling, Guidance and Career Assessment (830)							
Career Awareness (840)							
Work Experience Education (850)							
Mentoring (860)							
Agency Linkages (865)							
Travel Training (870)							
Residential Room and Board	x			21	\$390		\$8,190
Mental Health Services	x			21	\$170		\$3,570
Enrollment Fee	x			1	\$2,000		\$2,000
Transportation-Emergency b. Transportation-Parent							
Bus Passes							
Other							

107250

ESTIMATED MAXIMUM RELATED SERVICES COST \$ \$13,760

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS \$ 14,800

4. Other Provisions/Attachments:

\_\_\_\_\_

6. MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON \_\_\_\_\_

6. Progress Reporting Requirements: \_\_\_\_\_ Quarterly X Monthly \_\_\_\_\_ Other (Specify) \_\_\_\_\_

The parties hereto have executed this Individual Services Agreement by and through their duly authorized agents or representatives as set forth below.

-CONTRACTOR-

-LEA/SELPA-

Elevations Academy RTC

Santa Barbara County SELPA

(Name of Nonpublic School/Agency)

(Name of LEA/SELPA)

*Ryan Mortensen*  
Ryan Mortensen Jun 12 2022 10:34 PDT

06/12/2022

*Ray Avila*  
Dr. Ray Avila Jun 12 2022 10:01 PDT

06/12/2022

(Signature)  
(Date)

(Signature)

(Date)

Ryan Mortensen, Associate Executive Director

Dr. Ray Avila, Executive Director

(Name and Title)

(Name of Superintendent or Authorized Designee)










# ZS ISA - Elevations RTC ISA 2023-24

Final Audit Report

2024-06-12

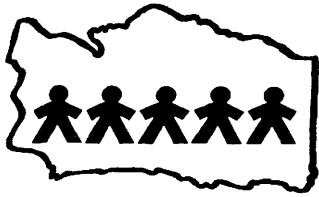
Created:	2024-06-12
By:	Brian Helt (bhelt@sbcsepa.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAMU6myvt-d8F6j1hMYOrE4uCL3dNub50

## "ZS ISA - Elevations RTC ISA 2023-24" History

-  Document created by Brian Helt (bhelt@sbcsepa.org)  
 2024-06-12 - 4:15:25 PM GMT - IP address: 206.83.1.2
-  Document emailed to ravila@sbcsepa.org for signature  
 2024-06-12 - 4:17:15 PM GMT
-  Document emailed to Ryan Mortensen (rmortensen@elevationsrtc.com) for signature  
 2024-06-12 - 4:17:16 PM GMT
-  Email viewed by Ryan Mortensen (rmortensen@elevationsrtc.com)  
 2024-06-12 - 4:17:23 PM GMT - IP address: 72.14.198.65
-  Document e-signed by Ryan Mortensen (rmortensen@elevationsrtc.com)  
 Signature Date: 2024-06-12 - 4:34:24 PM GMT - Time Source: server- IP address: 172.69.152.59
-  Email viewed by ravila@sbcsepa.org  
 2024-06-12 - 5:01:09 PM GMT - IP address: 104.47.74.128
-  Signer ravila@sbcsepa.org entered name at signing as Ray Avila  
 2024-06-12 - 5:01:26 PM GMT - IP address: 206.83.1.2
-  Document e-signed by Ray Avila (ravila@sbcsepa.org)  
 Signature Date: 2024-06-12 - 5:01:28 PM GMT - Time Source: server- IP address: 206.83.1.2
-  Agreement completed.  
 2024-06-12 - 5:01:28 PM GMT



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**Santa Barbara County**  
**Special Education Local Plan Area**  
 A Joint Powers Agency

Date: September 9, 2024  
 To: SBCSELPA JPA Board  
 From: Ray Avila, SBCSELPA Executive Director  
 Re: 2024-2025 Nonpublic School (NPS) Individual Service Agreements (ISAs)

**BACKGROUND:**

- The following ISAs are for services provided to NPS students currently in placement reflect the rates negotiated in the JPA Board approved **2024-2025** Nonsectarian, Nonpublic School/Agency Master Contract.

<i>Nonpublic School</i>	<i>Case Number</i>	<i>100% Contract Cost</i>	<i>Effective Dates</i>
Devereux ABH	NPS 2022-23-72	\$265,365.55	7/1/2024 – 06/30/2025
Lava Heights Academy	NPS 2022-23-74	\$183,050.00	7/1/2024 – 06/30/2025
North Valley School, Inc.	NPS 2022-23-77	\$381,472.00	7/1/2024 – 06/30/2025
Casa Pacifica School	NPS 2023-24-78	\$474,500.00	7/1/2024 – 06/30/2025
Elevations Academy RTC	NPS 2023-24-79	\$274,200.00	7/1/2024 – 06/30/2025
Elevations Academy RTC	NPS 2023-24-80	\$274,200.00	7/1/2024 – 06/30/2025
Elevations Academy RTC	NPS 2023-24-81	\$274,200.00	7/1/2024 – 06/30/2025
Elevations Academy RTC	NPS 2023-24-82	\$274,200.00	7/1/2024 – 06/30/2025
Mountain Valley School	NPS 2023-24-83	\$336,383.50	7/1/2024 – 06/30/2025
<b>Total</b>		<b>\$2,737,571.05</b>	

**FISCAL IMPACT:** The contracted costs for the SBCSELPA NPS placements for 2024-2025 are \$2,737,571.05.

**RECOMMENDATION:** The JPA Board approves the above 2024-2025 NPS ISAs as presented.

RA:lm

**EXHIBIT B: 2024-2025 ISA**

**INDIVIDUAL SERVICES AGREEMENT (ISA) FOR NONPUBLIC, NONSECTARIAN SCHOOL SERVICES**  
(Education Code Sections 56365 et seq.)

This agreement is effective on July 1, 2024 or the date student begins attending a nonpublic school or receiving services from a nonpublic agency, if after the date identified, and terminates at 5:00 P.M. on June 30, 2025, unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency Santa Barbara County Special Education Local Plan Area Nonpublic School Devereux ABH

LEA Case Manager: Name Ray Avila, SELPA Executive Director Phone Number (805) 683-1424

Pupil Name NPS 2022-23-72 Sex:  M  F Grade: 10  
(Last) (First) (M.I.)

Address \_\_\_\_\_ City Santa Maria State/Zip CA 93455

DOB \_\_\_\_\_ Residential Setting:  Home  Foster  LCI # \_\_\_\_\_  OTHER RTC

Parent/Guardian \_\_\_\_\_ Phone (805) \_\_\_\_\_ (Residence) \_\_\_\_\_ (Business)  
Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_  
(If different from student)

**AGREEMENT TERMS:**

1. *Nonpublic School:* The average number of minutes in the instructional day will be: 360 during the regular school year  
300 during the extended school year
2. *Nonpublic School:* The number of school days in the calendar of the school year are: 180 during the regular school year  
20 during the extended school year

3. *Educational services as specified in the IEP shall be provided by the CONTRACTOR and paid at the rates specified below.*

A. **INCLUSIVE AND/OR BASIC EDUCATION PROGRAM RATE:** (Applies to nonpublic schools only): Daily Rate: \_\_\_\_\_

Estimated Number of Days 200 x Daily Rate \$239 = **PROJECTED BASIC EDUCATION COSTS** \$47,800

**B. RELATED SERVICES:**

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	OTHER Specify				
Education		X		200	\$239		\$47,800
Language/Speech Therapy (415) a. Individual b. Group							
Adapted Physical Ed. (425)							
Health and Nursing: Specialized Physical Health Care (435)							
Health and Nursing Services: Other (436)							
Assistive Technology Services (445)							
Occupational Therapy (450)							
Physical Therapy (460)							
Individual Counseling (510)							
Counseling and guidance (515)							

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	OTHER Specify				
Parent Counseling (520)							
Social Work Services (525)							
Psychological Services (530)							
Behavior Intervention Services (535)							
Specialized Services for Low Incidence Disabilities (610)							
Specialized Deaf and Hard of Hearing Services (710)							
Interpreter Services (715)							
Audiological Services (720)							
Specialized Vision Services (725)							
Orientation and Mobility (730)							
Braille Transcription (735)							
Specialized Orthopedic Service (740)							
Reader Services (745)							
Note Taking Services (750)							
Transcription Services (755)							
Recreation Services (760)							
College Awareness Preparation (820)							
Vocational Assessment, Counseling, Guidance and Career Assessment (830)							
Career Awareness (840)							
Work Experience Education (850)							
Mentoring (860)							
Agency Linkages (865)							
Travel Training (870)							
Other Transition Services (890)							
Mental Health (Individual & Group Counseling)		X		365	\$256.30		\$93,549.50
Room and Board		X		365	\$339.77		\$124,016.05
Transportation-Emergency b. Transportation-Parent							
Bus Passes							
Other							

ESTIMATED MAXIMUM RELATED SERVICES COSTS \$ 217,565.55

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS \$ 265,365.55

4. Other Provisions/Attachments:

5. MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON \_\_\_\_\_

6 Progress Reporting Requirements: Quarterly  Monthly \_\_\_\_\_ Other (Specify) \_\_\_\_\_

The parties hereto have executed this Individual Services Agreement by and through their duly authorized agents or representatives as set forth below.

-CONTRACTOR-

-LEA/SELPA-

Devereux School of Vicra

Santa Barbara County SELPA

(Name of Nonpublic School/Agency)

(Name of LEA/SELPA)

Kelly Messer

07/08/2024

Ray Avila

07/03/2024

(Signature)

(Date)

(Signature)

(Date)

Kelly Messer, Director of Finance

Dr. Ray Avila, Executive Director

(Name and Title)

(Name of Superintendent or Authorized Designee)

**EXHIBIT B: 2024-2025 ISA**

**INDIVIDUAL SERVICES AGREEMENT (ISA) FOR NONPUBLIC, NONSECTARIAN SCHOOL SERVICES**  
(Education Code Sections 56365 et seq.)

This agreement is effective on July 1, 2024 or the date student begins attending a nonpublic school or receiving services from a nonpublic agency, if after the date identified, and terminates at 5:00 P.M. on June 30, 2025, unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency Sanja Barbara County Special Education Local Plan Area Nonpublic School Lava Heights Academy

LEA Case Manager: Name Ray Avila, SELPA Executive Director Phone Number (805) 683-1424

Pupil Name NPS 2022-23-74 Sex:  M  F Grade: 10  
 (First) (M.I.)

Address Guadalupe City Guadalupe State/Zip CA/93434

DOB                      Residential Setting:  Home  Foster  LCI #                       OTHER RTC

Parent/Guardian                      Phone (805)                      (805)                       
 (Residence) (Business)

Address                      City                      State/Zip                       
 (If different from student)

**AGREEMENT TERMS:**

1. *Nonpublic School:* The average number of minutes in the instructional day will be:                      during the regular school year  
                     during the extended school year
2. *Nonpublic School:* The number of school days in the calendar of the school year are: 189 during the regular school year  
54 during the extended school year
3. *Educational services as specified in the IEP shall be provided by the CONTRACTOR and paid at the rates specified below.*
  - A. **INCLUSIVE AND/OR BASIC EDUCATION PROGRAM RATE:** (Applies to nonpublic schools only): Daily Rate: \$175  
 Estimated Number of Days 243 x Daily Rate \$175 = **PROJECTED BASIC EDUCATION COSTS** \$42,525

**B. RELATED SERVICES:**

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	OTHER Specify				
Intensive Individual Services (340)		X		243	\$175		\$47,600
Language/Speech Therapy (415) a. Individual b. Group							
Adapted Physical Ed. (425)							
Health and Nursing: Specialized Physical Health Care (435)							
Health and Nursing Services: Other (436)							
Assistive Technology Services (445)							
Occupational Therapy (450)							
Physical Therapy (460)							
Individual Counseling (510)							
Counseling and guidance (515).							



SERVICE	Provider			# of Times per wk/mo/yr, Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	OTHER Specify				
Parent Counseling (520)							
Social Work Services (525)							
Psychological Services (530)							
Behavior Intervention Services (535)							
Specialized Services for Low Incidence Disabilities (610)							
Specialized Deaf and Hard of Hearing Services (710)							
Interpreter Services (715)							
Audiological Services (720)							
Specialized Vision Services (725)							
Orientation and Mobility (730)							
Braille Transcription (735)							
Specialized Orthopedic Service (740)							
Reader Services (745)							
Note Taking Services (750)							
Transcription Services (755)							
Recreation Services (760)							
College Awareness Preparation (820)							
Vocational Assessment, Counseling, Guidance and Career Assessment (830)							
Career Awareness (840)							
Work Experience Education (850)							
Mentoring (860)							
Agency Linkages (865)							
Travel Training (870)							
Other Transition Services (890)							
Mental Health Services		X		365	\$130		\$47,450
Room and Board		X		365	\$255		\$93,075
Transportation-Emergency b. Transportation-Parent							
Bus Passes							
Other							

ESTIMATED MAXIMUM RELATED SERVICES COST\$ 140,525

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS \$ 183,050

4. Other Provisions/Attachments:

\_\_\_\_\_

5. MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON \_\_\_\_\_

6. Progress Reporting Requirements: \_\_\_\_\_ Quarterly  Monthly \_\_\_\_\_ Other (Specify) \_\_\_\_\_

The parties hereto have executed this Individual Services Agreement by and through their duly authorized agents or representatives as set forth below.

-CONTRACTOR-

-LEA/SELPA-

Lava Heights Academy

Santa Barbara County SELPA

(Name of Nonpublic School/Agency)

(Name of LEA/SELPA)

*Rusty Alexander*  
Rusty Alexander / Jun 26 2024 14:09 PULL

06/26/2024  
(Date)

*Ray Avila*  
Ray Avila / Jun 26 2024 4:13:27 PM

06/26/2024  
(Date)

Rusty Alexander, Business Managing Director  
(Name and Title)

Dr. Ray Avila, Executive Director  
(Name of Superintendent or Authorized Designer)

**EXHIBIT B: 2024-2025 ISA**

**INDIVIDUAL SERVICES AGREEMENT (ISA) FOR NONPUBLIC, NONSECTARIAN SCHOOL SERVICES**  
(Education Code Sections 56365 et seq.)

This agreement is effective on July 1, 2024, or the date student begins attending a nonpublic school or receiving services from a nonpublic agency, if after the date identified, and terminates at 5:00 P.M. on June 30, 2025, unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency Santa Barbara County Special Education Local Plan Area Nonpublic School North Valley School, Inc.

LEA Case Manager Name Ray Avila, SELPA Executive Director Phone Number (805) 683-1424

Pupil Name NPS 2022-23-77 Sex:  M  F Grade 12  
(First) (Last)

Address City Santa Maria State/Zip CA 93455

DOB Residential Setting:  Home  Foster  LCI if  OTHER RTC

Parent/Guardian Phone (805) (110) (Mother) (Father)

Address City State/Zip  
(if different from student)

**AGREEMENT TERMS:**

1. Nonpublic School: The average number of minutes in the instructional day will be \_\_\_\_\_ during the regular school year  
\_\_\_\_\_ during the extended school year
2. Nonpublic School: The number of school days in the calendar of the school year are: 180 during the regular school year  
20 during the extended school year
3. Educational services as specified in the IEP shall be provided by the CONTRACTOR and paid at the rates specified below.
  - A. INCLUSIVE AND/OR BASIC EDUCATION PROGRAM RATE: (Applies to nonpublic schools only): Daily Rate: \$311  
Estimated Number of Days 200 x Daily Rate \$311 = PROJECTED BASIC EDUCATION COSTS \$62,200

**B. RELATED SERVICES:**

SERVICE	Provider			# of Times per week/yr., Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contract Period
	LEA	NPS	OTHER Specify				
Intensive Individual Services (340)							
Language/Speech Therapy (415) a. Individual b. Group							
Adapted Physical Ed. (436)							
Health and Nursing: Specialized Physical Health Care (435)							
Health and Nursing Services: Other (436)							
Assistive Technology Services (445)							
Occupational Therapy (450)							
Physical Therapy (450)							
Individual Counseling (510)		X		Per Month	\$4.83	460 (month average x 12)	\$27,936

SERVICE	LEA	Provider		# of Times per week/yr., Duration; or per IEP; or as needed	Cost per session	Minimum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
		HPS	OTHER Specify				
Group Counseling		X		Per Minute	\$4.85	240 (month average x 12)	\$13,980
Parent Counseling (520)		X		Per Minute	\$4.85	120 (month average x 12)	\$5,820
Social Work Services (525)		X		Per Minute	\$4.85	180 (month average x 12)	\$10,470
Psychological Services (530)							
Behavior Intervention Services (530)							
Specialized Services for Low Incidence Disabilities (610)							
Specialized Deaf and Hard of Hearing Services (710)							
Interpreter Services (715)							
Audiological Services (720)							
Specialized Vision Services (725)							
Orientation and Mobility (730)							
Braile Transcription (735)							
Specialized Orthopedic Services (740)							
Reader Services (745)							
Note Taking Services (750)							
Transcription Services (755)							
Recreation Services (760)							
College Awareness Preparation (820)							
Vocational Assessment, Counseling, Guidance and Career Assessment (830)							
Career Awareness (840)							
Work Experience Education (850)							
Mentoring (860)							
Agency Linkages (865)							
Travel Training (870)							
Other Transition Services (890)							
Other Transition Services		X		Per Minute	\$4.85	960 (month average 12)	\$55,172
Room and Board		X		Monthly	\$17,000	12	\$204,000

SERVICE	Provider			# of Times per week/monthly, duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	OTHER Specify				
Transportation-Emergency b. Transportation-Parent							
Bus Passes							
Other							

ESTIMATED MAXIMUM RELATED SERVICES COSTS 319,272

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS \$ 381,472

4. Other Provisions/Attachments:

5. MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON \_\_\_\_\_

6. Progress Reporting Requirements:  Quarterly  Monthly  Other (Specify) \_\_\_\_\_

The parties herein have executed this Individual Services Agreement by and through their duly authorized agents or representatives as set forth below.

**-CONTRACTOR-**  
 North Valley School/Victor Treatment Centers Inc  
 \_\_\_\_\_  
 (Name of Nonpublic School/Agency)

**-LEA/SELPA-**  
 Santa Barbara County SELPA  
 \_\_\_\_\_  
 (Name of LEA/SELPA)

Kelly Hernandez 8/15/24  
 \_\_\_\_\_  
 (Signature) (Date)

Ray Avila Aug 20, 2024  
 \_\_\_\_\_  
 (Signature) (Date)

Kelly Hernandez, Executive Director  
 \_\_\_\_\_  
 (Name and Title)

Ray Avila  
 \_\_\_\_\_  
 (Name of Superintendent or Authorized Designee)

**EXHIBIT B: 2024-2025 ISA**

**INDIVIDUAL SERVICES AGREEMENT (ISA) FOR NONPUBLIC, NONSECTARIAN SCHOOL SERVICES**  
(Education Code Sections 56365 et seq.)

This agreement is effective on July 1, 2024 or the date student begins attending a nonpublic school or receiving services from a nonpublic agency, if after the date identified, and terminates at 5:00 P.M. on June 30, 2025, unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency Santa Barbara County Special Education Local Plan Area Nonpublic School Case Pacifica School

LEA Case Manager: Name Ray Avila, SELPA Executive Director Phone Number (805) 683-1424

Pupil Name, NPS 2023-24-78 § Sex:  M  F Grade: 12  
(Last) (First) (M.I.)

Address Santa Barbara State/Zip CA/93101

DOB \_\_\_\_\_ Residential Setting:  Home  Foster  LCI # \_\_\_\_\_  OTHER \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone (805) \_\_\_\_\_ (Residence) \_\_\_\_\_ (Business)

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_  
(if different from student)

**AGREEMENT TERMS:**

- Nonpublic School:* The average number of minutes in the instructional day will be: \_\_\_\_\_ during the regular school year  
\_\_\_\_\_ during the extended school year
- Nonpublic School:* The number of school days in the calendar of the school year are: 180 during the regular school year  
20 during the extended school year

3. *Educational services as specified in the IEP shall be provided by the CONTRACTOR and paid at the rates specified below.*

A. **INCLUSIVE AND/OR BASIC EDUCATION PROGRAM RATE:** (Applies to nonpublic schools only): Daily Rate: \_\_\_\_\_

Estimated Number of Days N/A x Daily Rate N/A = **PROJECTED BASIC EDUCATION COSTS** N/A

**B. RELATED SERVICES:**

SERVICE	Provider			# of Times per wk/mo/yr, Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	OTHER Specify				
Basic Education/Special Education							
Language/Speech Therapy (415) a. Individual b. Group							
Adapted Physical Ed. (425)							
Health and Nursing: Specialized Physical Health Care (435)							
Health and Nursing Services: Other (436)							
Assistive Technology Services (445)							
Occupational Therapy (450)							
Physical Therapy (450)							
Individual Counseling (510)							
Counseling and guidance (515)							

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	OTHER Specify				
Parent Counseling (520)							
Social Work Services (525)							
Psychological Services (530)							
Behavior Intervention Services (535)							
Specialized Services for Low Incidence Disabilities (610)							
Specialized Deaf and Hard of Hearing Services (710)							
Interpreter Services (715)							
Audiological Services (720)							
Specialized Vision Services (725)							
Orientation and Mobility (730)							
Braille Transcription (735)							
Specialized Orthopedic Service (740)							
Reader Services (745)							
Note Taking Services (750)							
Transcription Services (755)							
Recreation Services (760)							
College Awareness Preparation (820)							
Vocational Assessment, Counseling, Guidance and Career Assessment (830)							
Career Awareness (840)							
Work Experience Education (850)							
Mentoring (860)							
Agency Linkages (865)							
Travel Training (870)							
Other Transition Services (890)							
Integrated Residential Treatment Program		X		Daily	\$1,300	365	\$474,500
Other							
Transportation-Emergency b. Transportation-Parent							
Bus Passes							
Other							

ESTIMATED MAXIMUM RELATED SERVICES COST\$ \$474,500

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS \$ \$474,500

4. Other Provisions/Attachments:

Breakout of services included in Integrated Residential Treatment Program: NPS Daily Rate (\$211.88), Room and Board (\$559.99 Daily), Mental Health Services (\$528.13 School Day), and Mental Health Services (\$740.01 Non-School Day).

5. MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON \_\_\_\_\_

6. Progress Reporting Requirements: Quarterly \_\_\_\_\_  Monthly \_\_\_\_\_ Other (Specify) \_\_\_\_\_

The parties hereto have executed this Individual Services Agreement by and through their duly authorized agents or representatives as set forth below.

-CONTRACTOR-

-LEA/SELPA-

Casa Pacifica School

Santa Barbara County SELPA

(Name of Nonpublic School/Agency)

(Name of LEA/SELPA)

*Shawna Morris*  
Shawna Morris Aug 14 2024 14:57 PDT  
(Signature)

08/14/2024  
(Date)

*Ray Avila*  
Ray Avila Aug 14 2024 14:46 PDT  
(Signature)

08/14/2024  
(Date)

Shawna Morris, CEO  
(Name and Title)

Dr. Ray Avila, Executive Director  
(Name of Authorized LEA Designee)



**EXHIBIT B: 2024-2025 ISA**

**INDIVIDUAL SERVICES AGREEMENT (ISA) FOR NONPUBLIC, NONSECTARIAN SCHOOL SERVICES**  
(Education Code Sections 56365 et seq.)

This agreement is effective on July 1, 2024 or the date student begins attending a nonpublic school or receiving services from a nonpublic agency, if after the date identified, and terminates at 5:00 P.M. on June 30, 2025, unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency Santa Barbara County Special Education Local Plan Area Nonpublic School Elevations Academy RTC

LEA Case Manager: Name Ray Avila, SELPA Executive Director Phone Number (805) 683-1424

Pupil Name NPS 2023-24-79 Sex:  M  F Grade: 12  
(Last) (First) (M.I.)

Address \_\_\_\_\_ City Summerland State/Zip CA/93067

DOB \_\_\_\_\_ Residential Setting:  Home  Foster  LCI # \_\_\_\_\_  OTHER RTC

Parent/Guardian \_\_\_\_\_ Phone (805) \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
(Residence) (Business)

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_  
(If different from student)

**AGREEMENT TERMS:**

- Nonpublic School.* The average number of minutes in the instructional day will be: \_\_\_\_\_ during the regular school year  
\_\_\_\_\_ during the extended school year
- Nonpublic School.* The number of school days in the calendar of the school year are: 196 during the regular school year  
49 during the extended school year

3. *Educational services as specified in the IEP shall be provided by the CONTRACTOR and paid at the rates specified below.*

A. **INCLUSIVE AND/OR BASIC EDUCATION PROGRAM RATE:** (Applies to nonpublic schools only): Daily Rate: \$230.00

Estimated Number of Days 245 x Daily Rate \$230.00 = **PROJECTED BASIC EDUCATION COSTS** \$56,350

**B. RELATED SERVICES:**

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	OTHER Specify				
Intensive Individual Services (340)		X		School Day	\$230.00	245	\$56,350
Language/Speech Therapy (415) a. Individual b. Group							
Adapted Physical Ed. (426)							
Health and Nursing: Specialized Physical Health Care (436)							
Health and Nursing Services: Other (436)							
Assistive Technology Services (445)							
Occupational Therapy (460)							
Physical Therapy (460)							
Individual Counseling (510)							
Counseling and guidance (515)							

SERVICE	Provider			# of Times per week/yr., Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	OTHER Specify				
Parent Counseling (520)							
Social Work Services (525)							
Psychological Services (530)							
Behavior Intervention Services (535)							
Specialized Services for Low Incidence Disabilities (610)							
Specialized Deaf and Hard of Hearing Services (710)							
Interpreter Services (715)							
Audiological Services (720)							
Specialized Vision Services (725)							
Orientation and Mobility (730)							
Braille Transcription (735)							
Specialized Orthopedic Service (740)							
Reader Services (745)							
Note Taking Services (750)							
Transcription Services (755)							
Recreation Services (760)							
College Awareness Preparation (820)							
Vocational Assessment, Counseling, Guidance and Career Assessment (830)							
Career Awareness (840)							
Work Experience Education (850)							
Mentoring (860)							
Agency Linkages (865)							
Travel Training (870)							
Residential Room and Board		X		Calendar Day	\$410.00	365	\$149,650
Mental Health Services		X		Calendar Day	\$180.00	365	\$65,700
Enrollment Fee		X		Once	\$2,500.00	1	\$2,500
Transportation-Emergency b. Transportation-Parent							
Bus Passes							
Precautions (1:1 Care)		X		12-Hour Period	\$100	As-Needed	TBD

ESTIMATED MAXIMUM RELATED SERVICES COSTS \$ 217,850

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS \$ 274,200

4. Other Provisions/Attachments:

\_\_\_\_\_

5. MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON \_\_\_\_\_

6. Progress Reporting Requirements: Quarterly X Monthly \_\_\_\_\_ Other (Specify) \_\_\_\_\_

The parties hereto have executed this Individual Services Agreement by and through their duly authorized agents or representatives as set forth below.

-CONTRACTOR-

-LEA/SBLPA-

Elevations Academy RTC

Santa Barbara County SELPA

(Name of Nonpublic School/Agency)

(Name of LEA/SBLPA)

[Signature] 06/12/2024  
Ryan Mortensen Jun 12, 2024 11:45 AM DT  
(Signature) (Date)

Ray Avila 06/12/2024  
Ry Avila Jun 12, 2024 16:50 PDT  
(Signature) (Date)

Ryan Mortensen, Associate Executive Director

Dr. Ray Avila, Executive Director

(Name and Title)

(Name of Superintendent or Authorized Designee)

**EXHIBIT B: 2024-2025 ISA**

**INDIVIDUAL SERVICES AGREEMENT (ISA) FOR NONPUBLIC, NONSECTARIAN SCHOOL SERVICES**  
(Education Code Sections 56365 et seq.)

This agreement is effective on July 1, 2024 or the date student begins attending a nonpublic school or receiving services from a nonpublic agency, if after the date identified, and terminates at 5:00 P.M. on June 30, 2025, unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency Santa Barbara County Special Education Local Plan Area Nonpublic School Elevations Academy RTC

LEA Case Manager: Name Ray Avila, SELPA Executive Director Phone Number (805) 683-1424

Pupil Name NPS 2023-24-80 Sex:  M  F Grade 11  
(Last) (First) (M.I.)

Address \_\_\_\_\_ City Santa Maria State/Zip CA/93454

DOB \_\_\_\_\_ Residential Setting:  Home  Foster  LCI # \_\_\_\_\_  OTHER RTC

Parent/Guardian \_\_\_\_\_ Phone (805) \_\_\_\_\_ (805) \_\_\_\_\_  
(Residence) (Business)

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_  
(If different from student)

**AGREEMENT TERMS:**

1. *Nonpublic School.* The average number of minutes in the instructional day will be: \_\_\_\_\_ during the regular school year  
\_\_\_\_\_ during the extended school year
2. *Nonpublic School.* The number of school days in the calendar of the school year are: 196 during the regular school year  
49 during the extended school year
3. *Educational services as specified in the IEP shall be provided by the CONTRACTOR and paid at the rates specified below.*
  - A. **INCLUSIVE AND/OR BASIC EDUCATION PROGRAM RATE:** (Applies to nonpublic schools only): Daily Rate: \$230.00  
Estimated Number of Days 245 x Daily Rate \$230.00 = **PROJECTED BASIC EDUCATION COSTS** \$56,350

**B. RELATED SERVICES:**

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	OTHER Specify				
Intensive Individual Services (340)		X		School Day	\$230.00	245	\$56,350
Language/Speech Therapy (415) a. Individual b. Group							
Adapted Physical Ed. (425)							
Health and Nursing: Specialized Physical Health Care (435)							
Health and Nursing Services: Other (436)							
Assistive Technology Services (445)							
Occupational Therapy (450)							
Physical Therapy (450)							
Individual Counseling (510)							
Counseling and guidance (515)							

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	OTHER Specify				
Parent Counseling (520)							
Social Work Services (525)							
Psychological Services (530)							
Behavior Intervention Services (535)							
Specialized Services for Low Incidence Disabilities (610)							
Specialized Deaf and Hard of Hearing Services (710)							
Interpreter Services (715)							
Audiological Services (720)							
Specialized Vision Services (725)							
Orientation and Mobility (730)							
Braille Transcription (736)							
Specialized Orthopedic Service (740)							
Reader Services (745)							
Note Taking Services (750)							
Transcription Services (755)							
Recreation Services (760)							
College Awareness Preparation (820)							
Vocational Assessment, Counseling, Guidance and Career Assessment (830)							
Career Awareness (840)							
Work Experience Education (850)							
Mentoring (880)							
Agency Linkages (865)							
Travel Training (870)							
Residential Room and Board		X		Calendar Day	\$410.00	365	\$149,650
Mental Health Services		X		Calendar Day	\$180.00	365	\$66,700
Enrollment Fee		X		Once	\$2,500.00	1	\$2,500
Transportation-Emergency b. Transportation-Parent							
Bus Passes							
Precautions (1:1 Care)		X		12-Hour Period	\$100	As-Needed	TBD

ESTIMATED MAXIMUM RELATED SERVICES COSTS 217,850

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS \$ 274,200

4. Other Provisions/Attachments:

\_\_\_\_\_

5. MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON \_\_\_\_\_

6. Progress Reporting Requirements: Quarterly X Monthly \_\_\_\_\_ Other (Specify) \_\_\_\_\_

The parties hereto have executed this Individual Services Agreement by and through their duly authorized agents or representatives as set forth below.

-CONTRACTOR-


-LEA/SELPA-

Elevations Academy RTC

Santa Barbara County SELPA

(Name of Nonpublic School/Agency)

(Name of LEA/SELPA)

 06/12/2024  
Evan Mortensen (Jun 12, 2024 1:54 PDT) (Date)

 06/12/2024  
Ray Avila (Jun 12, 2024 16:51 PDT) (Date)

Ryan Mortensen, Associate Executive Director

Dr. Ray Avila, Executive Director

(Name and Title)

(Name of Superintendent or Authorized Designee)

**EXHIBIT B: 2024-2025 ISA**

**INDIVIDUAL SERVICES AGREEMENT (ISA) FOR NONPUBLIC, NONSECTARIAN SCHOOL SERVICES**  
(Education Code Sections 56365 et seq.)

This agreement is effective on July 1, 2024 or the date student begins attending a nonpublic school or receiving services from a nonpublic agency, if after the date identified, and terminates at 5:00 P.M. on June 30, 2025, unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency Santa Barbara County Special Education Local Plan Area Nonpublic School Elevations Academy RTC

LEA Case Manager: Name Ray Avila, SELPA Executive Director Phone Number (805) 683-1424

Pupil Name NPS 2023-24-81 Sex  M  F Grade: 11  
(Last) (First) (M.I.)

Address \_\_\_\_\_ City Santa Barbara State/Zip CA/93105

DOB \_\_\_\_\_ Residential Setting:  Home  Foster  LCI # \_\_\_\_\_  OTHER RTC

Parent/Guardian \_\_\_\_\_ Phone (312) \_\_\_\_\_ (Residence) \_\_\_\_\_ (Business)  
Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_  
(If different from student)

**AGREEMENT TERMS:**

- Nonpublic School.* The average number of minutes in the instructional day will be: \_\_\_\_\_ during the regular school year  
\_\_\_\_\_ during the extended school year
- Nonpublic School.* The number of school days in the calendar of the school year are: 196 during the regular school year  
49 during the extended school year
- Educational services as specified in the IEP shall be provided by the CONTRACTOR and paid at the rates specified below.*

A. **INCLUSIVE AND/OR BASIC EDUCATION PROGRAM RATE:** (Applies to nonpublic schools only): Daily Rate: \$230.00

Estimated Number of Days 245 x Daily Rate \$230.00 = **PROJECTED BASIC EDUCATION COSTS** \$56,350

**B. RELATED SERVICES:**

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	OTHER Specify				
Intensive Individual Services (340)		X		School Day	\$230.00	245	\$56,350
Language/Speech Therapy (415) a. Individual b. Group							
Adapted Physical Ed. (425)							
Health and Nursing: Specialized Physical Health Care (436)							
Health and Nursing Services: Other (436)							
Assistive Technology Services (445)							
Occupational Therapy (450)							
Physical Therapy (460)							
Individual Counseling (510)							
Counseling and guidance (515)							

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	OTHER Specify				
Parent Counseling (520)							
Social Work Services (525)							
Psychological Services (530)							
Behavior Intervention Services (535)							
Specialized Services for Low Incidence Disabilities (610)							
Specialized Deaf and Hard of Hearing Services (710)							
Interpreter Services (715)							
Audiological Services (720)							
Specialized Vision Services (725)							
Orientation and Mobility (730)							
Braille Transcription (735)							
Specialized Orthopedic Service (740)							
Reader Services (745)							
Note Taking Services (750)							
Transcription Services (755)							
Recreation Services (760)							
College Awareness Preparation (820)							
Vocational Assessment, Counseling, Guidance and Career Assessment (830)							
Career Awareness (840)							
Work Experience Education (850)							
Mentoring (860)							
Agency Linkages (865)							
Travel Training (870)							
Residential Room and Board		X		Calendar Day	\$410.00	365	\$149,650
Mental Health Services		X		Calendar Day	\$180.00	365	\$65,700
Enrollment Fee		X		Once	\$2,500.00	1	\$2,500
Transportation-Emergency b. Transportation-Parent							
Bus Passes							
Precautions (1:1 Care)		X		12-Hour Period	\$100	As-Needed	TBD



ESTIMATED MAXIMUM RELATED SERVICES COSTS \$ 217,850

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS \$ 274,200

4. Other Provisions/Attachments:

\_\_\_\_\_

5. MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON \_\_\_\_\_

6. Progress Reporting Requirements: \_\_\_\_\_ Quarterly  Monthly \_\_\_\_\_ Other (Specify) \_\_\_\_\_

The parties hereto have executed this Individual Services Agreement by and through their duly authorized agents or representatives as set forth below.

-CONTRACTOR-


-LEA/SELPA-

Elevations Academy RTC

Santa Barbara County SELPA

(Name of Nonpublic School/Agency)

(Name of LEA/SELPA)

  
Ryan Mortensen - 06/11/2024 17:33 MDT

06/12/2024

(Date)

  
Dr. Ray Avila - 06/12/2024 10:52 PDT

06/12/2024

(Date)

Ryan Mortensen, Associate Executive Director

Dr. Ray Avila, Executive Director

(Name and Title)

(Name of Superintendent or Authorized Designee)

**EXHIBIT B: 2024-2025 ISA**

**INDIVIDUAL SERVICES AGREEMENT (ISA) FOR NONPUBLIC, NONSECTARIAN SCHOOL SERVICES**  
(Education Code Sections 56385 et seq.)

This agreement is effective on July 1, 2024 or the date student begins attending a nonpublic school or receiving services from a nonpublic agency, if after the date identified, and terminates at 5:00 P.M. on June 30, 2025, unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency Santa Barbara County Special Education Local Plan Area Nonpublic School Elevations Academy RTC

LEA Case Manager Name Ray Avila, SELPA Executive Director Phone Number (805) 683-1424

Pupil Name NPS 2023-24-82 Sex:  M  F Grade: 11  
(Last) (First) (M.I.)

Address \_\_\_\_\_ City Santa Barbara State/Zip CA/93101

DOB \_\_\_\_\_ Residential Setting:  Home  Foster  LCI # \_\_\_\_\_  OTHER RTC

Parent/Guardian \_\_\_\_\_ Phone (805) \_\_\_\_\_ (Residence) \_\_\_\_\_ (Business)  
Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_  
(if different from student)

**AGREEMENT TERMS:**

1. *Nonpublic School:* The average number of minutes in the instructional day will be: \_\_\_\_\_ during the regular school year  
\_\_\_\_\_ during the extended school year
2. *Nonpublic School:* The number of school days in the calendar of the school year are: 196 during the regular school year  
49 during the extended school year
3. *Educational services as specified in the IEP shall be provided by the CONTRACTOR and paid at the rates specified below.*

A. **INCLUSIVE AND/OR BASIC EDUCATION PROGRAM RATE:** (Applies to nonpublic schools only): Daily Rate: \$230.00

Estimated Number of Days 245 x Daily Rate \$230.00 = PROJECTED BASIC EDUCATION COSTS \$56,350

**B. RELATED SERVICES:**

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	OTHER Specify				
Intensive Individual Services (340)		X		School Day	\$230.00	245	\$56,350
Language/Speech Therapy (415) a. Individual b. Group							
Adapted Physical Ed. (425)							
Health and Nursing: Specialized Physical Health Care (435)							
Health and Nursing Services: Other (436)							
Assistive Technology Services (445)							
Occupational Therapy (450)							
Physical Therapy (460)							
Individual Counseling (510)							
Counseling and guidance (515)							

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	OTHER Specify				
Parent Counseling (520)							
Social Work Services (525)							
Psychological Services (530)							
Behavior Intervention Services (535)							
Specialized Services for Low Incidence Disabilities (610)							
Specialized Deaf and Hard of Hearing Services (710)							
Interpreter Services (715)							
Audiological Services (720)							
Specialized Vision Services (725)							
Orientation and Mobility (730)							
Braille Transcription (735)							
Specialized Orthopedic Service (740)							
Reader Services (745)							
Note Taking Services (750)							
Transcription Services (755)							
Recreation Services (760)							
College Awareness Preparation (820)							
Vocational Assessment, Counseling, Guidance and Career Assessment (830)							
Career Awareness (840)							
Work Experience Education (850)							
Mentoring (860)							
Agency Linkages (865)							
Travel Training (870)							
Residential Room and Board		X		Calendar Day	\$410.00	365	\$149,650
Mental Health Services		X		Calendar Day	\$180.00	365	\$66,700
Enrollment Fee		X		Once	\$2,500.00	1	\$2,500
Transportation-Emergency o. Transportation-Parent							
Bus Passes							
Precautions (1:1 Care)		X		12-Hour Period	\$100	As-Needed	TBD

ESTIMATED MAXIMUM RELATED SERVICES COST \$ 217,850

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS \$ 274,200

4. Other Provisions/Attachments:

\_\_\_\_\_

5. MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON \_\_\_\_\_

6. Progress Reporting Requirements: \_\_\_\_\_ Quarterly  Monthly \_\_\_\_\_ Other (Specify) \_\_\_\_\_

The parties hereto have executed this Individual Services Agreement by and through their duly authorized agents or representatives as set forth below.

-CONTRACTOR-

-LEA/SEI/PA-

Elevations Academy RIC

Santa Barbara County SELPA

(Name of Nonpublic School/Agency)

(Name of LEA/SEI/PA)

Ryan Mortensen  
Ryan Mortensen - 06/12/2024 16:51 DPT  
(Signature)

06/12/2024

(Date)

Ray Avila  
Ray Avila - 06/12/2024 16:51 DPT  
(Signature)

06/12/2024

(Date)

Ryan Mortensen, Associate Executive Director

(Name and Title)

Dr. Ray Avila, Executive Director

(Name of Superintendent or Authorized Designee)

**EXHIBIT B: 2024-2025 ISA**

**INDIVIDUAL SERVICES AGREEMENT (ISA) FOR NONPUBLIC, NONSECTARIAN SCHOOL SERVICES**  
(Education Code Sections 56365 et seq.)

This agreement is effective on July 1, 2024 or the date student begins attending a nonpublic school or receiving services from a nonpublic agency, if after the date identified, and terminates at 5:00 P.M. on June 30, 2025, unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency Santa Barbara County Special Education Local Plan Area Nonpublic School Mountain Valley School

LEA Case Manager: Name Ray Avila, SELPA Executive Director Phone Number (805) 683-1424

Pupil Name NPS 2023-24-83 Sex:  M  F Grade: 11  
(Last) (First) (M.I.)

Address 3 City Lompoc State/Zip CA/93436

DOB \_\_\_\_\_ Residential Setting:  Home  Foster  LCI # \_\_\_\_\_  OTHER \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone (805) \_\_\_\_\_ (Residence) \_\_\_\_\_ (Business) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_  
(if different from student)

**AGREEMENT TERMS:**

1. *Nonpublic School:* The average number of minutes in the instructional day will be: \_\_\_\_\_ during the regular school year  
\_\_\_\_\_ during the extended school year
2. *Nonpublic School:* The number of school days in the calendar of the school year are: 180 during the regular school year  
25 during the extended school year
3. *Educational services as specified in the IEP shall be provided by the CONTRACTOR and paid at the rates specified below.*

A. **INCLUSIVE AND/OR BASIC EDUCATION PROGRAM RATE:** (Applies to nonpublic schools only): Daily Rate: \$229.60

Estimated Number of Days \_\_\_\_\_ x Daily Rate \$229.60 = PROJECTED BASIC EDUCATION COSTS \_\_\_\_\_

**B. RELATED SERVICES:**

SERVICE	Provider			# of Times per week/mo/yr., Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	OTHER Specify				
Intensive Individual Services (340)		X		205	\$229.60		\$48,216
Language/Speech Therapy (415) a. Individual b. Group							
Adapted Physical Ed. (425)							
Health and Nursing: Specialized Physical Health Care (435)							
Health and Nursing Services: Other (436)							
Assistive Technology Services (445)							
Occupational Therapy (450)							
Physical Therapy (460)							
Individual Counseling (510)							
Counseling and guidance (515)							

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Continued Period
	LEA	NPS	OTHER Specify				
Parent Counseling (520)							
Social Work Services (525)							
Psychological Services (530)							
Behavior Intervention Services (535)							
Specialized Services for Low Incidence Disabilities (610)							
Specialized Deaf and Hard of Hearing Services (710)							
Interpreter Services (715)							
Audiological Services (720)							
Specialized Vision Services (725)							
Orientation and Mobility (730)							
Braille Transcription (735)							
Specialized Orthopedic Service (740)							
Reader Services (745)							
Note Taking Services (750)							
Transcription Services (755)							
Recreation Services (760)							
College Awareness Preparation (820)							
Vocational Assessment, Counseling, Guidance and Career Assessment (830)							
Career Awareness (840)							
Work Experience Education (850)							
Mentoring (860)							
Agency Linkages (865)							
Travel Training (870)							
Other Transition Services (890)							
Other (900)J							
Other (900)		X		365	\$769.5		\$286,167.50
Transportation-Emergency b. Transportation-Parent							
Bus Passes							
Other							

ESTIMATED MAXIMUM RELATED SERVICES COST\$ 288,187.5

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS \$ 338,383.5

4. Other Provisions/Attachments:

\_\_\_\_\_

5. MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON \_\_\_\_\_

6. Progress Reporting Requirements:                      Quarterly                      Monthly                      Other (Specify)                     

The parties hereto have executed this Individual Services Agreement by and through their duly authorized agents or representatives as set forth below.

-CONTRACTOR-

-LEA/SELPA-

Mountain Valley School

Santa Barbara County SELPA

(Name of Nonpublic School/Agency)

(Name of LEA/SELPA)

Teresa Petrie

06/26/2024

Ray Avila

06/25/2024

(Signature)

(Date)

(Signature)

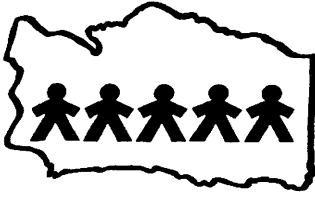
(Date)

Teresa Petrie, Contracts

Dr. Ray Avila, Executive Director

(Name and Title)

(Name of Superintendent or Authorized Designee)



**Santa Barbara County**  
**Special Education Local Plan Area**  
 A Joint Powers Agency

Date: September 9, 2024  
 To: SBCSELPA JPA Board  
 From: Ray Avila, SBCSELPA Executive Director  
 Re: 2024-2025 Nonpublic Agency (NPA) Master Contract Rates

**BACKGROUND: =**

- The attached Exhibit A Rates sheets (**REF: V-E.1-16**) for the following nonpublic agency (NPA) contractors are attached to the NPA master contract for the 2024-2025 school year and are being presented for JPA Board approval:

1. **AYA Healthcare, Inc.**
2. **Backstage Health**
3. **CHG Healthcare Services dba Comphealth Medical Staffing**
4. **Club Xcite, LLC**
5. **Covelo Group, Inc.**
6. **HealthPro Pediatrics**
7. **Kathleen Blake**
8. **OT Arts**
9. **PresenceLearning, Inc.**
10. **RCM Technologies USA Inc. dba RCM Health Care Services**
11. **Ro Health, LLC**
12. **Soliant Health, LLC**
13. **Star of CA, LLC (DBA ERA ED)**
14. **The Stepping Stones Group, LLC – San Jose**
15. **The Wellness Project, LLC**
16. **Tilly Therapy**

**FISCAL IMPACT:** Rates for services vary. Total costs for services will be determined by the individual service agreements written throughout the 2024-2025 school year and will be funded out of mental health dollars.

**RECOMMENDATION:** The JPA Board approves the 2024-2025 Nonpublic, Nonsectarian Agency Services Master Contract Rates for contractor services as presented.

RA:lm



**EXHIBIT A: 2024-2025 RATES**

4.1 RATE SCHEDULE FOR CONTRACT YEAR

The CONTRACTOR: AYA Healthcare, Inc.

The CONTRACTOR CDS NUMBER: 9903266

PER ED CODE 56366 – TEACHER-TO-PUPIL RATIO: \_\_\_\_\_

Maximum Contract Amount: \_\_\_\_\_

Education service(s) offered by the CONTRACTOR and the charges for such service(s) during the term of this contract shall be as follows:

- 1) Daily Basic Education Rate: \_\_\_\_\_
- 2) Inclusive Education Program  
(Includes Educational Counseling (not ed related mental health) services, Speech & Language services, Behavior Intervention Planning, and Occupational Therapy as specified on the student’s IEP.) DAILY RATE: \_\_\_\_\_
- 3) Related Services

<u>SERVICE</u>	<u>RATE</u>	<u>PERIOD</u>
	<u>THERAPY</u>	
<u>Speech Language Pathologist (SLP) CCC</u>	<u>\$110 - \$130</u>	_____
<u>Speech Language Pathologist (SLP) CFY</u>	<u>\$100 - \$110</u>	_____
<u>Speech Language Pathologist Assistant (SLPA)</u>	<u>\$70 - \$75</u>	_____
<u>Occupational Therapist/Physical Therapist (OT/PT)</u>	<u>\$105 - \$115</u>	_____
<u>Certified Occupational Therapist Assistant (COTA)</u>	<u>\$70 - \$75</u>	_____
<u>Physical Therapist Assistant</u>	<u>\$70 - \$75</u>	_____
<u>Audiologist</u>	<u>\$150</u>	_____
	<u>BEHAVIORAL THERAPY</u>	
<u>Behavioral Therapist (BT) – Title I compliant**</u>	<u>\$55</u>	_____
<u>Behavior Intervention Specialist (BIS)</u>	<u>\$55</u>	_____
<u>Board Certified Behavior Analyst (BCBA)</u>	<u>\$120</u>	_____
<u>Registered Behavior Technician (RBT) – Title I compliant**</u>	<u>\$55</u>	_____
<u>Behavior Intervention Implementer (BII)</u>	<u>\$50</u>	_____
	<u>MENTAL HEALTH / COUNSELING SERVICES</u>	
<u>School Psychologist</u>	<u>\$120 - \$140</u>	_____

<u>School Social Worker (MSW/LCSW)</u>	<u>\$100 - \$110</u>	<u>_____</u>
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<u>School Counselor</u>	<u>\$100</u>	<u>_____</u>
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TEACHING / INSTRUCTION

<u>Adapted Physical Education Teacher</u>	<u>\$105</u>	<u>_____</u>
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<u>General Education Teacher</u>	<u>\$95</u>	<u>_____</u>
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<u>Reading Specialist</u>	<u>\$95</u>	<u>_____</u>
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<u>Special Education Teacher</u>	<u>\$100 - \$110</u>	<u>_____</u>
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<u>Orientation and Mobility Specialist (O&amp;M)</u>	<u>\$125</u>	<u>_____</u>
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<u>Teacher of the VI/DHH</u>	<u>\$125</u>	<u>_____</u>
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NURSING

<u>Certified School Nurse (CSN)</u>	<u>\$110</u>	<u>_____</u>
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<u>Registered Nurse (RN, BSN)</u>	<u>\$85 - \$90</u>	<u>_____</u>
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<u>LVN</u>	<u>\$65</u>	<u>_____</u>
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<u>Certified Nursing Assistant (CNA)</u>	<u>\$50</u>	<u>_____</u>
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SUPPORT / INTERPRETING / OTHER SERVICES

<u>American Sign Language Interpreter (SLI)</u>	<u>\$90</u>	<u>_____</u>
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<u>Early Intervention Specialist</u>	<u>\$105</u>	<u>_____</u>
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<u>Paraprofessionals/Instructional Aides – Title I compliant**</u>	<u>\$50</u>	<u>_____</u>
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**EXHIBIT A: 2024-2025 RATES**

4.1 RATE SCHEDULE FOR CONTRACT YEAR

The CONTRACTOR: Backstage Health

The CONTRACTOR CDS NUMBER: 9903749

PER ED CODE 56366 – TEACHER-TO-PUPIL RATIO: \_\_\_\_\_

Maximum Contract Amount: \_\_\_\_\_

Education service(s) offered by the CONTRACTOR and the charges for such service(s) during the term of this contract shall be as follows:

- 1) Daily Basic Education Rate: \_\_\_\_\_
  
- 2) Inclusive Education Program  
 (Includes Educational Counseling (not ed related mental health) services, Speech & Language services, Behavior Intervention Planning, and Occupational Therapy as specified on the student’s IEP.) DAILY RATE: \_\_\_\_\_
  
- 3) Related Services

<u>SERVICE</u>	<u>RATE</u>	<u>PERIOD</u>
NURSING		
<u>CNA</u>	<u>\$45</u>	<u>Hourly</u>
<u>LVN</u>	<u>\$65</u>	<u>Hourly</u>
<u>RN</u>	<u>\$80</u>	<u>Hourly</u>
<u>Credentialed School Nurse - CSN</u> (Remote/Telehealth)	<u>\$85</u>	<u>Hourly</u>
<u>Credentialed School Nurse – CSN</u> (In-person)	<u>\$115</u>	<u>Hourly</u>
<u>Audiologist</u>	<u>\$115</u>	<u>Hourly</u>
PSYCH & BEHAVIORAL		
<u>Paraeducator/IA/School Aide</u>	<u>\$38</u>	<u>Hourly</u>
<u>Behavioral Technician</u>	<u>\$52</u>	<u>Hourly</u>
<u>Social Worker</u>	<u>\$85</u>	<u>Hourly</u>
<u>LMFT</u>	<u>\$100</u>	<u>Hourly</u>
<u>BCBA</u>	<u>\$120</u>	<u>Hourly</u>
<u>Psychologist</u>	<u>\$120</u>	<u>Hourly</u>
THERAPY & TEACHER		
<u>PTA/SLPA/COTA</u>	<u>\$70 - \$80</u>	<u>Hourly</u>

<u>PT/OT</u>	<u>\$100 - \$115</u>	<u>Hourly</u>
<u>SLP</u>	<u>\$100 - \$120</u>	<u>Hourly</u>
<u>SPED Teacher - MMSN</u>	<u>\$80 - \$90</u>	<u>Hourly</u>
<u>SPED Teacher - ESN</u>	<u>\$90 - \$100</u>	<u>Hourly</u>
<u>DHH Teacher</u>	<u>\$90 - \$100</u>	<u>Hourly</u>

**EXHIBIT A: 2024-2025 RATES**

4.1 RATE SCHEDULE FOR CONTRACT YEAR

The CONTRACTOR: CHG Healthcare Services dba CompHealth Medical Staffing

The CONTRACTOR CDS NUMBER: 9900809

PER ED CODE 56366 – TEACHER-TO-PUPIL RATIO: \_\_\_\_\_

Maximum Contract Amount: \_\_\_\_\_

Education service(s) offered by the CONTRACTOR and the charges for such service(s) during the term of this contract shall be as follows:

1) Daily Basic Education Rate: \_\_\_\_\_

2) Inclusive Education Program  
(Includes Educational Counseling (not ed related mental health) services, Speech & Language services, Behavior Intervention Planning, and Occupational Therapy as specified on the student’s IEP.) DAILY RATE: \_\_\_\_\_

3) Related Services

<u>SERVICE</u>	<u>RATE</u>	<u>PERIOD</u>
<u>Language and Speech Therapy</u> (Individual, Group of 2, Group of 3, Per Diem, Consultation)	<u>\$89-\$102</u>	_____
<u>Occupational Therapy</u> (Individual, Group of 2, Group of 3, Group of 4-7, Per Diem, Consultation)	<u>\$89-\$102</u>	_____
<u>Physical therapy</u> (Individual, Consultation)	<u>\$89-\$102</u>	_____

**EXHIBIT A: 2024-2025 RATES**

4.1 RATE SCHEDULE FOR CONTRACT YEAR

The CONTRACTOR: Club Xcite, LLC

The CONTRACTOR CDS NUMBER: 9902209

PER ED CODE 56366 – TEACHER-TO-PUPIL RATIO: \_\_\_\_\_

Maximum Contract Amount: \_\_\_\_\_

Education service(s) offered by the CONTRACTOR and the charges for such service(s) during the term of this contract shall be as follows:

1) Daily Basic Education Rate: \_\_\_\_\_

2) Inclusive Education Program  
(Includes Educational Counseling (not ed related mental health) services, Speech & Language services, Behavior Intervention Planning, and Occupational Therapy as specified on the student’s IEP.) DAILY RATE: \_\_\_\_\_

3) Related Services

<u>SERVICE</u>	<u>RATE</u>	<u>PERIOD</u>
<u>BII (AIDE/Paraprofessional)</u>	<u>\$52</u>	<u>Hourly</u>
<u>BII (RBT)</u>	<u>\$60</u>	<u>Hourly</u>
<u>BII Design and Supervision</u>	<u>\$95</u>	<u>Hourly</u>

**EXHIBIT A: 2024-2025 RATES**

4.1 RATE SCHEDULE FOR CONTRACT YEAR

The CONTRACTOR: Covelo Group, In

The CONTRACTOR CDS NUMBER: 9903617

PER ED CODE 56366 – TEACHER-TO-PUPIL RATIO: \_\_\_\_\_

Maximum Contract Amount: \_\_\_\_\_

Education service(s) offered by the CONTRACTOR and the charges for such service(s) during the term of this contract shall be as follows:

- 1) Daily Basic Education Rate: \_\_\_\_\_
  
- 2) Inclusive Education Program  
 (Includes Educational Counseling (not ed related mental health) services, Speech & Language services, Behavior Intervention Planning, and Occupational Therapy as specified on the student’s IEP.) DAILY RATE: \_\_\_\_\_
  
- 3) Related Services

<u>SERVICE</u>	<u>RATE</u>	<u>PERIOD</u>
BEHAVIOR HEALTH STAFF		
BCBA	<u>\$100-\$125</u>	<u>Hourly</u>
Behavior Technician (w/ CPI)	<u>\$53</u>	<u>Hourly</u>
Behavior Technician floater (w/ CPI)	<u>\$56</u>	<u>Hourly</u>
Registered Behavior Technician	<u>\$55</u>	<u>Hourly</u>
BID	<u>\$100</u>	<u>Hourly</u>
School Counselor/LCSW/LMFT	<u>\$90-\$100</u>	<u>Hourly</u>
ACSW/AMFT	<u>\$70-\$80</u>	<u>Hourly</u>
School Psychologist	<u>\$\$100-\$120</u>	<u>Hourly</u>
TEACHERS & CLASSROOM SUPPORT STAFF		
Administrative Assistant	<u>\$40-\$50</u>	<u>Hourly</u>
Instructional Aide (IA)	<u>\$41</u>	<u>Hourly</u>
Para Educator	<u>\$41</u>	<u>Hourly</u>
Para Educator (floater)	<u>\$44</u>	<u>Hourly</u>
SPED Teacher	<u>\$75-\$100</u>	<u>Hourly</u>
THERAPIES		
SLP	<u>\$110-\$130</u>	<u>Hourly</u>

SLPA	<u>\$75-\$85</u>	<u>Hourly</u>
Occupational Therapist/Physical Therapist	<u>\$95-\$105</u>	<u>Hourly</u>
COTA/PTA	<u>\$75-\$85</u>	<u>Hourly</u>

## HEALTH SERVICES STAFF

Contact Tracer	<u>\$40</u>	<u>Hourly</u>
CNA/Medical Assistant	<u>\$41</u>	<u>Hourly</u>
LVN	<u>\$60</u>	<u>Hourly</u>
LVN (floater)	<u>\$63</u>	<u>Hourly</u>
RN (credentialed)	<u>\$85-\$100</u>	<u>Hourly</u>
RN (non-credentialed)	<u>\$75-\$85</u>	<u>Hourly</u>



**EXHIBIT A: 2024-2025 RATES**4.1 RATE SCHEDULE FOR CONTRACT YEARThe CONTRACTOR: HealthPro PediatricsThe CONTRACTOR CDS NUMBER: 9903441

PER ED CODE 56366 – TEACHER-TO-PUPIL RATIO: \_\_\_\_\_

Maximum Contract Amount: \_\_\_\_\_

Education service(s) offered by the CONTRACTOR and the charges for such service(s) during the term of this contract shall be as follows:

- 1) Daily Basic Education Rate: \_\_\_\_\_
- 2) Inclusive Education Program  
(Includes Educational Counseling (not ed related mental health) services, Speech & Language services, Behavior Intervention Planning, and Occupational Therapy as specified on the student's IEP.) DAILY RATE: \_\_\_\_\_
- 3) Related Services

<u>SERVICE</u>	<u>RATE</u>	<u>PERIOD</u>
<u>Speech Language Pathologist</u>	<u>\$95-\$125</u>	<u>Hourly</u>
<u>Speech and Language Therapy – SLP Assistant</u>	<u>\$80-\$95</u>	<u>Hourly</u>
<u>SLP Bilingual</u>	<u>\$110-\$130</u>	<u>Hourly</u>
<u>School Psychologist</u>	<u>\$98-\$130</u>	<u>Hourly</u>
<u>School Psychologist Bilingual</u>	<u>\$100-\$140</u>	<u>Hourly</u>
<u>Occupational Therapist</u>	<u>\$95-\$120</u>	<u>Hourly</u>
<u>COTA</u>	<u>\$80-\$92</u>	<u>Hourly</u>
<u>Physical Therapist</u>	<u>\$95-\$120</u>	<u>Hourly</u>
<u>Physical Therapy PTA</u>	<u>\$80-\$92</u>	<u>Hourly</u>
<u>School Administrator</u>	<u>\$99-\$155</u>	<u>Hourly</u>
<u>LMSW/LCSW Services</u>	<u>\$68-\$79</u>	<u>Hourly</u>
<u>Licensed Bilingual Social Worker</u>	<u>\$67-\$85</u>	<u>Hourly</u>
<u>Special Education Teacher</u>	<u>\$72-\$99</u>	<u>Hourly</u>
<u>School Nurse RN</u>	<u>\$68-\$75</u>	<u>Hourly</u>
<u>School Nurse LVN</u>	<u>\$68-\$75</u>	<u>Hourly</u>
<u>Paraprofessional Services</u>	<u>\$75-\$80</u>	<u>Hourly</u>

**EXHIBIT A: 2024-2025 RATES**

4.1 RATE SCHEDULE FOR CONTRACT YEAR

The CONTRACTOR: Kathleen J. Blake

The CONTRACTOR CDS NUMBER: 9900053

PER ED CODE 56366 – TEACHER-TO-PUPIL RATIO: \_\_\_\_\_

Maximum Contract Amount: \_\_\_\_\_

Education service(s) offered by the CONTRACTOR and the charges for such service(s) during the term of this contract shall be as follows:

1) Daily Basic Education Rate: \_\_\_\_\_

2) Inclusive Education Program  
(Includes Educational Counseling (not ed related mental health) services, Speech & Language services, Behavior Intervention Planning, and Occupational Therapy as specified on the student’s IEP.) DAILY RATE: \_\_\_\_\_

3) Related Services

<u>SERVICE</u>	<u>RATE</u>	<u>PERIOD</u>
<u>Language and Speech Development and Remediation</u>	<u>\$650</u>	<u>Daily</u>

**EXHIBIT A: 2024-2025 RATES**

4.1 RATE SCHEDULE FOR CONTRACT YEAR

The CONTRACTOR: OT Arts

The CONTRACTOR CDS NUMBER: 9901755

PER ED CODE 56366 – TEACHER-TO-PUPIL RATIO: \_\_\_\_\_

Maximum Contract Amount: \_\_\_\_\_

Education service(s) offered by the CONTRACTOR and the charges for such service(s) during the term of this contract shall be as follows:

- 1) Daily Basic Education Rate: \_\_\_\_\_
  
- 2) Inclusive Education Program  
 (Includes Educational Counseling (not ed related mental health) services, Speech & Language services, Behavior Intervention Planning, and Occupational Therapy as specified on the student’s IEP.) DAILY RATE: \_\_\_\_\_
  
- 3) Related Services

<u>SERVICE</u>	<u>RATE</u>	<u>PERIOD</u>
<u>Occupational Therapy</u> (Individual Clinical Session)	<u>\$225</u>	<u>50 Minutes</u>
<u>Occupational Therapy</u> (Group of 2 Clinic Session)	<u>\$270</u>	<u>50 Minutes</u>
<u>Occupational Therapy</u> (Group of 3 Clinic Session)	<u>\$370</u>	<u>50 Minutes</u>
<u>Occupational Therapy</u> (Group of 4+ Clinic Session)	<u>\$562</u>	<u>50 Minutes</u>
<u>Occupational Therapy</u> (School Site Services/Consultation Rate)	<u>\$270</u>	<u>Hourly</u>

**Hourly rate** includes all direct and indirect time relating to OT service provision, including but not limited to, IEP attendance, preparation and follow up, report writing, progress notes, preparation of materials, phone calls, emails, texts and drive time to/from school site, child’s home and/or special education office as needed for assessment or service provision.

**EXHIBIT A: 2024-2025 RATES**

4.1 RATE SCHEDULE FOR CONTRACT YEAR

The CONTRACTOR: PresenceLearning, Inc.

The CONTRACTOR CDS NUMBER: 9902252

PER ED CODE 56366 – TEACHER-TO-PUPIL RATIO: \_\_\_\_\_

Maximum Contract Amount: \_\_\_\_\_

Education service(s) offered by the CONTRACTOR and the charges for such service(s) during the term of this contract shall be as follows:

- 1) Daily Basic Education Rate: \_\_\_\_\_
  
- 2) Inclusive Education Program  
 (Includes Educational Counseling (not ed related mental health) services, Speech & Language services, Behavior Intervention Planning, and Occupational Therapy as specified on the student’s IEP.) DAILY RATE: \_\_\_\_\_
  
- 3) Related Services

<u>SERVICE</u>	<u>RATE</u>	<u>PERIOD</u>
SPEECH-LANGUAGE THERAPY		
<u>Speech-language Therapy</u>	<u>\$99, \$109(Flex)</u>	<u>Hourly</u>
<u>Supervision</u>	<u>\$119, \$131(Flex)</u>	<u>Hourly</u>
<u>Short-term Leave</u>	<u>\$129, \$142(Flex)</u>	<u>Hourly</u>
<u>Bilingual</u>	<u>\$119, \$131(Flex)</u>	<u>Hourly</u>
OCCUPATIONAL THERAPY		
<u>Occupational Therapy</u>	<u>\$98, \$108(Flex)</u>	<u>Hourly</u>
<u>Supervision</u>	<u>\$118, \$130(Flex)</u>	<u>Hourly</u>
<u>Short-term Leave</u>	<u>\$127, \$140(Flex)</u>	<u>Hourly</u>
<u>Bilingual</u>	<u>\$118, \$130(Flex)</u>	<u>Hourly</u>
BEHAVIOR & MENTAL HEALTH COUNSELING		
<u>Behavioral &amp; Mental Health Counseling</u>	<u>\$98, \$108(Flex)</u>	<u>Hourly</u>
<u>Bilingual</u>	<u>\$118, \$130(Flex)</u>	<u>Hourly</u>
<u>Short-term Leave</u>	<u>\$127, \$140(Flex)</u>	<u>Hourly</u>
<u>Individual</u>	<u>\$98, \$108(Flex)</u>	<u>Hourly</u>

**EXHIBIT A: 2024-2025 RATES**

4.1 RATE SCHEDULE FOR CONTRACT YEAR

The CONTRACTOR: RCM Technologies USA Inc. dba RCM Health Care Services

The CONTRACTOR CDS NUMBER: 9902264

PER ED CODE 56366 – TEACHER-TO-PUPIL RATIO: \_\_\_\_\_

Maximum Contract Amount: \_\_\_\_\_

Education service(s) offered by the CONTRACTOR and the charges for such service(s) during the term of this contract shall be as follows:

1) Daily Basic Education Rate: \_\_\_\_\_

2) Inclusive Education Program  
 (Includes Educational Counseling (not ed related mental health) services, Speech & Language services, Behavior Intervention Planning, and Occupational Therapy as specified on the student’s IEP.) DAILY RATE: \_\_\_\_\_

3) Related Services

<u>SERVICE</u>	<u>RATE</u>	<u>PERIOD</u>
Credentialed School Nurse	<u>\$90.00</u>	<u>Hourly</u>
Registered Nurse	<u>\$81.50</u>	<u>Hourly</u>
Licensed Vocational Nurse	<u>\$68.00</u>	<u>Hourly</u>
Certified Nursing Assistant	<u>\$44.00</u>	<u>Hourly</u>
Medical Assistant	<u>\$45.00</u>	<u>Hourly</u>
Behavioral Aides/Techs (BII)	<u>\$50.00</u>	<u>Hourly</u>
Paraprofessional/Instruction Aide	<u>\$37.00</u>	<u>Hourly</u>
Board Certified Behavior Analyst (BID)	<u>\$98.00</u>	<u>Hourly</u>
Registered Behavior Technician (BID)	<u>\$52.00</u>	<u>Hourly</u>
Medical Assistant	<u>\$44.75</u>	<u>Hourly</u>
Physical Therapist	<u>\$93.00</u>	<u>Hourly</u>
Occupational Therapist	<u>\$93.00</u>	<u>Hourly</u>
COTA/PTA	<u>\$75.00</u>	<u>Hourly</u>
Speech Language Pathologist	<u>\$102.00</u>	<u>Hourly</u>
SLPA	<u>\$73.25</u>	<u>Hourly</u>
School Psychologist	<u>\$95.00</u>	<u>Hourly</u>

School Counselor	<u>\$70.00</u>	<u>Hourly</u>
Social Worker LMSW	<u>\$85.00</u>	<u>Hourly</u>
LMFT	<u>\$95.00</u>	<u>Hourly</u>
Teacher of the Visually Impaired	<u>\$98.00</u>	<u>Hourly</u>
Audiologist	<u>\$89.00</u>	<u>Hourly</u>
Special Education Teacher Mild.Mod.	<u>\$85.00</u>	<u>Hourly</u>
Special Education Teacher Mod.Sev.	<u>\$90.00</u>	<u>Hourly</u>
Adaptive Physical Education Teacher	<u>\$85.00</u>	<u>Hourly</u>
Educationally Related Mental Health (ERMH)	<u>\$84.00</u>	<u>Hourly</u>

**EXHIBIT A: 2024-2025 RATES**

4.1 RATE SCHEDULE FOR CONTRACT YEAR

The CONTRACTOR: Ro Health, LLC

The CONTRACTOR CDS NUMBER: 9902177

PER ED CODE 56366 – TEACHER-TO-PUPIL RATIO: \_\_\_\_\_

Maximum Contract Amount: \_\_\_\_\_

Education service(s) offered by the CONTRACTOR and the charges for such service(s) during the term of this contract shall be as follows:

1) Daily Basic Education Rate: \_\_\_\_\_

2) Inclusive Education Program  
 (Includes Educational Counseling (not ed related mental health) services, Speech & Language services, Behavior Intervention Planning, and Occupational Therapy as specified on the student’s IEP.) DAILY RATE: \_\_\_\_\_

3) Related Services

<u>SERVICE</u>	<u>RATE</u>	<u>PERIOD</u>
<u>Administrative Assistant</u>	<u>\$41.70</u>	<u>Hourly</u>
<u>CNA/MA/Health Office Assistant</u>	<u>\$49.40</u>	<u>Hourly</u>
<u>LVN (1:1)</u>	<u>\$74.82</u>	<u>Hourly</u>
<u>LVN (Multiple)</u>	<u>\$76.46</u>	<u>Hourly</u>
<u>Registered Nurse (RN)</u>	<u>\$95.25</u>	<u>Hourly</u>
<u>Credentialed School RN</u>	<u>\$111.16-\$142.05</u>	<u>Hourly</u>
<u>Physical Therapist</u>	<u>\$125.63-\$135.63</u>	<u>Hourly</u>
<u>Physical Therapy Asst.</u>	<u>\$68.23-\$78.23</u>	<u>Hourly</u>
<u>Occupational Therapist</u>	<u>\$115.25-\$125.25</u>	<u>Hourly</u>
<u>Certified Occupational Therapy Asst.</u>	<u>\$68.23-\$78.23</u>	<u>Hourly</u>
<u>Speech Language Pathologist</u>	<u>\$145.75-\$155.75</u>	<u>Hourly</u>
<u>Speech-Language Pathology Assistant</u>	<u>\$68.23-\$78.23</u>	<u>Hourly</u>
<u>Virtual Occupational Therapist</u>	<u>\$105.25-\$115.25</u>	<u>Hourly</u>
<u>Virtual Physical Therapist</u>	<u>\$115.75-\$125.75</u>	<u>Hourly</u>
<u>Licensed Clinical Social Worker</u>	<u>\$98.90-\$115.20</u>	<u>Hourly</u>
<u>Licensed Marriage Family Therapist</u>	<u>\$98.90-\$115.20</u>	<u>Hourly</u>

<u>Non-Instructional Paraprofessional</u>	<u>\$49.71</u>	<u>Hourly</u>
<u>Instructional Paraprofessional</u>	<u>\$49.71</u>	<u>Hourly</u>
<u>Behavioral Class Aide</u>	<u>\$58.78</u>	<u>Hourly</u>
<u>Registered Behavioral Tech</u>	<u>\$58.78</u>	<u>Hourly</u>
<u>Board Certified Behavior Analyst</u>	<u>\$142.68</u>	<u>Hourly</u>
<u>School Psychologist</u>	<u>\$131.53-\$154.50</u>	<u>Hourly</u>
<u>School Counselor</u>	<u>\$98.90-\$115.20</u>	<u>Hourly</u>
<u>Special Education Teacher</u>	<u>\$126.23-\$146.77</u>	<u>Hourly</u>



**EXHIBIT A: 2024-2025 RATES**

4.1 RATE SCHEDULE FOR CONTRACT YEAR

The CONTRACTOR: Soliant Health, LLC

The CONTRACTOR CDS NUMBER: 9900057

PER ED CODE 56366 – TEACHER-TO-PUPIL RATIO: \_\_\_\_\_

Maximum Contract Amount: \_\_\_\_\_

Education service(s) offered by the CONTRACTOR and the charges for such service(s) during the term of this contract shall be as follows:

1) Daily Basic Education Rate: \_\_\_\_\_

2) Inclusive Education Program  
(Includes Educational Counseling (not ed related mental health) services, Speech & Language services, Behavior Intervention Planning, and Occupational Therapy as specified on the student’s IEP.) DAILY RATE: \_\_\_\_\_

3) Related Services

<u>SERVICE</u>	<u>RATE</u>	<u>PERIOD</u>
<u>Speech Language Pathologist</u>	<u>\$96.64-\$104.96</u>	<u>Hourly</u>
<u>Speech Language Pathologist Assistant</u>	<u>\$75.94-\$83.12</u>	<u>Hourly</u>
<u>Occupational Therapist</u>	<u>\$94.56-\$100.80</u>	<u>Hourly</u>
<u>Certified Occupational Therapist Assistant</u>	<u>\$75.84-\$82.08</u>	<u>Hourly</u>
<u>School Psychologist</u>	<u>\$103.92-\$119.52</u>	<u>Hourly</u>
<u>Physical Therapist</u>	<u>\$96.64-\$104.96</u>	<u>Hourly</u>
<u>Physical Therapist Assistant</u>	<u>\$75.94-\$83.12</u>	<u>Hourly</u>

**EXHIBIT A: 2024-2025 RATES**

4.1 RATE SCHEDULE FOR CONTRACT YEAR

The CONTRACTOR: Star of CA, LLC (DBA ERA ED)

The CONTRACTOR CDS NUMBER: 9900159

PER ED CODE 56366 – TEACHER-TO-PUPIL RATIO: \_\_\_\_\_

Maximum Contract Amount: \_\_\_\_\_

Education service(s) offered by the CONTRACTOR and the charges for such service(s) during the term of this contract shall be as follows:

- 1) Daily Basic Education Rate: \_\_\_\_\_
  
- 2) Inclusive Education Program  
 (Includes Educational Counseling (not ed related mental health) services, Speech & Language services, Behavior Intervention Planning, and Occupational Therapy as specified on the student’s IEP.) DAILY RATE: \_\_\_\_\_
  
- 3) Related Services

<u>SERVICE</u>	<u>RATE</u>	<u>PERIOD</u>
<b><u>Behavioral Services</u></b>		
<u>Assessments (FBA/FAA)</u>	<u>\$161.06</u>	<u>Hourly</u>
<u>Consultation</u>	<u>\$161.06</u>	<u>Hourly</u>
<u>Supervision</u>	<u>\$161.06</u>	<u>Hourly</u>
<u>Direct Instruction</u>	<u>\$80.55</u>	<u>Hourly</u>
<b><u>Psychological Services</u></b>		
<u>On-Site Counseling – Mental Health Associate</u>	<u>\$2,250</u>	<u>Weekly</u>
<u>On-Site Counseling – Licensed Mental Health Professional</u>	<u>\$3,400</u>	<u>Weekly</u>
<b><u>Mental Health Associate</u></b>		
<u>Mental Health Consultation – Mental Health Associate</u>	<u>\$90</u>	<u>Hourly</u>
<u>Individual Counseling Services – Mental Health Associate</u>	<u>\$90</u>	<u>Hourly</u>
<u>Group Counseling (CG) – Mental Health Associate</u>	<u>\$90</u>	<u>Hourly</u>
<u>Parent Counseling &amp; Training (PCT) – Mental Health Associate</u>	<u>\$90</u>	<u>Hourly</u>
<u>IEP Meeting Participation – Mental Health Associate</u>	<u>\$90</u>	<u>Hourly</u>
<u>Wrap Services – Mental Health Associate</u>	<u>\$90</u>	<u>Hourly</u>
<b><u>Licensed Mental Health Professional/School Psychologist</u></b>		
<u>Mental Health Consultation – Licensed MH Professional</u>	<u>\$150</u>	<u>Hourly</u>

<u>Individual Counseling Services – Licensed MH Professional</u>	<u>\$150</u>	<u>Hourly</u>
<u>Group Counseling (CG) – Licensed MH Professional</u>	<u>\$150</u>	<u>Hourly</u>
<u>Parent Counseling &amp; Training (PCT) – Licensed MH Professional</u>	<u>\$150</u>	<u>Hourly</u>
<u>IEP Meeting Participation – Licensed Mental Health Professional</u>	<u>\$150</u>	<u>Hourly</u>
<u>Wrap services – MH Licensed Mental Health Professional</u>	<u>\$150</u>	<u>Hourly</u>
<u>Licensed Clinical Psychologist</u>		
<u>Assessments</u> (Psycho-educational, Education-Related Mental Health Services)	<u>\$200</u>	<u>Hourly</u>
<u>Psychological Services – Licensed Clinical Psychologist</u>	<u>\$200</u>	<u>Hourly</u>
<u>IEP Meeting Participation – Licensed Clinical Psychologist</u>	<u>\$200</u>	<u>Hourly</u>
<u>Wrap services – Licensed Clinical Psychologist</u>	<u>\$200</u>	<u>Hourly</u>

REF: V-E.14

**EXHIBIT A: 2024-2025 RATES**4.1 RATE SCHEDULE FOR CONTRACT YEARThe CONTRACTOR: The Stepping Stones Group, LLC – San JoseThe CONTRACTOR CDS NUMBER: 9900045

PER ED CODE 56366 – TEACHER-TO-PUPIL RATIO: \_\_\_\_\_

Maximum Contract Amount: \_\_\_\_\_

Education service(s) offered by the CONTRACTOR and the charges for such service(s) during the term of this contract shall be as follows:

- 1) Daily Basic Education Rate: \_\_\_\_\_
- 2) Inclusive Education Program  
(Includes Educational Counseling (not ed related mental health) services, Speech & Language services, Behavior Intervention Planning, and Occupational Therapy as specified on the student's IEP.) DAILY RATE: \_\_\_\_\_
- 3) Related Services

<u>SERVICE</u>	<u>RATE</u>	<u>PERIOD</u>
<u>Speech Language Pathologist</u>	<u>\$110</u>	<u>Hourly</u>
<u>Speech Language Pathology Assistant</u>	<u>\$76</u>	<u>Hourly</u>
<u>Occupational Therapist</u>	<u>\$108</u>	<u>Hourly</u>
<u>Occupational Therapy Assistant</u>	<u>\$76</u>	<u>Hourly</u>
<u>Physical Therapist</u>	<u>\$105</u>	<u>Hourly</u>
<u>Physical Therapy Assistant</u>	<u>\$76</u>	<u>Hourly</u>
<u>School Psychologist</u>	<u>\$115-\$120</u>	<u>Hourly</u>
<u>School Counselor or LMFT</u>	<u>\$98-\$100</u>	<u>Hourly</u>
<u>Social Worker</u>	<u>\$98</u>	<u>Hourly</u>
<u>Special Education Teachers</u>	<u>\$100</u>	<u>Hourly</u>
<u>Credentialed School Nurse</u>	<u>\$110</u>	<u>Hourly</u>
<u>Registered Nurse</u>	<u>\$88</u>	<u>Hourly</u>
<u>Licensed Vocational Nurse/Practical Nurse</u>	<u>\$65-\$68</u>	<u>Hourly</u>
<u>Adapted Physical Education</u>	<u>\$98</u>	<u>Hourly</u>
<u>OMS/TVI/DHH</u>	<u>\$98</u>	<u>Hourly</u>
<u>ASL Interpreters</u>	<u>\$68-\$75</u>	<u>Hourly</u>

<u>BCBA</u>	<u>\$118-\$129</u>	<u>Hourly</u>
<u>Behavior Specialist</u>	<u>\$100-\$108</u>	<u>Hourly</u>
<u>Registered Behavior Technician</u>	<u>\$68-\$74</u>	<u>Hourly</u>
<u>Behavior Technician</u>	<u>\$61-\$67</u>	<u>Hourly</u>
<u>Behavior Interventionist</u>	<u>\$54-\$59</u>	<u>Hourly</u>
<u>Paraeducator</u>	<u>\$45-\$52</u>	<u>Hourly</u>
<u>*Bilingual Candidates</u>	<u>\$8 Additional</u>	<u>Hourly</u>

**EXHIBIT A: 2024-2025 RATES**

4.1 RATE SCHEDULE FOR CONTRACT YEAR

The CONTRACTOR: The Wellness Project, LLC  
The CONTRACTOR CDS NUMBER: 9903442

PER ED CODE 56366 – TEACHER-TO-PUPIL RATIO: \_\_\_\_\_

Maximum Contract Amount: \_\_\_\_\_

Education service(s) offered by the CONTRACTOR and the charges for such service(s) during the term of this contract shall be as follows:

- 1) Daily Basic Education Rate: \_\_\_\_\_
- 2) Inclusive Education Program  
(Includes Educational Counseling (not ed related mental health) services, Speech & Language services, Behavior Intervention Planning, and Occupational Therapy as specified on the student’s IEP.) DAILY RATE: \_\_\_\_\_
- 3) Related Services

<u>SERVICE</u>	<u>RATE</u>	<u>PERIOD</u>
<u>Educational Specialists/Consultant</u>	<u>\$120</u>	_____
<u>Special Education Teacher</u>	<u>\$95</u>	_____
<u>Teachers Assistant</u>	<u>\$65</u>	_____
<u>School Psychologist</u>	<u>\$130</u>	_____
<u>SLP</u>	<u>\$110</u>	_____
<u>OT</u>	<u>\$100</u>	_____
<u>PT</u>	<u>\$100</u>	_____
<u>APE Specialists</u>	<u>\$95</u>	_____
<u>Specialized Training</u>	<u>\$120</u>	_____
<u>Diagnosticians</u>	<u>\$100</u>	_____
<u>School Nurse</u>	<u>\$125</u>	_____
<u>Licensed Vocational Nurse</u>	<u>\$75</u>	_____

**EXHIBIT A: 2024-2025 RATES**

4.1 RATE SCHEDULE FOR CONTRACT YEAR

The CONTRACTOR: Tilly Therapy

The CONTRACTOR CDS NUMBER: 9901279

PER ED CODE 56366 – TEACHER-TO-PUPIL RATIO: \_\_\_\_\_

Maximum Contract Amount: \_\_\_\_\_

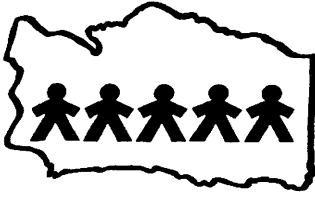
Education service(s) offered by the CONTRACTOR and the charges for such service(s) during the term of this contract shall be as follows:

1) Daily Basic Education Rate: \_\_\_\_\_

2) Inclusive Education Program  
(Includes Educational Counseling (not ed related mental health) services, Speech & Language services, Behavior Intervention Planning, and Occupational Therapy as specified on the student’s IEP.) DAILY RATE: \_\_\_\_\_

3) Related Services

<u>SERVICE</u>	<u>RATE</u>	<u>PERIOD</u>
<u>Paraprofessional</u>	<u>\$45</u>	<u>Hourly</u>
<u>1:1 BT-led Student Support</u>	<u>\$55</u>	<u>Hourly</u>
<u>1:1 RBT-led Student Support</u>	<u>\$65</u>	<u>Hourly</u>
<u>In-setting ABA Therapy</u> (RBT w/ BCBA supervision)	<u>\$115</u>	<u>Hourly</u>
<u>SPED Teaching Services</u>	<u>\$95</u>	<u>Hourly</u>
<u>SLP Services</u>	<u>\$130</u>	<u>Hourly</u>
<u>OT Services</u>	<u>\$130</u>	<u>Hourly</u>
<u>Speech Language &amp; Occupational Therapy Assistants</u>	<u>\$85</u>	<u>Hourly</u>
<u>Psychology Services</u>	<u>\$160</u>	<u>Hourly</u>



**Santa Barbara County**  
**Special Education Local Plan Area**  
 A Joint Powers Agency

Date: September 9, 2024

To: SBCSELPA JPA Board

From: Ray Avila, SBCSELPA Executive Director

Re: 2024-2025 Nonpublic School (NPS) Master Contract Rates

**BACKGROUND:**

- The attached Exhibit A Rates sheets (**REF: V-F.1-4**) for the following nonpublic school (NPS) contractors are attached to the NPS master contract for the 2024-2025 school year and are being presented for JPA Board approval:

1. **Casa Pacifica School**
2. **Devereux School of Viera**
3. **Care Youth Corporation dba Lava Heights Academy**
4. **Mount Valley Child and Family Services Inc. / Mountain Valley School**

**FISCAL IMPACT:** Rates for services vary. Total costs for services will be determined by the individual service agreements written throughout the 2024-2025 school year and will be funded out of mental health dollars allocated to SBCSELPA NPS placements.

**RECOMMENDATION:** The JPA Board approves the 2024-2025 NPS Master Contract Rate sheets for contractor services as presented.

RA:lm



**EXHIBIT A: 2024-2025 RATES**

4.1 RATE SCHEDULE FOR CONTRACT YEAR

The CONTRACTOR: Casa Pacifica School

The CONTRACTOR CDS NUMBER: 56-72546-7087984

PER ED CODE 56366 – TEACHER-TO-PUPIL RATIO: \_\_\_\_\_

Maximum Contract Amount: \_\_\_\_\_

Education service(s) offered by the CONTRACTOR and the charges for such service(s) during the term of this contract shall be as follows:

- 1) Daily Basic Education Rate: \_\_\_\_\_
  
- 2) Inclusive Education Program  
 (Includes Educational Counseling (not ed related mental health) services, Speech & Language services, Behavior Intervention Planning, and Occupational Therapy as specified on the student’s IEP.) DAILY RATE: \_\_\_\_\_
  
- 3) Related Services

<u>SERVICE</u>	<u>RATE</u>	<u>PERIOD</u>
<b><u>A. BASIC EDUCATION/SPECIAL EDUCATION</u></b> (Day school)	<u>\$211.88</u>	<u>Education Day</u>
<b><u>B. EDUCATION RELATED SERVICES</u></b>		
<u>1:1 Services</u>	<u>\$42.31</u>	<u>Hourly</u>
<u>Counseling</u> (Individual, Group, Parent, Family)	<u>\$131.96</u>	<u>Hourly</u>
<u>Social Work Services</u>	<u>\$131.96</u>	<u>Hourly</u>
<u>Speech Therapy</u>	<u>\$131.96</u>	<u>Hourly</u>
<u>Occupational Therapy</u>	<u>\$131.96</u>	<u>Hourly</u>
<u>ABA Assessment &amp; Development of Behavioral Plan</u>	<u>\$640.20</u>	<u>Each</u>
<u>Educational Assessment</u>	<u>\$853.60</u>	<u>Each</u>
<u>Behavioral Intervention - BII</u>	<u>\$131.96</u>	<u>Hourly</u>
<u>Behavioral Intervention - BID</u>	<u>\$131.96</u>	<u>Hourly</u>
<u>Psycho-Social Emotional Assessment</u> (if triennial included in daily rate)	<u>\$1,280.40</u>	<u>Each</u>
<u>Psychological Services</u> (Including IQ, personality inventory, neuro-psych screening, developmental assessment)	<u>\$2,133.99</u>	<u>Each</u>
<u>Transportation</u>	<u>\$56.50</u>	<u>Per Round Trip</u>

**B. INTEGRATED RESIDENTIAL TREATMENT PROGRAM**(Includes room and board, mental health services,  
basic education/special education at NPS)\$1,300Daily**D. SCHOOL BASED MENTAL HEALTH SERVICES**Hourly Licensed\$175HourlyFull Year, Licensed\$115,000AnnuallyFull Year, Para Pro\$66,000Annually**E. WRAPAROUND TEAM**Cost per case\$2,700Per Client/Monthly

**EXHIBIT A: 2024-2025 RATES**

4.1 RATE SCHEDULE FOR CONTRACT YEAR

The CONTRACTOR: Devereux School of Viera  
The CONTRACTOR CDS NUMBER: 77-76422-0112599

PER ED CODE 56366 – TEACHER-TO-PUPIL RATIO: \_\_\_\_\_

Maximum Contract Amount: \_\_\_\_\_

Education service(s) offered by the CONTRACTOR and the charges for such service(s) during the term of this contract shall be as follows:

- 1) Daily Basic Education Rate: \$239.00
- 2) Inclusive Education Program  
(Includes Educational Counseling (not ed related mental health) services, Speech & Language services, Behavior Intervention Planning, and Occupational Therapy as specified on the student’s IEP.) DAILY RATE: \_\_\_\_\_
- 3) Related Services

<u>SERVICE</u>	<u>RATE</u>	<u>PERIOD</u>
<u>Education</u>	<u>\$239.00</u>	<u>Education Day</u>
<u>Room &amp; Board</u>	<u>\$339.77</u>	<u>Calendar Day</u>
<u>Mental Health Services</u>	<u>\$256.30</u>	<u>Calendar Day</u>
<u>Mental Health Services (Enhanced)</u>	<u>\$295.20</u>	<u>Calendar Day</u>

ANCILLARY SERVICES

<u>1:1 Supervision</u>	<u>\$43.25</u>	<u>Hourly</u>
<u>Speech &amp; Language Services</u>	<u>\$131.92</u>	<u>Hourly</u>
<u>Occupational Therapy</u>	<u>\$131.92</u>	<u>Hourly</u>
<u>Physical Therapy</u>	<u>\$131.92</u>	<u>Hourly</u>

OTHER SERVICES

<u>Commercial Sexual Exploitation of Children Program</u>	<u>\$765.93</u>	<u>Daily</u>
<u>Personal Allowance</u>	<u>\$1.50</u>	<u>Daily</u>
<u>Clothing Allowance</u>	<u>\$1.50</u>	<u>Daily</u>

**EXHIBIT A: 2024-2025 RATES**

4.1 RATE SCHEDULE FOR CONTRACT YEAR

The CONTRACTOR: Care Youth Corporation dba Lava Heights Academy

The CONTRACTOR CDS NUMBER: 77-76422-0136358

PER ED CODE 56366 – TEACHER-TO-PUPIL RATIO: \_\_\_\_\_

Maximum Contract Amount: \_\_\_\_\_

Education service(s) offered by the CONTRACTOR and the charges for such service(s) during the term of this contract shall be as follows:

- 1) Daily Basic Education Rate: \_\_\_\_\_
  
- 2) Inclusive Education Program  
(Includes Educational Counseling (not ed related mental health) services, Speech & Language services, Behavior Intervention Planning, and Occupational Therapy as specified on the student’s IEP.) DAILY RATE: \_\_\_\_\_
  
- 3) Related Services

<u>SERVICE</u>	<u>RATE</u>	<u>PERIOD</u>
<u>Non-Medical Board &amp; Care</u>	<u>\$255.00</u>	<u>Per Calendar Day</u>
<u>Mental Health Services</u>	<u>\$130.00</u>	<u>Per Calendar Day</u>
<u>Nonpublic School</u>	<u>\$175.00</u>	<u>Per School Day</u>
<u>Speech and Language Services</u>	<u>\$100.00</u>	<u>Hourly</u>
<u>1:1 Aide</u>	<u>\$55.00</u>	<u>Hourly</u>

**EXHIBIT A: 2024-2025 RATES**

4.1 RATE SCHEDULE FOR CONTRACT YEAR

The CONTRACTOR: Mountain Valley Child and Family Services, Inc./Mountain Valley School

The CONTRACTOR CDS NUMBER: 29-66357-6936876

PER ED CODE 56366 – TEACHER-TO-PUPIL RATIO: \_\_\_\_\_

Maximum Contract Amount: \_\_\_\_\_

Education service(s) offered by the CONTRACTOR and the charges for such service(s) during the term of this contract shall be as follows:

1) Daily Basic Education Rate: \_\_\_\_\_

2) Inclusive Education Program  
(Includes Educational Counseling (not ed related mental health) services, Speech & Language services, Behavior Intervention Planning, and Occupational Therapy as specified on the student’s IEP.) DAILY RATE: \_\_\_\_\_

3) Related Services

<u>SERVICE</u>	<u>RATE</u>	<u>PERIOD</u>
<u>School Day</u> (Nevada City Sites: Ranch, Lima House)	<u>\$229.60</u>	<u>School Day</u>
<u>School Day</u> (Sacramento Sites: Bradshaw, Gerber, BarDu)	<u>\$214.40</u>	<u>School Day</u>
<u>Residential &amp; ERMHS</u> (Note)	<u>\$789.50</u>	<u>Calendar Day</u>



**Santa Barbara County**  
**Special Education Local Plan Area**  
A Joint Powers Agency

REF: V-G

Date: September 9, 2024  
To: SBCSELPA JPA Board  
From: Ray Avila, SBCSELPA Executive Director  
Re: 2024-2025 Legal Services Agreements (*continued*)

**BACKGROUND:**

- As per the Local Plan, each year SBCSELPA solicits contractual agreements on an open, ongoing bid basis for legal/attorney services with law firms.
- SBCSELPA has received legal services agreements from the following legal firm for 2024-2025:

1. **Fagen Friedman and Fulfrost**
2. **Liebert Cassidy Whitmore**

**FISCAL IMPACT:** Depending upon use of legal services for districts/LEAs and the SBCSELPA.

**RECOMMENDATIONS:** The JPA Board approves the additional 2024-2025 legal service agreements as presented.

RA:lm



## **AGREEMENT FOR LEGAL SERVICES**

This agreement is by and between Santa Barbara County SELPA (“Client”) and the law firm of Fagen Friedman & Fulfroft LLP (F3 Law) (“Attorney”). In consideration of the promises and the mutual agreements hereinafter contained, Attorney agrees to provide legal services to Client on the terms set forth below effective July 1, 2024:

1. **CONDITIONS.** This Agreement will not take effect, and Attorney will have no obligation to provide legal services, until Client returns a signed copy of this Agreement.

2. **SCOPE OF SERVICES.** Client hires Attorney as its legal representative/counsel with respect to matters Client specifically refers to Attorney. Attorney will provide those legal services reasonably required to represent Client. Attorney will take reasonable steps to keep Client informed of progress and to respond to Client’s inquiries.

3. **CLIENT’S DUTIES.** Client agrees to cooperate with Attorney and to communicate with candor while keeping the Attorney apprised of any information or developments which may come to Client’s attention, to abide by this Agreement, to pay Attorney’s bills on time and to keep Attorney advised of Client’s address and telephone number. Client will assist Attorney in providing information and documents necessary for the representation in the described matter.

4. **CONSULTANT SERVICES.** Attorney may provide consulting services, which may be referred to as Next Level Client Services, in addition to or in support of the legal services provided pursuant to this Agreement, through qualified non-attorney consultants, including but not limited to: governance training and assistance; communications services; education program planning and implementation; mentoring, coaching, and leadership; strategic planning and solutions; and advocacy at the local and state level.

5. **EMAIL COMMUNICATIONS/CLOUD-BASED COMPUTING.** Attorney will protect Client data in a manner that is compliant with state and federal law. In order to provide Client with efficient and convenient legal services, Attorney will frequently communicate and transmit documents using e-mail. In addition, Attorney uses a cloud computing service. Most of Attorney’s electronic data, including emails and documents, are stored in this manner. Attorney will take reasonable precautions to keep email and other electronic data confidential and secure.

6. **LEGAL FEES AND BILLING PRACTICES.** Client agrees to pay by the hour, in minimum units of one tenth (.1) of an hour, at Attorney’s prevailing rates for all time spent on Client’s matter by Attorney’s legal personnel. Current hourly rates are noted in an attached rate schedule and the actual rate billed is based on the attorney’s number of years of experience.

The rates on this schedule, as well as the current job title designations/ classifications listed hereon, are subject to change on 30 days’ written notice to client. If Client declines to pay any increased rates, Attorney will have the right to withdraw as Attorney for Client. The time charged will include the time Attorney spends on telephone calls relating to Client’s matter, including calls with Client and other parties and attorneys. The legal personnel assigned to Client’s matter may confer among themselves about the matter, as required and appropriate. When they do confer, each person will charge for the time expended, as long as the work done is reasonably necessary and not duplicative. Likewise, if more than one of the legal personnel attends a meeting or other proceeding, each will charge for the time spent.

7. **COSTS AND OTHER CHARGES.** (a) Attorney will incur various costs and expenses in performing legal services under this Agreement. Except as otherwise stated, Client agrees to pay for all costs, disbursements and expenses in addition to the hourly fees. These include fees fixed by law or assessed by public agencies, messenger and other delivery fees, out of office copying/reproduction costs, and travel costs (including mileage charged at the standard IRS rate, parking, transportation, meals and hotel costs, if applicable), and other similar items. The following costs shall not be charged:

In office Photocopying	No Charge
Facsimile Charges	No Charge
Postage	No Charge
On-line Legal Research Subscriptions	No Charge
Administrative Overhead	No Charge

(b) Out of town travel. Client agrees to pay transportation, meals, lodging and all other costs of any necessary out-of-town travel by law firm personnel. Client will also be charged the hourly rates for the time legal personnel spend traveling.

(c) Consultants and Investigators. To aid in the representation in Client's matter, it may become necessary to hire consultants or investigators. Client agrees to pay such fees and charges.

(d) Other fees and costs. Client understands that if a case proceeds to court action, arbitration or administrative hearing, the court, arbitrator or reviewing agency may award attorney fees and costs to the other party or parties. Payment of such attorney fees and costs shall be the sole responsibility of Client. Similarly, other parties may be required to pay some or all of the fees and costs incurred by Client. Client acknowledges that any such determination does not in and of itself affect the amount of the fees and costs to be paid by Client to Attorney pursuant to this agreement.

8. BILLING STATEMENTS. Attorney will send Client monthly statements for fees and costs incurred. Each statement will be payable within thirty (30) days of its mailing date. An interest charge of one percent (1%) per month shall be assessed on balances that are more than thirty (30) days past due. Client may request a statement at intervals of less than 30 days. If Client requests a bill, Attorney will provide one within 10 days. The statements shall include the amount, rate, basis of calculation or other method of determination of the fees and costs, which costs will be clearly identified by item and amount.

#### 9. CLIENT APPROVAL NECESSARY FOR SETTLEMENT

Attorney will not make any settlement or compromise of any nature of any of Client's claims without Client's prior approval. Client retains the absolute right to accept or reject any settlement.

10. DISCHARGE AND WITHDRAWAL. Client may discharge Attorney at any time. Attorney may withdraw with Client's consent, for good cause or as allowed or required by law upon ten (10) days written notice. Good cause includes Client's breach of this Agreement, refusal to cooperate or to follow Attorney's advice on a material matter or any fact or circumstance that would render Attorney's continuing representation unlawful or unethical. When Attorney's services conclude, all unpaid charges will immediately become due and payable. Following the conclusion of Attorney's representation of Client, Attorney will, upon Client's request, deliver to Client the Client file(s) and property in Attorney's possession, whether or not Client has paid for all services. If Client has not requested delivery of the files, Attorney may destroy all such files in its possession seven (7) years after the conclusion of the representation.

11. DISCLAIMER OF GUARANTEE AND ESTIMATES. Nothing in this Agreement and nothing in Attorney's statements to Client will be construed as a promise or guarantee about the outcome of the matter. Attorney makes no such promises or guarantees. Attorney's comments about the outcome of the matter are expressions of opinion only. Actual fees may vary from estimates given.

12. ENTIRE AGREEMENT. This Agreement contains the entire agreement of the parties. No other agreement, statement, or promise made on or before the effective date of this Agreement will be binding on the parties.

13. MODIFICATION BY SUBSEQUENT AGREEMENT. This Agreement may be modified by subsequent agreement of the parties only by an instrument in writing signed by both of them or an oral agreement only to the extent that the parties carry it out.

14. SEVERABILITY IN EVENT OF PARTIAL INVALIDITY. If any provision of this Agreement is held in whole or in part to be unenforceable for any reason, the remainder of that provision and of the entire Agreement will be severable and remain in effect.



15. MEDIATION CLAUSE. If a dispute arises out of or relating to any aspect of this Agreement between the Client and Attorney, or the breach thereof, and if the dispute cannot be settled through negotiation, Attorney and Client agree to use mediation before resorting to arbitration, litigation, or any other dispute resolution procedure.

16. EFFECTIVE DATE. This Agreement will govern all legal services performed by Attorney on behalf of Client commencing with the date Attorney first performed services. The date at the beginning of this Agreement is for reference only. Even if this Agreement does not take effect, Client will be obligated to pay Attorney the reasonable value of any services Attorney may have performed for Client.

THE PARTIES HAVE READ AND UNDERSTOOD THE FOREGOING TERMS AND AGREE TO THEM AS OF THE DATE ATTORNEY FIRST PROVIDED SERVICES. THE CLIENT SHALL RECEIVE A FULLY EXECUTED DUPLICATE OF THIS AGREEMENT.

IN WITNESS WHEREOF, the parties have signed this Agreement for Legal Services.

Santa Barbara County SELPA

Fagen Friedman & Fulfrost LLP

Namita S. Brown

\_\_\_\_\_  
*Type or Print Name*

\_\_\_\_\_  
*Name*

Managing Partner

\_\_\_\_\_  
*Type or Print Title*

\_\_\_\_\_  
*Title*



\_\_\_\_\_  
*District Authorized Signature*

\_\_\_\_\_  
*Signature*

DATE: \_\_\_\_\_

DATE: April 22, 2024



**PROFESSIONAL RATE SCHEDULE**

Santa Barbara County SELPA

July 1, 2024

1. **HOURLY PROFESSIONAL RATES**

Client agrees to pay Attorney by the following standard hourly rate:

Associate	\$295 - \$325 per hour
Partner	\$360 - \$395 per hour
Senior Partner*	\$420 per hour
Senior Counsel/Of-Counsel	\$375 - \$395 per hour
Paralegal	\$205 - \$290 per hour
Law Clerk	\$290 per hour
Next Level Client Services	\$180 per hour
Education Consultant	\$295 per hour
Communications Services Consultant	\$315 per hour
Communications Services Associate	\$100 per hour
Technology Discovery Associate	\$50 per hour

*\*Partners with 25+ years of experience.*

Travel time shall be charged only from the Attorney's nearest office to the destination and shall be prorated if the assigned Attorney travels for two or more clients on the same trip. If Client requests a specific Attorney, Client agrees to pay for all travel time of that specific Attorney in connection with the matter. For matters concerning compliance with state and federal voting rights laws and/or related subjects, Client agrees to pay for all travel time of assigned Attorney in connection with those matters.

2. **ON-SITE LEGAL SERVICES**

At Client's discretion and by prior arrangement of Client and Attorney, Attorney may provide regularly scheduled on-site legal services ("Office Hours") to address legal issues that may arise in Client's day-to-day operations. Office Hours, which include time Attorney spends at Client's facility as well as travel time, shall be provided at a reduced hourly rate of 90% of the Attorney's standard hourly rate.

3. **COSTS AND EXPENSES**

In office Photocopying	No Charge
Facsimile Charges	No Charge
Postage	No Charge
On-line Legal Research Subscriptions	No Charge
Administrative Overhead	No Charge
Mileage	IRS Standard Rate

Other costs, such as messenger, meals, and lodging shall be charged on an actual and necessary basis.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/21/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certification does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Ahern Insurance Brokerage 1615 Murray Canyon Rd Ste 1050 San Diego, CA 92108 Kelley L. Milks, CIC CRM RPLU	<b>CONTACT NAME:</b> Josie Noreen <b>PHONE (A/C, No, Ext):</b> _____ <b>FAX (A/C, No):</b> _____ <b>E-MAIL ADDRESS:</b> JNoreen@aherninsurance.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Fagen Friedman & Fulfrost LLP 6300 Wilshire Blvd. Suite 1700 Los Angeles, CA 90048	<b>INSURER A:</b> Federal Insurance Company <b>NAIC #</b> 20281	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____			36071881	06/26/2023	06/26/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			73622589	06/26/2023	06/26/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			78194474	06/26/2023	06/26/2024	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below			71835430	06/26/2023	06/26/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

### CERTIFICATE HOLDER

### CANCELLATION

<p style="text-align: center;"><b>PROOFIN</b></p> <p style="text-align: center;">           ^^^            ^^^ PROOF OF INSURANCE ^^^            ^^^         </p>	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>
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# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
06/21/2023

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY <b>Ahern Insurance Brokerage</b> 1615 Murray Canyon Rd Ste 1050 San Diego, CA 92108 Kelley L. Milks, CIC CRM RPLU		PHONE (A/C, No, Ext): <b>858-571-9030</b>	COMPANY <b>Federal Insurance Company</b> Issuing Company	
FAX (A/C, No): 858-571-9010	E-MAIL ADDRESS:			
CODE: <b>29253</b>	SUB CODE:			
AGENCY CUSTOMER ID #: <b>FAGEN-1</b>				
INSURED  Fagen Friedman & Fulfrost LLP 6300 Wilshire Blvd. Suite 1700 Los Angeles, CA 90048		LOAN NUMBER	POLICY NUMBER <b>36071881</b>	
		EFFECTIVE DATE 06/26/2023	EXPIRATION DATE 06/26/2024	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

### PROPERTY INFORMATION

LOCATION/DESCRIPTION <b>6300 WILSHIRE BLVD</b> <b>LOS ANGELES, CA 90048</b>	<b>Law Firm</b>
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THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

### COVERAGE INFORMATION

PERILS INSURED	BASIC	BROAD	<input checked="" type="checkbox"/> SPECIAL	AMOUNT OF INSURANCE	DEDUCTIBLE
BLANKET LIMITS: BUSINESS PROPERTY INCL. LEASED EQUIPMENT BUSINESS INCOME WITH EXTRA EXPENSE (BI/EE) *Special Form Including Theft *Replacement Cost				8,841,440 10,000,001	5,000 24 HRS

### REMARKS (Including Special Conditions)

Account Numbers: 16042722 / 16768191 / 17492046 / 16652728 / 16109465 / 16768194. Certificate Holder is Loss Payee.

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

### ADDITIONAL INTEREST

NAME AND ADDRESS  <b>***PROOF OF INSURANCE***</b>	ADDITIONAL INSURED	LENDER'S LOSS PAYABLE	<input type="checkbox"/> LOSS PAYEE
	MORTGAGEE		
	LOAN #		
	AUTHORIZED REPRESENTATIVE 		

**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT**

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

Any person or organization against whom you have agreed to waive your right of recovery in a written contract, provided such contract was executed prior to the date of loss.

For policies or exposure in Missouri:

Any person or organization for which the employer has agreed by written contract, executed prior to loss, may execute a waiver of subrogation. However, for purposes of work performed by the employer in Missouri, this waiver of subrogation does not apply to any construction group of classifications as designated by the waiver of right to recover from others (subrogation) rule in our manual.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.  
(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective **06-26-23**      Policy No. **71835430**  
Insured **FAGEN FRIEDMAN & FULFROST LLP**  
Insurance Company **Federal Insurance Company**

Endorsement No.  
Premium \$ **Incl.**

Countersigned By \_\_\_\_\_

**CALIFORNIA WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT**

This endorsement applies only to the insurance provided by the policy because California is shown in Item 3.A. of the Information Page.

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule, but this waiver applies only with respect to bodily injury arising out of the operations described in the Schedule, where you are required by a written contract to obtain this waiver from us.

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

Schedule

- 1.  Specific Waiver

Name of person or organization

- Blanket Waiver

Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.

- 2. Operations:

- 3. Premium:

The premium charge for this endorsement shall be 1% percent of the California premium developed on payroll in connection with work performed for the above person(s) or organization(s) arising out of the operations described.

- 4. Minimum Premium:

\_\_\_\_\_  
Authorized Representative

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.  
**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Endorsement Effective **06-26-23** Policy No. **71835430**

Endorsement No.

Insured **FAGEN FRIEDMAN & FULFROST LLP**

Premium \$ **Incl .**

Insurance Company **Federal Insurance Company**

Countersigned By \_\_\_\_\_

**COMMERCIAL AUTOMOBILE**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**COMMERCIAL **AUTOMOBILE** BROAD FORM ENDORSEMENT**

This endorsement modifies insurance provided under the following:

**BUSINESS AUTO COVERAGE FORM**

This endorsement modifies the Business Auto Coverage Form.

**1. EXTENDED CANCELLATION CONDITION**

Paragraph A.2.b. – CANCELLATION - of the COMMON POLICY CONDITIONS form IL 00 17 is deleted and replaced with the following:

- b. 60 days before the effective date of cancellation if we cancel for any other reason.

**2. BROAD FORM INSURED**

**A. Subsidiaries and Newly Acquired or Formed Organizations As Insureds**

The Named Insured shown in the Declarations is amended to include:

- 1. Any legally incorporated subsidiary in which you own more than 50% of the voting stock on the effective date of the Coverage Form. However, the Named Insured does not include any subsidiary that is an "insured" under any other automobile policy or would be an "insured" under such a policy but for its termination or the exhaustion of its Limit of Insurance.
- 2. Any organization that is acquired or formed by you and over which you maintain majority ownership. However, the Named Insured does not include any newly formed or acquired organization:
  - (a) That is an "insured" under any other automobile policy;
  - (b) That has exhausted its Limit of Insurance under any other policy; or
  - (c) 180 days or more after its acquisition or formation by you, unless you have given us written notice of the acquisition or formation.

Coverage does not apply to "bodily injury" or "property damage" that results from an "accident" that occurred before you formed or acquired the organization.

**B. Employees as Insureds**

Paragraph A.1. – WHO IS AN INSURED – of SECTION II – LIABILITY COVERAGE is amended to add the following:

- d. Any "employee" of yours while using a covered "auto" you don't own, hire or

borrow in your business or your personal affairs.

**C. Lessors as Insureds**

Paragraph A.1. – WHO IS AN INSURED – of SECTION II – LIABILITY COVERAGE is amended to add the following:

- e. The lessor of a covered "auto" while the "auto" is leased to you under a written agreement if:
  - (1) The agreement requires you to provide direct primary insurance for the lessor; and
  - (2) The "auto" is leased without a driver. Such leased "auto" will be considered a covered "auto" you own and not a covered "auto" you hire. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:
    - 1. You;
    - 2. Any of your "employees" or agents; or
    - 3. Any person, except the lessor or any "employee" or agent of the lessor, operating an "auto" with the permission of any of 1. and/or 2. above.

**D. Persons And Organizations As Insureds Under A Written Insured Contract**

Paragraph A.1 – WHO IS AN INSURED – of SECTION II – LIABILITY COVERAGE is amended to add the following:

- f. Any person or organization with respect to the operation, maintenance or use of a covered "auto", provided that you and such person or organization have agreed under an express provision in a written "insured contract", written agreement or a written permit issued to you by a governmental or public authority to add such person or organization to this policy as an "insured". However, such person or organization is an "insured" only:

- (1) with respect to the operation, maintenance or use of a covered "auto"; and
- (2) for "bodily injury" or "property damage" caused by an "accident" which takes place after:
  - (a) You executed the "insured contract" or written agreement; or
  - (b) The permit has been issued to you.

**3. FELLOW EMPLOYEE COVERAGE**

EXCLUSION B.5. - FELLOW EMPLOYEE – of SECTION II – LIABILITY COVERAGE does not apply.

**4. PHYSICAL DAMAGE – ADDITIONAL TEMPORARY TRANSPORTATION EXPENSE COVERAGE**

Paragraph A.4.a. – TRANSPORTATION EXPENSES – of SECTION III – PHYSICAL DAMAGE COVERAGE is amended to provide a limit of \$50 per day for temporary transportation expense, subject to a maximum limit of \$1,000.

**5. AUTO LOAN/LEASE GAP COVERAGE**

Paragraph A. 4. – COVERAGE EXTENSIONS - of SECTION III – PHYSICAL DAMAGE COVERAGE is amended to add the following:

**c. Unpaid Loan or Lease Amounts**

In the event of a total "loss" to a covered "auto", we will pay any unpaid amount due on the loan or lease for a covered "auto" minus:

1. The amount paid under the Physical Damage Coverage Section of the policy; and
2. Any:
  - a. Overdue loan/lease payments at the time of the "loss";
  - b. Financial penalties imposed under a lease for excessive use, abnormal wear and tear or high mileage;
  - c. Security deposits not returned by the lessor;
  - d. Costs for extended warranties, Credit Life Insurance, Health, Accident or Disability Insurance purchased with the loan or lease; and
  - e. Carry-over balances from previous loans or leases.

We will pay for any unpaid amount due on the loan or lease if caused by:

1. Other than Collision Coverage only if the Declarations indicate that Comprehensive Coverage is provided for any covered "auto";
2. Specified Causes of Loss Coverage only if the Declarations indicate that Specified Causes of Loss Coverage is provided for any covered "auto"; or
3. Collision Coverage only if the Declarations indicate that Collision Coverage is provided for any covered "auto".

**6. RENTAL AGENCY EXPENSE**

Paragraph A. 4. – COVERAGE EXTENSIONS – of SECTION III – PHYSICAL DAMAGE COVERAGE is amended to add the following:

**d. Rental Expense**

We will pay the following expenses that you or any of your "employees" are legally obligated to pay because of a written contract or agreement entered into for use of a rental vehicle in the conduct of your business:

**MAXIMUM WE WILL PAY FOR ANY ONE CONTRACT OR AGREEMENT:**

1. \$2,500 for loss of income incurred by the rental agency during the period of time that vehicle is out of use because of actual damage to, or "loss" of, that vehicle, including income lost due to absence of that vehicle for use as a replacement;
2. \$2,500 for decrease in trade-in value of the rental vehicle because of actual damage to that vehicle arising out of a covered "loss"; and
3. \$2,500 for administrative expenses incurred by the rental agency, as stated in the contract or agreement.
4. \$7,500 maximum total amount for paragraphs 1., 2. and 3. combined.

**7. EXTRA EXPENSE – BROADENED COVERAGE**

Paragraph A.4. – COVERAGE EXTENSIONS – of SECTION III – PHYSICAL DAMAGE COVERAGE is amended to add the following:

**e. Recovery Expense**

We will pay for the expense of returning a stolen covered "auto" to you.

**8. AIRBAG COVERAGE**

Paragraph B.3.a. - EXCLUSIONS – of SECTION III – PHYSICAL DAMAGE COVERAGE does not apply to the accidental or unintended discharge of an airbag. Coverage is excess over any other collectible insurance or warranty specifically designed to provide this coverage.

**9. AUDIO, VISUAL AND DATA ELECTRONIC EQUIPMENT - BROADENED COVERAGE**

Paragraph C.1.b. – LIMIT OF INSURANCE - of SECTION III - PHYSICAL DAMAGE is deleted and replaced with the following:

- b. \$2,000 is the most we will pay for "loss" in any one "accident" to all electronic equipment that reproduces, receives or transmits audio, visual or data signals which, at the time of "loss", is:
  - (1) Permanently installed in or upon the covered "auto" in a housing, opening or other location that is not normally used by the "auto" manufacturer for the installation of such equipment;
  - (2) Removable from a permanently installed housing unit as described in Paragraph 2.a. above or is an integral part of that equipment; or
  - (3) An integral part of such equipment.

**10. GLASS REPAIR – WAIVER OF DEDUCTIBLE**



Under Paragraph D. - DEDUCTIBLE – of SECTION III – PHYSICAL DAMAGE COVERAGE the following is added:

No deductible applies to glass damage if the glass is repaired rather than replaced.

#### 11. TWO OR MORE DEDUCTIBLES

Paragraph D.- DEDUCTIBLE – of SECTION III – PHYSICAL DAMAGE COVERAGE is amended to add the following:

If this Coverage Form and any other Coverage Form or policy issued to you by us that is not an automobile policy or Coverage Form applies to the same “accident”, the following applies:

1. If the deductible under this Business Auto Coverage Form is the smaller (or smallest) deductible, it will be waived; or
2. If the deductible under this Business Auto Coverage Form is not the smaller (or smallest) deductible, it will be reduced by the amount of the smaller (or smallest) deductible.

#### 12. AMENDED DUTIES IN THE EVENT OF ACCIDENT, CLAIM, SUIT OR LOSS

Paragraph A.2.a. - DUTIES IN THE EVENT OF AN ACCIDENT, CLAIM, SUIT OR LOSS of SECTION IV - BUSINESS AUTO CONDITIONS is deleted and replaced with the following:

- a. In the event of “accident”, claim, “suit” or “loss”, you must promptly notify us when the “accident” is known to:
  - (1) You or your authorized representative, if you are an individual;
  - (2) A partner, or any authorized representative, if you are a partnership;
  - (3) A member, if you are a limited liability company; or
  - (4) An executive officer, insurance manager, or authorized representative, if you are an organization other than a partnership or limited liability company.

Knowledge of an “accident”, claim, “suit” or “loss” by other persons does not imply that the persons listed above have such knowledge. Notice to us should include:

- (1) How, when and where the “accident” or “loss” occurred;
- (2) The “insured’s” name and address; and
- (3) To the extent possible, the names and addresses of any injured persons or witnesses.

#### 13. WAIVER OF SUBROGATION

Paragraph A.5. - TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US of SECTION IV – BUSINESS AUTO CONDITIONS is deleted and replaced with the following:

5. We will waive the right of recovery we would otherwise have against another person or organization for “loss” to which this insurance applies, provided the “insured” has waived

their rights of recovery against such person or organization under a contract or agreement that is entered into before such “loss”.

To the extent that the “insured’s” rights to recover damages for all or part of any payment made under this insurance has not been waived, those rights are transferred to us. That person or organization must do everything necessary to secure our rights and must do nothing after “accident” or “loss” to impair them. At our request, the insured will bring suit or transfer those rights to us and help us enforce them.

#### 14. UNINTENTIONAL FAILURE TO DISCLOSE HAZARDS

Paragraph B.2. – CONCEALMENT, MISREPRESENTATION or FRAUD of SECTION IV – BUSINESS AUTO CONDITIONS - is deleted and replaced with the following:

If you unintentionally fail to disclose any hazards existing at the inception date of your policy, we will not void coverage under this Coverage Form because of such failure.

#### 15. AUTOS RENTED BY EMPLOYEES

Paragraph B.5. - OTHER INSURANCE of SECTION IV – BUSINESS AUTO CONDITIONS - is amended to add the following:

- e. Any “auto” hired or rented by your “employee” on your behalf and at your direction will be considered an “auto” you hire. If an “employee’s” personal insurance also applies on an excess basis to a covered “auto” hired or rented by your “employee” on your behalf and at your direction, this insurance will be primary to the “employee’s” personal insurance.

#### 16. HIRED AUTO – COVERAGE TERRITORY

Paragraph B.7.b.(5). - POLICY PERIOD, COVERAGE TERRITORY of SECTION IV – BUSINESS AUTO CONDITIONS is deleted and replaced with the following:

- (5) A covered “auto” of the private passenger type is leased, hired, rented or borrowed without a driver for a period of 45 days or less; and

#### 17. RESULTANT MENTAL ANGUISH COVERAGE

Paragraph C. of - SECTION V – DEFINITIONS is deleted and replaced by the following:

“Bodily injury” means bodily injury, sickness or disease sustained by any person, including mental anguish or death as a result of the “bodily injury” sustained by that person.

**Liability Insurance**

**Endorsement**

*Policy Period*                    JUNE 26, 2023 TO JUNE 26, 2024

*Effective Date*                JUNE 26, 2023

*Policy Number*                3607-18-81 PSU

*Insured*                         FAGEN FRIEDMAN & FULFROST LLP

*Name of Company*            FEDERAL INSURANCE COMPANY

*Date Issued*                    JUNE 16, 2023

This Endorsement applies to the following forms:

GENERAL LIABILITY

Under Conditions, the following provision is added to the condition titled Other Insurance.

**Conditions**

**Other Insurance -  
Primary, Noncontributory  
Insurance - Scheduled  
Person Or Organization**

If you are obligated, pursuant to a written contract or agreement, to provide the person or organization described in the Schedule (that is also included in the Who Is An Insured section of this contract) with primary insurance such as is afforded by this policy, then this insurance is primary and we will not seek contribution from insurance available to such person or organization.

**Schedule**

Persons or organizations described in the Who Is An Insured section of this contract and that you are obligated, pursuant to a written contract or agreement, to provide with primary insurance as is afforded by this policy, but only to the minimum extent required by such contract or agreement.

All other terms and conditions remain unchanged.

Authorized Representative



**Liability Insurance****Endorsement**

<i>Policy Period</i>	JUNE 26, 2023 TO JUNE 26, 2024
<i>Effective Date</i>	JUNE 26, 2023
<i>Policy Number</i>	3607-18-81 PSU
<i>Insured</i>	FAGEN FRIEDMAN & FULFROST LLP
<i>Name of Company</i>	FEDERAL INSURANCE COMPANY
<i>Date Issued</i>	JUNE 16, 2023

This Endorsement applies to the following forms:

GENERAL LIABILITY

Under Who Is An Insured, the following provision is added.

**Who Is An Insured****Additional Insured -  
Scheduled Person  
Or Organization**

Persons or organizations shown in the Schedule are **insureds**; but they are **insureds** only if you are obligated pursuant to a contract or agreement to provide them with such insurance as is afforded by this policy.

However, the person or organization is an **insured** only:

- if and then only to the extent the person or organization is described in the Schedule;
- to the extent such contract or agreement requires the person or organization to be afforded status as an **insured**;
- for activities that did not occur, in whole or in part, before the execution of the contract or agreement; and
- with respect to damages, loss, cost or expense for injury or damage to which this insurance applies.

No person or organization is an **insured** under this provision:

- that is more specifically identified under any other provision of the Who Is An Insured section (regardless of any limitation applicable thereto).
- with respect to any assumption of liability (of another person or organization) by them in a contract or agreement. This limitation does not apply to the liability for damages, loss, cost or expense for injury or damage, to which this insurance applies, that the person or organization would have in the absence of such contract or agreement.

**Liability Endorsement**  
(continued)

Under Conditions, the following provision is added to the condition titled Other Insurance.

**Conditions**

**Other Insurance –  
Primary, Noncontributory  
Insurance – Scheduled  
Person Or Organization**

If you are obligated, pursuant to a contract or agreement, to provide the person or organization shown in the Schedule with primary insurance such as is afforded by this policy, then in such case this insurance is primary and we will not seek contribution from insurance available to such person or organization.

---

**Schedule**

Persons or organizations that you are obligated, pursuant to a contract or agreement, to provide with such insurance as is afforded by this policy.

All other terms and conditions remain unchanged.

**Authorized Representative**



## General Liability

### Supplementary Payments

(continued)

- b. release attachments;  
but only for bond amounts within the available Limit Of Insurance. We do not have to furnish these bonds.
- C. reasonable expenses incurred by the **insured** at our request to assist us in the investigation or defense of such claim or **suit**, including actual loss of earnings up to \$1000 a day because of time off from work.
- D. costs taxed against the **insured** in the **suit**, except any:
  1. attorney fees or litigation expenses; or
  2. other loss, cost or expense;in connection with any injunction or other equitable relief.
- E. prejudgment interest awarded against the **insured** on that part of a judgment we pay. If we make an offer to pay the applicable Limit Of Insurance, we will not pay any prejudgment interest based on that period of time after the offer.
- F. interest on the full amount of a judgment that accrues after entry of the judgment and before we have paid, offered to pay or deposited in court the part of the judgment that is within the applicable Limit Of Insurance.

Supplementary Payments does not include any fine or other penalty.

These payments will not reduce the Limits Of Insurance.

Our obligation to make these payments ends when we have used up the applicable Limit Of Insurance.

---

### Coverage Territory

This insurance applies anywhere, provided the **insured's** responsibility to pay damages, to which this insurance applies, is determined in a **suit** on the merits brought in the United States of America (including its possessions and territories), Canada or Puerto Rico, or in a settlement to which we agree.

---

### Who Is An Insured

#### Sole Proprietorships

If you are an individual, you and your spouse are **insureds**; but you and your spouse are **insureds** only with respect to the conduct of a business of which you are the sole owner.

If you die:

- persons or organizations having proper temporary custody of your property are **insureds**; but they are **insureds** only with respect to the maintenance or use of such property and only for acts until your legal representative has been appointed; and
- your legal representatives are **insureds**; but they are **insureds** only with respect to their duties as your legal representatives. Such legal representatives will assume your rights and duties under this insurance.

---

## Who Is An Insured

(continued)

### Partnerships Or Joint Ventures

If you are a partnership (including a limited liability partnership) or a joint venture, you are an **insured**. Your members, your partners and their spouses are **insureds**; but they are **insureds** only with respect to the conduct of your business.

---

### Limited Liability Companies

If you are a limited liability company, you are an **insured**. Your members and their spouses are **insureds**; but they are **insureds** only with respect to the conduct of your business. Your managers are **insureds**; but they are **insureds** only with respect to their duties as your managers.

---

### Other Organizations

If you are an organization (including a professional corporation) other than a partnership, joint venture or limited liability company, you are an **insured**. Your directors and **officers** are **insureds**; but they are **insureds** only with respect to their duties as your directors or **officers**. Your stockholders and their spouses are **insureds**; but they are **insureds** only with respect to their liability as your stockholders.

---

### Employees

Your **employees** are **insureds**; but they are **insureds** only for acts within the scope of their employment by you or while performing duties related to the conduct of your business.

However, no **employee** is an **insured** for:

A. **bodily injury, advertising injury or personal injury:**

1. to you, to any of your directors, managers, members, **officers** or partners (whether or not an **employee**) or to any co-**employee** while such injured person is either in the course of his or her employment or while performing duties related to the conduct of your business;
2. to the brother, child, parent, sister or spouse of such injured person as a consequence of any injury described in subparagraph A.1. above; or
3. for which there is any obligation to share damages with or repay someone else who must pay damages because of any injury described in subparagraphs A.1. or A.2. above.

With respect to **bodily injury** only, this limitation does not apply to:

- you or to your directors, managers, members, **officers**, partners or supervisors as **insureds**; or
  - your **employees**, as **insureds**, with respect to such damages caused by cardio-pulmonary resuscitation or first aid services administered by such an **employee**; or
- B. **property damage** to any property owned, occupied or used by you or by any of your directors, managers, members, **officers** or partners (whether or not an **employee**) or by any of your **employees**.

This limitation does not apply to **property damage** to premises while rented to you or temporarily occupied by you with permission of the owner.

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## General Liability

### Who Is An Insured (continued)

#### Volunteers

Persons who are volunteer workers for you are **insureds**; but they are **insureds** only for acts within the scope of their activities for you and at your direction.

---

#### Real Estate Managers

Persons (other than your **employees**) or organizations acting as your real estate managers are **insureds**; but they are **insureds** only with respect to their duties as your real estate managers.

---

#### Permissive Users Of Mobile Equipment

With respect to **mobile equipment** registered in your name under a motor vehicle registration law:

- A. persons driving such equipment on a public road with your permission are **insureds**; and
- B. persons or organizations responsible for the conduct of such persons described in subparagraph A. above are **insureds**; but they are **insureds** only with respect to the operation of the equipment and only if no other insurance of any kind is available to them.

However, no person or organization is an **insured** with respect to:

- **bodily injury** to any co-**employee** of the person driving the equipment; or
- **property damage** to any property owned or occupied by or loaned or rented to you, or in your charge or the charge of the employer of any person who is an **insured** under this provision.

---

#### Vendors

Persons or organizations who are vendors of **your products** are **insureds**; but they are **insureds** only with respect to their liability for damages for **bodily injury** or **property damage** resulting from the distribution or sale of **your products** in the regular course of their business and only if this insurance applies to the **products-completed operations hazard**.

However, no such person or organization is an **insured** with respect to any:

- assumption of liability by them in a contract or agreement. This limitation does not apply to the liability for damages for **bodily injury** or **property damage** that such vendor would have in the absence of such contract or agreement;
- representation or warranty unauthorized by you;
- physical or chemical change in **your products** made intentionally by the vendor;
- repackaging, unless unpacked solely for the purpose of inspection, demonstration or testing, or the substitution of parts under instruction from the manufacturer and then repacked in the original container;
- failure to make such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business in connection with the distribution or sale of **your products**;
- demonstration, installation, servicing or repair operations, except such operations performed at the vendor's premises in connection with the sale of **your products**; or
- of **your products** which, after distribution or sale by you, have been labeled or relabeled or used as a container, ingredient or part of any other thing or substance by or for the vendor.

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## Who Is An Insured

### Vendors (continued)

Further, no person or organization from whom you have acquired **your products**, or any container, ingredient or part entering into, accompanying or containing **your products**, is an **insured** under this provision.

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### Lessors Of Equipment

Persons or organizations from whom you lease equipment are **insureds**; but they are **insureds** only with respect to the maintenance or use by you of such equipment and only if you are contractually obligated to provide them with such insurance as is afforded by this contract.

However, no such person or organization is an **insured** with respect to any:

- damages arising out of their sole negligence; or
- **occurrence** that occurs, or offense that is committed, after the equipment lease ends.

---

### Lessors Of Premises

Persons or organizations from whom you lease premises are **insureds**; but they are **insureds** only with respect to the ownership, maintenance or use of that particular part of such premises leased to you and only if you are contractually obligated to provide them with such insurance as is afforded by this contract.

However, no such person or organization is an **insured** with respect to any:

- damages arising out of their sole negligence;
- **occurrence** that occurs, or offense that is committed, after you cease to be a tenant in the premises; or
- structural alteration, new construction or demolition operations performed by or on behalf of them.

---

### Subsidiary Or Newly Acquired Or Formed Organizations

If there is no other insurance available, the following organizations will qualify as named **insureds**:

- a subsidiary organization of the first named **insured** shown in the Declarations of which, at the beginning of the policy period and at the time of loss, such first named **insured** controls, either directly or indirectly, more than fifty (50) percent of the interests entitled to vote generally in the election of the governing body of such organization; or
- a subsidiary organization of the first named **insured** shown in the Declarations that such first named **insured** acquires or forms during the policy period, if at the time of loss such first named **insured** controls, either directly or indirectly, more than fifty (50) percent of the interests entitled to vote generally in the election of the governing body of such organization.

---

### Limitations On Who Is An Insured

- A. Except to the extent provided under the Subsidiary Or Newly Acquired Or Formed Organizations provision above, no person or organization is an **insured** with respect to the conduct of any person or organization that is not shown as a named **insured** in the Declarations.
- B. No person or organization is an **insured** with respect to the:
1. ownership, maintenance or use of any assets; or
  2. conduct of any person or organization whose assets, business or organization;



## General Liability

### Who Is An Insured

#### Limitations On Who Is An Insured (continued)

you acquire, either directly or indirectly, for any:

- **bodily injury** or **property damage** that occurred; or
- **advertising injury** or **personal injury** arising out of an offense first committed; in whole or in part, before you, directly or indirectly, acquired such assets, business or organization.

### Limits Of Insurance

The Limits Of Insurance shown in the Declarations and the rules below fix the most we will pay, regardless of the number of:

- **insureds;**
- claims made or **suits** brought; or
- persons or organizations making claims or bringing **suits**.

The Limits Of Insurance apply separately to each consecutive annual period and to any remaining period of less than twelve (12) months, starting with the beginning of the policy period shown in the Declarations, unless the policy period is extended after issuance for an additional period of less than twelve (12) months. In that case, the additional period will be deemed part of the last preceding period for purposes of determining the Limits Of Insurance.

#### General Aggregate Limit

Subject to the Each Occurrence Limit, the General Aggregate Limit is the most we will pay for the sum of:

- damages for **bodily injury** and **property damage**, except damages included in the **products-completed operations hazard**; and
- **medical expenses**.

#### Products-Completed Operations Aggregate Limit

Subject to the Each Occurrence Limit, the Products-Completed Operations Aggregate Limit is the most we will pay for the sum of damages for **bodily injury** and **property damage** included in the **products-completed operations hazard**.

#### Advertising Injury And Personal Injury Aggregate Limit

The Advertising Injury And Personal Injury Aggregate Limit is the most we will pay for the sum of damages for **advertising injury** and **personal injury**.

#### Each Occurrence Limit

The Each Occurrence Limit is the most we will pay for the sum of:

- damages for **bodily injury** and **property damage**; and
- **medical expenses**;

arising out of any one **occurrence**.

Any amount paid for damages or **medical expenses** will reduce the amount of the applicable aggregate limit available for any other payment.

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**Conditions**

(continued)

**Transfer Or Waiver Of  
Rights Of Recovery  
Against Others**

We will waive the right of recovery we would otherwise have had against another person or organization, for loss to which this insurance applies, provided the **insured** has waived their rights of recovery against such person or organization in a contract or agreement that is executed before such loss.

To the extent that the **insured's** rights to recover all or part of any payment made under this insurance have not been waived, those rights are transferred to us. The **insured** must do nothing after loss to impair them. At our request, the **insured** will bring **suit** or transfer those rights to us and help us enforce them.

This condition does not apply to **medical expenses**.

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## Conditions

### *Duties In The Event Of Occurrence, Offense, Claim Or Suit (continued)*

- F. Knowledge of an **occurrence** or offense by an agent or **employee** of the **insured** will not constitute knowledge by the **insured**, unless an **officer** (whether or not an **employee**) of any **insured** or an **officer's** designee knows about such **occurrence** or offense.
- G. Failure of an agent or **employee** of the **insured**, other than an **officer** (whether or not an **employee**) of any **insured** or an **officer's** designee, to notify us of an **occurrence** or offense that such person knows about will not affect the insurance afforded to you.
- H. If a claim or loss does not reasonably appear to involve this insurance, but it later develops into a claim or loss to which this insurance applies, the failure to report it to us will not violate this condition, provided the **insured** gives us immediate notice as soon as the **insured** is aware that this insurance may apply to such claim or loss.

---

### *Legal Action Against Us*

No person or organization has a right under this insurance to:

- join us as a party or otherwise bring us into a **suit** seeking damages from an **insured**; or
- sue us on this insurance unless all of the terms and conditions of this insurance have been fully complied with.

A person or organization may sue us to recover on an **agreed settlement** or on a final judgment against an **insured** obtained after an actual:

- trial in a civil proceeding; or
- arbitration or other alternative dispute resolution proceeding;

but we will not be liable for damages that are not payable under the terms and conditions of this insurance or that are in excess of the applicable Limits Of Insurance.

---

### *Other Insurance*

If other valid and collectible insurance is available to the **insured** for loss we would otherwise cover under this insurance, our obligations are limited as follows.

#### **Primary Insurance**

This insurance is primary except when the Excess Insurance provision described below applies.

If this insurance is primary, our obligations are not affected unless any of the other insurance is also primary. Then, we will share with all that other insurance by the method described in the Method of Sharing provision described below.

#### **Excess Insurance**

This insurance is excess over any other insurance, whether primary, excess, contingent or on any other basis:

- A. that is Fire, Extended Coverage, Builder's Risk, Installation Risk or similar insurance for **your work**;
- B. that is insurance that applies to **property damage** to premises rented to you or temporarily occupied by you with permission of the owner;
- C. if the loss arises out of aircraft, **autos** or watercraft (to the extent not subject to the Aircraft, Autos Or Watercraft exclusion);



**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
06/06/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certification does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Ahern Insurance Brokerage 9655 Granite Ridge Dr., #500 San Diego, CA 92123 Kelley L. Milks, CIC CRM RPLU	<b>CONTACT NAME:</b> Josie Noreen		
	<b>PHONE (A/C, No, Ext):</b> <b>E-MAIL ADDRESS:</b> JNoreen@aherninsurance.com	<b>FAX (A/C, No):</b>	
<b>INSURED</b> Fagen Friedman & Fulfrosted LLP 6300 Wilshire Blvd. Suite 1700 Los Angeles, CA 90048	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> Underwriters at Lloyds, London		
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
<b>INSURER F:</b>			

**COVERAGES      CERTIFICATE NUMBER:      REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N    N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>CYBER LIABILITY</b>			S3506RNMFP01	06/07/2023	06/07/2024	AGGREGATE \$ <b>3,000,000</b> RETENTION \$ <b>10,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**RETROACTIVE DATE: 06/07/2006.**

CERTIFICATE HOLDER	CANCELLATION
<b>PROOFIN</b>  ^^^ ^^^ <b>PROOF OF INSURANCE</b> ^^^ ^^^	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 

# Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**Fagen Friedman & Fulfrost LLP**

**2** Business name/disregarded entity name, if different from above

**3** Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC     C Corporation     S Corporation     Partnership     Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ \_\_\_\_\_

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ \_\_\_\_\_

**4** Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

*(Applies to accounts maintained outside the U.S.)*

**5** Address (number, street, and apt. or suite no.) See instructions.  
**6300 Wilshire Blvd., Suite 1700**

**6** City, state, and ZIP code  
**Los Angeles, CA 90048**

**7** List account number(s) here (optional)

Requester's name and address (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number								
			-					

OR

Employer identification number									
4	2	-	1	7	0	6	5	9	5

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶ 	Date ▶ <b>1-3-2024</b>
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

## **AGREEMENT FOR SPECIAL SERVICES**

This Agreement is entered into between the law firm of LIEBERT CASSIDY WHITMORE, A Professional Corporation (“Attorney”), and the SANTA BARBARA COUNTY SELPA (“Agency”).

### **1. Conditions**

This Agreement will not take effect, and Attorney will have no obligation to provide services, until Agency returns a properly signed and executed copy of this Agreement.

### **2. Attorney’s Services**

Attorney agrees to provide Agency and its member local education agencies (LEAs) with consulting, representational and legal services pertaining to special education matters, including representation in administrative and judicial proceedings, as requested by Agency and its member LEAs, or as required by law.

### **3. Fees, Costs, Expenses**

#### **a. Agency Legal Fee Payments**

Agency agrees to pay Attorney the sums billed monthly for time spent by Attorney in providing the services.

The hourly rates to be paid by Agency for Attorney time is Three Hundred Ninety- Five Dollars (\$410.00) for Partners, Three Hundred Fifty Dollars (\$360.00) for Senior Attorneys, Three Hundred Fifteen Dollars (\$325.00) for Associate Attorneys, Two Hundred Eighty Dollars (\$290.00) for time of Labor Relations/HR Consultant, and One Hundred Fifty Dollars (\$150.00) for Paralegals. Attorneys and paraprofessional staff bill

their time in minimum units of one-tenth of an hour. There will be no charge to Agency for travel time, travel costs or lodging.

**b. Member Local Education Agency Legal Fee Payments**

Nothing in this agreement shall prevent Attorney from billing member LEAs separately for hourly sums for time spent by Attorney in providing services, including reasonable travel time, that exceed the range of hourly rates provided in Section 3(a) of this Agreement. If specifically agreed upon between Attorney and a member LEA, additional travel costs may be charged to a member LEA.

The range of hourly rates for Attorney time that may be billed to Agency's member LEAs is Four Hundred Five Dollars (\$425.00) for Partners, Three Hundred Fifty-Five Dollars (\$370.00) for Senior Counsel, Two Hundred Fifty to Three Hundred Thirty-Five Dollars (\$270.00 - \$350.00) for Associates. Any billing pursuant to this Section 3(b) will be offset by the amounts billed pursuant to Section 3(a).

**c. Costs, Expenses and Other Requirements Applicable to Agency and Member LEAs**

Agency agrees to reimburse Attorney for necessary costs and expenses incurred by Attorney on behalf of Agency and its member LEAs, including photocopying charges at Ten Cents (\$.10). LEAs shall be billed and responsible for photocopying charges in excess of \$.10 per page.

Payment by Agency and member LEAs against monthly billings is due upon receipt of statements, and is considered delinquent if payment is not received within thirty (30) days of the date of the invoice.

The California Business & Professions code requires us to inform you whether we maintain errors and omissions insurance coverage applicable to the services to be rendered to you. We hereby confirm that the firm does maintain such insurance coverage.

**4. Artificial Intelligence**

LCW policy permits attorneys to utilize generative artificial intelligence (“AI”) tools, e.g. Lexis+ AI, in the performance of their work, but only in compliance with the firm’s Use of Artificial Intelligence Tools policy. Attorneys may use AI tools to assist in researching and preparing initial drafts. Attorneys may not use AI work product without applying their own independent legal judgment. They may not disclose confidential information to unsecure AI tools, and carefully check all AI-generated results for both accuracy and bias.

**5. Arbitration of Professional Liability or Other Claims**

Disputes. If a dispute between Agency or member LEAs and Attorney arises over fees charged for services, the controversy will be submitted to binding arbitration in accordance with the rules of the California State Bar Fee Arbitration Program, set forth in California Business and Professions Code, sections 6200 through 6206. The arbitrator or arbitration panel shall have the authority to award to the prevailing party attorneys’ fees, costs and interest incurred. Any arbitration award may be served by mail upon either side and personal service shall not be required.

If a dispute arises between Agency or member LEAs and Attorney over any other aspect of the attorney-client relationship, including, without limitation, a claim for breach



of professional duty, that dispute will also be resolved by arbitration. It is understood that any dispute as to any alleged breach of professional duty (that is, as to whether any legal services rendered under this agreement were allegedly unnecessary, unauthorized, omitted entirely, or were improperly, negligently or incompetently rendered) will be determined by submission to arbitration as provided by California law, and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. **Both parties to this agreement, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration.** Each party is to bear its own attorney's fees and costs.

**6. File Retention**

After our services conclude, Attorney will, upon Agency's request, deliver the file for the matter to Agency, along with any funds or property of Agency's in our possession. If Agency requests the file for the matter, Attorney will retain a copy of the file at the Agency's expense. If Agency does not request the file for this matter, we will retain it for a period of seven (7) years after this matter is closed. If Agency does not request delivery of the file for this matter before the end of the seven (7) year period, we will have no further obligation to retain the file and may, at our discretion, destroy it without further notice to Agency. At any point during the seven (7) year period, Agency may request delivery of the file.

**7. Assignment**

This Agreement is not assignable without the written consent of Agency.

**8. Independent Contractor**

It is understood and agreed that Attorney, while engaged in performing the terms of this Agreement, is an independent contractor and not an employee of Agency.

**9. Term**

This Agreement is effective July 1, 2024 through June 30, 2025, and may be modified by mutual agreement of the parties. This agreement shall be terminable by either party upon thirty (30) days written notice.

LIEBERT CASSIDY WHITMORE,  
A Professional Corporation

SANTA BARBARA COUNTY  
SELPA

By \_\_\_\_\_

By \_\_\_\_\_

Date \_\_\_\_\_

Date\_\_\_\_\_



### COVER SHEET FOR ALL AGREEMENTS

(Facility Leases, MOAs, Consultant Agreements, Business Services Agreements)

#### ROUTING FOR REVIEW & APPROVAL

Division Head     
  Bus. Svcs. Exec. Assist. For Tracking     
  Fiscal Services Director/Staff for Budget  
 Assistant Supt. Business Svcs.     
  Superintendent     
  Copy to AR if Invoicing Necessary

DISTRICT/AGENCY/CONSULTANT: SELPA/SBCSELPA      DATE SIGNED: 07/10/2024  
 AGREEMENT START DATE: 08/01/2024      AGREEMENT END DATE: 06/30/2024  
 RENEWAL TERMS: 1 time (Annual -month/time of year)       (Automatic until terminated)      *\*Please notify Accts Receivable of terminated agreements*  
 DESCRIPTION OF AGREEMENT: GROW Training and Professional Development Consultation  
 DISTRICT POINT OF CONTACT:      SLOCOE POINT OF CONTACT:  
 NAME / TITLE: Sheila Scott/Admin Asst III      NAME / TITLE: \_\_\_\_\_  
 EMAIL: sscott@sloselpa.org      EMAIL: \_\_\_\_\_  
 PHONE: 805-782-7301 ext. \_\_\_\_\_      PHONE: \_\_\_\_\_ ext. \_\_\_\_\_

**REVENUE - IF THIS AGREEMENT WILL REQUIRE INVOICING**  
 Monthly       Quarterly       Semi-Annually       Annually       Time Sheets Used       Position Control  
 Revenue Account Line #: \_\_\_\_\_  
 Revenue Account Line #: \_\_\_\_\_  
99-9999-0-0000-0000-0000-0000-0000  
Fund-Resource-Year-Goal-Func-Object-School-Mgmt-Unit  
 Monthly       Quarterly       Semi-Annually       Annually       As invoiced  
 Expenditure Account Line #: 02-6546-0-5800-5050-3110-000-2200-0000  
 Expenditure Account Line #: \_\_\_\_\_  
00-0000-0-0000-0000-0000-0000-0000  
Fund-Resource-Year-Goal-Func-Object-School-Mgmt-Unit

**NOTE: MOAs between departments in SLOCOE will require account lines on both the revenue side and expenditure side. (If the expenditure account contains Object 57xx, there needs to be an Object 57xx in a revenue account to allow for the interdepartmental transfer of funds.)**

SAN LUIS OBISPO COUNTY OFFICE OF EDUCATION  
3350 Education Drive, San Luis Obispo, CA 93405  
Telephone (805) 543-7732

Questions regarding this  
Consultant Agreement?  
Please contact:  
Sheila Scott  
805-782-7301

### AGREEMENT FOR CONSULTANT SERVICES

THIS AGREEMENT is made and entered into this **10th day of July, 2024**, by and between the Superintendent of the **San Luis Obispo County Office of Education**, San Luis Obispo, California, hereinafter referred to as SELPA/SLOCOE, and the **Santa Barbara County Special Education Local Plan Area (SBCSELPA)**, whose principal place of business is in **Santa Barbara, CA**, hereinafter referred to as **Consultant**.

#### IT IS AGREED THAT:

- I. Consultant will provide the services as set forth in this Agreement and in Exhibit A, which is attached hereto and made a part hereof, in coordination with the County Superintendent or his designee.
- II. This Agreement shall be for a period commencing on the **1<sup>st</sup> day of August, 2024** for the **training and professional development services** and ending on **30th day of June, 2024**.
- III. Total compensation under this contract shall not exceed **\$3,650.00**, and will be subject to availability of program/project funding. Advanced notice of changes in funding, if required, will be provided to Consultant prior to beginning each program/project noted in Exhibit A.
- IV. Upon completion of services to be performed, payments for services and reimbursement for expenses under this Agreement shall be made **within 30 days upon receipt of invoice from Consultant**. Invoice must be received by Consultant no later than **October 4th, 2024**.
- V. Consultant shall not assign or transfer in any way his or her interest or obligations under this Agreement without the written consent of the Superintendent or his designee. Any assignment is void.
- VI. This Agreement may be amended or modified at any time by mutual agreement of the parties in writing.
- VII. This Agreement may be terminated by SELPA/SLOCOE with written notification to the Consultant if work performed is unsatisfactory or scope of work cannot be met.
- VIII. In the performance of the services contemplated by this Agreement, Consultant is an independent contractor who will control and direct the method, details and means of performing the services described in Exhibit A. The services completed herein must, however, meet the approval of SELPA/SLOCOE and shall be subject to SELPA's/SLOCOE's general right of inspection and supervision to ensure the satisfactory completion of said services.

Consultant understands and agrees that he and all of his employees and agents are not employees of SELPA/SLOCOE and are not entitled to the rights or benefits to which SELPA/SLOCOE employees are normally entitled, such as unemployment insurance, workers' compensation, medical insurance, sick leave, or any other employment benefits.

Consultant shall assume full responsibility for payment of all federal, state, and local taxes or contributions including, but not limited to, unemployment insurance, social security, and income taxes or contributions including, but not limited to, unemployment insurance, social security, and income taxes with respect to Consultant and Consultant’s employees and agents. Consultant agrees to indemnify SELPA/SLOCOE for any claims, losses, fees, penalties, interest or damages suffered by SELPA/SLOCOE resulting from the Consultant’s failure to comply with this provision.

Consultant shall furnish, at his own expense, all labor, materials, equipment, and other items necessary to carry out the terms of this Agreement, except for that provided by SELPA/SLOCOE.

Consultant agrees to defend, indemnify and hold harmless SELPA/SLOCOE, its directors, officers, employees, and agents from any and all liabilities, claims, demands, costs and damages (including reasonable attorney’s fees and litigation costs) arising in any way out of Consultant’s negligence or willful misconduct in the performance of this Agreement, including, but not limited to any claim due to injury and/or damage sustained by Consultant and/or the Consultant’s employees or agents.

IX. Consultant agrees to notify his/her school employer (if employed by a school district, county superintendent or other school entity) of this Agreement and the dates upon which he/she intends to perform pursuant to this Agreement. Consultant agrees that he/she will not accept any salary, other than leave, compensatory time off or vacation benefits, from his/her school employer while he/she is performing services pursuant to this Agreement.

X. The Contractor/Consultant named in this Agreement with SELPA/SLOCOE hereby certifies that the Contractor/Consultant has either:

a) Received notification from SELPA/SLOCOE that the contracted services do not require any unsupervised access to pupils of SLO County and certifies that an **Exemption from Department of Justice Clearance Requirements** form is included as an attachment to this contract and is required before this Agreement becomes effective; **OR**

  
RA

b) The Consultant has provided a notarized affidavit that all employees or representatives working on any school site during the student day or having any unsupervised access to pupils have received a clearance from the Department of Justice for all employees and/or representatives who will have unsupervised access to students as described in Education Code 45125.1. Consultant also certifies that a notarized copy of an **Affidavit Certifying Clearance** or a copy of the completed **Request for Authorization to receive State Summary Criminal History Information-Contract Employer for School Education Code Section 45125.1** form is included as an attachment to this Agreement and is required before this Agreement becomes effective.

Initials

Initials

- XI. **Debarment and Suspension (E.O.s 12549 and 12689)** - It is understood and agreed that the Consultant is aware of the provisions regarding debarment and suspension, and by signing this Agreement confirm that they are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from this transaction by any Federal Department or Agency. No contract shall be made to parties listed on the General Services Administration's List of Parties Excluded from Federal Procurement or Nonprocurement Programs in accordance with E.O.s 12549 and 12689, "Debarment and Suspension." This list contains the names of parties debarred, suspended, or otherwise excluded by agencies, and contractors declared ineligible under statutory or regulatory authority other than E.O. 12549. Contractors with awards that exceed the small purchase threshold shall provide the required certification regarding its exclusion status and that of its principal employees.
- XII. **Equal Employment Opportunity** – It is understood and agreed that this Agreement shall comply with E.O. 11246, "Equal Employment Opportunity," as amended by E.O. 11375, "Amending Executive Order 11246 Relating to Equal Employment Opportunity," and as supplemented by regulations at 41 CFR part 60, "Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor."
- XIII. This Agreement constitutes the sole and only agreement between SELPA/SLOCOE and Consultant concerning the subject matter herein. Any prior or other agreements or representations between SELPA/SLOCOE and Consultant regarding those matters are null and void unless expressly set forth in this Agreement. No waiver of any term, condition or covenant of this Agreement shall be presumed or implied. Any such waiver must be expressly made in writing by the party waiving the term, condition or covenant. If any term, provision, covenant or condition of this Agreement is held by a court of competent jurisdiction to be invalid, void or unenforceable, the remainder of the provisions shall remain in full force and effect. This Agreement will be governed by and construed in accordance with the laws of the State of California.

IN WITNESS THEREOF, the parties hereto have executed this Agreement the day and year first above written.

  
Ray Avila (Jul 10, 2024 17:55 PDT)  
\_\_\_\_\_  
Consultant


Jul 10, 2024  
\_\_\_\_\_  
Date

Are you an employee and/or substitute of SLOCOE or any school district (including Cuesta College) within San Luis Obispo County?  YES  NO

  
Amber Gallagher (Jul 10, 2024 15:17 PDT)  
\_\_\_\_\_  
Amber Gallagher, EdD, SELPA Executive Director  
San Luis Obispo County SELPA

Jul 10, 2024  
\_\_\_\_\_  
Date

<b>Consultant's Mailing Address &amp; Telephone:</b>
<b>Santa Barbara County Special Education Local Plan Area (SBCSELPA)</b>
5385 Hollister Ave, Box 107
Santa Barbara, CA 93111
805-683-1424
selpa@sbceo.org

<b>FOR SLOCOE USE ONLY</b>
<b>Program Account #:</b> 02-6546-0-5800-5050-3110-000-2200-0000
<b>Directors Approval:</b> <u></u> <small>Amber Gallagher (Jul 10, 2024 15:17 PDT)</small>
<b>Date:</b> Jul 10, 2024
<b>P.O.#:</b>

## Attachment to Agreement for Consultant's Services

### Exhibit A

- **Consultant Services Type:** GROW Training and Professional Development Consultations
- **Consultant Name:** Santa Barbara County Special Education Local Plan Area (SBCSELPA)  
Training provided by: Dr. Rosy Bucio, BCBA-D (SBC SELPA Behaviorist & Alison Lindsey, LMFT, PPS (SBC SELPA Mental Health Manager)
- **Billing Address and Phone:** 5385 Hollister Avenue, Box 107 • Santa Barbara, CA 93111  
(805) 683-1424
- **Location of Services:** One (1) comprehensive one (1) day GROW training will be provided in-person. Two ongoing monthly consultation sessions provided via Zoom (one for Elementary and one for Secondary) at \$95 per hour for each coach for 10 consecutive months (August 2024-May 2025).
- **Date and Time of Presentation:**
  - The 1-day GROW training is scheduled to occur on August 1, 2024.
  - The scheduled dates for the monthly consultations are TBD.
- **Description of Services:**  
Professional development trainings on the GROW model, a Therapeutic Wellness Framework developed by the SBCSELPA and designed to serve students with emotional and behavioral disorders.
- **Participants:** Any and all SLOSELPA staff who work in or support a classroom implementing the GROW model.
- **Services Fee:**
  - \$1,750 for Initial 1-day GROW Training (includes Travel Expenses)
  - \$1,900 for Monthly- Two ongoing monthly consultation sessions provided via Zoom (one for Elementary and one for Secondary) at \$95 per hour for each coach for 10 months throughout the 2024-25 school year.
- **Total Not to Exceed:** \$3,650.00



**SAN LUIS OBISPO COUNTY OFFICE OF EDUCATION  
EMPLOYEE VERSUS INDEPENDENT CONTRACTOR  
CLASSIFICATION CRITERIA**

The designation of independent contractor status is governed by the Internal Revenue Code and common law. There are significant tax penalties imposed on employers who incorrectly classify an employee as an independent contractor.

An independent contractor is an individual (or non-corporate business entity) that provides personal services to the San Luis Obispo County Office of Education ("SLOCOE") in such a manner as to be free from SLOCOE's "right" to direct and control the independent contractor's performance. As a general rule, an independent contractor will have a principal place of business other than at the SLOCOE, have a business license, and will offer his or her services to the general public.

Individuals who are currently or formerly (during the preceding 12 month period) employed by SLOCOE may not provide services to SLOCOE as an independent contractor.

**Individuals will be classified as an employee if the answer to any of the following three questions is "yes."**

1. Does the individual currently work for the SLOCOE as an employee?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Does SLOCOE expect to hire this individual as an employee to provide the same or similar services immediately following the termination of his or her independent contractor services?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Did the individual have an official appointment (including hourly or temporary) to provide the same or similar services during the 12 month period prior to the date on which the independent contractor's services commenced?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Individuals will be classified as a contractor if the answer to ALL of the following three questions is "yes."  
[Dynamex Operations West v. The Superior Court of Los Angeles County]**

A. The worker is free (contractually and in fact) from the control and direction of the hirer in connection with the work, AND	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. The worker performs work that is not the hiring entity's usual business, AND	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
C. The worker is customarily engaged in an independently established trade, occupation, or business of the same nature as the work performed for the hiring entity.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

The Internal Revenue Service uses the following criteria to classify individuals as either independent contractors or employees. While there is no single criterion (or group of criteria) that will provide a definitive determination, the following criteria, when used in combination, provide an overall indication of how the individual should be classified. A "yes" response to the questions tends to either strengthen or weaken the case that the individual is an independent contractor.

Weakens	Strengthens	<i>BEHAVIORAL CONTROL</i>	
✓		1. Does SLOCOE have the right to tell the worker when, where and how work is to be performed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
✓		2. Does SLOCOE have the right to determine the sequence, details, or means of work performed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
✓		3. Are work hours set by SLOCOE?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
✓		4. Does SLOCOE require services to be rendered personally?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
✓		5. Does SLOCOE dictate which workers should be used or hired to complete the project?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
✓		6. Does SLOCOE train the worker to perform the service?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
✓		7. Does SLOCOE have the right to fine or discipline the worker if instructions are not followed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
✓		8. Does SLOCOE have responsibility for hiring, firing, supervising, or paying assistants of the worker?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
✓		9. Is the worker required to provide oral or written reports to SLOCOE periodically?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
✓		10. Does SLOCOE provide tools and materials necessary to perform the service?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
✓		11. Does SLOCOE tell the worker where to purchase supplies and service?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
✓		12. Does SLOCOE have the right to terminate the relationship with the worker?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Weakens	Strengthens	<i>FINANCIAL CONTROL</i>	
✓		1. Is compensation made on a regularly recurring basis (e.g. weekly, monthly, or on retainer)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	✓	2. Does the worker have a direct interest in or share of any profit or loss of the work accomplished?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	✓	3. Does the worker have a significant investment in facilities or materials (other than computer equipment and education)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	✓	4. Does the worker incur unreimbursed business expenses in connection with the project?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	✓	5. Does the worker have a business license to perform the services provided to SLOCOE?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	✓	6. Are the worker's services available to the general public?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	✓	7. Does the worker perform similar services for more than one firm at a time?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Weakens	Strengthens	<i>RELATIONSHIP OF THE PARTIES</i>	
	✓	1. Is there a written contract between the worker and SLOCOE describing the workers as an independent contractor?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	✓	2. Do SLOCOE and the worker intend for the worker to serve as an independent contractor?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
✓		3. Is there a continuing relationship between the worker and SLOCOE?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
✓		4. Does the worker devote full time to the business of SLOCOE?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
✓		5. Does the worker expect to receive employee benefits from SLOCOE?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

The following are illustrative examples from the Massachusetts Attorney General:

- A motor vehicle appraisal company cannot classify an appraiser as an independent contractor because the appraiser is performing an essential part of the appraisal company's business.
- A drywall company cannot classify an individual who is installing drywall as an independent contractor because that worker is performing an essential part of the business.
- Conversely, an accounting firm hires an individual to move office furniture. The individual may be classified as an independent contractor because moving furniture is incidental and not necessary to the accounting firm's business.



**SAN LUIS OBISPO COUNTY  
OFFICE OF EDUCATION**  
LEADERSHIP ■ COMMUNITY ■ SERVICE  
JAMES J. BRESCIA, Ed. D., SUPERINTENDENT

**EXEMPTION FROM DEPARTMENT OF JUSTICE CLEARANCE REQUIREMENTS**

After review of the scope of the attached agreement, the San Luis Obispo County Office of Education (SLOCOE) and the Contractor/Consultant named in the attached contract do certify by their signatures below that the Contractor/Consultant or any employees or representatives will have no reason under the parameters of the scope of the work to have any unsupervised access to any student(s) at a school site within San Luis Obispo County.

Both parties understand that any exception to this Exemption must be immediately reported to the Chief Human Resources Officer as identified on this form and will require clearance by the Department of Justice for any and all employees or representatives of the Contractor/Consultant. Both parties further understand that failure to disclose a change in the student access under this contract will be grounds for cancellation.

**SLOCOE Project Manager/Supervisor** (certifying that the above conditions are being met):


Amber Gallagher  Jul 10, 2024  
Print/Type Name Signature Date

**Consultant:**

Ray Avila  Jul 10, 2024  
Print/Type Name Signature Date

\_\_\_\_\_  
Consultant Tax Identification Number

**Assistant Superintendent:**

 Jul 10, 2024  
Assistant Superintendent Signature Date



DATE: July 10, 2024

TO: Santa Barbara County Special Education Local Plan Area (SBCSELPA)

**SUBJECT: 1099 INFORMATION REPORTING**

Federal Income Tax law requires our school district to have your taxpayer identification number (TIN) on file. Under Federal regulation 1604.1, you are required to provide us with the information on the W-9 form, enclosed in this letter. If you fail to furnish this information, you may be subject to a \$50 penalty imposed by the IRS, and all payments made to your company will be subject to a 31% back-up withholding. In order to complete form 1099 properly, we must have your Taxpayer Identification Number (TIN). If you do business as an INDIVIDUAL or SOLE PROPRIETOR, your TIN number is your social security number; if not, then the TIN number needed is your Federal Employer Identification Number.

We will not have to file a Form 1099 if you are a CORPORATION, a TAX-EXEMPT ORGANIZATION, a GOVERNMENT AGENCY or OTHER EXEMPT EMPLOYEE PAYEE. **However, the law requires that you provide us with your TIN number.** Please check the area below that is applicable to you. Complete Form W-9 (enclosed), providing your correct nine-digit TIN.

**Please return this form and the W-9 form with your signed contract.** If you have any questions regarding these documents, please contact our business office at (805) 782-7238.

**INDIVIDUAL**  
(see below)

**CORPORATION**

**SOLE PROPRIETOR**  
(see below)

**CORPORATION—Providing health care/medical services**

**PARTNERSHIP**

**CORPORATION—Providing legal services**

**ESTATE**

**TAX EXEMPT ORGANIZATION**

**TRUST**

**GOVERNMENT/GOVERNMENT AGENCY**

**OTHER**

If INDIVIDUAL or SOLE PROPRIETOR, please provide your social security number for state reporting requirements.

**Request for Taxpayer  
Identification Number and Certification**  
Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give form to the  
requester. Do not  
send to the IRS.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)		
	<b>2</b> Business name/disregarded entity name, if different from above.		
	<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . . <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions)		<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____
	<b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/>		(Applies to accounts maintained outside the United States.)
	<b>5</b> Address (number, street, and apt. or suite no.). See instructions.		Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code		
	<b>7</b> List account number(s) here (optional)		

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

<b>Social security number</b>	
<b>OR</b>	
<b>Employer identification number</b>	

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

**Sign Here** Signature of U.S. person Ray Avila  
Ray Avila (Jul 10, 2024 17:55 PDT)

Date Jul 10, 2024

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**What's New**

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

must obtain your correct taxpayer identification number (TIN), which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid).
- Form 1099-DIV (dividends, including those from stocks or mutual funds).
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds).
- Form 1099-NEC (nonemployee compensation).
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers).
- Form 1099-S (proceeds from real estate transactions).
- Form 1099-K (merchant card and third-party network transactions).
- Form 1098 (home mortgage interest), 1098-E (student loan interest), and 1098-T (tuition).
- Form 1099-C (canceled debt).
- Form 1099-A (acquisition or abandonment of secured property).

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

**Caution:** If you don't return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

**By signing the filled-out form, you:**

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued);
2. Certify that you are not subject to backup withholding; or
3. Claim exemption from backup withholding if you are a U.S. exempt payee; and
4. Certify to your non-foreign status for purposes of withholding under chapter 3 or 4 of the Code (if applicable); and
5. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting is correct. See *What is FATCA Reporting*, later, for further information.

**Note:** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding.** Payments made to foreign persons, including certain distributions, allocations of income, or transfers of sales proceeds, may be subject to withholding under chapter 3 or chapter 4 of the Code (sections 1441-1474). Under those rules, if a Form W-9 or other certification of non-foreign status has not been received, a withholding agent, transferee, or partnership (payor) generally applies presumption rules that may require the payor to withhold applicable tax from the recipient, owner, transferor, or partner (payee). See Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*.

The following persons must provide Form W-9 to the payor for purposes of establishing its non-foreign status.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the disregarded entity.
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the grantor trust.
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust and not the beneficiaries of the trust.

See Pub. 515 for more information on providing a Form W-9 or a certification of non-foreign status to avoid withholding.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person (under Regulations section 1.1441-1(b)(2)(iv) or other applicable section for chapter 3 or 4 purposes), do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515). If you are a qualified foreign pension fund under Regulations section 1.897(f)-1(d), or a partnership that is wholly owned by qualified foreign pension funds, that is treated as a non-foreign person for purposes of section 1445 withholding, do not use Form W-9. Instead, use Form W-8EXP (or other certification of non-foreign status).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a saving clause. Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if their stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first Protocol) and is relying on this exception to claim an exemption from tax on their scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include, but are not limited to, interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third-party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester;
2. You do not certify your TIN when required (see the instructions for Part II for details);
3. The IRS tells the requester that you furnished an incorrect TIN;
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only); or
5. You do not certify to the requester that you are not subject to backup withholding, as described in item 4 under "By signing the filled-out form" above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier.

### What Is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all U.S. account holders that are specified U.S. persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

### Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you are no longer tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

### Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

- **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note for TIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040 you filed with your application.

- **Sole proprietor.** Enter your individual name as shown on your Form 1040 on line 1. Enter your business, trade, or “doing business as” (DBA) name on line 2.

- **Partnership, C corporation, S corporation, or LLC, other than a disregarded entity.** Enter the entity’s name as shown on the entity’s tax return on line 1 and any business, trade, or DBA name on line 2.

- **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. Enter any business, trade, or DBA name on line 2.

- **Disregarded entity.** In general, a business entity that has a single owner, including an LLC, and is not a corporation, is disregarded as an entity separate from its owner (a disregarded entity). See Regulations section 301.7701-2(c)(2). A disregarded entity should check the appropriate box for the tax classification of its owner. Enter the owner’s name on line 1. The name of the owner entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For

example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner’s name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity’s name on line 2. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

### Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, enter it on line 2.

### Line 3a

Check the appropriate box on line 3a for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3a.

IF the entity/individual on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation.
• Individual or • Sole proprietorship	Individual/sole proprietor.
• LLC classified as a partnership for U.S. federal tax purposes or • LLC that has filed Form 8832 or 2553 electing to be taxed as a corporation	Limited liability company and enter the appropriate tax classification: P = Partnership, C = C corporation, or S = S corporation.
• Partnership	Partnership.
• Trust/estate	Trust/estate.

### Line 3b

Check this box if you are a partnership (including an LLC classified as a partnership for U.S. federal tax purposes), trust, or estate that has any foreign partners, owners, or beneficiaries, and you are providing this form to a partnership, trust, or estate, in which you have an ownership interest. You must check the box on line 3b if you receive a Form W-8 (or documentary evidence) from any partner, owner, or beneficiary establishing foreign status or if you receive a Form W-9 from any partner, owner, or beneficiary that has checked the box on line 3b.

**Note:** A partnership that provides a Form W-9 and checks box 3b may be required to complete Schedules K-2 and K-3 (Form 1065). For more information, see the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

If you are required to complete line 3b but fail to do so, you may not receive the information necessary to file a correct information return with the IRS or furnish a correct payee statement to your partners or beneficiaries. See, for example, sections 6698, 6722, and 6724 for penalties that may apply.

### Line 4 Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

#### Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third-party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys’ fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space on line 4.

1—An organization exempt from tax under section 501(e), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2).

- 2—The United States or any of its agencies or instrumentalities.
- 3—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities.
- 5—A corporation.
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or territory.
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission.
- 8—A real estate investment trust.
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940.
- 10—A common trust fund operated by a bank under section 584(a).
- 11—A financial institution as defined under section 581.
- 12—A middleman known in the investment community as a nominee or custodian.
- 13—A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
• Interest and dividend payments	All exempt payees except for 7.
• Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
• Barter exchange transactions and patronage dividends	Exempt payees 1 through 4.
• Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5. <sup>2</sup>
• Payments made in settlement of payment card or third-party network transactions	Exempt payees 1 through 4.

<sup>1</sup> See Form 1099-MISC, Miscellaneous Information, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) entered on the line for a FATCA exemption code.

- A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37).
- B—The United States or any of its agencies or instrumentalities.
- C—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.
- D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i).
- E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i).

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state.

- G—A real estate investment trust.
- H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940.
- I—A common trust fund as defined in section 584(a).
- J—A bank as defined in section 581.
- K—A broker.
- L—A trust exempt from tax under section 664 or described in section 4947(a)(1).
- M—A tax-exempt trust under a section 403(b) plan or section 457(g) plan.

**Note:** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

**Line 5**

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, enter "NEW" at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

**Line 6**

Enter your city, state, and ZIP code.

**Part I. Taxpayer Identification Number (TIN)**

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have, and are not eligible to get, an SSN, your TIN is your IRS ITIN. Enter it in the entry space for the Social security number. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note:** See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.SSA.gov](http://www.SSA.gov). You may also get this form by calling 800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/EIN](http://www.irs.gov/EIN). Go to [www.irs.gov/Forms](http://www.irs.gov/Forms) to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to [www.irs.gov/OrderForms](http://www.irs.gov/OrderForms) to place an order and have Form W-7 and/or Form SS-4 mailed to you within 15 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and enter "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, you will generally have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon. See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier, for when you may instead be subject to withholding under chapter 3 or 4 of the Code.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.



**Part II. Certification**

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third-party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLÉ accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

**What Name and Number To Give the Requester**

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>3</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
6. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
7. Grantor trust filing under Optional Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))**	The grantor <sup>4</sup>

For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
10. Corporation or LLC electing corporate status on Form 9832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing Form 1041 or Under the Optional Filing Method 2, requiring Form 1099 (see Regulations section 1.671-4(b)(2)(i)(B))**	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name on line 1, and enter your business or DBA name, if any, on line 2. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

\* **Note:** The grantor must also provide a Form W-9 to the trustee of the trust.

\*\* For more information on optional filing methods for grantor trusts, see the Instructions for Form 1041.

**Note:** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

**Secure Your Tax Records From Identity Theft**

Identity theft occurs when someone uses your personal information, such as your name, SSN, or other identifying information, without your permission to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax return preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity, or a questionable credit report, contact the IRS Identity Theft Hotline at 800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 877-777-4778 or TTY/TDD 800-629-4059.

**Protect yourself from suspicious emails or phishing schemes.** Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 800-366-4484. You can forward suspicious emails to the Federal Trade Commission at [spam@uce.gov](mailto:spam@uce.gov) or report them at [www.ftc.gov/complaint](http://www.ftc.gov/complaint). You can contact the FTC at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see [www.IdentityTheft.gov](http://www.IdentityTheft.gov) and Pub. 5027.

Go to [www.irs.gov/IdentityTheft](http://www.irs.gov/IdentityTheft) to learn more about identity theft and how to reduce your risk.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their laws. The information may also be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payors must generally withhold a percentage of taxable interest, dividends, and certain other payments to a payee who does not give a TIN to the payor. Certain penalties may also apply for providing false or fraudulent information.











# 2024-25 SBCSELPA GROW Training Consultant Agreement-2

Final Audit Report

2024-07-11

Created:	2024-07-10
By:	Sheila Scott (sscott@sloselpa.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAindG9aMEDunnhQKNd-3BOPaIss8b7e9e

## "2024-25 SBCSELPA GROW Training Consultant Agreement-2" History

-  Document created by Sheila Scott (sscott@sloselpa.org)  
 2024-07-10 - 10:07:28 PM GMT- IP address: 204.102.255.78
-  Document emailed to Amber Gallagher (agallagher@sloselpa.org) for signature  
 2024-07-10 - 10:14:05 PM GMT
-  Email viewed by Amber Gallagher (agallagher@sloselpa.org)  
 2024-07-10 - 10:15:55 PM GMT- IP address: 74.125.209.33
-  Document e-signed by Amber Gallagher (agallagher@sloselpa.org)  
 Signature Date: 2024-07-10 - 10:17:36 PM GMT - Time Source: server- IP address: 174.219.196.163
-  Document emailed to Aaron Asplund (aasplund@slococoe.org) for signature  
 2024-07-10 - 10:17:41 PM GMT
-  Email viewed by Aaron Asplund (aasplund@slococoe.org)  
 2024-07-10 - 10:26:23 PM GMT- IP address: 74.125.209.34
-  Document e-signed by Aaron Asplund (aasplund@slococoe.org)  
 Signature Date: 2024-07-10 - 10:27:21 PM GMT - Time Source: server- IP address: 204.102.255.64
-  Document emailed to ravila@sbcseelpa.org for signature  
 2024-07-10 - 10:27:25 PM GMT
-  Email viewed by ravila@sbcseelpa.org  
 2024-07-10 - 10:28:10 PM GMT- IP address: 104.47.73.254
-  Signer ravila@sbcseelpa.org entered name at signing as Ray Avila  
 2024-07-11 - 0:55:15 AM GMT- IP address: 174.219.192.159



 Document e-signed by Ray Avila (ravila@sbcsepa.org)

Signature Date: 2024-07-11 - 0:55:17 AM GMT - Time Source: server- IP address: 174.219.192.159

 Agreement completed.

2024-07-11 - 0:55:17 AM GMT



# SBCSELPA Regional Programs & County-wide Continuum of Services

**By Ray Avila, Ed.D.  
& Rachel Wigle**



# Objectives

- **Goal**
- **Historical Perspective (Funding)**
- **Current Regional Programs**
- **Current Regional Operators**
- **Regional Program Funding Model**
- **Regional Services not currently offered**
- **Regional Program Transfer Requests**
- **Next Steps...**
- **Questions/Discussion**



# Regional Program Goal

**Collaboration to  
ensure every student  
has access to  
necessary specialized  
services.**

To ensure a continuum of services is  
available to every school district  
county-wide.



# History of Special Education Funding in SBCSELPA

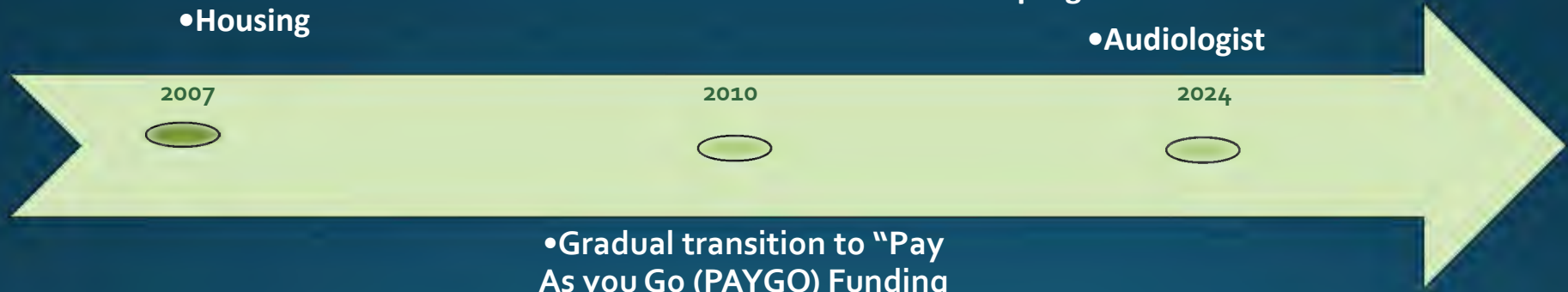
100% Regional PAYGO

Off the top

- SELPA
- Misc. Mental Health programs and services
- Audiologist

Off the top funding model

- Regional costs
- Legal Fees
- Housing



2007

2010

2024

•Gradual transition to "Pay As you Go (PAYGO) Funding Model - 5 years

•SPED funding allocated by ADA versus SPED pupil count





# Current Regional Programs

- Audiologist
- Vision and Orientation & Mobility Services
- Deaf and Hard of Hearing (DHOH) Itinerant
- DHOH SDC
- Extensive Support Needs (ESN)
- GROW Level 1 (Therapeutic Learning Program)
- GROW Level 2 (Therapeutic Learning Program)
- Preschool Special Day Class (SDC)
- Preschool Specialist (Speech Only)
- Occupational Therapy (OT)
- Juvenile Court Schools



# Current Regional Programs

	North	Mid	South
Audiologist	✓	✓	✓
Vision & Orientation & Mobility	✓	✓	✓
Deaf & Hard of Hearing (DHH) Itinerant	✓	✓	✓
DHH SDC PreK-8	✓	✓	⊘
DHH SDC 9-12	✓	✓	⊘
Extensive Support Needs (ESN) TK-6	✓	✓	*
Extensive Support Needs (ESN) 7-8	✓	✓	✓
Extensive Support Needs (ESN) 9-12	*	✓	✓
GROW (Therapeutic Learning Program) TK-6	⊘	*	*
GROW (Therapeutic Learning Program) 7-8	⊘	*	✓
GROW (Therapeutic Learning Program) 9-12	✓	✓	✓
Preschool SDC	✓	✓	*
Preschool Specialist (Speech Only)	✓	✓	✓
Occupational Therapy	✓	✓	✓
Juvenile Court	✓	✓	✓

<b>Legend:</b>	
Regional Options Available	✓
Non-Regional Options Only	*
Program not currently available	⊘



# Regional Program Operators

---

Santa Barbara County Education Office  
(SBCEO)

---

Santa Maria Joint (SMJUHSD)

---

Santa Maria-Bonita (SMB)

---

Orcutt (OUSD)

---

Lompoc (LUSD)

---

Santa Barbara (SBUSD)

---

SBCSELPA



# Current Regional Operators

	North	Mid	South
Audiologist	SBCEO / SBCSELPA		
Vision & Orientation & Mobility	SBCEO		SBUSD
Deaf & Hard of Hearing (DHH) Itinerant	SBCEO	LUSD	SBUSD
DHH SDC PreK-8	SBCEO		⊘
DHH SDC 9-12	SBCEO		⊘
Extensive Support Needs (ESN) TK-6	SMB	SBCEO	*
Extensive Support Needs (ESN) 7-8	SBCEO		SBUSD
Extensive Support Needs (ESN) 9-12	*	SBCEO	SBUSD
GROW (Therapeutic Learning Program) TK-6	⊘	*	*
GROW (Therapeutic Learning Program) 7-8	⊘	*	SBUSD
GROW (Therapeutic Learning Program) 9-12	SMJUHSD	LUSD	SBUSD
Preschool SDC	SBCEO		*
Preschool Specialist (Speech Only)	SBCEO		
Occupational Therapy	Orcutt		SBCEO
Juvenile Court	SBCEO		

<b>Legend:</b>	
Non-Regional Options Only	*
Program not currently available	⊘



# Regional Program Funding Model

Costs are shared by:

- the **Districts of Residence (DOR)\*** of students receiving services
- in the **same Regional Service Program**
- by the **Same Operator** in proportion to enrollment.

\*District of Attendance for Charter School students

100% Pay As You Go By Program - By District of Residence  
Preschool SDC

<b>Classes</b>	12	
----------------	----	--

	SBCEO	
<b>Program</b>	<b>Total Cost</b>	
Preschool	12,123,458.00	
Housing-cost per cla: 18,912	226,944	
Private Sites	94,055.00	
<b>Total Preschool Programs</b>	<b>12,444,457</b>	

**Estimated cost for the year. Enrollment July 1 - current report period.**

	100% Pay as You Go Assessment:				Private Site Allocation	Regional	
	Percentages of Days and District Dollars					Housing Cost	total
	Pupils	ays in Progra	of total da	Cost to District			
Lompoc	155	18,398	34.90%	4,231,122	32,825	79,204	4,343,151
Manzanita				-	-	-	
Orcutt	49	4,537	8.61%	1,043,407	8,095	19,532	1,071,034
SM-Bonita	249	25,909	49.15%	5,958,482	46,227	111,540	6,116,249
SM High				-	-	-	
Carpinteria				-	-	-	
Goleta				-	-	-	
Hope				-	-	-	
SB Unified				-	-	-	
SB Charter				-	-	-	
Adelante				-	-	-	
SBCEO - Direct Svc	6	205	0.39%	47,072	365	881	48,318
Blochman				-	-	-	
Family Partner. Charter				-	-	-	
Santa Ynez Val Consort.	33	3,667	6.96%	843,375	6,543	15,787	865,705
Guadalupe				-	-	-	
<b>Totals</b>	<b>492</b>	<b>52,716</b>	<b>100%</b>	<b>12,123,458</b>	<b>94,055</b>	<b>226,944</b>	<b>12,444,457</b>



# ***Regional Services not currently offered***

- DHH SDC PreK-12 (South County)
  - Currently lack of students' need
- GROW Elementary (County-wide)
- Preschool SDC (South County)



# 2025-2026 Regional Program Transfer Requests

LUSD

- Preschool

SMJUHSD

- DHH SDC
- GROW (Therapeutic Learning Programs)



# Next Steps...

Search for Regional Operator for GROW Programs

- TK-8 Mid to North County
- TK-6 South County







# Questions & Discussions



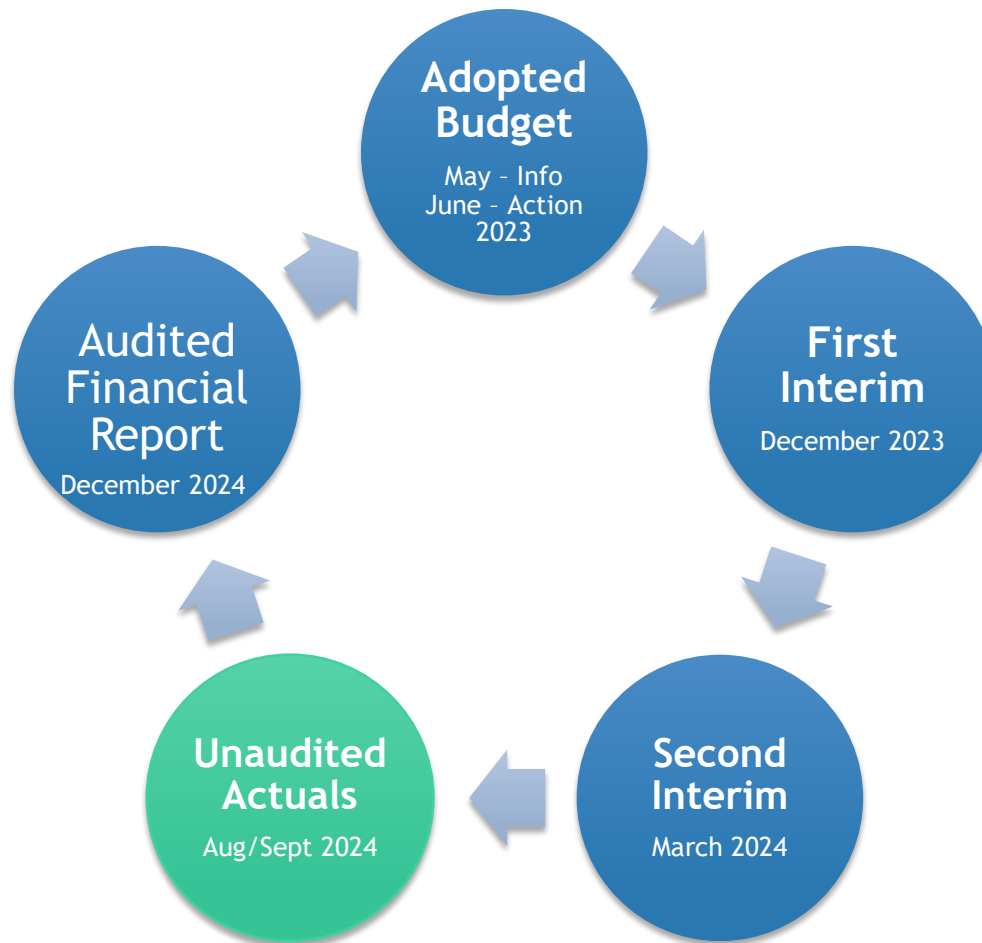
# Unaudited Actuals Report Fiscal Year 2023-24

September 9, 2024

Presented by Rachel Wigle  
SBCSELPA Chief Business Official



# The 2023-24 Reporting Cycle



# Unaudited Actuals

- ▶ The Unaudited Actuals Report presents the results of operations and financial position for fiscal year 2023-24

Beginning Fund Balance as of July 1, 2023

+ Revenue

- Expenditures

Ending Fund Balance as of June 30, 2024

- ▶ The JPA Board reviews the Ending Fund Balance and determines how the money is to be allocated in the next fiscal year



# Results of Operations

- ▶ SBCSELPA generally ends each year with an Ending Fund Balance between \$2M-\$4M



<b>As of 06/30/2024</b>		<b>Fiscal Year 2023/24 Actuals</b>				
<b>Resource</b>		<b>Beginning Balance</b>	<b>Revenue Activity</b>	<b>Expense Activity</b>	<b>Net Activity</b>	<b>Resulting Balance</b>
Fund 01 - General Fund						
0000	Unrestricted	302,348.21	225,411.67	12,839.47	212,572.20	514,920.41
3315	SpEd-IDEA Preschl/Non RIS	.00	10,950.00	10,950.00	.00	.00
3345	SpEd-IDEA-B Preschl Stf Dvlpmt	.00	4,026.00	4,026.00	.00	.00
3395	ADR Program	.00	14,922.00	14,922.00	.00	.00
6500	Special Education	2,078,959.11	5,996,248.68	5,378,326.43	617,922.25	2,696,881.36
6546	State Mental Health Funds	1,352,424.61	.00	1,352,424.61	1,352,424.61-	.00
7690	STRS On Behalf	.00	36,620.00	36,620.00	.00	.00
9010	Other Restricted Local	.00	10,000.00	10,000.00	.00	.00
<b>Total for Fund 01</b>		<b>3,733,731.93</b>	<b>6,298,178.35</b>	<b>6,820,108.51</b>	<b>521,930.16-</b>	<b>3,211,801.77</b>



# Ending Fund Balance — Why?

## Left over money is a good thing

- Designated Accounts for LEAs / Budgeted Expenditures not needed
  - NPS Placements, State Residential Schools
  - Staff Development, Legal Fees
- Ending Fund Balance gets rolled into following year and JPA Board determines how to spend.
- Cash Flow - keeps SELPA solvent until Federal Grant reimbursement funding is received

## SBCSELPA Ending Fund Balance

For the Fiscal Year Ended June 30, 2024

**Total 2023-24 SBCSELPA Ending Fund Balance** **\$ 3,211,807**

**Designated Ending Fund Balance:**

Regional Program Facilities Deferred Maintenance	79,000
Potential Medical Therapy Unit (MTU) Site Replacement (Lompoc area)	250,000
Low Incidence equipment, materials, services funding carryover	849,313
SELPA-Wide Staff Development Carryover--recommended to use to make most PD's free to LEAs	23,000
Crisis Prevention Intervention (CPI) for Free SELPA-Wide Staff Development	8,500
SELPA Legal Reserve	300,000
Medical Administrative Activities (MAA) Funding for SELPA	55,261
Self Insurance Program for Employees (SIPE) Rebate for SELPA	35,745
Santa Barbara Psychological Internship Consortium (SB-PIC)	8,373
Economic Uncertainty - Cash Reserve 5%	260,000
Total	\$ 1,869,192

<b>Undesignated Ending Fund Balance</b>	<b>\$ 1,342,615</b>
---	---------------------

### Recommendations for Undesignated Balances

	2022-2023 Ending Fund Balance	2023-2024 Ending Fund Balance	Recommendations
<b>Non-Mental Health Resources</b>	<b>\$ 592,153</b>	<b>\$ 1,342,615</b>	
LEA/District legal fees	300,000	300,000	Legal Fees allocation for LEAs.
SELPA reserve for unanticipated expenses including Non-MH NPS placement costs	236,790	\$ 350,000	Mental Health Non-Public School Reserve Current Cost Pool \$1,650,000 Budget + EFB Reserve \$2,000,000 Historically \$1,910,000
Other (Replenishing Deferred Maintenance and Legal Reserve)	55,363	\$ 150,000	Reserve for undesignated expenses, change in revenue, cash flow, and future designation by the board.
<b>Total Recommendations from Undesignated</b>	<b>\$ 592,153</b>	<b>\$ 800,000</b>	
<b>Allocated to LEAs</b>	<b>\$ -</b>	<b>\$ 542,615</b>	



## SBCSELPA Non-Mental Health Ending Fund Balance

To be Distributed in Fiscal Year 2024-25

<b>2023-24 Ending Fund Balance to be allocated</b>	<b>\$</b>	<b>542,615</b>
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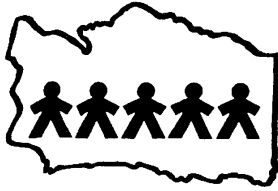
District	23-24 Baseline ADA	Allocation %	Allocation \$
Lompoc-Org 41	8,255.07	13.4%	\$ 72,572
Manzanita-Org 74	437.87	0.7%	3,849
Orcutt-Org 16	4,522.06	7.3%	39,754
SM-Bonita-Org 18	16,100.79	26.1%	141,545
SM High-Org 32	8,553.29	13.9%	75,193
Carpinteria-Org 42	1,938.61	3.1%	17,043
Goleta-Org 10	3,231.47	5.2%	28,408
Hope-Org 12	832.61	1.3%	7,320
SB Unified-Org 40	12,158.94	19.7%	106,891
Santa Barbara Charter-Org 40	274.03	0.4%	2,409
Adelante Charter-Org 77	288.05	0.5%	2,532
<u>SBCEO - Direct Svc.-Org 61</u>			
Cold Spring Elementary	184.45	0.3%	1,622
Montecito Union Elementary	165.75	0.3%	1,457
Cuyama Joint Unified	359.47	0.6%	3,160
Blochman-Org 02	187.30	0.3%	1,647
Family Partnership Charter-Org 76	406.19	0.7%	3,571
<u>Santa Ynez Valley Consortium-Org 04</u>			
Ballard Elementary	120.82	0.2%	1,062
Buellton Union Elementary	548.63	0.9%	4,823
College Elementary	333.81	0.5%	2,935
Los Olivos Elementary	156.18	0.3%	1,373
Santa Ynez Valley Union High	802.14	1.3%	7,052
Solvang Elementary	567.69	0.9%	4,991
Vista del Mar Union	57.27	0.1%	503
Guadalupe-Org 11	1,240.28	2.0%	10,904
<b>Total</b>	<b>61,722.77</b>	<b>100.0%</b>	<b>\$ 542,615</b>

SBCEO Direct Services Total	709.67	1.1%	\$ 6,239
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Santa Ynez Consortium Total	2,586.54	4.2%	\$ 22,739
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# QUESTIONS?





**Santa Barbara County**  
**Special Education Local Plan Area**  
 A Joint Powers Agency

Date: September 9, 2024

To: SBCSELPA JPA Board

From: Ray Avila, SBCSELPA Executive Director

Re: 2023-24 Unaudited Actuals Financial Report and Ending Fund Balance

**BACKGROUND:**

- At the first meeting of the new year, the JPA Board approves the prior years' Unaudited Actuals Financial Report and the allocation of Ending Fund Balance.
- The Ending Fund Balance is presented in SBCSELPA Ending Fund Balance (REF: VII-A.1). The suggested designation of available SBCSELPA Ending Fund Balance is detailed in Recommendations for Undesignated Balances (REF: VII-A.2).
  - The SBCSELPA Ending Fund Balance is \$3,211,807.
    - The restricted Mental Health Ending Fund Balance is \$0. All carryover Mental Health Funding from 2022-2023 has been spent. No new Mental Health funding is being received, as it is going directly to LEAs effective fiscal year 2023-2024.
    - The Non-Mental Health Ending Fund Balance is \$3,211,807.
      - These are resources that may be spent on Mental Health, but are not restricted to mental health.
      - \$1,869,192 is designated.
      - \$1,342,615 is Undesignated Ending Fund Balance.
        - \$800,000 is recommended to be designated for legal fees for LEAs, Mental Health NPS Cost Pool Reserve and a SELPA reserve separate from the required Economic Uncertainty reserve.
        - \$542,615 is recommended to be disbursed to LEAs
- The First Interim report will adjust the 2024-2025 Adopted Budget to recognize carryover funds as available for expenditure in 2024-2025.

**FISCAL IMPACT:** Addition of expenditures from designated ending fund balances to the budget as needed at subsequent interims, this will include up to in \$842,615 in transfers

**RECOMMENDATION:** The JPA Board approve the Unaudited Actuals Report and the proposed Ending Fund Balance designations as presented.

RA:RW

## SBCSELPA Ending Fund Balance

For the Fiscal Year Ended June 30, 2024

**Total 2023-24 SBCSELPA Ending Fund Balance** **\$ 3,211,807**

**Designated Ending Fund Balance:**

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<b>Allocated to LEAs</b>	<b>\$ -</b>	<b>\$ 542,615</b>	

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Santa Ynez Consortium Total	2,586.54	4.2%	<b>\$ 22,739</b>
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Following is a summary of the critical data elements contained in your unaudited actual data. Since these data may have fiscal implications for your agency, please verify their accuracy before filing your unaudited actual financial reports.

Form	Description	Value
ICR	Preliminary Proposed Indirect Cost Rate Fixed-with-carry-forward indirect cost rate for use in 2025-26, subject to CDE approval (applicable only if an approved indirect cost rate has been requested).	0.00%

UNAUDITED ACTUAL FINANCIAL REPORT:

To the County Superintendent of Schools:

2023-24 UNAUDITED ACTUAL FINANCIAL REPORT. This report was prepared in accordance with Education Code Section 41010 and is hereby approved and filed by the governing board of the JPA pursuant to Education Code sections 41023 and 42100.

Signed: \_\_\_\_\_  
Clerk / Secretary of the JPA Governing Board  
(Original signature required)

Date of Meeting: Sep 09, 2024 \_\_\_\_\_

To the Superintendent of Public Instruction:

2023-24 UNAUDITED ACTUAL FINANCIAL REPORT. This report has been verified for accuracy by the County Superintendent of Schools pursuant to Education Code sections 41023 and 42100.

Signed: \_\_\_\_\_  
County Superintendent/Designee  
(Original signature required)

Date: \_\_\_\_\_

For additional information on the unaudited actual reports, please contact:

For County Office of Education:

For JPA:

Joshua Becerra  
Name  
Administrator, School Business Advisory Services  
Title  
(805) 964-4711  
Telephone  
jbecerra@sbceo.org  
E-mail Address

Rachel Wigle  
Name  
Chief Business Official  
Title  
(805) 979-2135  
Telephone  
rwigle@sbcselfpa.org  
E-mail Address

REQUEST FOR AN APPROVED INDIRECT COST RATE:

JPA's do not receive an approved indirect cost rate unless specifically requested.

     N Do you want an approved indirect cost rate for use with 2025-26 programs? (Yes/No)



Description	Resource Codes	Object Codes	2023-24 Unaudited Actuals	2024-25 Budget	Percent Difference
<b>A. REVENUES</b>					
1) LCFF Sources		8010-8099	0.00	0.00	0.0%
2) Federal Revenue		8100-8299	29,898.00	856,840.00	2,765.9%
3) Other State Revenue		8300-8599	5,429,673.00	5,418,310.00	-0.2%
4) Other Local Revenue		8600-8799	838,607.35	433,075.00	-48.4%
5) TOTAL, REVENUES			6,298,178.35	6,708,225.00	6.5%
<b>B. EXPENDITURES</b>					
1) Certificated Salaries		1000-1999	377,328.84	377,328.84	0.0%
2) Classified Salaries		2000-2999	761,430.90	774,009.44	1.7%
3) Employee Benefits		3000-3999	399,974.15	415,136.91	3.8%
4) Books and Supplies		4000-4999	56,213.13	212,910.00	278.8%
5) Services and Other Operating Expenditures		5000-5999	3,007,515.21	3,405,930.00	13.2%
6) Capital Outlay		6000-6999	6,783.85	0.00	-100.0%
7) Other Outgo (excluding Transfers of Indirect Costs)		7100-7299, 7400-7499	2,210,862.43	1,355,626.00	-38.7%
8) Other Outgo - Transfers of Indirect Costs		7300-7399	0.00	0.00	0.0%
9) TOTAL, EXPENDITURES			6,820,108.51	6,540,941.19	-4.1%
<b>C. EXCESS (DEFICIENCY) OF REVENUES OVER EXPENDITURES BEFORE OTHER FINANCING SOURCES AND USES (A5 - B9)</b>			(521,930.16)	167,283.81	-132.1%
<b>D. OTHER FINANCING SOURCES/USES</b>					
1) Interfund Transfers					
a) Transfers In		8900-8929	0.00	0.00	0.0%
b) Transfers Out		7600-7629	0.00	0.00	0.0%
2) Other Sources/Uses					
a) Sources		8930-8979	0.00	0.00	0.0%
b) Uses		7630-7699	0.00	0.00	0.0%
3) Contributions		8980-8999	0.00	0.00	0.0%
4) TOTAL, OTHER FINANCING SOURCES/USES			0.00	0.00	0.0%
<b>E. NET INCREASE (DECREASE) IN FUND BALANCE (C + D4)</b>			(521,930.16)	167,283.81	-132.1%
<b>F. FUND BALANCE, RESERVES</b>					
1) Beginning Fund Balance					
a) As of July 1 - Unaudited		9791	3,733,731.93	3,211,801.77	-14.0%
b) Audit Adjustments		9793	0.00	0.00	0.0%
c) As of July 1 - Audited (F1a + F1b)			3,733,731.93	3,211,801.77	-14.0%
d) Other Restatements		9795	0.00	0.00	0.0%
e) Adjusted Beginning Balance (F1c + F1d)			3,733,731.93	3,211,801.77	-14.0%
2) Ending Balance, June 30 (E + F1e)			3,211,801.77	3,379,085.58	5.2%
Components of Ending Fund Balance					
a) Nonspendable					
Revolving Cash		9711	0.00	0.00	0.0%
Stores		9712	0.00	0.00	0.0%
Prepaid Items		9713	0.00	0.00	0.0%
All Others		9719	0.00	0.00	0.0%
b) Restricted		9740	2,696,881.36	2,836,485.17	5.2%
c) Committed					
Stabilization Arrangements		9750	0.00	0.00	0.0%
Other Commitments		9760	0.00	0.00	0.0%
d) Assigned					
Other Assignments		9780	0.00	0.00	0.0%
e) Unassigned/Unappropriated Reserve for Economic Uncertainties		9789	0.00	0.00	0.0%
Unassigned/Unappropriated Amount		9790	514,920.41	542,600.41	5.4%
<b>G. ASSETS</b>					
1) Cash					
a) in County Treasury		9110	3,858,964.41		
1) Fair Value Adjustment to Cash in County Treasury		9111	(48,797.00)		
b) in Banks		9120	0.00		
c) in Revolving Cash Account		9130	0.00		
d) with Fiscal Agent/Trustee		9135	0.00		
e) Collections Awaiting Deposit		9140	0.00		
2) Investments		9150	0.00		

Description	Resource Codes	Object Codes	2023-24 Unaudited Actuals	2024-25 Budget	Percent Difference
3) Accounts Receivable		9200	608,120.33		
4) Due from Grantor Government		9290	0.00		
5) Due from Other Funds		9310	0.00		
6) Stores		9320	0.00		
7) Prepaid Expenditures		9330	0.00		
8) Other Current Assets		9340	0.00		
9) Lease Receivable		9380	0.00		
10) TOTAL, ASSETS			4,418,287.74		
<b>H. DEFERRED OUTFLOWS OF RESOURCES</b>					
1) Deferred Outflows of Resources		9490	0.00		
2) TOTAL, DEFERRED OUTFLOWS			0.00		
<b>I. LIABILITIES</b>					
1) Accounts Payable		9500	1,206,485.97		
2) Due to Grantor Governments		9590	0.00		
3) Due to Other Funds		9610	0.00		
4) Current Loans		9640	0.00		
5) Unearned Revenue		9650	0.00		
6) TOTAL, LIABILITIES			1,206,485.97		
<b>J. DEFERRED INFLOWS OF RESOURCES</b>					
1) Deferred Inflows of Resources		9690	0.00		
2) TOTAL, DEFERRED INFLOWS			0.00		
<b>K. FUND EQUITY</b>					
(must agree with line F2) (G10 + H2) - (I6 + J2)			3,211,801.77		
<b>FEDERAL REVENUE</b>					
Special Education Discretionary Grants		8182	29,898.00	29,840.00	-0.2%
Child Nutrition Programs		8220	0.00	0.00	0.0%
Donated Food Commodities		8221	0.00	0.00	0.0%
Interagency Contracts Between LEAs		8285	0.00	0.00	0.0%
Pass-Through Revenues from					
Federal Sources		8287	0.00	0.00	0.0%
Career and Technical Education	3500-3599	8290	0.00	0.00	0.0%
All Other Federal Revenue	All Other	8290	0.00	827,000.00	New
TOTAL, FEDERAL REVENUE			29,898.00	856,840.00	2,765.9%
<b>OTHER STATE REVENUE</b>					
Other State Apportionments					
All Other State Apportionments - Current Year		8311	5,506,587.00	5,379,785.00	-2.3%
All Other State Apportionments - Prior Years		8319	(113,534.00)	0.00	-100.0%
Child Nutrition Programs		8520	0.00	0.00	0.0%
Mandated Costs Reimbursements		8550	0.00	0.00	0.0%
Pass-Through Revenues from State Sources		8587	0.00	0.00	0.0%
California Clean Energy Jobs Act	6230	8590	0.00	0.00	0.0%
Career Technical Education Incentive Grant Program	6387	8590	0.00	0.00	0.0%
Drug/Alcohol/Tobacco Funds	6695	8590	0.00	0.00	0.0%
All Other State Revenue	All Other	8590	36,620.00	38,525.00	5.2%
TOTAL, OTHER STATE REVENUE			5,429,673.00	5,418,310.00	-0.2%
<b>OTHER LOCAL REVENUE</b>					
Other Local Revenue					
Sales					
Sale of Equipment/Supplies		8631	0.00	0.00	0.0%
Sale of Publications		8632	0.00	0.00	0.0%
Food Service Sales		8634	0.00	0.00	0.0%
All Other Sales		8639	0.00	0.00	0.0%
Leases and Rentals		8650	0.00	0.00	0.0%
Interest		8660	112,676.03	50,000.00	-55.6%
Net Increase (Decrease) in the Fair Value of Investments		8662	90,431.00	0.00	-100.0%
Fees and Contracts					
Adult Education Fees		8671	0.00	0.00	0.0%
In-District Premiums/Contributions		8674	0.00	0.00	0.0%
Transportation Fees From Individuals		8675	0.00	0.00	0.0%
Interagency Services		8677	10,000.00	0.00	-100.0%

Description	Resource Codes	Object Codes	2023-24 Unaudited Actuals	2024-25 Budget	Percent Difference
All Other Fees and Contracts		8689	0.00	0.00	0.0%
Other Local Revenue					
Pass-Through Revenues From Local Sources		8697	0.00	0.00	0.0%
All Other Local Revenue		8699	625,500.32	383,075.00	-38.8%
Tuition		8710	0.00	0.00	0.0%
All Other Transfers In		8781-8783	0.00	0.00	0.0%
Transfers of Apportionments					
Special Education SELPA Transfers					
From Districts or Charter Schools	6500	8791	0.00	0.00	0.0%
From County Offices	6500	8792	0.00	0.00	0.0%
From JPAs	6500	8793	0.00	0.00	0.0%
ROC/P Transfers					
From Districts or Charter Schools	6360	8791	0.00	0.00	0.0%
From County Offices	6360	8792	0.00	0.00	0.0%
From JPAs	6360	8793	0.00	0.00	0.0%
Other Transfers of Apportionments					
From Districts or Charter Schools	All Other	8791	0.00	0.00	0.0%
From County Offices	All Other	8792	0.00	0.00	0.0%
From JPAs	All Other	8793	0.00	0.00	0.0%
All Other Transfers In from All Others		8799	0.00	0.00	0.0%
<b>TOTAL, OTHER LOCAL REVENUE</b>			<b>838,607.35</b>	<b>433,075.00</b>	<b>-48.4%</b>
<b>TOTAL, REVENUES</b>			<b>6,298,178.35</b>	<b>6,708,225.00</b>	<b>6.5%</b>
<b>CERTIFICATED SALARIES</b>					
Certificated Teachers' Salaries		1100	0.00	0.00	0.0%
Certificated Pupil Support Salaries		1200	0.00	0.00	0.0%
Certificated Supervisors' and Administrators' Salaries		1300	312,596.04	312,596.04	0.0%
Other Certificated Salaries		1900	64,732.80	64,732.80	0.0%
<b>TOTAL, CERTIFICATED SALARIES</b>			<b>377,328.84</b>	<b>377,328.84</b>	<b>0.0%</b>
<b>CLASSIFIED SALARIES</b>					
Classified Instructional Salaries		2100	0.00	0.00	0.0%
Classified Support Salaries		2200	0.00	0.00	0.0%
Classified Supervisors' and Administrators' Salaries		2300	0.00	0.00	0.0%
Clerical, Technical and Office Salaries		2400	136,752.00	140,178.00	2.5%
Other Classified Salaries		2900	624,678.90	633,831.44	1.5%
<b>TOTAL, CLASSIFIED SALARIES</b>			<b>761,430.90</b>	<b>774,009.44</b>	<b>1.7%</b>
<b>EMPLOYEE BENEFITS</b>					
STRS		3101-3102	108,689.96	110,594.81	1.8%
PERS		3201-3202	106,150.60	115,474.06	8.8%
OASDI/Medicare/Alternative		3301-3302	16,461.04	16,592.20	0.8%
Health and Welfare Benefits		3401-3402	161,456.63	164,133.96	1.7%
Unemployment Insurance		3501-3502	563.38	572.16	1.6%
Workers' Compensation		3601-3602	6,652.54	7,769.72	16.8%
OPEB, Allocated		3701-3702	0.00	0.00	0.0%
OPEB, Active Employees		3751-3752	0.00	0.00	0.0%
Other Employee Benefits		3901-3902	0.00	0.00	0.0%
<b>TOTAL, EMPLOYEE BENEFITS</b>			<b>399,974.15</b>	<b>415,136.91</b>	<b>3.8%</b>
<b>BOOKS AND SUPPLIES</b>					
Approved Textbooks and Core Curricula Materials		4100	0.00	0.00	0.0%
Books and Other Reference Materials		4200	0.00	0.00	0.0%
Materials and Supplies		4300	56,213.13	206,910.00	268.1%
Noncapitalized Equipment		4400	0.00	6,000.00	New
Food		4700	0.00	0.00	0.0%
<b>TOTAL, BOOKS AND SUPPLIES</b>			<b>56,213.13</b>	<b>212,910.00</b>	<b>278.8%</b>
<b>SERVICES AND OTHER OPERATING EXPENDITURES</b>					
Subagreements for Services		5100	12,838.86	0.00	-100.0%
Travel and Conferences		5200	126,956.81	131,000.00	3.2%
Dues and Memberships		5300	5,037.32	5,100.00	1.2%
Insurance		5400-5450	6,391.42	7,130.00	11.6%
Operations and Housekeeping Services		5500	0.00	0.00	0.0%
Rentals, Leases, Repairs, and Noncapitalized Improvements		5600	83,349.92	81,500.00	-2.2%

Description	Resource Codes	Object Codes	2023-24 Unaudited Actuals	2024-25 Budget	Percent Difference
Transfers of Direct Costs		5710	0.00	0.00	0.0%
Transfers of Direct Costs - Interfund		5750	0.00	0.00	0.0%
Professional/Consulting Services and Operating Expenditures		5800	2,753,908.64	3,155,930.00	14.6%
Communications		5900	19,032.24	25,270.00	32.8%
<b>TOTAL, SERVICES AND OTHER OPERATING EXPENDITURES</b>			<b>3,007,515.21</b>	<b>3,405,930.00</b>	<b>13.2%</b>
<b>CAPITAL OUTLAY</b>					
Land		6100	0.00	0.00	0.0%
Land Improvements		6170	0.00	0.00	0.0%
Buildings and Improvements of Buildings		6200	6,783.85	0.00	-100.0%
Equipment		6400	0.00	0.00	0.0%
Equipment Replacement		6500	0.00	0.00	0.0%
Lease Assets		6600	0.00	0.00	0.0%
Subscription Assets		6700	0.00	0.00	0.0%
<b>TOTAL, CAPITAL OUTLAY</b>			<b>6,783.85</b>	<b>0.00</b>	<b>-100.0%</b>
<b>OTHER OUTGO (excluding Transfers of Indirect Costs)</b>					
Tuition					
Tuition, Excess Costs, and/or Deficit Payments					
Payments to Districts or Charter Schools		7141	0.00	30,000.00	New
Payments to County Offices		7142	0.00	0.00	0.0%
Payments to JPAs		7143	0.00	0.00	0.0%
Other Transfers Out					
Transfers of Pass-Through Revenues					
To Districts or Charter Schools		7211	0.00	0.00	0.0%
To County Offices		7212	0.00	0.00	0.0%
To JPAs		7213	0.00	0.00	0.0%
Special Education SELPA Transfers of Apportionments					
To Districts or Charter Schools	6500	7221	0.00	0.00	0.0%
To County Offices	6500	7222	0.00	0.00	0.0%
To JPAs	6500	7223	0.00	0.00	0.0%
ROC/P Transfers of Apportionments					
To Districts or Charter Schools	6360	7221	0.00	0.00	0.0%
To County Offices	6360	7222	0.00	0.00	0.0%
To JPAs	6360	7223	0.00	0.00	0.0%
Other Transfers of Apportionments					
All Other Transfers	All Other	7221-7223	0.00	0.00	0.0%
All Other Transfers		7281-7283	2,210,862.43	1,325,626.00	-40.0%
All Other Transfers Out to All Others		7299	0.00	0.00	0.0%
Debt Service					
Debt Service - Interest		7438	0.00	0.00	0.0%
Other Debt Service - Principal		7439	0.00	0.00	0.0%
<b>TOTAL, OTHER OUTGO (excluding Transfers of Indirect Costs)</b>			<b>2,210,862.43</b>	<b>1,355,626.00</b>	<b>-38.7%</b>
<b>OTHER OUTGO - TRANSFERS OF INDIRECT COSTS</b>					
Transfers of Indirect Costs		7310	0.00	0.00	0.0%
Transfers of Indirect Costs - Interfund		7350	0.00	0.00	0.0%
<b>TOTAL, OTHER OUTGO - TRANSFERS OF INDIRECT COSTS</b>			<b>0.00</b>	<b>0.00</b>	<b>0.0%</b>
<b>TOTAL, EXPENDITURES</b>			<b>6,820,108.51</b>	<b>6,540,941.19</b>	<b>-4.1%</b>
<b>INTERFUND TRANSFERS</b>					
<b>INTERFUND TRANSFERS IN</b>					
From: Special Reserve Fund		8912	0.00	0.00	0.0%
Other Authorized Interfund Transfers In		8919	0.00	0.00	0.0%
<b>(a) TOTAL, INTERFUND TRANSFERS IN</b>			<b>0.00</b>	<b>0.00</b>	<b>0.0%</b>
<b>INTERFUND TRANSFERS OUT</b>					
To: Special Reserve Fund		7612	0.00	0.00	0.0%
To: State School Building Fund/County School Facilities Fund		7613	0.00	0.00	0.0%
To: Cafeteria Fund		7616	0.00	0.00	0.0%
Other Authorized Interfund Transfers Out		7619	0.00	0.00	0.0%
<b>(b) TOTAL, INTERFUND TRANSFERS OUT</b>			<b>0.00</b>	<b>0.00</b>	<b>0.0%</b>
<b>OTHER SOURCES/USES</b>					
<b>SOURCES</b>					
Long-Term Debt Proceeds					
Proceeds from Certificates of Participation		8971	0.00	0.00	0.0%

Description	Resource Codes	Object Codes	2023-24 Unaudited Actuals	2024-25 Budget	Percent Difference
Proceeds from Leases		8972	0.00	0.00	0.0%
Proceeds from Lease Revenue Bonds		8973	0.00	0.00	0.0%
Proceeds from SBITAs		8974	0.00	0.00	0.0%
All Other Financing Sources		8979	0.00	0.00	0.0%
(c) TOTAL, SOURCES			0.00	0.00	0.0%
<b>USES</b>					
All Other Financing Uses		7699	0.00	0.00	0.0%
(d) TOTAL, USES			0.00	0.00	0.0%
<b>CONTRIBUTIONS</b>					
Contributions from Unrestricted Revenues		8980	0.00	0.00	0.0%
Contributions from Restricted Revenues		8990	0.00	0.00	0.0%
(e) TOTAL, CONTRIBUTIONS			0.00	0.00	0.0%
TOTAL, OTHER FINANCING SOURCES/USES (a - b + c - d + e)			0.00	0.00	0.0%

Description	Function Codes	Object Codes	2023-24 Unaudited Actuals	2024-25 Budget	Percent Difference
<b>A. REVENUES</b>					
1) LCFF Sources		8010-8099	0.00	0.00	0.0%
2) Federal Revenue		8100-8299	29,898.00	856,840.00	2,765.9%
3) Other State Revenue		8300-8599	5,429,673.00	5,418,310.00	-0.2%
4) Other Local Revenue		8600-8799	838,607.35	433,075.00	-48.4%
5) TOTAL, REVENUES			6,298,178.35	6,708,225.00	6.5%
<b>B. EXPENDITURES (Objects 1000-7999)</b>					
1) Instruction	1000-1999		0.00	0.00	0.0%
2) Instruction - Related Services	2000-2999		4,568,889.98	5,154,485.19	12.8%
3) Pupil Services	3000-3999		0.00	0.00	0.0%
4) Ancillary Services	4000-4999		0.00	0.00	0.0%
5) Community Services	5000-5999		0.00	0.00	0.0%
6) Enterprise	6000-6999		0.00	0.00	0.0%
7) General Administration	7000-7999		14,540.01	5,560.00	-61.8%
8) Plant Services	8000-8999		25,816.09	25,270.00	-2.1%
9) Other Outgo	9000-9999	Except 7600-7699	2,210,862.43	1,355,626.00	-38.7%
10) TOTAL, EXPENDITURES			6,820,108.51	6,540,941.19	-4.1%
<b>C. EXCESS (DEFICIENCY) OF REVENUES OVER EXPENDITURES BEFORE OTHER FINANCING SOURCES AND USES (A5 - B10)</b>			(521,930.16)	167,283.81	-132.1%
<b>D. OTHER FINANCING SOURCES/USES</b>					
1) Interfund Transfers					
a) Transfers In		8900-8929	0.00	0.00	0.0%
b) Transfers Out		7600-7629	0.00	0.00	0.0%
2) Other Sources/Uses					
a) Sources		8930-8979	0.00	0.00	0.0%
b) Uses		7630-7699	0.00	0.00	0.0%
3) Contributions		8980-8999	0.00	0.00	0.0%
4) TOTAL, OTHER FINANCING SOURCES/USES			0.00	0.00	0.0%
<b>E. NET INCREASE (DECREASE) IN FUND BALANCE (C + D4)</b>			(521,930.16)	167,283.81	-132.1%
<b>F. FUND BALANCE, RESERVES</b>					
1) Beginning Fund Balance					
a) As of July 1 - Unaudited		9791	3,733,731.93	3,211,801.77	-14.0%
b) Audit Adjustments		9793	0.00	0.00	0.0%
c) As of July 1 - Audited (F1a + F1b)			3,733,731.93	3,211,801.77	-14.0%
d) Other Restatements		9795	0.00	0.00	0.0%
e) Adjusted Beginning Balance (F1c + F1d)			3,733,731.93	3,211,801.77	-14.0%
2) Ending Balance, June 30 (E + F1e)			3,211,801.77	3,379,085.58	5.2%
Components of Ending Fund Balance					
a) Nonspendable					
Revolving Cash		9711	0.00	0.00	0.0%
Stores		9712	0.00	0.00	0.0%
Prepaid Items		9713	0.00	0.00	0.0%
All Others		9719	0.00	0.00	0.0%
b) Restricted		9740	2,696,881.36	2,836,485.17	5.2%
c) Committed					
Stabilization Arrangements		9750	0.00	0.00	0.0%
Other Commitments (by Resource/Object)		9760	0.00	0.00	0.0%
d) Assigned					
Other Assignments (by Resource/Object)		9780	0.00	0.00	0.0%
e) Unassigned/Unappropriated					
Reserve for Economic Uncertainties		9789	0.00	0.00	0.0%
Unassigned/Unappropriated Amount		9790	514,920.41	542,600.41	5.4%

Resource	Description	2023-24 Unaudited Actuals	2024-25 Budget
6500	Special Education	2,696,881.36	2,836,485.17
Total, Restricted Balance		2,696,881.36	2,836,485.17

Description	Resource Codes	Object Codes	2023-24 Unaudited Actuals	2024-25 Budget	Percent Difference
<b>A. REVENUES</b>					
1) LCFF Sources		8010-8099	0.00	0.00	0.0%
2) Federal Revenue		8100-8299	19,567,328.13	14,174,057.00	-27.6%
3) Other State Revenue		8300-8599	35,781,189.14	35,765,529.00	0.0%
4) Other Local Revenue		8600-8799	8,483.00	0.00	-100.0%
5) TOTAL, REVENUES			55,357,000.27	49,939,586.00	-9.8%
<b>B. EXPENDITURES</b>					
1) Certificated Salaries		1000-1999	0.00	0.00	0.0%
2) Classified Salaries		2000-2999	0.00	0.00	0.0%
3) Employee Benefits		3000-3999	0.00	0.00	0.0%
4) Books and Supplies		4000-4999	0.00	0.00	0.0%
5) Services and Other Operating Expenditures		5000-5999	0.00	0.00	0.0%
6) Capital Outlay		6000-6999	0.00	0.00	0.0%
7) Other Outgo (excluding Transfers of Indirect Costs)		7100-7299, 7400-7499	55,357,000.27	49,939,586.00	-9.8%
8) Other Outgo - Transfers of Indirect Costs		7300-7399	0.00	0.00	0.0%
9) TOTAL, EXPENDITURES			55,357,000.27	49,939,586.00	-9.8%
<b>C. EXCESS (DEFICIENCY) OF REVENUES OVER EXPENDITURES BEFORE OTHER FINANCING SOURCES AND USES (A5 - B9)</b>			0.00	0.00	0.0%
<b>D. OTHER FINANCING SOURCES/USES</b>					
1) Interfund Transfers					
a) Transfers In		8900-8929	0.00	0.00	0.0%
b) Transfers Out		7600-7629	0.00	0.00	0.0%
2) Other Sources/Uses					
a) Sources		8930-8979	0.00	0.00	0.0%
b) Uses		7630-7699	0.00	0.00	0.0%
3) Contributions		8980-8999	0.00	0.00	0.0%
4) TOTAL, OTHER FINANCING SOURCES/USES			0.00	0.00	0.0%
<b>E. NET INCREASE (DECREASE) IN FUND BALANCE (C + D4)</b>			0.00	0.00	0.0%
<b>F. FUND BALANCE, RESERVES</b>					
1) Beginning Fund Balance					
a) As of July 1 - Unaudited		9791	0.00	0.00	0.0%
b) Audit Adjustments		9793	0.00	0.00	0.0%
c) As of July 1 - Audited (F1a + F1b)			0.00	0.00	0.0%
d) Other Restatements		9795	0.00	0.00	0.0%
e) Adjusted Beginning Balance (F1c + F1d)			0.00	0.00	0.0%
2) Ending Balance, June 30 (E + F1e)			0.00	0.00	0.0%
Components of Ending Fund Balance					
a) Nonspendable					
Revolving Cash		9711	0.00	0.00	0.0%
Stores		9712	0.00	0.00	0.0%
Prepaid Items		9713	0.00	0.00	0.0%
All Others		9719	0.00	0.00	0.0%
b) Restricted		9740	0.00	0.00	0.0%
c) Committed					
Stabilization Arrangements		9750	0.00	0.00	0.0%
Other Commitments		9760	0.00	0.00	0.0%
d) Assigned					
Other Assignments		9780	0.00	0.00	0.0%
e) Unassigned/Unappropriated Reserve for Economic Uncertainties		9789	0.00	0.00	0.0%
Unassigned/Unappropriated Amount		9790	0.00	0.00	0.0%
<b>G. ASSETS</b>					
1) Cash					
a) in County Treasury		9110	0.00		
1) Fair Value Adjustment to Cash in County Treasury		9111	0.00		
b) in Banks		9120	0.00		
c) in Revolving Cash Account		9130	0.00		
d) with Fiscal Agent/Trustee		9135	0.00		
e) Collections Awaiting Deposit		9140	0.00		
2) Investments		9150	0.00		



Description	Resource Codes	Object Codes	2023-24 Unaudited Actuals	2024-25 Budget	Percent Difference
3) Accounts Receivable		9200	14,632,771.25		
4) Due from Grantor Government		9290	0.00		
5) Due from Other Funds		9310	0.00		
6) Stores		9320	0.00		
7) Prepaid Expenditures		9330	0.00		
8) Other Current Assets		9340	0.00		
9) Lease Receivable		9380	0.00		
10) TOTAL, ASSETS			14,632,771.25		
<b>H. DEFERRED OUTFLOWS OF RESOURCES</b>					
1) Deferred Outflows of Resources		9490	0.00		
2) TOTAL, DEFERRED OUTFLOWS			0.00		
<b>I. LIABILITIES</b>					
1) Accounts Payable		9500	14,632,771.25		
2) Due to Grantor Governments		9590	0.00		
3) Due to Other Funds		9610	0.00		
4) Current Loans		9640			
5) Unearned Revenue		9650	0.00		
6) TOTAL, LIABILITIES			14,632,771.25		
<b>J. DEFERRED INFLOWS OF RESOURCES</b>					
1) Deferred Inflows of Resources		9690	0.00		
2) TOTAL, DEFERRED INFLOWS			0.00		
<b>K. FUND EQUITY</b> (must agree with line F2) (G10 + H2) - (I6 + J2)					
LCFF SOURCES					
LCFF Transfers					
Property Taxes Transfers		8097	0.00	0.00	0.0%
TOTAL, LCFF SOURCES			0.00	0.00	0.0%
<b>FEDERAL REVENUE</b>					
Pass-Through Revenues from					
Federal Sources		8287	19,567,328.13	14,174,057.00	-27.6%
TOTAL, FEDERAL REVENUE			19,567,328.13	14,174,057.00	-27.6%
<b>OTHER STATE REVENUE</b>					
Other State Apportionments					
Special Education Master Plan					
Current Year	6500	8311	35,851,344.00	35,765,529.00	-0.2%
Prior Years	6500	8319	(70,163.00)	0.00	-100.0%
All Other State Apportionments - Current Year	All Other	8311	0.00	0.00	0.0%
All Other State Apportionments - Prior Years	All Other	8319	0.00	0.00	0.0%
Pass-Through Revenues from State Sources		8587	8.14	0.00	-100.0%
TOTAL, OTHER STATE REVENUE			35,781,189.14	35,765,529.00	0.0%
<b>OTHER LOCAL REVENUE</b>					
Interest		8660	0.00	0.00	0.0%
Net Increase (Decrease) in the Fair Value of Investments		8662	0.00	0.00	0.0%
Other Local Revenue					
Pass-Through Revenues From Local Sources		8697	8,483.00	0.00	-100.0%
Transfers of Apportionments					
From Districts or Charter Schools		8791	0.00	0.00	0.0%
From County Offices		8792	0.00	0.00	0.0%
From JPAs		8793	0.00	0.00	0.0%
TOTAL, OTHER LOCAL REVENUE			8,483.00	0.00	-100.0%
TOTAL, REVENUES			55,357,000.27	49,939,586.00	-9.8%
<b>OTHER OUTGO (excluding Transfers of Indirect Costs)</b>					
Other Transfers Out					
Transfers of Pass-Through Revenues					
To Districts or Charter Schools		7211	19,069,047.63	13,867,101.00	-27.3%
To County Offices		7212	506,771.64	306,956.00	-39.4%
To JPAs		7213	0.00	0.00	0.0%
Special Education SELPA Transfers of Apportionments					
To Districts or Charter Schools	6500	7221	32,861,137.00	32,844,774.00	0.0%
To County Offices	6500	7222	2,920,044.00	2,920,755.00	0.0%

Santa Barbara County SELPA JPA  
 Santa Barbara County

Unaudited Actuals  
 Special Education Pass-Through Fund  
 Expenditures by Object

42 40378 0000000  
 Form 10  
 E8ATZJ858Z(2023-24)

Description	Resource Codes	Object Codes	2023-24 Unaudited Actuals	2024-25 Budget	Percent Difference
To JPAs	6500	7223	0.00	0.00	0.0%
Other Transfers of Apportionments	All Other	7221-7223	0.00	0.00	0.0%
All Other Transfers		7281-7283	0.00	0.00	0.0%
All Other Transfers Out to All Others		7299	0.00	0.00	0.0%
TOTAL, OTHER OUTGO (excluding Transfers of Indirect Costs)			55,357,000.27	49,939,586.00	-9.8%
TOTAL, EXPENDITURES			55,357,000.27	49,939,586.00	-9.8%

Description	Function Codes	Object Codes	2023-24 Unaudited Actuals	2024-25 Budget	Percent Difference
<b>A. REVENUES</b>					
1) LCFF Sources		8010-8099	0.00	0.00	0.0%
2) Federal Revenue		8100-8299	19,567,328.13	14,174,057.00	-27.6%
3) Other State Revenue		8300-8599	35,781,189.14	35,765,529.00	0.0%
4) Other Local Revenue		8600-8799	8,483.00	0.00	-100.0%
5) TOTAL, REVENUES			55,357,000.27	49,939,586.00	-9.8%
<b>B. EXPENDITURES (Objects 1000-7999)</b>					
1) Instruction	1000-1999		0.00	0.00	0.0%
2) Instruction - Related Services	2000-2999		0.00	0.00	0.0%
3) Pupil Services	3000-3999		0.00	0.00	0.0%
4) Ancillary Services	4000-4999		0.00	0.00	0.0%
5) Community Services	5000-5999		0.00	0.00	0.0%
6) Enterprise	6000-6999		0.00	0.00	0.0%
7) General Administration	7000-7999		0.00	0.00	0.0%
8) Plant Services	8000-8999		0.00	0.00	0.0%
9) Other Outgo	9000-9999	Except 7600-7699	55,357,000.27	49,939,586.00	-9.8%
10) TOTAL, EXPENDITURES			55,357,000.27	49,939,586.00	-9.8%
<b>C. EXCESS (DEFICIENCY) OF REVENUES OVER EXPENDITURES BEFORE OTHER FINANCING SOURCES AND USES (A5 - B10)</b>			0.00	0.00	0.0%
<b>D. OTHER FINANCING SOURCES/USES</b>					
1) Interfund Transfers					
a) Transfers In		8900-8929	0.00	0.00	0.0%
b) Transfers Out		7600-7629	0.00	0.00	0.0%
2) Other Sources/Uses					
a) Sources		8930-8979	0.00	0.00	0.0%
b) Uses		7630-7699	0.00	0.00	0.0%
3) Contributions		8980-8999	0.00	0.00	0.0%
4) TOTAL, OTHER FINANCING SOURCES/USES			0.00	0.00	0.0%
<b>E. NET INCREASE (DECREASE) IN FUND BALANCE (C + D4)</b>			0.00	0.00	0.0%
<b>F. FUND BALANCE, RESERVES</b>					
1) Beginning Fund Balance					
a) As of July 1 - Unaudited		9791	0.00	0.00	0.0%
b) Audit Adjustments		9793	0.00	0.00	0.0%
c) As of July 1 - Audited (F1a + F1b)			0.00	0.00	0.0%
d) Other Restatements		9795	0.00	0.00	0.0%
e) Adjusted Beginning Balance (F1c + F1d)			0.00	0.00	0.0%
2) Ending Balance, June 30 (E + F1e)			0.00	0.00	0.0%
Components of Ending Fund Balance					
a) Nonspendable					
Revolving Cash		9711	0.00	0.00	0.0%
Stores		9712	0.00	0.00	0.0%
Prepaid Items		9713	0.00	0.00	0.0%
All Others		9719	0.00	0.00	0.0%
b) Restricted		9740	0.00	0.00	0.0%
c) Committed					
Stabilization Arrangements		9750	0.00	0.00	0.0%
Other Commitments (by Resource/Object)		9760	0.00	0.00	0.0%
d) Assigned					
Other Assignments (by Resource/Object)		9780	0.00	0.00	0.0%
e) Unassigned/Unappropriated					
Reserve for Economic Uncertainties		9789	0.00	0.00	0.0%
Unassigned/Unappropriated Amount		9790	0.00	0.00	0.0%

Resource	Description	2023-24 Unaudited Actuals	2024-25 Budget
Total, Restricted Balance		0,00	0,00

**Part I - General Administrative Share of Plant Services Costs**

California's indirect cost plan allows that the general administrative costs in the indirect cost pool may include that portion of plant services costs (maintenance and operations costs and facilities rents and leases costs) attributable to the general administrative offices. The calculation of the plant services costs attributed to general administration and included in the pool is standardized and automated using the percentage of salaries and benefits relating to general administration as proxy for the percentage of square footage occupied by general administration.

**A. Salaries and Benefits - Other General Administration and Centralized Data Processing**

- 1. Salaries and benefits paid through pay roll (Funds 01, 09, and 62, objects 1000-3999 except 3701-3702)  
(Functions 7200-7700, goals 0000 and 9000) 0.00
- 2. Contracted general administrative positions not paid through pay roll
  - a. Enter the costs, if any, of general administrative positions performing services ON SITE but paid through a contract, rather than through payroll, in functions 7200-7700, goals 0000 and 9000, Object 5800. 0.00
  - b. If an amount is entered on Line A2a, provide the title, duties, and approximate FTE of each general administrative position paid through a contract. Retain supporting documentation in case of audit.

There are no costs.

**B. Salaries and Benefits - All Other Activities**

- 1. Salaries and benefits paid through pay roll (Funds 01, 09, and 62, objects 1000-3999 except 3701-3702)  
(Functions 1000-6999, 7100-7180, & 8100-8400; Functions 7200-7700, all goals except 0000 & 9000) 1,538,733.89

**C. Percentage of Plant Services Costs Attributable to General Administration**

(Line A1 plus Line A2a, divided by Line B1; zero if negative) (See Part III, Lines A5 and A6) 0.00%

**Part II - Adjustments for Employment Separation Costs**

When an employee separates from service, the local educational agency (LEA) may incur costs associated with the separation in addition to the employee's regular salary and benefits for the final pay period. These additional costs can be categorized as "normal" or "abnormal or mass" separation costs.

Normal separation costs include items such as pay for accumulated unused leave or routine severance pay authorized by governing board policy. Normal separation costs are not allowable as direct costs to federal programs, but are allowable as indirect costs. State programs may have similar restrictions. Where federal or state program guidelines required that the LEA charge an employee's normal separation costs to an unrestricted resource rather than to the restricted program in which the employee worked, the LEA may identify and enter these costs on Line A for inclusion in the indirect cost pool.

Abnormal or mass separation costs are those costs resulting from actions taken by an LEA to influence employees to terminate their employment earlier than they normally would have. Abnormal or mass separation costs include retirement incentives such as a Golden Handshake or severance packages negotiated to effect termination. Abnormal or mass separation costs may not be charged to federal programs as either direct costs or indirect costs. Where an LEA paid abnormal or mass separation costs on behalf of positions in general administrative functions included in the indirect cost pool, the LEA must identify and enter these costs on Line B for exclusion from the pool.

**A. Normal Separation Costs (optional)**

Enter any normal separation costs paid on behalf of employees of restricted state or federal programs that were charged to an unrestricted resource (0000-1999) in funds 01, 09, and 62 with functions 1000-6999 or 8100-8400 rather than to the restricted program. These costs will be moved in Part III from base costs to the indirect cost pool. Retain supporting documentation. \_\_\_\_\_

**B. Abnormal or Mass Separation Costs (required)**

Enter any abnormal or mass separation costs paid on behalf of general administrative positions charged to unrestricted resources (0000-1999) in funds 01, 09, and 62 with functions 7200-7700. These costs will be moved in Part III from the indirect cost pool to base costs. If none, enter zero. 0.00

**Part III - Indirect Cost Rate Calculation (Funds 01, 09, and 62, unless indicated otherwise)**

**A. Indirect Costs**

- 1. Other General Administration, less portion charged to restricted resources or specific goals  
(Functions 7200-7600, objects 1000-5999, minus Line B9) 0.00
- 2. Centralized Data Processing, less portion charged to restricted resources or specific goals  
(Function 7700, objects 1000-5999, minus Line B10) 0.00

3. External Financial Audit - Single Audit (Function 7190, resources 0000-1999, goals 0000 and 9000, objects 5000 - 5999)	0.00
4. Staff Relations and Negotiations (Function 7120, resources 0000-1999, goals 0000 and 9000, objects 1000 - 5999)	0.00
5. Plant Maintenance and Operations (portion relating to general administrative offices only) (Functions 8100-8400, objects 1000-5999 except 5100, times Part I, Line C)	0.00
6. Facilities Rents and Leases (portion relating to general administrative offices only) (Function 8700, resources 0000-1999, objects 1000-5999 except 5100, times Part I, Line C)	0.00
7. Adjustment for Employment Separation Costs	
a. Plus: Normal Separation Costs (Part II, Line A)	0.00
b. Less: Abnormal or Mass Separation Costs (Part II, Line B)	0.00
8. Total Indirect Costs (Lines A1 through A7a, minus Line A7b)	0.00
9. Carry-Forward Adjustment (Part IV, Line F)	0.00
10. Total Adjusted Indirect Costs (Line A8 plus Line A9)	0.00
<b>B. Base Costs</b>	
1. Instruction (Functions 1000-1999, objects 1000-5999 except 5100)	0.00
2. Instruction-Related Services (Functions 2000-2999, objects 1000-5999 except 5100)	4,556,051.12
3. Pupil Services (Functions 3000-3999, objects 1000-5999 except 4700 and 5100)	0.00
4. Ancillary Services (Functions 4000-4999, objects 1000-5999 except 5100)	0.00
5. Community Services (Functions 5000-5999, objects 1000-5999 except 5100)	0.00
6. Enterprise (Function 6000, objects 1000-5999 except 4700 and 5100)	0.00
7. Board and Superintendent (Functions 7100-7180, objects 1000-5999, minus Part III, Line A4)	14,540.01
8. External Financial Audit - Single Audit and Other (Functions 7190-7191, objects 5000 - 5999, minus Part III, Line A3)	0.00
9. Other General Administration (portion charged to restricted resources or specific goals only) (Functions 7200-7600, resources 2000-9999, objects 1000-5999; Functions 7200-7600, resources 0000-1999, all goals except 0000 and 9000, objects 1000-5999)	0.00
10. Centralized Data Processing (portion charged to restricted resources or specific goals only) (Function 7700, resources 2000-9999, objects 1000-5999; Function 7700, resources 0000-1999, all goals except 0000 and 9000, objects 1000-5999)	0.00
11. Plant Maintenance and Operations (all except portion relating to general administrative offices) (Functions 8100-8400, objects 1000-5999 except 5100, minus Part III, Line A5)	19,032.24
12. Facilities Rents and Leases (all except portion relating to general administrative offices) (Function 8700, objects 1000-5999 except 5100, minus Part III, Line A6)	0.00
13. Adjustment for Employment Separation Costs	
a. Less: Normal Separation Costs (Part II, Line A)	0.00
b. Plus: Abnormal or Mass Separation Costs (Part II, Line B)	0.00
14. Student Activity (Fund 08, functions 4000-5999, objects 1000-5999 except 5100)	0.00
15. Adult Education (Fund 11, functions 1000-6999, 8100-8400, and 8700, objects 1000-5999 except 5100)	0.00
16. Child Development (Fund 12, functions 1000-6999, 8100-8400 & 8700, objects 1000-5999 except 4700 & 5100)	0.00
17. Cafeteria (Funds 13 & 61, functions 1000-6999, 8100-8400 & 8700, objects 1000-5999 except 4700 & 5100)	0.00
18. Foundation (Funds 19 & 57, functions 1000-6999, 8100-8400 & 8700, objects 1000-5999 except 4700 & 5100)	0.00
19. Total Base Costs (Lines B1 through B12 and Lines B13b through B18, minus Line B13a)	4,589,623.37
<b>C. Straight Indirect Cost Percentage Before Carry-Forward Adjustment</b>	
<b>(For information only - not for use when claiming/recovering indirect costs)</b>	
(Line A8 divided by Line B19)	0.00%
<b>D. Preliminary Proposed Indirect Cost Rate</b>	
<b>(For final approved fixed-with-carry-forward rate for use in 2025-26 see www.cde.ca.gov/fg/ac/ic)</b>	
(Line A10 divided by Line B19)	0.00%

**Part IV - Carry-forward Adjustment**

The carry-forward adjustment is an after-the-fact adjustment for the difference between indirect costs recoverable using the indirect cost rate approved for use in a given year, and the actual indirect costs incurred in that year. The carry-forward adjustment eliminates

the need for LEAs to file amended federal reports when their actual indirect costs vary from the estimated indirect costs on which the approved rate was based.

Where the ratio of indirect costs incurred in the current year is less than the estimated ratio of indirect costs on which the approved rate for use in the current year was based, the carry-forward adjustment is limited by using either the approved rate times current year base costs, or the highest rate actually used to recover costs from any program times current year base costs, if the highest rate used was less than the approved rate. Rates used to recover costs from programs are displayed in Exhibit A.

**A. Indirect costs incurred in the current year (Part III, Line A8)** 0.00

**B. Carry-forward adjustment from prior year(s)**

1. Carry-forward adjustment from the second prior year 0.00

2. Carry-forward adjustment amount deferred from prior year(s), if any 0.00

**C. Carry-forward adjustment for under- or over-recovery in the current year**

1. Under-recovery: Part III, Line A8, plus carry-forward adjustment from prior years, minus (approved indirect cost rate (0%) times Part III, Line B19); zero if negative 0.00

2. Over-recovery: Part III, Line A8, plus carry-forward adjustment from prior years, minus the lesser of (approved indirect cost rate (0%) times Part III, Line B19) or (the highest rate used to recover costs from any program (0%) times Part III, Line B19); zero if positive 0.00

**D. Preliminary carry-forward adjustment (Line C1 or C2)** 0.00

**E. Optional allocation of negative carry-forward adjustment over more than one year**

Where a negative carry-forward adjustment causes the proposed approved rate to fall below zero or would reduce the rate at which the LEA could recover indirect costs to such an extent that it would cause the LEA significant fiscal harm, the LEA may request that the carry-forward adjustment be allocated over more than one year. Where allocation of a negative carry-forward adjustment over more than one year does not resolve a negative rate, the CDE will work with the LEA on a case-by-case basis to establish an approved rate.

Option 1. Preliminary proposed approved rate (Part III, Line D) if entire negative carry-forward adjustment is applied to the current year calculation: not applicable

Option 2. Preliminary proposed approved rate (Part III, Line D) if one-half of negative carry-forward adjustment is applied to the current year calculation and the remainder is deferred to one or more future years: not applicable

Option 3. Preliminary proposed approved rate (Part III, Line D) if one-third of negative carry-forward adjustment is applied to the current year calculation and the remainder is deferred to one or more future years: not applicable

LEA request for Option 1, Option 2, or Option 3 1

**F. Carry-forward adjustment used in Part III, Line A9 (Line D minus amount deferred if Option 2 or Option 3 is selected)** 0.00

Approved indirect cost rate: 0.00%  
Highest rate used in any program: 0.00%

Fund	Resource	Eligible Expenditures (Objects 1000-5999 except 4700 & 5100)	Indirect Costs Charged (Objects 7310 and 7350)	Rate Used
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Unaudited Actuals  
2023-24  
Form and Charter Schools Funds  
Program Cost Report  
Schedule of Allocation Factors (AF) for Support Costs

	Teacher Full-Time Equivalents				Classroom Units		Pupils Transported
	Instructional Supervision and Administration (Functions 2100 - 2200)	Library, Media, Technology and Other Instructional Resources (Functions 2420-2495)	School Administration (Function 2700)	Pupil Support Services (Functions 3100-3199 & 3900)	Plant Maintenance and Operations (Functions 8100-8400)	Facilities Rents and Leases (Function 8700)	Pupil Transportation (Function 3600)
<b>A. Amount of Undistributed Expenditures, Funds 01, 09, and 62, Goals 0000 and 9000 (will be allocated based on factors input)</b>	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>B. Enter Allocation Factor(s) by Goal:</b> <small>(Note: Allocation factors are only needed for a column if there are undistributed expenditures in line A.)</small>	FTE Factor(s)	FTE Factor(s)	FTE Factor(s)	FTE Factor(s)	CU Factor(s)	CU Factor(s)	PT Factor(s)
<b>Instructional Goals</b>							
<b>Description</b>							
0001 Pre-Kindergarten							
1110 Regular Education, K-12							
3800 Career Technical Education							
4110 Regular Education, Adult							
4630 Adult Career Technical Education							
5000-5999 Special Education (allocated to 5001)							
6000 ROC/P							
<b>Other Goals</b>							
<b>Description</b>							
7110 Nonagency - Educational							
7150 Nonagency - Other							
8500 Child Care and Development Services							
<b>Other Funds</b>							
<b>Description</b>							
-- Adult Education (Fund 11)							
-- Child Development (Fund 12)							
-- Cafeteria (Funds 13 & 61)							
<b>C. Total Allocation Factors</b>	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Goal	Program/Activity	Direct Costs			Central Admin Costs (col. 3 x Sch. CAC line E) Column 4	Other Costs (Schedule OC) Column 5	Total Costs by Program (col. 3 + 4 + 5) Column 6
		Direct Charged (Schedule DCC) Column 1	Allocated (Schedule AC) Column 2	Subtotal (col. 1 + 2) Column 3			
<b>Instructional Goals</b>							
0001	Pre-Kindergarten	0.00	0.00	0.00	0.00		0.00
1110	Regular Education, K-12	0.00	0.00	0.00	0.00		0.00
3800	Career Technical Education	0.00	0.00	0.00	0.00		0.00
4110	Regular Education, Adult	0.00	0.00	0.00	0.00		0.00
4630	Adult Career Technical Education	0.00	0.00	0.00	0.00		0.00
5000-5999	Special Education	4,577,922.22	0.00	4,577,922.22	14,508.32		4,592,430.54
6000	Regional Occupational Ctr/Prg (ROC/P)	0.00	0.00	0.00	0.00		0.00
<b>Other Goals</b>							
7110	Nonagency - Educational	10,000.00	0.00	10,000.00	31.69		10,031.69
7150	Nonagency - Other	0.00	0.00	0.00	0.00		0.00
8500	Child Care and Development Services	0.00	0.00	0.00	0.00		0.00
<b>Other Costs</b>							
----	Food Services					0.00	0.00
----	Enterprise					0.00	0.00
----	Facilities Acquisition & Construction					6,783.85	6,783.85
----	Other Outgo					2,210,862.43	2,210,862.43
<b>Other Funds</b> ----	Adult Education, Child Development, Cafeteria, Foundation ((Column 3 + CAC, line C5) times CAC, line E)		0.00	0.00	0.00		0.00
----	Indirect Cost Transfers to Other Funds (Net of Funds 01, 09, 62, Function 7210, Object 7350)				0.00		0.00
----	<b>Total General Fund and Charter Schools Funds Expenditures</b>	4,587,922.22	0.00	4,587,922.22	14,540.01	2,217,646.28	6,820,108.51

Unaudited Actuals  
2023-24  
General Fund and Charter Schools Funds  
Program Cost Report  
Schedule of Direct Charged Costs (DCC)

Goal	Type of Program	Instruction (Functions 1000-1999)	Instructional Supervision and Administration (Functions 2100-2200)	Library, Media, Technology and Other Instructional Resources (Functions 2420-2495)	School Administration (Function 2700)	Pupil Support Services (Functions 3110-3160 and 3900)	Pupil Transportation (Function 3600)	Ancillary Services (Functions 4000-4999)	Community Services (Functions 5000-5999)	General Administration (Functions 7000-7999, except 7210)*	Plant Maintenance and Operations (Functions 8100-8400)	Facilities Rents and Leases (Function 8700)	Total
<b>Instructional Goals</b>													
0001	Pre-Kindergarten	0.00	0.00	0.00	0.00	0.00	0.00	0.00			0.00	0.00	0.00
1110	Regular Education, K-12	0.00	0.00	0.00	0.00	0.00	0.00	0.00			0.00	0.00	0.00
3800	Career Technical Education	0.00	0.00	0.00	0.00	0.00	0.00	0.00			0.00	0.00	0.00
4110	Regular Education, Adult	0.00	0.00	0.00	0.00	0.00	0.00	0.00			0.00	0.00	0.00
4630	Adult Career Technical Education	0.00	0.00	0.00	0.00	0.00	0.00	0.00			0.00	0.00	0.00
5000-5999	Special Education	0.00	4,568,889.98	0.00	0.00	0.00	0.00	0.00			19,032.24	0.00	4,577,922.22
6000	ROC/P	0.00	0.00	0.00	0.00	0.00	0.00	0.00			0.00	0.00	0.00
<b>Other Goals</b>													
7110	Nonagency - Educational	0.00	10,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10,000.00
7150	Nonagency - Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
8500	Child Care and Development Services	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00
<b>Total Direct Charged Costs</b>		0.00	4,568,889.98	0.00	0.00	0.00	0.00	0.00	0.00	0.00	19,032.24	0.00	4,587,922.22

\* Functions 7100-7199 for goals 8100 and 8500

Goal	Type of Program	Allocated Support Costs (Based on factors input on Form PCRAF)			Total
		Full-Time Equivalents	Classroom Units	Pupils Transported	
<b>Instructional Goals</b>					
0001	Pre-Kindergarten	0.00	0.00	0.00	0.00
1110	Regular Education, K-12	0.00	0.00	0.00	0.00
3800	Career Technical Education	0.00	0.00	0.00	0.00
4110	Regular Education, Adult	0.00	0.00	0.00	0.00
4830	Adult Career Technical Education	0.00	0.00	0.00	0.00
5000-5999	Special Education (allocated to 5001)	0.00	0.00	0.00	0.00
6000	ROC/P	0.00	0.00	0.00	0.00
<b>Other Goals</b>					
7110	Nonagency - Educational	0.00	0.00	0.00	0.00
7150	Nonagency - Other	0.00	0.00	0.00	0.00
8500	Child Care and Development Svcs.	0.00	0.00	0.00	0.00
<b>Other Funds</b>					
--	Adult Education (Fund 11)	0.00	0.00	0.00	0.00
--	Child Development (Fund 12)	0.00	0.00	0.00	0.00
--	Cafeteria (Funds 13 and 61)	0.00	0.00	0.00	0.00
<b>Total Allocated Support Costs</b>		0.00	0.00	0.00	0.00

Unaudited Actuals  
2023-24  
General Fund and Charter Schools Funds  
Program Cost Report  
Schedule of Central Administration Costs (CAC)

<b>A.</b>	<b>Central Administration Costs in General Fund and Charter Schools Funds</b>	
1	Board and Superintendent (Funds 01, 09, and 62, Functions 7100-7180, Goals 0000-6999 and 9000, Objects 1000-7999)	14,540.01
2	External Financial Audits (Funds 01, 09, and 62, Functions 7190-7191, Goals 0000-6999 and 9000, Objects 1000 - 7999)	0.00
3	Other General Administration (Funds 01, 09, and 62, Functions 7200-7600 except 7210, Goal 0000, Objects 1000-7999)	0.00
4	Centralized Data Processing (Funds 01, 09, and 62, Function 7700, Goal 0000, Objects 1000-7999)	0.00
5	Total Central Administration Costs in General Fund and Charter Schools Funds	14,540.01
<b>B.</b>	<b>Direct Charged and Allocated Costs in General Fund and Charter Schools Funds</b>	
1	Total Direct Charged Costs (from Form PCR, Column 1, Total)	4,587,922.22
2	Total Allocated Costs (from Form PCR, Column 2, Total)	0.00
3	Total Direct Charged and Allocated Costs in General Fund and Charter Schools Funds	4,587,922.22
<b>C.</b>	<b>Direct Charged Costs in Other Funds</b>	
1	Adult Education (Fund 11, Objects 1000-5999, except 5100)	0.00
2	Child Development (Fund 12, Objects 1000-5999, except 5100)	0.00
3	Cafeteria (Funds 13 & 61, Objects 1000-5999, except 5100)	0.00
4	Foundation (Funds 19 & 57, Objects 1000-5999, except 5100)(Not applicable to JPAs)	0.00
5	Total Direct Charged Costs in Other Funds	0.00
<b>D.</b>	<b>Total Direct Charged and Allocated Costs (B3 + C5)</b>	4,587,922.22
<b>E.</b>	<b>Ratio of Central Administration Costs to Direct Charged and Allocated Costs (A5/D)</b>	.32%

Type of Activity	Food Services (Function 3700)	Enterprise (Function 6000)	Facilities Acquisition & Construction (Function 8500)	Other Outgo (Functions 9000- 9999)	Total
Food Services (Objects 1000-5999, 6400-6700)	0.00				0.00
Enterprise (Objects 1000-5999, 6400-6700)		0.00			0.00
Facilities Acquisition & Construction (Objects 1000-6700)			6,783.85		6,783.85
Other Outgo (Objects 1000 - 7999)				2,210,862.43	2,210,862.43
<b>Total Other Costs</b>	0.00	0.00	6,783.85	2,210,862.43	2,217,646.28

	Unaudited Balance July 1	Audit Adjustments/ Restatements	Audited Balance July 1	Increases	Decreases	Ending Balance June 30
<b>Governmental Activities:</b>						
Capital assets not being depreciated:						
Land			0.00			0.00
Work in Progress			0.00			0.00
Total capital assets not being depreciated	0.00	0.00	0.00	0.00	0.00	0.00
Capital assets being depreciated:						
Land Improvements			0.00			0.00
Buildings	131,895.00		131,895.00	6,783.85		138,678.85
Equipment			0.00			0.00
Total capital assets being depreciated	131,895.00	0.00	131,895.00	6,783.85	0.00	138,678.85
Accumulated Depreciation for:						
Land Improvements			0.00			0.00
Buildings	(97,603.00)		(97,603.00)	(5,276.00)		(102,879.00)
Equipment			0.00			0.00
Total accumulated depreciation	(97,603.00)	0.00	(97,603.00)	(5,276.00)	0.00	(102,879.00)
Total capital assets being depreciated, net excluding lease and subscription assets	34,292.00	0.00	34,292.00	1,507.85	0.00	35,799.85
Lease Assets			0.00			0.00
Accumulated amortization for lease assets			0.00			0.00
Total lease assets, net	0.00	0.00	0.00	0.00	0.00	0.00
Subscription Assets			0.00			0.00
Accumulated amortization for subscription assets			0.00			0.00
Total subscription assets, net	0.00	0.00	0.00	0.00	0.00	0.00
Governmental activity capital assets, net	34,292.00	0.00	34,292.00	1,507.85	0.00	35,799.85
<b>Business-Type Activities:</b>						
Capital assets not being depreciated:						
Land			0.00			0.00
Work in Progress			0.00			0.00
Total capital assets not being depreciated	0.00	0.00	0.00	0.00	0.00	0.00
Capital assets being depreciated:						
Land Improvements			0.00			0.00
Buildings			0.00			0.00
Equipment			0.00			0.00
Total capital assets being depreciated	0.00	0.00	0.00	0.00	0.00	0.00
Accumulated Depreciation for:						
Land Improvements			0.00			0.00
Buildings			0.00			0.00
Equipment			0.00			0.00
Total accumulated depreciation	0.00	0.00	0.00	0.00	0.00	0.00
Total capital assets being depreciated, net excluding lease and subscription assets	0.00	0.00	0.00	0.00	0.00	0.00
Lease Assets			0.00			0.00
Accumulated amortization for lease assets			0.00			0.00
Total lease assets, net	0.00	0.00	0.00	0.00	0.00	0.00
Subscription Assets			0.00			0.00
Accumulated amortization for subscription assets			0.00			0.00
Total subscription assets, net	0.00	0.00	0.00	0.00	0.00	0.00
Business-type activity capital assets, net	0.00	0.00	0.00	0.00	0.00	0.00

Unaudited Actuals  
2023-24 Unaudited Actuals  
Schedule of Long-Term Liabilities

Description	Unaudited Balance July 1	Audit Adjustments/ Restatements	Audited Balance July 1	Increases	Decreases	Ending Balance June 30	Amounts Due Within One Year
<b>Governmental Activities:</b>							
General Obligation Bonds Payable			0.00			0.00	
State School Building Loans Payable			0.00			0.00	
Certificates of Participation Payable			0.00			0.00	
Leases Payable			0.00			0.00	
Lease Revenue Bonds Payable			0.00			0.00	
Other General Long-Term Debt			0.00			0.00	
Net Pension Liability			0.00			0.00	
Total/Net OPEB Liability			0.00			0.00	
Compensated Absences Payable	7,376.20		7,376.20		3,379.02	3,997.18	
Subscription Liability			0.00			0.00	
Governmental activities long-term liabilities	7,376.20	0.00	7,376.20	0.00	3,379.02	3,997.18	0.00
<b>Business-Type Activities:</b>							
General Obligation Bonds Payable			0.00			0.00	
State School Building Loans Payable			0.00			0.00	
Certificates of Participation Payable			0.00			0.00	
Leases Payable			0.00			0.00	
Lease Revenue Bonds Payable			0.00			0.00	
Other General Long-Term Debt			0.00			0.00	
Net Pension Liability			0.00			0.00	
Total/Net OPEB Liability			0.00			0.00	
Compensated Absences Payable			0.00			0.00	
Subscription Liability			0.00			0.00	
Business-type activities long-term liabilities	0.00	0.00	0.00	0.00	0.00	0.00	0.00



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Unaudited Actuals  
 Unaudited Actuals 2023-24  
**Technical Review Checks**  
 Phase - All  
 Display - All Technical Checks

Santa Barbara County SELPA JPA

Santa Barbara County

Following is a chart of the various types of technical review checks and related requirements:

- F - Fatal (Data must be corrected; an explanation is not allowed)
- Warning - Warning with Calculation (If data are not correct, correct the data; if data are correct an explanation is required)
- O - Informational (If data are not correct, correct the data; if data are correct an explanation is optional, but encouraged)

**IMPORT CHECKS**

<b>BALANCE-FDxRS - (Fatal)</b> - Adjusted Beginning Fund Balance plus Revenues minus Expenditures minus Assets minus Deferred Outflows of Resources plus Liabilities plus Deferred Inflows of Resources, must total zero by fund and resource.	<b><u>Passed</u></b>
<b>CHECKFUNCTION - (Fatal)</b> - All FUNCTION codes must be valid.	<b><u>Passed</u></b>
<b>CHECKFUND - (Fatal)</b> - All FUND codes must be valid.	<b><u>Passed</u></b>
<b>CHECKGOAL - (Fatal)</b> - All GOAL codes must be valid.	<b><u>Passed</u></b>
<b>CHECKOBJECT - (Fatal)</b> - All OBJECT codes must be valid.	<b><u>Passed</u></b>
<b>CHECKRESOURCE - (Warning)</b> - All RESOURCE codes must be valid.	<b><u>Passed</u></b>
<b>CHK-FDXRS7690xOB8590 - (Fatal)</b> - Funds 19, 57, 63, 66, 67, and 73 with Object 8590, All Other State Revenue, must be used in combination with Resource 7690, STRS-On Behalf Pension Contributions.	<b><u>Passed</u></b>
<b>CHK-FUNCTIONxOBJECT - (Fatal)</b> - All FUNCTION and OBJECT account code combinations must be valid.	<b><u>Passed</u></b>
<b>CHK-FUNDxFUNCTION-A - (Warning)</b> - All FUND (funds 01 through 12, 19, 57, 62, and 73) and FUNCTION account code combinations should be valid.	<b><u>Passed</u></b>
<b>CHK-FUNDxFUNCTION-B - (Fatal)</b> - All FUND (all funds except for 01 through 12, 19, 57, 62, and 73) and FUNCTION account code combinations must be valid.	<b><u>Passed</u></b>
<b>CHK-FUNDxGOAL - (Warning)</b> - All FUND and GOAL account code combinations should be valid.	<b><u>Passed</u></b>
<b>CHK-FUNDxOBJECT - (Fatal)</b> - All FUND and OBJECT account code combinations must be valid.	<b><u>Passed</u></b>
<b>CHK-FUNDxRESOURCE - (Warning)</b> - All FUND and RESOURCE account code combinations should be valid.	<b><u>Passed</u></b>
<b>CHK-GOALxFUNCTION-A - (Fatal)</b> - Goal and Function account code combinations (all goals with expenditure objects 1000-7999 in functions 1000-1999 and 4000-5999) must be valid. NOTE: Functions not included in the GOALxFUNCTION table (0000, 2000-3999, 6000-6999, 7100-7199, 7210, 8000-8999) are not checked and will pass the TRC.	<b><u>Passed</u></b>

**CHK-GOALxFUNCTION-B - (Fatal)** - General administration costs (functions 7200-7999, except 7210) must be direct-charged to an Undistributed, Nonagency, or County Services to Districts goal (Goal 0000, 7100-7199, or 8600-8699). **Passed**

**CHK-RES6500XOBJ8091 - (Fatal)** - There is no activity in Resource 6500 (Special Education) with Object 8091 (LCFF Transfers-Current Year) or 8099 (LCFF/Revenue Limit Transfers-Prior Years). **Passed**

**CHK-RESOURCExOBJECTA - (Warning)** - All RESOURCE and OBJECT (objects 8000 through 9999, except for 9791, 9793, and 9795) account code combinations should be valid. **Passed**

**CHK-RESOURCExOBJECTB - (Informational)** - All RESOURCE and OBJECT(objects 9791, 9793, and 9795) account code combinations should be valid. **Passed**

**CHK-RS-LOCAL-DEFINED - (Fatal)** - All locally defined resource codes must roll up to a CDE defined resource code. **Passed**

**PY-EFB=CY-BFB - (Fatal)** - Prior year ending fund balance (preloaded from last year's unaudited actuals submission) must equal current year beginning fund balance (Object 9791). **Passed**

**PY-EFB=CY-BFB-RES - (Fatal)** - Prior year ending balance (preloaded from last year's unaudited actuals submission) must equal current year beginning balance (Object 9791), by fund and resource. **Passed**

**SPECIAL-ED-GOAL - (Fatal)** - Special Education revenue and expenditure transactions (resources 3300-3405, and 6500-6540, objects 1000-8999) must be coded to a Special Education 5000 goal or to Goal 7110, Nonagency-Educational. This technical review check excludes Early Intervening Services resources 3307, 3309, 3312, 3318, and 3332. **Passed**

## **GENERAL LEDGER CHECKS**

**AR-AP-POSITIVE - (Fatal)** - Accounts Receivable (Object 9200), Due from Other Funds (Object 9310), Accounts Payable (Object 9500), and Due to Other Funds (Object 9610) should have a positive balance by resource, by fund. **Passed**

**CEFB-POSITIVE - (Fatal)** - Components of Ending Fund Balance/Net Position (objects 9700-9789, 9796, and 9797) must be positive individually by resource, by fund. **Passed**

**CEFB=FD-EQUITY - (Fatal)** - Components of Ending Fund Balance/Net Position (objects 9710-9790, 9796, and 9797) must agree with Fund Equity (Assets [objects 9100-9489] plus Deferred Outflows of Resources [objects 9490-9499] minus Liabilities [objects 9500-9689] minus Deferred Inflows of Resources [objects 9690-9699]). **Passed**

**CONTRIB-RESTR-REV - (Fatal)** - Contributions from Restricted Revenues (Object 8990) must net to zero by fund. **Passed**

**CONTRIB-UNREST-REV - (Fatal)** - Contributions from Unrestricted Revenues (Object 8980) must net to zero by fund. **Passed**

**DUE-FROM=DUE-TO - (Fatal)** - Due from Other Funds (Object 9310) must equal Due to Other Funds (Object 9610). **Passed**

**EFB-POSITIVE - (Warning)** - All ending fund balances (Object 979Z) should be positive by resource, by fund. **Passed**

**EXCESS-ASSIGN-REU - (Fatal)** - Amounts reported in Other Assignments (Object 9780) and/or Reserve for Economic Uncertainties (REU) (Object 9789) should not create a negative amount in Unassigned/Unappropriated (Object 9790) by fund and resource (for all funds except funds 61 through 95). **Passed**

<b>EXP-POSITIVE - (Warning)</b> - Expenditure amounts (objects 1000-7999) should be positive by function, resource, and fund.	<b><u>Passed</u></b>
<b>INTERFD-DIR-COST - (Fatal)</b> - Transfers of Direct Costs - Interfund (Object 5750) must net to zero for all funds.	<b><u>Passed</u></b>
<b>INTERFD-IN-OUT - (Fatal)</b> - Interfund Transfers In (objects 8910-8929) must equal Interfund Transfers Out (objects 7610-7629).	<b><u>Passed</u></b>
<b>INTERFD-INDIRECT - (Fatal)</b> - Transfers of Indirect Costs - Interfund (Object 7350) must net to zero for all funds.	<b><u>Passed</u></b>
<b>INTERFD-INDIRECT-FN - (Fatal)</b> - Transfers of Indirect Costs - Interfund (Object 7350) must net to zero by function.	<b><u>Passed</u></b>
<b>INTRAFD-DIR-COST - (Fatal)</b> - Transfers of Direct Costs (Object 5710) must net to zero by fund.	<b><u>Passed</u></b>
<b>INTRAFD-INDIRECT - (Fatal)</b> - Transfers of Indirect Costs (Object 7310) must net to zero by fund.	<b><u>Passed</u></b>
<b>INTRAFD-INDIRECT-FN - (Fatal)</b> - Transfers of Indirect Costs (Object 7310) must net to zero by function.	<b><u>Passed</u></b>
<b>LOTTERY-CONTRIB - (Fatal)</b> - There should be no contributions (objects 8980-8999) to the lottery (resources 1100 and 6300) or from the Lottery: Instructional Materials (Resource 6300).	<b><u>Passed</u></b>
<b>NET-INV-CAP-ASSETS - (Warning)</b> - If capital asset amounts are imported/keyed, objects 9400-9489, (Capital Assets) in funds 61-95, then an amount should be recorded for Object 9796 (Net Investment in Capital Assets) within the same fund.	<b><u>Passed</u></b>
<b>OBJ-POSITIVE - (Warning)</b> - All applicable objects should have a positive balance by resource, by fund.	<b><u>Passed</u></b>
<b>PASS-THRU-REV=EXP - (Warning)</b> - Pass-through revenues from all sources (objects 8287, 8587, and 8697) should equal transfers of pass-through revenues to other agencies (objects 7211 through 7213, plus 7299 for Resource 3327), by fund and resource.	<b><u>Passed</u></b>
<b>REV-POSITIVE - (Warning)</b> - Revenue amounts exclusive of contributions (objects 8000-8979) should be positive by resource, by fund.	<b><u>Passed</u></b>
<b>RS-NET-POSITION-ZERO - (Fatal)</b> - Restricted Net Position (Object 9797), in unrestricted resources, must be zero, by resource, in funds 61 through 95.	<b><u>Passed</u></b>
<b>SE-PASS-THRU-REVENUE - (Warning)</b> - Transfers of special education pass-through revenues are not reported in the general fund for the Administrative Unit of a Special Education Local Plan Area.	<b><u>Passed</u></b>
<b>UNASSIGNED-NEGATIVE - (Fatal)</b> - Unassigned/Unappropriated balance (Object 9790) must be zero or negative, by resource, in all funds except the general fund and funds 61 through 95.	<b><u>Passed</u></b>
<b>UNR-NET-POSITION-NEG - (Fatal)</b> - Unrestricted Net Position (Object 9790), in restricted resources, must be zero or negative, by resource, in funds 61 through 95.	<b><u>Passed</u></b>

## **SUPPLEMENTAL CHECKS**

<b>ASSET-ACCUM-DEPR-NEG - (Fatal)</b> - In Form ASSET, accumulated depreciation and amortization for governmental and business-type activities must be zero or negative.	<b><u>Passed</u></b>
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**ASSET-IMPORT - (Fatal)** - If capital asset amounts are imported/keyed (Function 8500, Facilities Acquisition and Construction, or objects 6XXX, Capital Outlay; or objects 9400-9489, Capital Assets, in funds 61-67), then capital asset supplemental data (Form ASSET) must be provided. Passed

**ASSET-PY-BAL - (Fatal)** - If capital asset ending balances were included in the prior year unaudited actuals, the Schedule of Capital Assets (Form ASSET) must be provided. Passed

**DEBT-ACTIVITY - (Informational)** - If long-term debt exists, there should be activity entered in the Schedule of Long-Term Liabilities (Form DEBT) for each type of debt. Passed

**DEBT-IMPORT - (Fatal)** - If long-term debt amounts are imported/keyed, the long-term debt supplemental data (Form DEBT) must be provided. Passed

**DEBT-POSITIVE - (Fatal)** - In Form DEBT, long-term liability ending balances must be positive. Passed

**DEBT-PY-BAL - (Fatal)** - If long-term liability ending balances were included in the prior year unaudited actuals data, the Schedule of Long-Term Liabilities (Form DEBT) must be provided. Passed

**IC-ADMIN-NOT-ZERO - (Informational)** - There are no Other General Administration costs reported in Form ICR, Part III, Line A1. Please review your records and make any necessary corrections. Exception

MESSAGE	VALUE
Other general administration costs, less portion charged to restricted resources or specific goals (Form ICR, Part III, Line A1)	0.00

**IC-ADMIN-PLANT-SVCS - (Informational)** - Percentage of plant services costs attributable to general administration is either zero or exceeds 25%. LEAs with these percentages may have incorrectly coded general administration costs. Please review the GL data extracted on Line A1 and any amount entered on Line A2a in Part I of the Indirect Cost Rate Worksheet (Form ICR) and correct the data if necessary. Exception

Percentage of plant services costs attributable to general administration (Part I, Line C) is	% \$0.00
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**IC-BD-SUPT-NOT-ZERO - (Informational)** - Board and Superintendent costs (Part III, Line B7) in Form ICR should not be zero. Passed

**IC-BD-SUPT-VS-ADMIN - (Informational)** - In Form ICR, the ratio of Board and Superintendent costs to Other General Administration costs is less than 5%. Please review your records and make any necessary corrections. Exception

Board and Superintendent (Form ICR, Part III, Line B7)	\$14,540.01
Other General Administration, less portion charged to restricted resources or specific goals (Form ICR, Part III, Line A1)	\$0.00
Ratio is	\$0.00 %

**IC-EXCEEDS-LEA-RATE - (Informational)** - The indirect cost rate used in one or more programs (Form ICR, Exhibit A- Rate Used) should not exceed the LEA's approved indirect cost rate. Passed

**IC-PCT - (Informational)** - The straight indirect cost percentage (i.e., WITHOUT the carry-forward adjustment) is less than 2% or exceeds 9%. LEAs, regardless of their size or type, with rates outside of these guidelines have usually incorrectly coded general administrative costs (e.g., fiscal services, personnel/human services, central support, and centralized data processing). Please review the Indirect Cost Rate Worksheet (Form ICR) paying special attention that costs coded to the indirect cost functions are consistent with the definitions in the California School Accounting Manual. Also, to help with your review, the Indirect Cost Rate Worksheet section of the SACS Software User Guide contains a list of common problem areas. If general administration costs are incorrectly coded, make the necessary data corrections; if costs are correct, please provide an explanation identifying the major contributing factors to the rate. Exception

Straight indirect cost percentage before carry-forward adjustment (Form ICR, Part III, Line C) is	\$0.00 %
---	----------

<b>IC-POSITIVE - (Informational)</b> - The indirect cost rate after the carry-forward adjustment (Form ICR, Part III, Line D) should be positive.	<b><u>Passed</u></b>
<b>ICRATE-REQST-PRVDED - (Fatal)</b> - JPAs must indicate in the Unaudited Actual Certification (Form CA) whether or not they are requesting a state approved indirect cost rate.	<b><u>Passed</u></b>
<b>PCR-ALLOC-NO-DIRECT - (Warning)</b> - In forms PCR/PCRAF, costs should normally only be allocated to goals that have direct costs.	<b><u>Passed</u></b>
<b>PCR-GF-EXPENDITURES - (Fatal)</b> - Total Costs by Program in Form PCR, Column 6 should agree with total expenditures (objects 1000-7999) in funds 01, 09, and 62.	<b><u>Passed</u></b>
<b>PCRAF-UNDISTRIBUTED - (Fatal)</b> - Allocation factors must be entered in Form PCRAF for support functions with costs in undistributed goals (goals 0000 and 9000).	<b><u>Passed</u></b>
<b><u>EXPORT VALIDATION CHECKS</u></b>	
<b>CHK-DEPENDENCY - (Fatal)</b> - If data has changed that affect other forms, the affected forms must be opened and saved.	<b><u>Passed</u></b>
<b>CHK-UNBALANCED-A - (Warning)</b> - Unbalanced and/or incomplete data in any of the forms should be corrected before an official export is completed.	<b><u>Passed</u></b>
<b>CHK-UNBALANCED-B - (Fatal)</b> - Unbalanced and/or incomplete data in any of the forms must be corrected before an official export is completed.	<b><u>Passed</u></b>
<b>FORM01-PROVIDE - (Warning)</b> - Form 01 (Form 01I) must be opened and saved.	<b><u>Passed</u></b>
<b>UNAUDIT-CERT-PROVIDE - (Fatal)</b> - Unaudited Actual Certification (Form CA) must be provided.	<b><u>Passed</u></b>
<b>VERSION-CHECK - (Warning)</b> - All versions are current.	<b><u>Passed</u></b>

**SACS Web System - SACS V10.1**

8/30/2024 11:39:29 AM

42-40378-0000000

Unaudited Actuals

Budget 2024-25

**Technical Review Checks**

Phase - All

Display - All Technical Checks

**Santa Barbara County SELPA JPA**

**Santa Barbara County**

Following is a chart of the various types of technical review checks and related requirements:

**F** - Fatal (Data must be corrected; an explanation is not allowed)

**W/WC** - Warning/Warning with Calculation (If data are not correct, correct the data; if data are correct an explanation is required)

**O** - Informational (If data are not correct, correct the data; if data are correct an explanation is optional, but encouraged)

**IMPORT CHECKS**

<b>CHECKFUNCTION - (Fatal)</b> - All FUNCTION codes must be valid.	<b><u>Passed</u></b>
<b>CHECKFUND - (Fatal)</b> - All FUND codes must be valid.	<b><u>Passed</u></b>
<b>CHECKGOAL - (Fatal)</b> - All GOAL codes must be valid.	<b><u>Passed</u></b>
<b>CHECKOBJECT - (Fatal)</b> - All OBJECT codes must be valid.	<b><u>Passed</u></b>
<b>CHECKRESOURCE - (Warning)</b> - All RESOURCE codes must be valid.	<b><u>Passed</u></b>
<b>CHK-FDXRS7690xOB8590 - (Fatal)</b> - Funds 19, 57, 63, 66, 67, and 73 with Object 8590, All Other State Revenue, must be used in combination with Resource 7690, STRS-On Behalf Pension Contributions.	<b><u>Passed</u></b>
<b>CHK-FUNCTIONxOBJECT - (Fatal)</b> - All FUNCTION and OBJECT account code combinations must be valid.	<b><u>Passed</u></b>
<b>CHK-FUNDxFUNCTION-A - (Warning)</b> - All FUND (funds 01 through 12, 19, 57, 62, and 73) and FUNCTION account code combinations should be valid.	<b><u>Passed</u></b>
<b>CHK-FUNDxFUNCTION-B - (Fatal)</b> - All FUND (all funds except for 01 through 12, 19, 57, 62, and 73) and FUNCTION account code combinations must be valid.	<b><u>Passed</u></b>
<b>CHK-FUNDxGOAL - (Warning)</b> - All FUND and GOAL account code combinations should be valid.	<b><u>Passed</u></b>
<b>CHK-FUNDxOBJECT - (Fatal)</b> - All FUND and OBJECT account code combinations must be valid.	<b><u>Passed</u></b>
<b>CHK-FUNDxRESOURCE - (Warning)</b> - All FUND and RESOURCE account code combinations should be valid.	<b><u>Passed</u></b>
<b>CHK-GOALxFUNCTION-A - (Fatal)</b> - Goal and Function account code combinations (all goals with expenditure objects 1000-7999 in functions 1000-1999 and 4000-5999) must be valid. NOTE: Functions not included in the GOALxFUNCTION table (0000, 2000-3999, 6000-6999, 7100-7199, 7210, 8000-8999) are not checked and will pass the TRC.	<b><u>Passed</u></b>
<b>CHK-GOALxFUNCTION-B - (Fatal)</b> - General administration costs (functions 7200-7999, except 7210) must be direct-charged to an Undistributed, Nonagency, or County Services to Districts goal (Goal 0000, 7100-7199, or 8600-8699).	<b><u>Passed</u></b>

**CHK-RES6500XOBJ8091 - (Fatal)** - There is no activity in Resource 6500 (Special Education) with Object 8091 (LCFF Transfers-Current Year) or 8099 (LCFF/Revenue Limit Transfers-Prior Years). **Passed**

**CHK-RESOURCExOBJECTA - (Warning)** - The following combinations for RESOURCE and OBJECT (objects 8000 through 9999, except for 9791, 9793, and 9795) are invalid. Data should be corrected or narrative must be provided explaining why the exception(s) should be considered appropriate. **Exception**

ACCOUNT FD - RS - PY - GO - FN - OB	RESOURCE	OBJECT	VALUE
01-3310-0-5001-0000-8290	3310	8290	\$827,000.00

**CHK-RESOURCExOBJECTB - (Informational)** - All RESOURCE and OBJECT(objects 9791, 9793, and 9795) account code combinations should be valid. **Passed**

**CHK-RS-LOCAL-DEFINED - (Fatal)** - All locally defined resource codes must roll up to a CDE defined resource code. **Passed**

**SPECIAL-ED-GOAL - (Fatal)** - Special Education revenue and expenditure transactions (resources 3300-3405, and 6500-6540, objects 1000-8999) must be coded to a Special Education 5000 goal or to Goal 7110, Nonagency-Educational. This technical review check excludes Early Intervening Services resources 3307, 3309, 3312, 3318, and 3332. **Passed**

**GENERAL LEDGER CHECKS**

**CEFB-POSITIVE - (Fatal)** - Components of Ending Fund Balance/Net Position (objects 9700-9789, 9796, and 9797) must be positive individually by resource, by fund. **Passed**

**CONTRIB-RESTR-REV - (Fatal)** - Contributions from Restricted Revenues (Object 8990) must net to zero by fund. **Passed**

**CONTRIB-UNREST-REV - (Fatal)** - Contributions from Unrestricted Revenues (Object 8980) must net to zero by fund. **Passed**

**EFB-POSITIVE - (Warning)** - All ending fund balances (Object 979Z) should be positive by resource, by fund. **Passed**

**EXCESS-ASSIGN-REU - (Fatal)** - Amounts reported in Other Assignments (Object 9780) and/or Reserve for Economic Uncertainties (REU) (Object 9789) should not create a negative amount in Unassigned/Unappropriated (Object 9790) by fund and resource (for all funds except funds 61 through 95). **Passed**

**EXP-POSITIVE - (Warning)** - Expenditure amounts (objects 1000-7999) should be positive by function, resource, and fund. **Passed**

**INTERFD-DIR-COST - (Fatal)** - Transfers of Direct Costs - Interfund (Object 5750) must net to zero for all funds. **Passed**

**INTERFD-IN-OUT - (Fatal)** - Interfund Transfers In (objects 8910-8929) must equal Interfund Transfers Out (objects 7610-7629). **Passed**

**INTERFD-INDIRECT - (Fatal)** - Transfers of Indirect Costs - Interfund (Object 7350) must net to zero for all funds. **Passed**

**INTERFD-INDIRECT-FN - (Fatal)** - Transfers of Indirect Costs - Interfund (Object 7350) must net to zero by function. **Passed**

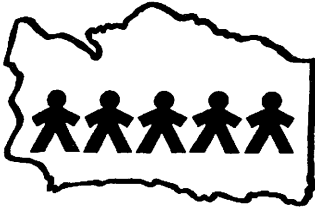
**INTRAFD-DIR-COST - (Fatal)** - Transfers of Direct Costs (Object 5710) must net to zero by fund. **Passed**

<b>INTRAFD-INDIRECT - (Fatal)</b> - Transfers of Indirect Costs (Object 7310) must net to zero by fund.	<b><u>Passed</u></b>
<b>INTRAFD-INDIRECT-FN - (Fatal)</b> - Transfers of Indirect Costs (Object 7310) must net to zero by function.	<b><u>Passed</u></b>
<b>LOTTERY-CONTRIB - (Fatal)</b> - There should be no contributions (objects 8980-8999) to the lottery (resources 1100 and 6300) or from the Lottery: Instructional Materials (Resource 6300).	<b><u>Passed</u></b>
<b>OBJ-POSITIVE - (Warning)</b> - All applicable objects should have a positive balance by resource, by fund.	<b><u>Passed</u></b>
<b>PASS-THRU-REV=EXP - (Warning)</b> - Pass-through revenues from all sources (objects 8287, 8587, and 8697) should equal transfers of pass-through revenues to other agencies (objects 7211 through 7213, plus 7299 for Resource 3327), by fund and resource.	<b><u>Passed</u></b>
<b>REV-POSITIVE - (Warning)</b> - Revenue amounts exclusive of contributions (objects 8000-8979) should be positive by resource, by fund.	<b><u>Passed</u></b>
<b>RS-NET-POSITION-ZERO - (Fatal)</b> - Restricted Net Position (Object 9797), in unrestricted resources, must be zero, by resource, in funds 61 through 95.	<b><u>Passed</u></b>
<b>SE-PASS-THRU-REVENUE - (Warning)</b> - Transfers of special education pass-through revenues are not reported in the general fund for the Administrative Unit of a Special Education Local Plan Area.	<b><u>Passed</u></b>
<b>UNASSIGNED-NEGATIVE - (Fatal)</b> - Unassigned/Unappropriated balance (Object 9790) must be zero or negative, by resource, in all funds except the general fund and funds 61 through 95.	<b><u>Passed</u></b>
<b>UNR-NET-POSITION-NEG - (Fatal)</b> - Unrestricted Net Position (Object 9790), in restricted resources, must be zero or negative, by resource, in funds 61 through 95.	<b><u>Passed</u></b>

### **EXPORT VALIDATION CHECKS**

<b>CHK-DEPENDENCY - (Fatal)</b> - If data has changed that affect other forms, the affected forms must be opened and saved.	<b><u>Passed</u></b>
<b>CHK-UNBALANCED-A - (Warning)</b> - Unbalanced and/or incomplete data in any of the forms should be corrected before an official export is completed.	<b><u>Passed</u></b>
<b>CHK-UNBALANCED-B - (Fatal)</b> - Unbalanced and/or incomplete data in any of the forms must be corrected before an official export is completed.	<b><u>Passed</u></b>
<b>VERSION-CHECK - (Warning)</b> - All versions are current.	<b><u>Passed</u></b>





**Santa Barbara County**  
**Special Education Local Plan Area**  
 A Joint Powers Agency

Date: September 9, 2024

To: SBCSELPA JPA Board

From: Ray Avila, SBCSELPA Executive Director

Re: Santa Barbara County Education Office (SBCEO) Regional Program Operator  
 Request to Expand Office Space in Santa Maria for SBCEO Staff and Service Providers

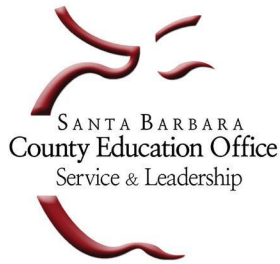
**BACKGROUND:**

- As per our Local Plan, regional program operators must make a request to the JPA Board if student numbers, or classroom demands necessitate that a new program be opened or expanded.
- To date SBCEO provides program services for 228 students in the Santa Maria Bonita School District and Orcutt School District. At the end of the 23-24 school year services were being provided to a total of 244 students. The 24-25 school year has not yet started but the speech only number is already higher than last year and the Preschool Plus number is only expected to increase as the year progresses.
- SBCEO is requesting to expand building space for programming used by SBCEO staff serving students in the Preschool Itinerant Speech program and Preschool Plus program that serves students in Santa Maria & Orcutt.
- For the last sever years, SBCEO has leased 2,964 sq. ft. of office space at 625 McClelland St. in Santa Maria, as the programs continue to grow the current space no longer meets the needs of support staff and programs. The current building has recently had an additional 1,100 sq. ft. space become available for lease and SBCEO would like to use to support both Preschool Itinerant and Preschool Plus program expansion.
- District/LEA business officials and special education administrators agree with the request.

**FISCAL IMPACT:** Estimated cost for expansion at 625 S. McClelland Street, Santa Maria, CA 93454 is \$1.10 ft. for an additional amount of \$1,210/month, for a 3-year lease term, additional square footage is 1,100 ft.

**RECOMMENDATION:** The JPA Board approves the SBCEO request to expand and extend office space at 625 McClelland St. in Santa Maria for SBCEO Staff and Service Providers as presented.

RA:lm



# Santa Barbara County Education Office

4400 Cathedral Oaks Rd, PO Box 6307, Santa Barbara, CA 93160-6307  
Telephone: (805) 964-4711 • FAX: (805) 964-4712 • sbceo.org

Susan C. Salcido, Superintendent of Schools

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July 27, 2024

TO: Ray Avila, Executive Director, Santa Barbara County SELPA  
SELPA JPA Board

FROM: Calisa Castillo, Special Education Administrator, SBCEO  
Kirsten Escobedo, Assistant Superintendent, SBCEO

RE: Request to Expand Office Space in Santa Maria for SBCEO Staff and Service Providers

**Background:**

The purpose of this memo is to request to expand building space for programming used by SBCEO staff serving students in the Preschool Itinerant Speech program and Preschool Plus program that serves students in Santa Maria and Orcutt.

As of the date of this memo, SBCEO provides program services for 228 students in the Santa Maria Bonita School District (SMBSD) and Orcutt School District in the following programs:

- Preschool Itinerant (speech only) - 187
- Preschool Plus - 41

As of the end of the 2023-2024 school year, SBCEO provided these same services to 244 students as follows:

- Preschool Itinerant - 176
- Preschool Plus - 68

We have not yet started the school calendar, and our speech only number is higher than the number of students served last year. Our Preschool Plus numbers will increase as the year progresses.



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Susan C. Salcido, Superintendent of Schools

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Over the last several years, SBCEO has leased 2,964 sq ft of office space at 625 McClelland Street in Santa Maria for the following staff:

- Speech pathologists
- School psychologists
- Preschool Specialists Teachers
- Paraprofessionals
- Clerical Staff

Within the last two years, SBCEO's preschool programs have grown, and the current space no longer meets the needs of supporting staff and programs. There have been no additional site spaces identified to date to expand the Preschool Plus program offering, and our Itinerant Speech program has increased in both student and Speech Language Therapists numbers requiring more therapy and work spaces. This site also provides the location for Child Find and Intake services with our Special Education assessment teams.

SBCEO has researched the available commercial spaces. However, the current building at 625 McClelland has recently had another tenant vacate a portion of the property. This opens up an additional 1100 sq ft of space that will be utilized to support both Preschool Itinerant and Preschool Plus program expansion.

- The SBCEO has incorporated a center based therapy model to the continuum of services offered to students receiving itinerant speech services. This model has required additional therapy space. The current space does not provide enough therapy space for the number of students requiring services.
- The SBCEO has provided Preschool Plus Services at various locations within the Santa Maria and Orcutt area. The number of students requiring services has shown a significant increase over the past year as a program we offer families based on the Least Restrictive Environment Continuum of services. Space availability for expansion at other sites has not been made available to date.



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Susan C. Salcido, Superintendent of Schools

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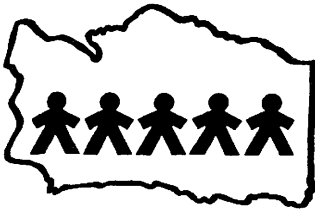
### **Fiscal Impact and Details:**

625 S McClelland Street, Santa Maria, CA 93454

1. Additional Square Footage = 1,100 ft<sup>2</sup>
2. Total Cost per ft<sup>2</sup> = \$1.10 ft<sup>2</sup> for an additional amount of \$1,210/month.
3. Date Available to Assume Lease = Immediate
4. Term = 3 years

### **Recommendation:**

SEAM and JPA approve the request to increase the leased space at the current location of 625 McClelland Street, Santa Maria, CA for Preschool Specialist program increases and expansion.



**Santa Barbara County**  
**Special Education Local Plan Area**  
 A Joint Powers Agency

Date: September 9, 2024

To: SBCSELPA JPA Board

From: Ray Avila, SBCSELPA Executive Director

Re: Santa Barbara County Education Office (SBCEO) Regional Program Operator  
 Request for Funding for Program Expansion for Additional Preschool Classrooms in  
 Santa Maria/Orcutt for the 2024-25 School Year

**BACKGROUND:**

- As per our Local Plan, regional program operators must make a request to the JPA Board if student numbers, or classroom demands necessitate that a new program be opened or expanded.
- SBCEO currently operates ten (10) full day preschool programs and three (3) half day preschool programs, including Special Day (SDC) & Inclusion classes, serving students in Santa Maria & Orcutt.
- The SBCSELPA Local Plan recommends 8-9 students for a half-day SDC program, with one (1) preschool SDC teacher and two (2) paraeducators. The MOU with Alan Hancock and CommUnify Preschools states the maximum eight (8) is the maximum number of students.
- The projected number of students requiring a preschool special education program by May 2025 is 272 students. SBCEO is requesting two (2) additional full-day preschool programs to accommodate the anticipated increased enrollment for 24-25 school year. The
- District/LEA business officials and special education administrators agree with the request.

**FISCAL IMPACT:** Estimated cost for 2 additional full-day preschool programs is \$599,611.68 for 24-25 school year. This total includes 2 (1.0 FTE) SDC Teachers - \$166,427.34 each; 2 (.75 FTE) Bilingual Paraeducators - \$63,681.67 each; 2 (.75 FTE) Non Bilingual Paraeducator 1 - \$59,696.83 each; and Start Up Expenses for Preschool Classrooms x2 - \$10,000.00 each.

**RECOMMENDATION:** The JPA Board approves the SBCEO Regional Program request for funding for expansion for additional preschool classrooms in Santa Maria/Orcutt as presented.

RA:lm

**REGIONAL PROGRAM OPERATOR  
REQUEST FOR FUNDING  
FOR  
PROGRAM EXPANSION**

**PLEASE COMPLETE ONE FORM FOR EACH REQUEST BEING SUBMITTED**

**Date:** August 9, 2024

**School Year for Which Request Applies:** 2024/2025 School Year

- 1. Program Operator:** Santa Barbara County Office of Education
- 2. Regional Program Type:** Preschool
- 3. School:** To be determined.
- 4. Current Class Size:**  
The SBCEO currently operates 10 full day preschool programs and three half day preschool programs serving students in Santa Maria and Orcutt. This includes Special Day Classes and Inclusion Classes. The SELPA Local Plan recommendation for a half day SDC program is 8-9 students with one preschool SDC teacher and two paraeducators. (The MOU with Alan Hancock and CommUnify Preschools state that the maximum number of students is 8.)
- 5. Age Range:** 3-5
- 6. Current number of Instructional Aides assigned to class:** 0
- 7. Total number of hours per day of aide time assigned to class:** 0
- 8. Describe specifics of this request:** This request is for two additional full-day preschool programs as described in number 9.
- 9. Please provide a narrative explanation of the reason for this request:**  
The SBCEO is continuing to experience an increase in the number of special education referrals for preschool students in the Santa Maria and Orcutt area. Based on SELPA recommended guidelines, the current SBCEO preschool programs have space for 193 students. The projected number of students requiring a preschool special education program by May 2025 is 272 students. This number is based on newly enrolled preschool students during the 2023/2024 school years (see table below). The SBCEO will therefore not have adequate classroom space for the projected number of preschool students requiring special education services. The SBCEO is requesting two additional special education classes to begin in October of 2024.

**Santa Barbara County  
Special Education Local Plan Area.....A Joint Powers Agency**

**10. Estimated increase in cost for the next school year:**

**2024-2025 School Year**

**2 (1.0 FTE) SDC Teachers:**

\$166,427.34 preschool teacher 1

\$166,427.34 preschool teacher 2

**2 (.75 FTE) Bilingual Paraeducators:**

\$63,681.67 Bilingual Paraeducator 1

\$63,681.67 Bilingual Paraeducator 2

**2 (.75 FTE) Non Bilingual Paraeducators**

\$59,696.83 Non-Bilingual Paraeducator 1

\$59,696.83 Non-Bilingual Paraeducator 1

**Start Up Expenses for Preschool Classrooms**

\$10,000 Startup costs for preschool 1

\$10,000 Startup costs for preschool 2

**Santa Maria/Orcutt Preschool Inclusion and SDC Projections 2024-2025**

<b>Preschool Programs</b>	<b>Available Number of Spaces as of 8/1/2024</b>
Alice Shaw	5
Regency PS	3
Taylor PS	3
Oakley PS	0
Robert Bruce PS	2
Ontiveros LEAP	3
Hancock Inclusion	4
Los Padres Inclusion	4
Chapel Inclusion	2
Meridian Inclusion	4
Casmalia 1 Preschool	2
Casmalia 2 Preschool	0
Casmalia 3 Preschool	3

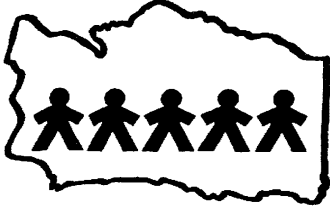
**Santa Barbara County  
Special Education Local Plan Area.....A Joint Powers Agency**

Total available student spaces as of August 1, 2024	35
Projected number of newly eligible students by October 1, 2024	34
Total projected space available on October 1, 2024	1

**Santa Maria/Orcutt Newly Eligible Preschool Students in 2023/2024 School Years**

	<b>10/1/2023 - 5/31/2024</b>
<b>Number of newly enrolled students in preschool programs</b>	<b>80 students</b>





**Santa Barbara County**  
**Special Education Local Plan Area**  
A Joint Powers Agency

Date: September 9, 2024  
To: SBCSELPA JPA Board  
From: Ray Avila, SBCSELPA Executive Director  
Re: Lompoc Unified School District (LUSD) Request to Take Back Preschool Plus Programs,  
Effective 2025-2026 School Year

**BACKGROUND:**

- Lompoc Unified School District (LUSD) is a regional provider of the Regional Preschool Plus Program.
- LUSD notified the SBCSELPA in a letter dated June 13, 2024, sent via email, of its intent to transfer service for Preschool Plus Regional Program for the 2025-2026 school year (**SEE attachment, REF: VIII-A.1**).
- The Lompoc Unified School District will ensure a continuum of services and will provide the program transfer documents by the November 2024 JPA Board meeting.

**FISCAL IMPACT:** There is no known fiscal impact on other LEAs/districts currently.

RA:lm



**LOMPOC UNIFIED SCHOOL DISTRICT**  
 Special Education  
 P.O. Box 8000 · 1301 North A Street, Lompoc, CA 93436  
 Phone: 805-742-3301

June 13, 2024

Susan Salcido  
 Santa Barbara County Education Office  
 4400 Cathedral Oaks Road  
 Santa Barbara, CA 93160-6307

Dear Dr. Salcido,

This letter is year and day notification that Lompoc Unified School District (LUSD) intends to take back the PreSchool Plus Programs currently operated by Santa Barbara County Education Office (SBCEO). The district will take back the PreSchool Plus programs and provide services to the students, starting school year 2025 – 2026, and operate as a district program in lieu of a regional program.

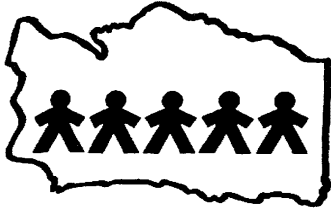
The PreSchool Plus regional program currently serves LUSD students.

The District will submit a plan for implementation of program transfer that complies with section 56207 as required by Santa Barbara County SELPA Local Plan for review and approval by the November 2024 Joint Powers Agency Board Meeting.

Respectfully,

  
 Dr. Clara Finneran  
 Superintendent, LUSD

- C: Dr. Ray Avila, SBC SELPA Executive Director
- Kirsten Escobedo, SBCEO Asst. Supt. / Special Ed
- LUSD Board Members
- Jamie Johnson, Director of Special Education, LUSD



**Santa Barbara County**  
**Special Education Local Plan Area**  
A Joint Powers Agency

Date: September 9, 2024  
To: SBCSELPA JPA Board  
From: Ray Avila, SBCSELPA Executive Director  
Re: Lompoc Unified School District (LUSD) Request to Take Back Preschool Inclusion Programs, Effective 2025-2026 School Year

**BACKGROUND:**

- Lompoc Unified School District (LUSD) is a regional provider of the Regional Preschool Inclusion Program.
- LUSD notified the SBCSELPA in a letter dated June 13, 2024, sent via email, of its intent to transfer service for Preschool Inclusion Program for the 2025-2026 school year **(SEE attachment, REF: VIII-B.1)**.
- The Lompoc Unified School District will ensure a continuum of services and will provide the program transfer documents by the November 2024 JPA Board meeting.

**FISCAL IMPACT:** There is no known fiscal impact on other LEAs/districts currently.

RA:lm



## LOMPOC UNIFIED SCHOOL DISTRICT

Special Education

P.O. Box 8000 · 1301 North A Street, Lompoc, CA 93436

Phone: 805-742-3301

June 13, 2024

Susan Salcido  
 Santa Barbara County Education Office  
 4400 Cathedral Oaks Road  
 Santa Barbara, CA 93160-6307

Dear Dr. Salcido,

This letter is year and day notification that Lompoc Unified School District (LUSD) intends to take back the PreSchool Inclusion Programs currently operated by Santa Barbara County Education Office (SBCEO). The district will take back the PreSchool Inclusion classes and provide services to the students, starting school year 2025 – 2026, and operate as a district program in lieu of a regional program.

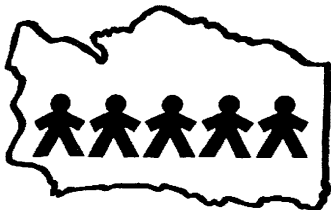
The PreSchool Inclusion regional program classes currently serve LUSD students. The PreSchool Inclusion classes are housed on LUSD campuses of Clarence Ruth Elementary and La Canada Elementary.

The District will submit a plan for implementation of program transfer that complies with section 56207 as required by Santa Barbara County SELPA Local Plan for review and approval by the November 2024 Joint Powers Agency Board Meeting.

Respectfully,

Dr. Clara Finneran  
 Superintendent, LUSD

C: Dr. Ray Avila, SBC SELPA Executive Director  
 Kirsten Escobedo, SBCEO Asst. Supt. / Special Ed  
 LUSD Board Members  
 Jamie Johnson, Director of Special Education, LUSD



**Santa Barbara County**  
**Special Education Local Plan Area**  
A Joint Powers Agency

Date: September 9, 2024  
To: SBCSELPA JPA Board  
From: Ray Avila, SBCSELPA Executive Director  
Re: Lompoc Unified School District (LUSD) Request to Take Back Preschool Special Day Class (SDC) Programs, Effective 2025-2026 School Year

**BACKGROUND:**

- Lompoc Unified School District (LUSD) is a regional provider of the Regional Preschool Special Day Class (SDC) Program.
- LUSD notified the SBCSELPA in a letter dated June 13, 2024, sent via email, of its intent to transfer service for Preschool Special Day Class Program for the 2025-2026 school year (**SEE attachment, REF: VIII-C.1**).
- The Lompoc Unified School District will ensure a continuum of services and will provide the program transfer documents by the November 2024 JPA Board meeting.

**FISCAL IMPACT:** There is no known fiscal impact on other LEAs/districts currently.

RA:lm



**LOMPOC UNIFIED SCHOOL DISTRICT**

Special Education  
P.O. Box 8000 · 1301 North A Street, Lompoc, CA 93436  
Phone: 805-742-3301

June 13, 2024

Susan Salcido  
Santa Barbara County Education Office  
4400 Cathedral Oaks Road  
Santa Barbara, CA 93160-6307

Dear Dr. Salcido,

This letter is year and day notification that Lompoc Unified School District (LUSD) intends to take back the PreSchool Special Day Class (SDC) Programs currently operated by Santa Barbara County Education Office (SBCEO). The district will take back the PreSchool Special Day Class, starting school year 2025 – 2026, and operate as a district program in lieu of a regional program.

The PreSchool SDC regional program class currently serves LUSD students. The PreSchool SDC classes are housed on LUSD campuses of Clarence Ruth Elementary, Central Avenue (Education Center), Fillmore Elementary and Crestview Elementary.

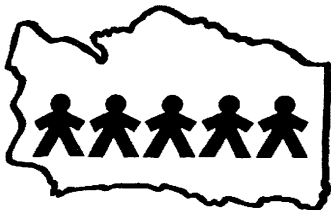
The District will submit a plan for implementation of program transfer that complies with section 56207 as required by Santa Barbara County SELPA Local Plan for review and approval by the November 2024 Joint Powers Agency Board Meeting.

Respectfully,

A handwritten signature in blue ink that reads "Clara Finneran".

Dr. Clara Finneran  
Superintendent, LUSD

- C: Dr. Ray Avila, SBC SELPA Executive Director
- Kirsten Escobedo, SBCEO Asst. Supt. / Special Ed
- LUSD Board Members
- Jamie Johnson, Director of Special Education, LUSD



**Santa Barbara County**  
**Special Education Local Plan Area**  
A Joint Powers Agency

Date: September 9, 2024  
To: SBCSELPA JPA Board  
From: Ray Avila, SBCSELPA Executive Director  
Re: Lompoc Unified School District (LUSD) Request to Take Back Preschool Speech Only, Effective 2025-2026 School Year

**BACKGROUND:**

- Lompoc Unified School District (LUSD) is a regional provider of the Regional Preschool Speech Only Program.
- LUSD notified the SBCSELPA in a letter dated June 13, 2024, sent via email, of its intent to transfer service for Preschool Speech Only Program for the 2025-2026 school year (**SEE attachment, REF: VIII-D.1**).
- The Lompoc Unified School District will ensure a continuum of services and will provide the program transfer documents by the November 2024 JPA Board meeting.

**FISCAL IMPACT:** There is no known fiscal impact on other LEAs/districts currently.

RA:lm



**LOMPOC UNIFIED SCHOOL DISTRICT**  
 Special Education  
 P.O. Box 8000 · 1301 North A Street, Lompoc, CA 93436  
 Phone: 805-742-3301

June 13, 2024

Susan Salcido  
 Santa Barbara County Education Office  
 4400 Cathedral Oaks Road  
 Santa Barbara, CA 93160-6307

Dear Dr. Salcido,

This letter is year and day notification that Lompoc Unified School District (LUSD) intends to take back the PreSchool Speech Only students currently operated by Santa Barbara County Education Office (SBCEO). The district will take back the Speech Only students, starting school year 2025 – 2026, and operate as a district program in lieu of a regional program.

The Speech Only regional program currently serves LUSD students.

The District will submit a plan for implementation of program transfer that complies with section 56207 as required by Santa Barbara County SELPA Local Plan for review and approval by the November 2024 Joint Powers Agency Board Meeting.

Respectfully,

A handwritten signature in blue ink that reads "Clara Finneran".

Dr. Clara Finneran  
 Superintendent, LUSD

- C: Dr. Ray Avila, SBC SELPA Executive Director
- Kirsten Escobedo, SBCEO Asst. Supt. / Special Ed
- LUSD Board Members
- Jamie Johnson, Director of Special Education, LUSD





**Santa Barbara County**  
**Special Education Local Plan Area**  
A Joint Powers Agency

Date: September 9, 2024  
To: SBCSELPA JPA Board  
From: Ray Avila, SBCSELPA Executive Director  
Re: SBCSELPA WRAP Referral Form Review & Revisions

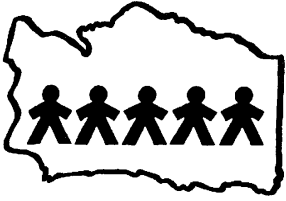
**BACKGROUND:**

- The revised SELPA28A or “Referral for SBCSELPA Wrap” form came from the work of the Mental Health Ad Hoc Committee.
- The previous iteration of the SELPA28A, the edited version, (**See REF: VIII-E.1**), and the revised version (**SEE REF: VIII-E.2**), are included for review.
- This revised form was previously presented to the SEAM meeting group on August 9, 2024. District/LEA special education administrators support the proposed revisions.

**FISCAL IMPACT:** None at this time.

**RECOMMENDATION:** The JPA Board approves the revised WRAP Referral form as presented.

RA/AL/NFL:lm



Santa Barbara County  
Special Education Local Plan Area  
A Joint Powers Agency

**Referral for SBCSELPA Wrap Supports**

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**SBCSELPA Wrap Service Description:**

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SBCSELPA Wrap operates as a collection of IEP Mental Health Related services, providing intensive mental health supports that includes individual counseling, parent counseling, family counseling and social work-type supports services (i.e referrals to, and collaboration with, community-based organizations and school-based personnel). These supports are delivered in various settings, including school, home, and in the community; intended to prevent further restrictive educational placements.

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SBCSELPA Wrap is provided by a team of two individuals, a Wraparound Facilitator (WF), and a Youth Support Specialist (YSS). The WF's primary responsibilities may include parent and/or family counseling, connecting with appropriate community-based referrals, and serving as a bridge between the school and home environments. The YSS's primary responsibilities may include direct support to the student through individual counseling sessions and participation in family counseling sessions.

The overall goal of SBCSELPA Wrap is to be a short-term, intensive mental health support. They work to address the social-emotional concerns presenting in the home that negatively impact the students ability to access their education in the least restrictive setting appropriate to meet their needs. Each approved Referral will be assigned a Wrap Facilitator and a Youth Support Specialist to offer support to the student and family for a minimum of 180 minutes per week, for a period of 6-8 weeks; during/after which the IEP team will meet to review progress towards social-emotional/behavior goals, and status of accessing their education in LRE.

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SBCSELPA Mental Health Specialist is available to consult throughout the consideration and development of SELPA28A.

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All SBCSELPA Wrap Support Referrals must be sent to the SBCSELPA Mental Health Specialist and complete this SELPA28A Referral Process before adding to a student's IEP. Wrap supports added to an IEP before/without an approved SELPA28A will not be eligible for SBCSELPA funding/staffing.

IEP teams are encouraged to consider the appropriateness/need of discussing the intent to submit a SELPA 28A in an IEP meeting/setting (with the family) before initiating this SELPA28A Referral Process—doing so will not impact eligibility for SBCSELPA funding/staffing.

**SBCSELPA Student Population:**

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As a Mental Health support offered through Supplementary Aids, Services, & Transportation, the SBCSELPA Wrap team is staffed to primarily support students who are eligible for Specialized Education under the qualifier of Emotional Disturbance, and who are at risk of requiring more restrictive educational placements (SDC, GROW, NPS). SBCSELPA Wrap is a Special Education Supplemental Aid that may be appropriate for a student who:

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- Has mental health needs documented in their IEP
- The IEP team has determined that the mental health needs present in the home environment are negatively impacting the students ability to access their education

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- ~~Additional consideration and consultation will be required for SELPA28A Referrals made on behalf of students who are eligible for Specialized Education under the qualifiers other than Emotional Disturbance (e.g., Autism, OHI, SLD, SLI, etc.) Lesser restrictive mental health services and supports have been exhausted and determined to not be effective enough to promote educational progress (please see the SBCSELPA Continuum of Mental Health Services-SELPA28A for further information).~~

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Should an IEP team be unsure if a referral for SBCSELPA Wrap is appropriate or not, consultation with the SBCSELPA Mental Health Specialist is highly encouraged.

**SBCSELPA Wrap Delivery and Documentation:**

SBCSELPA Wrap is documented on the *Supplementary Aids, Services & Transportation* page of the IEP. Although this is always an IEP team discussion and decision, SBCSELPA Wrap is typically offered for 720 minutes per month for a period of eight weeks. Prior to the end date of each eight-week cycle, the IEP team shall meet to discuss the student and family’s participation with SBCSELPA Wrap. Should the IEP team determining that the continuation of SBCSELPA Wrap is appropriate, SBCSELPA Wrap may be offered for another eight-week cycle.

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**Referral Directions**

The following process is to be completed by the referring LEA/School District, initiating the IEP team’s SELPA28A Referral for SBCSELPA Wrap Supports. Please complete the following steps in sequence and with accompanying documentation, as listed below, to the SBCSELPA Mental Health Specialist: Steps 1-5 below must all be completed before SBCSELPA Wrap can be offered through a student’s IEP. SBCSELPA Wrap added to an IEP without these steps being followed will not be eligible for SBCSELPA funded Wrap and the LEA may need to provide this support via LEA Staffing or through a Non-Public Agency.

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The following process is to be completed by the referring LEA/School District. Please complete the following steps in sequence and with accompanying documentation, as listed below, and send to the SBCSELPA Mental Health Specialist:

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- Step 1: ~~LEA SPED IEP team member (School Psychologist preferred)~~ completes *Form SELPA28A- Referral for SBCSELPA Supports-Wrap Supplemental Aid.*

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- **Required Documentation:**

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- Complete SELPA 28A Referral Form

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- \*  Cover Letter summarizing reasons for referral, status of student cognitive and social-emotional functioning, determination of need for increased mental health supports/shift from LRE, description of current/historical mental health & counseling supports, history of student’s access of supports, effectiveness of current and historical interventions, and description of attendance concerns/challenges

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- \*  Copy of most current IEP and Amendments related Amendments

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- \*  Most current Psychoeducational Assessments, including social-emotional assessment within ~~three months~~ six months of SELPA28A Referral

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- If unable to conduct assessment, specify reasoning/circumstances in Cover Letter, and how the IEP team is determining SBCSELPA Wrap as appropriate for the student's current needs

- Current/historical Functional Behavior Assessment and Behavior Intervention Plan, (if developed) applicable,
- Current Grades (transcripts/report cards)
- Discipline reports
- Attendance records Summary,
- Any collateral documentation (reporting by parents, medical, psychological, Social Worker, or other community service providers)

◦ SBCSELPA Mental Health Specialist is available to consult throughout consideration and development of SELPA28A.

Step 2: LEA SPED Administrator/Designee (SPED Director, Program Coordinator preferred) reviews School Psychologists sends SELPA28A Referral form and supporting documentation for accuracy and completeness. ~~Sto LEA SpPEd Administrator/Designee sends SELPA28A Referral to SBCSELPA Mental Health Specialist. for review and signature,~~

◦ Within 5 school days of receiving the SELPA28A, the SBCSELPA Mental Health Specialist will confirm completeness and appropriateness of SELPA28A.

Step 3: SpEd Administrator sends the completed and signed SELPA28A to the SBCSELPA Mental Health Specialist. ~~If approved by SBCSELPA Mental Health Specialist, the LEA schedules an IEP team meeting (including parents, and potentially student) to discuss determined need for increased Mental Health supports, and to describe/offer SBCSELPA Wrap.~~

◦ ~~If the IEP team agrees to the addition of SBCSELPA Wrap Supports, the LEA then adds 6-8 weeks of SBCSELPA Wrap to the student's IEP Supplementary Aids, Services, & Transportation.~~

Step 4: Within 10 school days of receiving the SELPA28A, the SBCSELPA Mental Health Specialist reviews the referral and schedules consultation with the LEA School Psychologist and/or SpEd Administrator. Step 4:

LEA will coordinate with SBCSELPA Mental Health Specialist and assigned Wrap team to schedule follow up IEP meetings and/or Amendments every 4-6 weeks to review the access of SBCSELPA Wrap minutes, concerns/progress of student's educational access, and the IEP team's ongoing determination of the student's needs to either extend for 6-8 weeks of SBCSELPA Wrap supports or allow them to lapse.

~~SBCSELPA Wrap team sends SBCSELPA Wrap Weekly Log to identified IEP team members to reflect minutes offered/accessed Step 5: If approved by SBCSELPA Mental Health Specialist, the LEA schedules an IEP team meeting (including parents, and potentially student) to discuss determined need for increased Mental Health supports, and to describe/offer SBCSELPA Wrap.~~

~~If the IEP team agrees to the addition of SBCSELPA Wrap Supports, the LEA then adds 6-8 weeks of SBCSELPA Wrap to the student's IEP Supplementary Aids, Services, & Transportation.~~ THE LEA schedules and IEP meeting to discuss appropriateness and potential offer of SBCSELPA Wrap Supplemental Aid.

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Referral Information Student Demographics:

LEA:		Date:	
School Psychologist:		Email:	Phone:
Case Manager:		Email:	Phone:
School Psychologist/Mental Health Provider:		Email:	Phone:
Case Manager/Behaviorist:		Email:	Phone:
SpEd Director:		Email:	Phone:
SpEd Coordinator/ Facilitator (if applicable):		Email:	Phone:
Site Administrator:		Email:	Phone:
Type of Request:	<input type="checkbox"/> Initial Referral <input type="checkbox"/> No prior SBCSELPA Wrap Referrals.		
	<input type="checkbox"/> Additional Services Dates of previous SBCSELPA Wrap supports: _____ _____		

<u>II. STUDENT NAME</u> Student Name:		BIRTH DATE:	AGE:
Primary:		Secondary:	
SCHOOL:	GRADE:	SEX (on IEP):	Pronouns:
NAME of PARENT or Guardian(s):			
ADDRESS:	TELEPHONE:		

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**Santa Barbara County SELPA**  
**IEP – Supplementary Aids, Services & Transportation**

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

**SUPPLEMENTAL SUPPORTS**

Supports for student and school personnel are required for student?  No  Yes (specify below)

<b>Aids, Services and/or Supports:</b> Wrap Around Services		Provider: SELPA	To Support: <input checked="" type="checkbox"/> Student <input checked="" type="checkbox"/> Personnel	
Location: Home/Community	Frequency: Monthly	Duration: 720 total minutes	Start Date:	End Date:
Notes:				
<b>Aids, Services and/or Supports:</b>		Provider:	To Support: <input type="checkbox"/> Student <input type="checkbox"/> Personnel	
Location:	Frequency:	Duration: total minutes	Start Date:	End Date:
Notes:				
<b>Aids, Services and/or Supports:</b>		Provider:	To Support: <input type="checkbox"/> Student <input type="checkbox"/> Personnel	
Location:	Frequency:	Duration: total minutes	Start Date:	End Date:
Notes:				
<b>Aids, Services and/or Supports:</b>		Provider:	To Support: <input type="checkbox"/> Student <input type="checkbox"/> Personnel	
Location:	Frequency:	Duration: total minutes	Start Date:	End Date:
Notes:				
<b>Aids, Services and/or Supports:</b>		Provider:	To Support: <input type="checkbox"/> Student <input type="checkbox"/> Personnel	
Location:	Frequency:	Duration: total minutes	Start Date:	End Date:
Notes:				
<b>Aids, Services and/or Supports:</b>		Provider:	To Support: <input type="checkbox"/> Student <input type="checkbox"/> Personnel	
Location:	Frequency:	Duration: total minutes	Start Date:	End Date:
Notes:				

**TRANSPORTATION**

Special Education Transportation:  No  Yes Student Type:  Non-Ambulatory

Transportation Needs:

Reg. ESY

- A/C Required
- Alternate Address
- Bring Equipment
- Buckle Guard
- Car Seat
- Curb-to-curb
- Vest
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

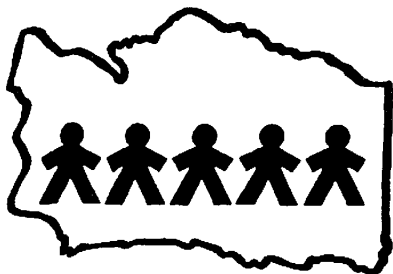
Reg. ESY

- Electric Chair
- Limited Ride
- Medical Protocol
- Nurse/Aide on Bus
- Parent Transport
- Release Form
- Walker
- Station to Station

Reg. ESY

- Restraint Harness
- Rides Cab
- Seat Belt
- Transports Medication
- Transportation Behavior Plan
- Travel Chair
- Wheelchair
- Access to Electronic Device

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## Santa Barbara County Special Education Local Plan Area A Joint Powers Agency

### Referral for SBCSELPA Wrap Supports

#### Service Description

SBCSELPA Wrap operates as a collection of IEP Mental Health Related services, providing intensive individual counseling, parent counseling, and social work-type supports in various settings, including school, home, and in the community; intended to prevent further restrictive educational placements. Each approved Referral will be assigned a Wrap Facilitator and a Youth Support Specialist to offer support to the student and family for a minimum of 180 minutes per week, for a period of 6-8 weeks; during/after which the IEP team will meet to review progress towards social-emotional/behavior goals, and status of accessing their education in LRE.

- SBCSELPA Mental Health Specialist is available to consult throughout the consideration and development of SELPA28A.
- All SBCSELPA Wrap Support Referrals must be sent to the SBCSELPA Mental Health Specialist and complete this SELPA28A Referral Process *before* adding to a student's IEP. *Wrap supports added to an IEP before/without an approved SELPA28A will not be eligible for SBCSELPA-funding/staffing.*
- IEP teams are encouraged to consider the appropriateness/need of discussing the intent to submit a SELPA 28A in an IEP meeting/setting (with the family) before initiating this SELPA28A Referral Process--doing so will not impact eligibility for SBCSELPA-funding/staffing.

#### Student Population

As a Mental Health support offered through *Supplementary Aids, Services, & Transportation*, the SBCSELPA Wrap team is staffed to primarily support students who are eligible for Specialized Education under the qualifier of Emotional Disturbance, and who are at-risk of requiring more restrictive educational placements (SDC, GROW, NPS).

- Additional consideration and consultation will be required for SELPA28A Referrals made on behalf of students who are eligible for Specialized Education under the qualifiers other than Emotional Disturbance (e.g., Autism, OHI, SLD, SLI, etc.)

#### Referral Directions

The following process is to be completed by the referring LEA/School District, initiating the IEP team's SELPA28A Referral for SBCSELPA Wrap Supports. Please complete the following steps in sequence and with accompanying documentation, as listed below, to the SBCSELPA Mental Health Specialist:



- Step 1: LEA SPED IEP team member (School Psychologist preferred) completes Form SELPA28A- Referral for SBCSELPA Supports.
- Required Documentation:
    - Cover Letter summarizing reasons for referral, status of student cognitive and social-emotional functioning, determination of need for increased mental health supports/shift from LRE, description of current/historical mental health & counseling supports, history of student’s access of supports, effectiveness of current and historical interventions, and description of attendance concerns/challenges
    - Copy of current IEP and Amendments
    - Most current Psychoeducational Assessments, including social-emotional assessment within three months of SELPA28A Referral
      - If unable to conduct assessment, specify reasoning/circumstances in Cover Letter, and how the IEP team is determining SBCSELPA Wrap as appropriate for the student’s current needs
    - Current/historical Functional Behavior Assessment and Behavior Intervention Plan (if developed)
    - Grades (transcripts/report cards)
    - Discipline reports
    - Attendance records
    - Any collateral documentation (reporting by parents, medical, psychological, Social Worker, or other community service providers)
  - SBCSELPA Mental Health Specialist is available to consult throughout consideration and development of SELPA28A.
- Step 2: LEA SPED Administrator/Designee (SPED Director, Program Coordinator preferred) reviews SELPA28A Referral form and documentation for accuracy and completeness. SPED Administrator/Designee sends SELPA28A Referral to SBCSELPA Mental Health Specialist.
- Within 5 school days of receiving the SELPA28A, the SBCSELPA Mental Health Specialist will confirm completeness and appropriateness of SELPA28A.
- Step 3: If approved by SBCSELPA Mental Health Specialist, the LEA schedules an IEP team meeting (including parents, and potentially student) to discuss determined need for increased Mental Health supports, and to describe/offer SBCSELPA Wrap.
- If the IEP team agrees to the addition of SBCSELPA Wrap Supports, the LEA then adds 6-8 weeks of SBCSELPA Wrap to the student’s IEP *Supplementary Aids, Services, & Transportation*.
- Step 4: LEA will coordinate with SBCSELPA Mental Health Specialist and assigned Wrap team to schedule follow-up IEP meetings and/or Amendments every 4-6 weeks to review the access of SBCSELPA Wrap minutes, concerns/progress of student’s educational access, and the IEP team’s ongoing determination of the student’s needs to either extend for 6-8 weeks of SBCSELPA Wrap supports or allow them to lapse.
- SBCSELPA Wrap team sends SBCSELPA Wrap Weekly Log to identified IEP team members to reflect minutes offered/accessed

Referral Information

I. LEA		Date			
School Psychologist		Email		Phone	
Case Manager		Email		Phone	
Type of Request:	<input type="checkbox"/> Initial Referral No prior SBCSELPA Wrap Referrals.  <input type="checkbox"/> Additional Services Dates of previous SBCSELPA Wrap supports: _____				

II. STUDENT NAME				BIRTH DATE		AGE	
SCHOOL	GRADE	SEX (on IEP)	Pronouns:				
NAME OF PARENT(S) or Guardian(s)							
ADDRESS					TELEPHONE		
LANGUAGE SPOKEN AT HOME	<input type="checkbox"/> ENGLISH	<input type="checkbox"/> SPANISH	<input type="checkbox"/> BOTH	<input type="checkbox"/> OTHER			

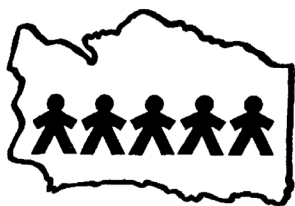
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LEA Special Education Director/Administrator Name (print)      Phone Number

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LEA Special Education Director Administrator Signature      Email

DATE LEA ADMINISTRATOR APPROVED/SENT TO SBCSELPA MH SPECIALIST: _____	DATE RECEIVED BY SBCSELPA MH SPECIALIST: _____	DATE SBCSELPA RESPONDED TO LEA ADMINISTRATOR: _____	DATE OF IEP MEETING TO DESCRIBE/OFFER SBCSELPA WRAP: _____
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**Santa Barbara County**  
**Special Education Local Plan Area**  
 A Joint Powers Agency

## Referral for SBCSELPA Wrap

### SBCSELPA Wrap Description:

SBCSELPA Wrap is a collection of intensive mental health supports that includes individual counseling, parent counseling, family counseling, and social work services (i.e. referrals to, and collaboration with, community-based organizations and school-based personnel). These supports are delivered in various settings including school, home, and community.

SBCSELPA Wrap is provided by a team of two individuals, a Wraparound Facilitator (WF), and a Youth Support Specialist (YSS). The WF's primary responsibilities may include parent and/or family counseling, connecting with appropriate community-based referrals, and serving as a bridge between the school and home environments. The YSS's primary responsibilities may include direct support to the student through individual counseling sessions and participation in family counseling sessions.

The overall goal of SBCSELPA Wrap is to be a short-term, intensive mental health support. They work to address the social-emotional concerns presenting in the home that negatively impact the student's ability to access their education in the least restrictive setting appropriate to meet their needs.

### SBCSELPA Student Population:

SBCSELPA Wrap is a Special Education Supplemental Aid that may be appropriate for a student who:

- Has mental health needs documented in their IEP
- The IEP team has determined that the mental health needs present in the home environment are negatively impacting the student's ability to access their education
- Lesser restrictive mental health services and supports have been exhausted and determined to not be effective enough to promote educational progress (please see the *SBCSELPA Continuum of Mental Health Services - SELPA28* for further information).

Should an IEP team be unsure if a referral for SBCSELPA Wrap is appropriate or not, consultation with the SBCSELPA Mental Health Specialist is highly encouraged.

### SBCSELPA Wrap Delivery and Documentation:

SBCSELPA Wrap is documented on the *Supplementary Aids, Services, & Transportation* page of the IEP. Although this is always an IEP team discussion and decision, SBCSELPA Wrap is typically offered for 720 minutes per month for a period of eight weeks. Prior to the end date of each eight-week cycle, the IEP team shall meet to discuss the student and family's participation with SBCSELPA Wrap. Should the IEP team determine that the continuation of SBCSELPA Wrap is appropriate, SBCSELPA Wrap may be offered for another eight-week cycle.

Referral Directions:

Steps 1-5 below must all be completed before SBCSELPA Wrap can be offered through a student's IEP. SBCSELPA Wrap added to an IEP without these steps being followed will not be eligible for SBCSELPA funded Wrap and the LEA may need to provide this support via LEA Staffing or through a Non-Public Agency.

The following process is to be completed by the referring LEA/School District. Please complete the following steps in sequence and with accompanying documentation, as listed below, and send to the SBCSELPA Mental Health Specialist:

- Step 1: School Psychologist completes *SELPA28A* - Referral for SBCSELPA Wrap Supplemental Aid.

Required Documents:

- Complete *SELPA28A* Referral Form
- Cover Letter summarizing reasons for referral
- Copy of most current IEP and related Amendments
- Most current Psychoeducational Assessments, including social-emotional assessment within six months of *SELPA28A* Referral
- Functional Behavior Assessment and Behavior Intervention Plan, if applicable
- Current Grades
- Discipline Reports
- Attendance Summary
- Any collateral documentation (reporting by parents, medical, psychological, Social Worker, or other community service providers)

- Step 2: School Psychologist sends *SELPA28A* and supporting documents to LEA SpEd Administrator for review and signature.

- Step 3: SpEd Administrator sends the completed and signed *SELPA28A* to the SBCSELPA Mental Health Specialist.

- Step 4: Within 10 school days of receiving *SELPA28A*, the SBCSELPA Mental Health Specialist reviews the referral and schedules consultation with the LEA School Psychologist and/or SpEd Administrator.

- Step 5: The LEA schedules an IEP meeting to discuss appropriateness and potential offer of SBCSELPA Wrap Supplemental Aid.

Student Demographics:

LEA:		Date:	
School Psychologist:		Email:	Phone:
Case Manager:		Email:	Phone:
Mental Health Provider:		Email:	Phone:
Behaviorist:		Email:	Phone:
SpEd Director:		Email:	Phone:
SpEd Coordinator/ Facilitator (if applicable):		Email:	Phone:
Site Administrator:		Email:	Phone:

Student Name:		Birth Date:		Age:	
IEP Qualifiers:	Primary:	Secondary:			
School:		Grade:		Pronouns:	
Name of Parent(s) or Guardian(s):					
Address:				Phone:	
Language Spoken at Home:	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other:		

---

LEA Special Education Director (Print) Phone Number

---

LEA Special Education Director (Signature) Email

DATE  
APPROVED &  
SIGNED BY  
LEA SPED  
ADMIN: \_\_\_\_\_

DATE  
RECEIVED BY  
SBCSELPA  
MH  
SPECIALIST: \_\_\_\_\_

DATE SBCSELPA  
RESPONDED TO  
SPED  
ADMIN/SCHOOL  
PSYCHOLOGIST: \_\_\_\_\_

IEP Example:



Santa Barbara County SELPA

IEP – Supplementary Aids, Services & Transportation

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

**SUPPLEMENTAL SUPPORTS**

Supports for student and school personnel are required for student?  No  Yes (specify below)

<b>Aids, Services and/or Supports:</b> Wrap Around Services		Provider: SELPA	To Support: <input checked="" type="checkbox"/> Student <input checked="" type="checkbox"/> Personnel	
Location: Home/Community	Frequency: Monthly	Duration: 720 total minutes	Start Date:	End Date:
Notes:				
<b>Aids, Services and/or Supports:</b>		Provider:	To Support: <input type="checkbox"/> Student <input type="checkbox"/> Personnel	
Location:	Frequency:	Duration: total minutes	Start Date:	End Date:
Notes:				
<b>Aids, Services and/or Supports:</b>		Provider:	To Support: <input type="checkbox"/> Student <input type="checkbox"/> Personnel	
Location:	Frequency:	Duration: total minutes	Start Date:	End Date:
Notes:				
<b>Aids, Services and/or Supports:</b>		Provider:	To Support: <input type="checkbox"/> Student <input type="checkbox"/> Personnel	
Location:	Frequency:	Duration: total minutes	Start Date:	End Date:
Notes:				
<b>Aids, Services and/or Supports:</b>		Provider:	To Support: <input type="checkbox"/> Student <input type="checkbox"/> Personnel	
Location:	Frequency:	Duration: total minutes	Start Date:	End Date:
Notes:				

**TRANSPORTATION**

Special Education Transportation:  No  Yes Student Type:  Non-Ambulatory

Transportation Needs:

Reg. ESY

- A/C Required
- Alternate Address
- Bring Equipment
- Buckle Guard
- Car Seat
- Curb-to-curb
- Vest
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

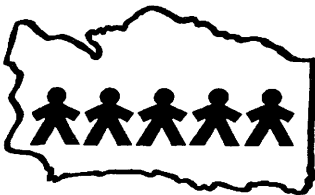
Reg. ESY

- Electric Chair
- Limited Ride
- Medical Protocol
- Nurse/Aide on Bus
- Parent Transport
- Release Form
- Walker
- Station to Station

Reg. ESY

- Restraint Harness
- Rides Cab
- Seat Belt
- Transports Medication
- Transportation Behavior Plan
- Travel Chair
- Wheelchair
- Access to Electronic Device

IEP 8 (10/2022)



**Santa Barbara County**  
**Special Education Local Plan Area**  
A Joint Powers Agency

Date: September 9, 2024  
To: SBCSELPA JPA Board  
From: Ray Avila, SBCSELPA Executive Director  
Re: Procedural Handbook, Section 13, *Regional Program Reporting*, Revisions

**BACKGROUND:**

- The SBCSELPA Procedural Handbook, Section 13, *Regional Program Reporting* has been updated to align with changes in the Local Plan and to provide additional information and transparency for Regional Programs.
- The necessary updates and changes to Section 13 are indicated on the attached copy (**REF: VIII-F.1**).
- The revisions were previously presented to the SEAMBO group on June 14, 2024. District/LEA special education administrators and business officials support the proposed revisions.

RA/RW:lm

# PROCEDURAL HANDBOOK

## SECTION

### 13

#### *Regional Program Reporting*

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<b><u>SELPA Funding Model Updates.....</u></b>	<b><u>13-2</u></b>
<b><u>Glossary.....</u></b>	<b><u>13-3</u></b>
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<b><u>Regional Program Operators and Programs Summary.....</u></b>	<b><u>13-7</u></b>
<b><u>Regional Program Operators and Participating LEAs.....</u></b>	<b><u>13-8</u></b>



## REGIONAL PROGRAMS & CLASSIFICATIONS

### Regional Special Day Class (SDC) programs include:

- Extensive Support Needs
- GROW Level 1
- GROW Level 2
- Deaf Hard of Hearing (DHH)
- Court & Community
- Preschool

### Itinerant Regional programs include:

- DHH Itinerant
- Occupational Therapy
- Vision/ O&M

### SBCEO Only:

- Preschool Specialist
- Preschool Assessment Team
- Court and Community

## REGIONAL PROGRAM EXPENDITURE REPORTING

Regional programs are operated on a pay-as-you-go-basis to ensure judicious use of public funds. Caps are in place for certain items such as administration, clerical, and related services. Within the allowable caps, the costs associated for each program are funded based on regional program enrollment and the cost per student enrollment by program type.

Regional program operators complete regional program expenditure reports (see pages 12-4 through 12-6) up to four ~~five~~ times annually. The reporting periods are:

- Estimate of costs for the year, due to SELPA October 15<sup>th</sup>
- Estimate of costs for the year, due to SELPA January 15<sup>th</sup>
  - Mandatory for SBCEO
  - As needed for District Operators. Submit if significant financial changes would affect another LEA.
- ~~➤ Therapeutic learning program (GROW) estimate of costs for the year, due to SELPA March 31<sup>st</sup>~~
- Estimate of costs for the Adopted Budget for next year, due to SELPA April 15<sup>th</sup>;
- Actual costs for the year, due to SELPA July 15<sup>th</sup>

Regional program expenditure reports are completed by business personnel of the district operating the regional program(s) and returned to the SELPA Accountant Chief Business Official for inclusion in the SELPA Funding Model.

## REGIONAL PROGRAM ENROLLMENT REPORTING

Regional program operators report enrollment data to SELPA ~~four~~ five times per year. Pay as you go calculations are done using actual program enrollment by district of special education accountability (DSEA). Regional program enrollment data is annualized and projected for the year and provided to SELPA on the following schedule:

- October
- January
- ~~March – Therapeutic learning program (GROW) only~~
- April – For next year’s Adopted Budget
- June – All regional program enrollment data due for final year end Funding Model calculations

**Program Operators will provide the following enrollment data for each regional program:**

- **Students enrolled, DSEA\*, and Estimated Annual # of Enrollment Units for each student**
  - a) **SDC enrollment units are DAYS**
  - b) **Itinerant enrollment units are MINUTES**
- **Summary Totals per DSEA of**
  - 1. **# of students enrolled**
  - 2. **# of units enrolled**
  - 3. **Proportional Share % the DSEA has of total enrollment units.**

**\* The district of geographic residence is used rather than the DSEA for the Juvenile Court and Community Schools Regional Program, and is limited to members of the SBCSELPA.**

**Regional program operators will provide a copy of the enrollment data reported for an LEAs students to the special education administrator of the district of special education accountability (DSEA) of those students.**

## **REGIONAL PROGRAM EXTENDED SCHOOL YEAR REPORTING**

Attendance and expense reporting for Extended School Year (ESY) are done separately from reporting during the regular school year. Pay As You Go (PAYGO) calculations for ESY are based on a student being enrolled for at least three days during the program. Regional program operators will provide SELPA with copies of attendance rosters to verify student enrollment and regional program expense forms for ESY by the end of July.

## **SELPA FUNDING MODEL UPDATES**

**The above reporting provides essential information for the creation and updates of the SELPA Funding Model that allocates special education revenues and regional program expenses to LEAs on factors of regional enrollment.** SELPA Funding Model updates are published ~~four~~ five times each year:

- November – first update of Funding Model using current year regional program estimated costs **and enrollment**
- February – P-1 **revenue** update **and updated regional costs and enrollment**
- ~~April – Therapeutic learning program (GROW) estimates for use with Mental Health invoices~~
- April – Adopted Budget for next year projected expenditures and enrollment.
- August – final Funding Model using year end actuals for regional program expenses and enrollment

**Glossary:**

**LEA – Local Education Agency – a district, county office, or charter school**

**District of Residence (DOR) or District of Geographic Residence (DOGR) is the district where the district where the student’s parents or guardians reside within the district’s attendance boundaries**

**District of Special Education Accountability (DSEA) – The Local Education Agency who is legally and financially responsible for providing special education services. This is most often also the DOGR, alternate cases include**

- If there is an inter-district transfer, this may be the receiving district.
- A charter school who is an LEA for special education purposes
- An LEA who authorizes a charter school the student attends
- A student is a ward of the court and housed in a juvenile court or attends a community school
- A student is a ward of the court and housed in a Licensed Children’s Institution

**References:**

**Section 9 of the Local Plan Policy 3204 parts:**

- **V. FUNDING FOR REGIONAL PROGRAMS OR SERVICES**
- **VI. FUNDING FOR REGIONAL PROGRAM EXPANSION AND ADDITIONAL INSTRUCTIONAL AIDES OR OTHER SUPPORT STAFF FOR REGIONAL PROGRAMS**
- **VII. REGIONAL PROGRAM COST ACCOUNTING**
- **VIII. HOUSING FOR REGIONAL PROGRAMS**
- **IX. EXTENDED SCHOOL YEAR (ESY)**
- **APPENDIX A, B, & C**

**CalPADS DSEA Glossary <https://documentation.calpads.org/Glossary/CASEMIS/DSEA/>**

### APPENDIX A Santa Barbara County SELPA Funding Plan Annual Event Schedule

		First Quarter		Second Quarter		Third Quarter		Fourth Quarter	
		SELPA provides Enrollment Searches	Data due to SELPA by:	SELPA provides Enrollment Searches	Data due to SELPA by:	Data due to SELPA by:		SELPA provides Enrollment Searches	Data due to SELPA by:
Event									
Regional Itinerant VH, O&M, DHH, OT, Pre-K Specialist	Enrollment	3rd Friday of October	<b>October 31<sup>st</sup></b>	3rd Friday of January	<b>January 30<sup>th</sup></b>			<b>June 30<sup>th</sup></b>	<b>July 6<sup>th</sup></b>
Adopted Budget						<b>April 15<sup>th</sup></b>			
Regional SDC Mod-Severe Elem, Mod-severe Second., DHH, Preschool, Court and Comm. TLP Level 1, TLP Level 2	Enrollment		<b>October 31<sup>st</sup></b>	Operators provide enrollment data July 1 <sup>st</sup> – December 31 <sup>st</sup>	<b>January 15<sup>th</sup></b>	Operators provide year to date enrollment		Operators provide year to date enrollment	<b>July 15<sup>th</sup></b>
Adopted Budget						<b>April 15<sup>th</sup></b>			
Program Cost updates	Expenses		<b>October 15<sup>th</sup></b>	<b>January 15<sup>th</sup></b> <small>(Optional for District Operators; Submit if significant financial changes that would affect another district)</small>					<b>July 15<sup>th</sup></b>
Adopted Budget						<b>April 15<sup>th</sup></b>			
ESY Actual data	Enrollment & Expenses		<b>September 1<sup>st</sup></b>						
Prior Year Adjustments	Expenses		<b>September 30<sup>th</sup></b>						
AB602 CDE Exhibits						Feb		Mid- June-Early July	
Funding Model Updates				Nov		Feb	April	Aug	
				Calculated with prior year P-2 ADA		Calculated with prior year P-2 ADA	Adopted Budget for next year. Calculated with prior year P-2 ADA	Actuals calculated with greater of current or prior year P-2 ADA	

**REGIONAL PROGRAM REPORTING DUE DATES**

**CALENDAR OF REGIONAL PROGRAM ITEMS DUE TO SELPA  
THROUGHOUT THE YEAR**

Month		Item	Sent to:	Due to SELPA	Return Data To:
July	*	<del>Final grant award expenditure data collected for PY grant awards (PL 94-142, preschool)</del>	Fiscal	August 1 <sup>st</sup> SELPA will send memo to collect data	Margaret
	*	Itinerant actual enrollment data for the entire year.	Fiscal	July 6th	Kim <u>Rachel</u>
	*	SDC actual enrollment data for the entire year.	Fiscal	July 15th	Kim <u>Rachel</u>
	*	Regional program expense reports with actuals for the year	Fiscal/SPED Director	July 15th	Kim <u>Rachel</u>
	*	Final YE Funding Model sent out by SELPA for YE accruals	Fiscal/SPED Directors	Early August	NA
August	*	Regional program ESY Attendance Rosters and expense reports	Fiscal/SPED Director	September 1st	Kim <u>Rachel</u>
September	*	<del>Excess Cost report due to SELPA</del>	Fiscal	September 15th	Kim <u>Rachel</u>
	*	SEMB, SEMA and Table 8 Reports	Fiscal	Early September	Kim <u>Rachel</u>
	*	Subsequent Year Tracking	Fiscal	Early September	Kim <u>Rachel</u>
	*	Regional Program staff list sent to regional operators to update with staff and FTE information	SPED Directors	Mid-September	Margaret <u>Lindsey</u>
	*	Prior year Regional Program Expenses Adjustments	Fiscal/SPED Director	September 30th	Kim <u>Rachel</u>
	*	<u>Housing Maintenance/Utilities report sent to collect data for housing calculations</u>	<u>Fiscal/SPED Director</u>	<u>October 15<sup>th</sup></u>	<u>Rachel</u>
		<u>Updated housing costs for off campus sites</u>	<u>CEO Fiscal</u>	<u>January</u>	Kim <u>Rachel</u>
	*	Regional Program Expense reports estimated for current year	Fiscal/SPED Director	October 15th	Kim <u>Rachel</u>
October	*	Regional enrollment data annualized and projected for current year.	Fiscal	October 31st	Kim <u>Rachel</u>
	*	Current Year Funding Model	Fiscal/SPED Directors	N/A	N/A
	*	Memo requesting program reduction due to less than 60% enrollment (SELPA Policy 3204 - Recommended)	SPED Directors	January 1st	Margaret <u>Rachel</u>
December		Regional program operators additional aide requests for continuing additional aides for upcoming year	SPED Director	January 7 <sup>th</sup>	<u>Rachel</u>

<b>January</b>	*	Staffing Levels for Regional Programs			Margaret <u>Rachel</u>
	*	Memo requesting mid-year data for grant awards (PL 94-142, preschool)	Fiscal	-	Margaret <u>Rachel</u>
	*	Memo requesting updated housing costs for off-campus sites	CEO Fiscal	January	Kim <u>Rachel</u>
	*	Regional SDC Enrollment data annualized and projected for current year	Fiscal	Jan 15th	Kim <u>Rachel</u>
	*	Regional Program Expense estimates for current year	Fiscal/SPED Director	Jan 15th	Kim <u>Rachel</u>
	*	Regional Itinerant enrollment data annualized and projected for current year	Fiscal	Jan 30th	Kim <u>Rachel</u>
<b>March</b>	*	Regional program operators additional aide requests for upcoming year	SPED Director	March 1 <sup>st</sup>	Margaret <u>Rachel</u>
	*	Regional Program Operators to submit annual Technology plan	SPED Director	March 1st	Margaret <u>Rachel</u>
	*	Deferred maintenance reports sent to districts for completion for upcoming school year	MOT	March 1st	Margaret <u>Rachel</u>
	*	Therapeutic learning program (GROW) Enrollment data annualized and projected for current year.	Fiscal	Mar 31st	Kim
	*	Therapeutic learning program (GROW) Regional Program Expense estimates for current year	Fiscal/SPED Director	Mar 31st	Kim
<b>April</b>	*	Housing Maintenance/Utilities report sent to collect data for upcoming year housing calculations	Fiscal/SPED Director	Mid-April	Kim
	*	Enrollment data annualized and projected for next year.	Fiscal	April 15th	Kim <u>Rachel</u>
	*	Regional Program Expense estimates for next year	Fiscal/SPED Director	April 15th	Kim <u>Rachel</u>
<b>May</b>	*	Annual Budget request for data if required	Fiscal	Early May April 15th	Kim <u>Rachel</u>
	*	Mental Health Audits	Fiscal/SPED Director	Mid-May	Ray
<b>June</b>	*	LCI/SDC data collection forms sent to districts for completion	SPED Director	Mid-June	Margaret <u>Rachel</u>
	*	District to inform regional program operators of intent to take back programs giving a year and a day notice	Regional Program Operator - special education director	A year and a day notice required	Regional Program Operator and Ray

## REGIONAL OPERATORS & PROGRAMS

Costs are shared by districts of residence for students receiving services in the same Regional Service Program by the Same Operator per below:

- SBCEO Operator
  - Extensive Support Needs (ESN)
  - Preschool SDC/Plus
  - Preschool Specialist (Itinerant)
  - Preschool Assessment
  - Juvenile Court/Community Schools
  - Occupational Therapy (OT) (South)
  - Vision & O&M
  - DHH SDC
  - DHH Itinerant
  - Interpreter\*
  
- District Operators
  - Lompoc
    - TLP/GROW 1
  - Orcutt
    - OT (North)
  - Santa Maria Joint
    - ESN
    - TLP/GROW 1
    - TLP/GROW 2
  - Santa Maria Bonita
    - ESN
  - Santa Barbara Unified
    - ESN
    - TLP/GROW 1
    - Vision & O&M
    - DHH Itinerant
    - DHH SDC
    - Interpreter

\*Charges for each 1:1 Interpreter go directly to DOR. Charges for shared SDC Interpreters are incorporated into SDC program

# PROCEDURAL HANDBOOK

## SECTION

### 13

#### *Regional Program Reporting*

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This section contains information you should know about...

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Regional Program Operators and Programs Summary.....	13-7
Regional Program Operators and Participating LEAs.....	13-8



## REGIONAL PROGRAMS & CLASSIFICATIONS

Regional Special Day Class (SDC) programs include:

- Extensive Support Needs
- GROW Level 1
- GROW Level 2
- Deaf Hard of Hearing (DHH)
- Court & Community
- Preschool

Itinerant Regional programs include:

- DHH Itinerant
  - Occupational Therapy
  - Vision/ O&M
- SBCEO Only:
- Preschool Specialist
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## REGIONAL PROGRAM EXPENDITURE REPORTING

Regional programs are operated on a pay-as-you-go-basis to ensure judicious use of public funds. Caps are in place for certain items such as administration, clerical, and related services. Within the allowable caps, the costs associated for each program are funded based on regional program enrollment and the cost per enrollment by program type.

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- June – All regional program enrollment data due for final year end Funding Model calculations

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- Students enrolled, DSEA\*, and Estimated Annual # of Enrollment Units for each student
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- Summary Totals per DSEA of
  1. # of students enrolled
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## REGIONAL PROGRAM EXTENDED SCHOOL YEAR REPORTING

Attendance and expense reporting for Extended School Year (ESY) are done separately from reporting during the regular school year. Pay As You Go (PAYGO) calculations for ESY are based on a student being enrolled for at least three days during the program. Regional program operators will provide SELPA with copies of attendance rosters to verify student enrollment and regional program expense forms for ESY by the end of July.

## SELPA FUNDING MODEL UPDATES

The above reporting provides essential information for the creation and updates of the SELPA Funding Model that allocates special education revenues and regional program expenses to LEAs on factors of regional enrollment. SELPA Funding Model updates are published four times each year:

- November – first update of Funding Model using current year regional program estimated costs and enrollment
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**LEA** – Local Education Agency – a district, county office, or charter school

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## **REFERENCES:**

Section 9 of the Local Plan Policy 3204 parts:

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- VI. FUNDING FOR REGIONAL PROGRAM EXPANSION AND ADDITIONAL INSTRUCTIONAL AIDES OR OTHER SUPPORT STAFF FOR REGIONAL PROGRAMS
- VII. REGIONAL PROGRAM COST ACCOUNTING
- VIII. HOUSING FOR REGIONAL PROGRAMS
- IX. EXTENDED SCHOOL YEAR (ESY)
- APPENDIX A, B, & C

CalPADS DSEA Glossary <https://documentation.calpads.org/Glossary/CASEMIS/DSEA/>

### APPENDIX A Santa Barbara County SELPA Funding Plan Annual Event Schedule

		First Quarter		Second Quarter		Third Quarter		Fourth Quarter	
		SELPA provides Enrollment Searches	Data due to SELPA by:	SELPA provides Enrollment Searches	Data due to SELPA by:	Data due to SELPA by:		SELPA provides Enrollment Searches	Data due to SELPA by:
Event									
Regional Itinerant VH, O&M, DHH, OT, Pre-K Specialist	Enrollment	3rd Friday of October	<b>October 31<sup>st</sup></b>	3rd Friday of January	<b>January 30<sup>th</sup></b>			<b>June 30<sup>th</sup></b>	<b>July 6<sup>th</sup></b>
Adopted Budget						<b>April 15<sup>th</sup></b>			
Regional SDC Mod-Severe Elem, Mod-severe Second., DHH, Preschool, Court and Comm. TLP Level 1, TLP Level 2	Enrollment		<b>October 31<sup>st</sup></b>	Operators provide enrollment data July 1 <sup>st</sup> – December 31 <sup>st</sup>	<b>January 15<sup>th</sup></b>	Operators provide year to date enrollment		Operators provide year to date enrollment	<b>July 15<sup>th</sup></b>
Adopted Budget						<b>April 15<sup>th</sup></b>			
Program Cost updates	Expenses		<b>October 15<sup>th</sup></b>	<b>January 15<sup>th</sup></b> <small>(Optional for District Operators; Submit if significant financial changes that would affect another district)</small>					<b>July 15<sup>th</sup></b>
Adopted Budget						<b>April 15<sup>th</sup></b>			
ESY Actual data	Enrollment & Expenses		<b>September 1<sup>st</sup></b>						
Prior Year Adjustments	Expenses		<b>September 30<sup>th</sup></b>						
AB602 CDE Exhibits						Feb		Mid- June-Early July	
Funding Model Updates				Nov		Feb	April	Aug	
				Calculated with prior year P-2 ADA		Calculated with prior year P-2 ADA	Adopted Budget for next year. Calculated with prior year P-2 ADA	Actuals calculated with greater of current or prior year P-2 ADA	

**REGIONAL PROGRAM REPORTING DUE DATES**

**CALENDAR OF REGIONAL PROGRAM ITEMS DUE TO SELPA  
THROUGHOUT THE YEAR**

<b>Month</b>		<b>Item</b>	<b>Sent to:</b>	<b>Due to SELPA</b>	<b>Return Data To:</b>
<b>July</b>	*	Itinerant actual enrollment data for the entire year.	Fiscal	July 6th	Rachel
	*	SDC actual enrollment data for the entire year.	Fiscal	July 15th	Rachel
	*	Regional program expense reports with actuals for the year	Fiscal/SPED Director	July 15th	Rachel
	*	Final YE Funding Model sent out by SELPA for YE accruals	Fiscal/SPED Directors	Early August	NA
<b>August</b>	*	Regional program ESY Attendance Rosters and expense reports	Fiscal/SPED Director	September 1st	Rachel
<b>September</b>	*	Regional Program staff list sent to regional operators to update with staff and FTE information	SPED Directors	Mid-September	Lindsey
	*	Prior year Regional Program Expenses Adjustments	Fiscal/SPED Director	September 30th	Rachel
	*	Housing Maintenance/Utilities report sent to collect data for housing calculations	Fiscal/SPED Director	October 15 <sup>th</sup>	Rachel
		Updated housing costs for off campus sites	CEO Fiscal	January	Rachel
	*	Regional Program Expense reports estimated for current year	Fiscal/SPED Director	October 15th	Rachel
<b>October</b>	*	Regional enrollment data annualized and projected for current year.	Fiscal	October 31st	Rachel
	*	Current Year Funding Model	Fiscal/SPED Directors	N/A	N/A
	*	Memo requesting program reduction due to less than 60% enrollment (SELPA Policy 3204 - Recommended)	SPED Directors	January 1st	Rachel
<b>December</b>		Regional program operators additional aide requests for continuing additional aides for upcoming year	SPED Director	January 7 <sup>th</sup>	Rachel
<b>January</b>	*	Staffing Levels for Regional Programs			Rachel
	*	Regional SDC Enrollment data annualized and projected for current year	Fiscal	Jan 15th	Rachel
	*	Regional Program Expense estimates for current year	Fiscal/SPED Director	Jan 15th	Rachel

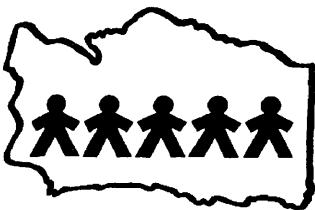
	*	Regional Itinerant enrollment data annualized and projected for current year	Fiscal	Jan 30th	Rachel
<b>March</b>	*	Regional program operators additional aide requests for upcoming year	SPED Director	March 1 <sup>st</sup>	Rachel
	*	Regional Program Operators to submit annual Technology plan	SPED Director	March 1st	Rachel
	*	Deferred maintenance reports sent to districts for completion for upcoming school year	MOT	March 1st	Rachel
	*	<del>Therapeutic learning program (GROW) Enrollment data annualized and projected for current year.</del>	<del>Fiscal</del>	<del>Mar 31st</del>	
<b>April</b>	*	Enrollment data annualized and projected for next year.	Fiscal	April 15th	Rachel
	*	Regional Program Expense estimates for next year	Fiscal/SPED Director	April 15th	Rachel
<b>June</b>	*	District to inform regional program operators of intent to take back programs giving a year and a day notice	Regional Program Operator - special education director	A year and a day notice required	Regional Program Operator and Ray

## REGIONAL OPERATORS & PROGRAMS

Costs are shared by districts of residence for students receiving services in the same Regional Service Program by the Same Operator per below:

- SBCEO Operator
  - Extensive Support Needs (ESN)
  - Preschool SDC/Plus
  - Preschool Specialist (Itinerant)
  - Preschool Assessment
  - Juvenile Court/Community Schools
  - Occupational Therapy (OT) (South)
  - Vision & O&M
  - DHH SDC
  - DHH Itinerant
  - Interpreter\*
  
- District Operators
  - Lompoc
    - TLP/GROW 1
  - Orcutt
    - OT (North)
  - Santa Maria Joint
    - ESN
    - TLP/GROW 1
    - TLP/GROW 2
  - Santa Maria Bonita
    - ESN
  - Santa Barbara Unified
    - ESN
    - TLP/GROW 1
    - Vision & O&M
    - DHH Itinerant
    - DHH SDC
    - Interpreter

\*Charges for each 1:1 Interpreter go directly to DOR. Charges for shared SDC Interpreters are incorporated into SDC program



**Santa Barbara County**  
**Special Education Local Plan Area**  
 A Joint Powers Agency

Date: September 9, 2024  
 To: SBCSELPA JPA Board  
 From: Jennifer Connolly, SBCSELPA Coordinator  
 Re: September Professional Development Offerings Booklet: <https://tinyurl.com/2425-SELPA-PD>

**BACKGROUND:**

- SBCSELPA is excited to present the following Professional Development Events to Santa Barbara County Staff. Back2School Padlet of Resources for Staff: <http://tinyurl.com/Back2School-Resources>

September

September 10, 8:30-9:00: School Psychologist Network, Zoom, not recorded.  
 September 10, 12:00-3:00: AT/Universal Design for Learning, Zoom, not recorded.  
 September 10, 2:00-3:00: Postsecondary Transition Network Team, Zoom, not recorded.  
 September 10, 4:00-7:00: Bridge Authorization ESN, in person, SBCSELPA.  
 September 11, 4:00-7:00: Bridge Authorization ECSE, in person, SBCSELPA.  
 September 12, 8:30-3:00: Nonviolent Crisis Prevention Intervention Refresher (NCPI), in person, SMJUHSD, Board Room.  
 September 12, 2:00-2:30: Speech and Language Network, Zoom, not recorded.  
 September 12, 3:00-3:30: Occupational Therapy Network, Zoom, not recorded.  
 September 12, 4:00-7:00: Bridge Authorization MMSN, in person, SBCSELPA.  
 September 16, 8:30-2:30: Inclusion Network, in person, SBCEO South.  
**September 16, 3:00-3:30: Paraprofessional/ Instructional Assistant Network, Zoom, not recorded. (NEW: Attachment)**  
 September 17, 1:00-3:00: Supporting Student Behavior in Schools for Blochman SD, in person, not recorded.  
 September 17, 2:30-4:30: SIRAS Fall Updates, Zoom, recorded.  
 September 18, 9:00-11:00- SBCSELPA: Private School Meeting, in person.  
     1:00-3:00- SMJUHSD Board Room  
 September 18, 9:30-11:00 Spanish, 5:00-6:30 English: Turning 3 Transition from Early Start to Preschool, Zoom presented by Alpha Family Empowerment Center (FEC).  
 September 18, 9:00-10:00: Brain States, Coaching, Supporting Learning and De-escalation Practices, Zoom, not recorded.  
 September 19, 8:30-3:00: Nonviolent Crisis Prevention Intervention Refresher (NCPI), in person, SBCSELPA.  
 September 20, 8:30-12:00: Special Education Administrators Meeting (SEAM), Zoom, not recorded.  
 September 23, 3:30-4:30: SIRAS Office Hours for IEP Support, Zoom, not recorded.  
 September 25, 12:00-3:00: Augmentative Alternative Communication (AAC), Zoom, not recorded.  
 September 25, 3:00-4:00: Teachers of Students who are Medically Fragile Network, Zoom, not recorded.  
 September 26, 3:30-5:00: SIRAS Beginners Training, Zoom, recorded.  
 September 30, 8:30-9:30: Special Education Leadership Meeting, Zoom, not recorded.  
**September 30, 10:00-11:00: New Leaders Network: Your Role as leader in Education and with Special Education Students, Zoom, not recorded. (NEW: Attachment)**  
 September 30, 4:00-4:30: Preschool Network, Zoom, not recorded.

RA/lm/jc



# Instructional Assistant/ Paraprofessional Network

Supporting Students and Teachers in  
General Education and Special Education  
For Paraprofessionals/ Instructional Assistants

## Dates and Details:

Monday, September 16, 3:00-4:00

Monday, October 28, 3:00-4:00

Monday, January 27, 3:00-4:00

Monday, March 17, 3:00-4:00

## Zoom:

[https://us06web.zoom.us/j/85681369149?pwd=zmG98dxW  
hvmNR3M1j92JOZVA8uKBF1.1](https://us06web.zoom.us/j/85681369149?pwd=zmG98dxW<br/>hvmNR3M1j92JOZVA8uKBF1.1)

## Topics:

Supporting Students in Special Education  
Supporting Student's Unique Behaviors  
Creating a Community of Inclusion  
Mental Health and Staff Wellness

Network dates  
are FREE!

No Registration needed; just join the Zoom above.

Contact: Jennifer Connolly, SBCSELPA Coordinator for more details

[jconnolly@sbcsepa.org](mailto:jconnolly@sbcsepa.org)



Santa Barbara County  
Special Education Local Plan Area

# New Leaders Network

## New Leaders Network

### Dates:

August 26, 2024

September 30, 2024

October 21, 2024

November 18, 2024

December 2, 2024

January 27, 2025

February 24, 2025

March 17, 2025

April 28, 2025

May 19, 2025

**“Monthly”**

**Zoom**

**Events related to  
Special Education**

**10:00–11:00**

Registration: <https://sbcselpa.k12oms.org> by date of event

# Monthly Topics

August 26

All about SBCSELPA

September 30

Your role as a New Leader

October 21

Special Education

Fiscal

November 18

What you need to know  
about SIRAS

December 2

Alternate Dispute  
Resolution & the  
Missing Link

January 27

Mental Health

February 24

SBCSELPA WRAP  
Services

March 17

Low Incidence  
Assistive Technology

April 28

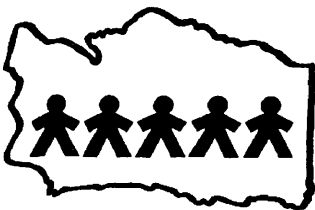
CAPTAIN/PENT

Supporting Student Behavior

May 19

Legal Hot  
Topics





Santa Barbara County  
Special Education Local Plan Area  
A Joint Powers Agency

Date: September 9, 2024

To: SBCSELPA JPA Board

From: Jennifer Connolly, SBCSELPA Coordinator

Re: SBCSELPA Specific Learning Disability (SLD) Manual

**BACKGROUND:**

- A committee of School Psychologists met with SBCSELPA Clinical Psychologist Dr. Deborah Umansky and SBCSELPA Coordinator Jennifer Connolly, monthly for two years to create a new “*Specific Learning Disability (SLD) Manual*” in support of students who are assessed and qualify for special education under the largest eligibility criteria of Specific Learning Disability.
- Highlights from the booklet include pre-referral, MTSS/RTI, assessment models, considerations for choosing a model to use for assessment, Larry P assessment of Black/African American students, re-evaluation assessments, and an appendix of resources.

Padlet with manual and resources: <http://tinyurl.com/SBCSELPA-SLD>

- The padlet and SLD Manual were shared at the June 14, 2024 Special Education Administrators Meeting (SEAM).
- This manual and padlet will be provided to School Psychologist at the countywide School Psychologist Network at the start of each school year. One section of the manual will be reviewed in the monthly network meetings. The manual will also be located on SIRAS, in the Tools, Added Forms, SELPA Reference Documents for all county staff to access.
- FISCAL IMPACT: No impact.

RA/JC:lm



**Santa Barbara County SELPA**  
A Joint Powers Agency

**Date:** September 9, 2024

**To:** SBCSELPA JPA Board

**From:** Jennifer Connolly, SBCSELPA Coordinator

**Re:** Response to Education Code 56366.1 (a) amended to AB 1172  
Nonpublic Schools and Agencies (NPS/A) verification of mandatory behavior training.

- NPS/A requirements for annual renewal of certification, including the following as specified in Education Code 56366.1:
  1. Documentation of NPS/A staff training in the use of evidence-based practices and interventions specific to the unique behavioral needs of the NPS/A pupil population.
  2. Trainings shall be provided annually within 30 days of employment to new staff and all staff implementing behavior related services in the NPS/A.
- In response to the requirements for annual renewal of certification, SBCSELPA will provide behavior trainings encompassing evidence-based practices and interventions to NPS/As. LEA staff are also invited to attend trainings.
- Registration for behavior trainings is found on SBCSELPA's Online Registration Site by month at the following link <https://sbcselpa.k12oms.org/> and also on the <https://www.sbcselpa.org/> under Professional Development.
- Each training satisfies the following conditions:
  1. Conducted by licensed or certified persons in fields related to evidence-based practices and interventions.
  2. Taught in manner consistent with the development and implementation of individualized education programs.
  3. Trainings are not recorded.
- SBCSELPA offers the following trainings that fulfill the new requirements of AB1172 for an NPS/A for the Summer and Fall of 2024. (*Attachment*)
  1. June 21, 1:00-2:00, Consulting in Schools
  2. June 24, 1:00-2:00, A New Lens on Behavior
  3. June 25, 9:00-10:00, Supporting Students in Survival Brain States
  4. July 23, 12:00-1:00, Consulting in Schools
  5. July 30, 9:00-10:00, What is Neurodivergent Affirming Mean?
  6. July 31, 3:00-4:00, Supporting Students in Survival Brain States
  7. August 2, 3:00-4:00, Consulting in Schools
  8. August 26, 9:00-10:00, A New Lens on Behavior
  9. August 29, 12:00-1:00, Supporting Students in Survival Brain States
  10. September 6, 12:00-1:00, Consulting in Schools
  11. September 11, 12:00-1:00, What Science Says About Behavior & How We Try to Implement
  12. September 18, 9:00-10:00, Brain States & Coaching: Supporting Learning & De-Escalation Practices
- SBCSELPA training content consists of the following:
  1. Positive behavioral interventions and supports, analysis, use of data for planning and implementation of behavior supports.
  2. How to understand and address challenging behaviors including evidence-based strategies for preventing behaviors.
  3. Evidence based interventions for reducing and replacing challenging behaviors, including de-escalation techniques.
  4. Trainings will not be recorded for viewing later.
- SBCSELPA will provide the following documents to the participants of the in person or Zoom trainings.
  1. Copy of the training materials and certificate of attendance to the training
  2. Affidavit of participant attendance to the training.



*Santa Barbara County SELPA Presents...*

***“Supporting Student Behavior Series”  
For NPAs and Santa Barbara County Staff***

<b>Dates</b>	<b>Time</b>	<b>Title of Event</b>
June 21, 2024	1:00-2:00 p.m. via Zoom	Consulting in Schools
June 24, 2024	1:00-2:00 p.m. via Zoom	A New Lens on Behavior
June 25, 2024	9:00-10:00 a.m. via Zoom	Supporting Students in Survival Brain States
July 23, 2024	12:00-1:00 p.m. via Zoom	Consulting in Schools
July 30, 2024	9:00-10:00 a.m. via Zoom	What is Neurodivergent Affirming Mean?
July 31, 2024	3:00-4:00 p.m. via Zoom	Supporting Students in Survival Brain States
August 2, 2024	3:00-4:00 p.m. via Zoom	Consulting in Schools
August 26, 2024	9:00-10:00 a.m. via Zoom	A New Lens on Behavior
August 29, 2024	12:00-1:00 p.m. via Zoom	Supporting Students in Survival Brain States
September 6, 2024	12:00-1:00 p.m. via Zoom	Consulting in Schools
September 11, 2024	12:00-1:00 p.m. via Zoom	What Science Says About Behavior & How We Try to Implement
September 18, 2024	9:00-10:00 a.m. via Zoom	Brain States and Coaching: Supporting Learning & De-Escalation Practices

**Event Details:**

**Presenter:** SBCSELPA BCBA, Dr. Rosy Bucio.

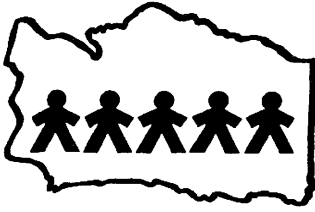
**Audience:** NPA/S, All Santa Barbara County SELPA District Staff

**Events are Free!**

**All events are by Zoom, with link to event provided the day before the event. Events not recorded.**

**Registration:** <https://sbcselpa.k12oms.org> by date of the event.

**Questions on events:** Contact Jennifer Connolly [jconnolly@sbcselpa.org](mailto:jconnolly@sbcselpa.org) or Brian Helt [bhelt@sbcselpa.org](mailto:bhelt@sbcselpa.org)



**Santa Barbara County**  
**Special Education Local Plan Area**  
 A Joint Powers Agency

Date: September 9, 2024

To: SBCSELPA JPA Board

From: Ray Avila, SBCSELPA Executive Director  
 Jennifer Connolly, SBCSELPA Coordinator

Re: Early Childhood Special Education (ECSE), Extensive Support Needs (ESN), Mild Moderate Support Needs (MMSN), Bridge Authorization

**BACKGROUND:**

- SBCSELPA, as an authorized agent, will provide professional development for each of the three special education credential bridges:
  1. Mild/Moderate Support Needs
  2. Early Childhood Special Education
  3. Extensive Support Needs
- SBCSELPA will offer in person trainings ***only in the Fall 2024*** in the months of September and October to fulfill the requirements from the Commission on Teacher Credentialing (CTC) for the Bridge Authorizations that also include Orthopedic Impairment (OI) and Traumatic Brain Injury (TBI) authorizations.
- Participants will attend one (3) hour training on a date pertaining to their credential to receive clearance from SBCSELPA to proceed with paperwork to CTC for the Bridge Authorization. SBCSELPA will provide a Verification Form indicating the completion of the coursework for the teacher to provide to their LEA HR department.
- The following training dates are being provided by SBCSELPA:

**Extensive Support Needs:**

- ***September 10, 2024, 4:00-7:00 at SBCSELPA Conference Room (Santa Barbara)***
- ***October 8, 2024, 4:00-7:00 at Santa Maria Bonita Souza Center (Santa Maria)***

**Early Childhood Special Education:**

- ***September 11, 2024, 4:00-7:00 at SBCSELPA Conference Room (Santa Barbara)***
- ***October 9, 2024, 4:00-7:00 at SBCEO SESS North Conference Room (Santa Maria)***

**Mild Moderate Support Needs:**

- ***September 12, 2024, 4:00-7:00 at SBCSELPA Conference Room (Santa Barbara)***
- ***October 10, 2024, 4:00-7:00 at Santa Maria Bonita Souza Center (Santa Maria)***

- All evening events are ***FREE***. Dinner to be provided by SBCSELPA. Staff to bring to the training an electronic device.



Santa Barbara County SELPA  
5385 Hollister Avenue Building 7  
Santa Barbara, CA 93111

## SPECIAL EDUCATION BRIDGE AUTHORIZATIONS: PROFESSIONAL DEVELOPMENT COMPLETION

As an authorized agent, the Santa Barbara County SELPA will provide professional development for each of the three special education credential bridges.

### Pre-Training

- Districts need to identify all eligible candidates for each credential.
  - *In order to be eligible for a bridge, the candidate must possess the Autism Authorization.*
  - *Educators who hold a credential authorizing special education instruction that was issued under older standards and does not include the autism preparation must also hold the added authorization in autism spectrum disorders to be considered equivalent.*
    - *For additional information, [CIA 22-07](#) and [CIA 22-06](#)*
    - *(Resources for Autism Add-on Auths: [AASE](#) or [AASE](#))*
  - *For MMSN: Learning Handicap (LH) + Autism added authorization + Resource Specialist added authorization*
  - *For ESN: Severely Handicap (SH) + Resource Specialist added authorization*
  - *You can only bridge the base credential- not added authorizations*
- Districts could consider a plan to incentivize teachers for bridging their credential.
- District to have candidates sign up through OMS.

### Training

- The developed training will cover the additional content identified in the newly adopted Teaching Performance Expectations that represent the content not covered during the initial preparation.
- Each training will be 3 hours.
- Training will only be held in person to ensure candidates are engaged.
- A Zoom option will be provided in January of 2024.
- **Candidates only need to attend one training date to complete the requirement**
- **Registration: <https://sbcselpa.k12oms.org>**

### Details:

- Registration for events at <https://sbcselpa.k12oms.org>. If a participant does not have an OMS account, they will need to create one.
- SBCSELPA will organize a sign-in sheet for each event.
- Participants arrive 15 minutes before the start of the event.
- SBCSELPA to provide dinner.

### Addresses for Events:

#### South County:

Santa Barbara County SELPA  
5385 Hollister Avenue Building 7, Santa Barbara, CA 93111.

#### North County:

SMB Souza Center  
708 S. Miller St. Santa Maria, CA 93454





Santa Barbara County SELPA  
5385 Hollister Avenue Building 7  
Santa Barbara, CA 93111

**Zoom:**

A Zoom link will be sent to registered participants the day before the event.

**2023-2024 Training Schedule**

<b>Extensive Support Needs (ESN)</b>	<b>Early Childhood Special Education (ECSE)</b>	<b>Mild Moderate Support Needs (MMSN)</b>
<b>South County</b>	<b>South County</b>	<b>South County</b>
September 10, 2024 4:00-7:00 p.m. Location: Santa Barbara County SELPA Santa Barbara	September 11, 2024 4:00-7:00 p.m. Location: Santa Barbara County SELPA Santa Barbara	September 12, 2024 4:00-7:00 p.m. Location: Santa Barbara County SELPA Santa Barbara
<b>North County</b>	<b>North County</b>	<b>North County</b>
October 8, 2024 4:00-7:00 p.m. Location: Santa Maria Souza Center	October 9, 2024 4:00-7:00 p.m. Location: TBD	October 10, 2024 4:00-7:00 p.m. Location: Santa Maria Souza Center

**Post Training (CIA 22-07)**

<b>LEA / Candidate Responsibility</b>	<b>SELPA Responsibility</b>
<p>Submit a paper submission to CTC of application form <a href="#">41-4</a></p> <p>Submit a processing fee of \$100</p>	<p>Will complete the <b>Verification Form</b> for each candidate and provide to the LEA for record keeping (<a href="#">MMSN</a>, <a href="#">ESN</a>, <a href="#">ECSE+ TK/K content standards</a>)</p> <p>Will provide a <b>Verification of professional development completion</b> letter to each candidate who participates in the training. This letter will be provided the same day of the training to the candidate. <a href="https://www.ctc.ca.gov/docs/default-source/credentials/alerts/2023_alerts/cia-23-01.pdf?sfvrsn=757d21b1_3">https://www.ctc.ca.gov/docs/default-source/credentials/alerts/2023_alerts/cia-23-01.pdf?sfvrsn=757d21b1_3</a></p>



Santa Barbara County SELPA  
 5385 Hollister Avenue Building 7  
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	<p><a href="#">CL-904</a></p> <p><a href="#">One Pager from COE</a></p>
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**Example of CTC Processed Bridge Authorization**

Document Title	Document Number	Term	Status	Issue Date	Expiration Date	Original Issue Date
Education Specialist Instruction Credential	210044005	Level II	Valid	6/1/2021	6/1/2026	5/22/2006
> Educator Authorization	230036932	Clear	Valid	11/1/2022		11/1/2022
Crosscultural, Language and Academic Development Certificate	070297412	Clear	Valid	7/3/2007		7/3/2007

**Authorization/Subjects**

Authorization Code	Authorization Description	Subject Code	Subject Description	Major/ Minor	Address
> R3BE	This authorizes the holder to perform all services authorized by the Education Specialist Instruction Credential: Extensive Support Needs that are not otherwise authorized by their existing Moderate/Severe Disabilities Education Specialist Credential.	BEN	Education Specialist Bridge – Extensive Support Needs	MAJ	

**Renewal Requirements**

Please disregard any # signs you may see below and refer to the "Additional Description" column to the right for specific renewal requirements.

Renewal Code	Renewal Description	Additional Description
> C8	This authorization need not be renewed and shall remain in force as long as the valid prerequisite is held concurrently.	

**Employment Restrictions**

Organization	Organization Type	County



Santa Barbara County SELPA  
 5385 Hollister Avenue Building 7  
 Santa Barbara, CA 93111

Federal Disability Categories	Mild Moderate	Mild Moderate Support Needs (New)	Moderate Severe	Extensive Support Needs (New)
Autism	✓	✓	✓	✓
Deaf/Blindness			✓	✓
Emotional Disturbance	✓	✓	✓	✓
Intellectual Disability	✓	✓	✓	✓
Multiple Disabilities		✓	✓	✓
Orthopedic Impairment		✓		✓
Other Health Impairment	✓	✓		✓
Specific Learning Disability	✓	✓		✓
Traumatic Brain Injury		✓		✓

**\*\* ECSE bridges up to TK**

Credential Authorization	Specific Learning Disability/Mental Retardation (Mild/Moderate)	Mental Retardation (Moderate/Severe)	Emotional Disturbance	Multiple Disabilities	Autism	Speech or Language Impairment	Deafness or Hearing Impairment	Deaf-Blindness	Visual Impairment Including Blindness	Orthopedic Impairment	Other Health Impairment	Traumatic Brain Injury
<p><i>Education Specialist Instruction Credentials (initially issued effective September 27, 1997- except Language and Academic Development effective September 03, 2011)</i>                      *Also authorizes service as a resource specialist across all disability areas at the grade level of the document.</p>												
Mild/Moderate * (K-12 to Age 22)	X		X		♦ <sup>1</sup>						X	
Moderate/Severe * (K-12 to Age 22)		X	X	X	X			X				
<p><i>Ryan Specialist Instruction Teaching Credentials (initially issued 1976 to September 27, 1997; renewals available)</i></p>												
Communication Handicapped					♦ <sup>4</sup>	X	X	X				
Learning Handicapped	X		♦ <sup>5</sup>								X	
Severely Handicapped		X	X	X	X			X				

**Contact: Dr. Ray Avila [ravila@sbcsepa.org](mailto:ravila@sbcsepa.org) or Jennifer Connolly [jconnolly@sbcsepa.org](mailto:jconnolly@sbcsepa.org) for additional information.**  
**SBCSELPA Phone: (805) 683-1424**



**Two Dates for 2024**  
**In Person *Only!***

**@ SBCSELPA Santa Barbara**  
**September 10, 2024**  
**4:00-7:00 p.m.**

**AND**

**@ Santa Maria Bonita SD**  
**Souza Center**  
**October 8, 2024**  
**4:00-7:00 p.m.**

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## **Extensive Support Needs (ESN) Bridge Authorization**

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Santa Barbara County SELPA is providing a 3-hour professional development opportunity to 'bridge' your current Moderate/Severe Credential to the new Extensive Support Needs (ESN) Credential.

Registration: <https://sbcselpa.k12oms.org>

Contact your  
District SpED. for  
additional information  
Or Jennifer Connolly  
[jconnolly@sbcselpa.org](mailto:jconnolly@sbcselpa.org).





TWO Dates for 2024  
In Person Only!

@ SBCSELPA Santa Barbara  
September 12, 2024  
4:00-7:00 p.m.

@ Santa Maria Bonita SD Souza  
Center  
October 10, 2024  
4:00-7:00 p.m.

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## Mild Moderate Support Needs (MMSN) Bridge Authorization

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Santa Barbara County SELPA is providing a 3-hour professional development opportunity to 'bridge' your current Mild/Moderate Credential to the new MMSN Credential.

Registration: <https://sbcselpa.k12oms.org>



SpED. For additional  
Information OR SBCSELPA  
Jennifer Connolly  
[jconnolly@sbcselpa.org](mailto:jconnolly@sbcselpa.org)




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Early Childhood  
Special Education (ECSE)  
Bridge Authorization

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Santa Barbara County SELPA is providing a 3-hour professional development opportunity to bridge your current ECSE Credential to the new ECSE Credential.

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Contact your District SpEd. For additional information or SBCSELPA Jennifer Connolly [jconnolly@sbcselfpa.org](mailto:jconnolly@sbcselfpa.org).

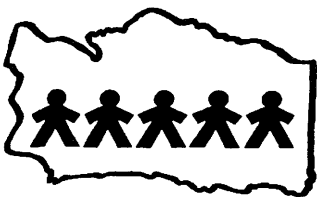
Registration: <https://sbcselfpa.k12oms.org>

**Two Dates for 2024  
In Person Only!**

**@ SBCSELPA Santa Barbara  
September 11, 2024  
4:00-7:00 p.m.**

**AND**

**@ SBCEO SESS North,  
Conference Room  
October 9, 2024  
4:00-7:00 p.m.**



**Santa Barbara County**  
**Special Education Local Plan Area**  
A Joint Powers Agency

Date: September 9, 2024  
To: SBCSELPA JPA Board  
From: Ray Avila, SBCSELPA Executive Director  
Re: Resignation Notifications from SBCSELPA WRAP Staff

**BACKGROUND:**

- **Alex Holdom** notified Ray Avila, SBCSELPA Executive Director, in a letter dated June 6, 2024, that she would be resigning from her position as an SBCSELPA WRAP Facilitator, effective June 21, 2024, (SEE REF: VIII-K.1).
- **Rachel Bidinost** notified Ray Avila, SBCSELPA Executive Director, in a letter dated July 1, 2024, that she would be resigning from her position as an SBCSELPA WRAP Youth Support Specialist (YSS), effective July 19, 2024, (SEE REF: VIII-K.2).
- SBCSELPA appreciates the service Ms. Holdom & Ms. Bidinost provided during their time with the organization.
- Ms. Holdom's resignation will result in a 1.0 FTE vacancy for a SBCSELPA WRAP Facilitator.
- Ms. Bidinost resignation will result in 1.0 FTE vacancy for SBCSELPA WRAP YSS.
- SBCSELPA will evaluate current case load and distribution among the current WRAP staff before deciding how to proceed.

**FISCAL IMPACT:** None at this time.

RA:lm

Dear Ray and Alison,

I want to begin by thanking you both for your guidance and support during my 12 months at SELPA. This has been an extremely valuable experience and I treasure the time and professional growth I have spent in this organization.

Unfortunately, I am writing to inform you of my intention to resign from my job as Wraparound Facilitator at Santa Barbara County SELPA, effective on June 21, 2024. In order to graduate from Pepperdine University, I need a year of a practicum internship. Pepperdine has decided not to count SELPA for practicum hours, so I will be leaving to accept a position at a company that is approved by Pepperdine.

I appreciate the opportunities you have given me during my time at SELPA. Please let me know how I can assist in the transition of my cases. Additionally, I hope to reconnect professionally in the future once I have graduated.

Thank you,  
Alex Holdom



**From:** [Ray Avila](#)  
**To:** [Alison Lindsey](#); [Natalie Facio Leon](#)  
**Cc:** [Lindsay MacDonald](#); [Rachel Wigle](#); [Jennifer Connolly](#)  
**Subject:** FW: Notice of Resignation...again  
**Date:** Monday, July 1, 2024 11:17:01 AM  
**Attachments:** [image001.png](#)

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FYI...

*Ray S. Avila, Ed.D.*

*Executive Director*

*Santa Barbara County SELPA*

5385 Hollister Avenue, Bldg. 7

Santa Barbara, CA 93111

[ravila@sbcsepa.org](mailto:ravila@sbcsepa.org)

(805)683-1424 – Office

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**From:** Ray Avila  
**Sent:** Monday, July 1, 2024 11:16 AM  
**To:** Rachel Bidinost <[rbidinost@sbcsepa.org](mailto:rbidinost@sbcsepa.org)>  
**Subject:** RE: Notice of Resignation...again

Rachel,

Thank you for sharing with me in person today of your resignation. I am excited you are moving on to SBUSD! I am confident you will be a strong resource for their team. Wishing you all the best!

Sincerely,

Ray

*Ray S. Avila, Ed.D.*

*Executive Director*

*Santa Barbara County SELPA*

5385 Hollister Avenue, Bldg. 7

Santa Barbara, CA 93111

[ravila@sbcsepa.org](mailto:ravila@sbcsepa.org)

(805)683-1424 – Office

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**From:** Rachel Bidinost <[rbidinost@sbcsepa.org](mailto:rbidinost@sbcsepa.org)>  
**Sent:** Monday, July 1, 2024 11:14 AM  
**To:** Ray Avila <[ravila@sbcsepa.org](mailto:ravila@sbcsepa.org)>  
**Subject:** Notice of Resignation...again

Hi Ray,

Please accept this letter of resignation from my position as WRAP's Youth Support Specialist and Interim Facilitator. My last day to work will be July 19, 2024. I wanted to thank you so much for

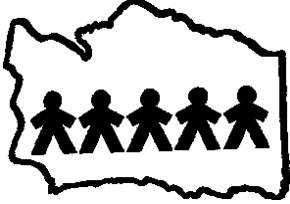
taking me back because I did learn much more in the short amount of time from my return. I wish you and the SELPA team the best. Again, thank you for everything.

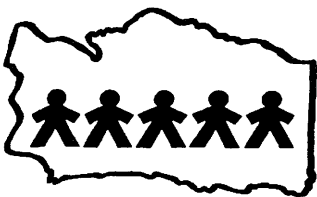
Rachel Bidinost

SBCSELPA Youth Support Specialist

Phone: (805) 979-2094

SELPA Office: (805) 683-1424 ext. 128 WRAP





**Santa Barbara County**  
**Special Education Local Plan Area**  
A Joint Powers Agency

Date: September 9, 2024  
To: SBCSELPA JPA Board  
From: Ray Avila, SBCSELPA Executive Director  
Re: Announcement of New SBCSELPA WRAP Staff Member

**BACKGROUND:**

- SBCSELPA has hired *Joel Burdette* as a new SBCSELPA WRAP Youth Support Specialist (YSS). His start date was August 26, 2024.
- Joel comes with a great resume and skill set; we look forward to having Joel supporting our LEAs throughout Santa Barbara County.
- As of now there is only 1 vacancy on the WRAP team, that is the position of WRAP Facilitator. The current SBCSELPA WRAP team can adequately support the students in our districts so there is not an urgency to fill the position.

RA:lm

## 2023-24 LEA/District Cost Associated with Due Process SBCSELPA Account Balances

	23-24	<u>Expended</u>	
	Allocation	<u>to Date</u>	Balance
	Carryover Funding	<u>2023-24</u>	
Adelante	\$ 5,355	\$ -	\$ 5,355.00
Blochman	\$ 5,248	\$ 1,220.00	\$ 4,028.00
Carpinteria	\$ 7,523	\$ -	\$ 7,523.00
Family Partnership	\$ 10,000.00	\$ 10,000.00	\$ 5,501.00
Goleta	\$ 9,306	\$ 9,306.00	\$ -
Guadalupe	\$ 6,526	\$ 5,339.00	\$ 1,187.00
Hope	\$ 6,103	\$ -	\$ 6,103.00
Lompoc	\$ 16,223	\$ 16,223.00	\$ -
Manzanita	\$ 5,524	\$ -	\$ 5,524.00
Orcutt	\$ 11,024	\$ 11,024.00	\$ -
Santa Barbara Unified	\$ 21,265	\$ 21,265.00	\$ -
Santa Barbara Charter	\$ 5,336	\$ 1,065.00	\$ 4,271.00
Santa Maria Joint Union High	\$ 15,553	\$ 15,553.00	\$ -
Santa Maria-Bonita	\$ 89,672.23	\$ 114,834.23	\$ -
Santa Ynez Consortium	\$ 38,445	\$ 38,445.00	\$ -
SBCEO Direct Services	\$ 15,906	\$ 2,125.00	\$ 13,781.00
<b>TOTAL</b>	<b>\$ 99,672.23</b>	<b>\$ 246,399.23</b>	<b>\$ 53,273.00</b>

**2023-24**  
**SELPA LEGAL FEES (RESERVE)**

Beginning Balance                   \$       325,000.00  
Expenditures

July	\$ -
August	\$ -
September	\$ 1,296.00
October	\$ 7,002.50
November	\$ 422.50
December	\$ 715.00
January	\$ 2,214.00
February	\$ -
March	\$ 81.00
April	\$ -
May	\$ 1,105.00
June	\$ 1,558.00
<b>TOTAL</b>	<b>\$ 14,394.00</b>
<b>ENDING BALANCE</b>	<b>\$ 310,606.00</b>

Payments to Law Firms:

Dannis Woliver Kelley	\$ -
Fagen Friedman Fulfrost	\$ 3,196.50
JRG	\$ 5,232.50
Law Office of Melissa Hatch	\$ 5,965.00
Liebert Cassidy Whitmore	\$ -
Lozano Smith	\$ -
Musick, Peeler & Garrett	\$ -
Lana Clark	\$ -
Atkinson, Andelson, Loya	\$ -
Payments to Districts	\$ -

TOTAL 2023-24 LEGAL SETTLEMENTS TO DATE

Settlement Agreements           None

## 2024-25 Year-to-Date Nonpublic School Placement Costs

REF: VIII-O

District	# Students Currently Placed	# Students Cumulative Placements	Mental Health Placements				Non-Mental Health Placements SELPA 70% Districts 30% Estimated Cost	Grand Total All Placements	
			SELPA Paid YTD	District Estimated	SELPA Estimated	Total Estimated		District Estimated Cost	SELPA Estimated Cost
Carpinteria Unified	1	1	\$ 23,350	\$ 14,088	\$ 80,570	\$ 94,658	\$ 14,088	\$ 80,570	
Lompoc Unified	1	1	\$ 28,378	\$ 49,831	\$ 293,404	\$ 343,236	\$ 49,831	\$ 293,404	
Santa Maria Joint	2	3	\$ 34,930	\$ 354,561	\$ 388,259	\$ 742,820	\$ 354,561	\$ 388,259	
Santa Barbara Unified	3	3	\$ 87,000	\$ 413,560	\$ 619,750	\$ 1,033,310	\$ 413,560	\$ 619,750	
Santa Ynez Valley Consortium	1	1	\$ 28,668	\$ 235,334	\$ 151,498	\$ 386,832	\$ 235,334	\$ 151,498	
SBCSELPA - Combined Site Visits			\$ -	\$ -	\$ 19,000	\$ 19,000	\$ -	\$ 19,000	
<b>TOTAL</b>	<b>8</b>	<b>9</b>	<b>\$ 202,325</b>	<b>\$ 1,067,373</b>	<b>\$ 1,552,482</b>	<b>\$ 2,619,855</b>	<b>\$ 1,067,373</b>	<b>\$ 1,552,482</b>	

<b>2023-24 Mental Health NPS Placement Budget</b>	<b>\$ 1,650,000</b>
Mental Health NPS Placement Expenses to SELPA (Estimated)	\$ 1,552,482
<b>Mental Health NPS Balance Available (Estimated)</b>	<b>\$ 97,518</b>

<b>2023-24 Non Mental Health NPS Placement Budget</b>	<b>\$ 360,000</b>
Estimated Non Mental Health Placement Costs (SELPA)	\$ -
<b>Non Mental Health NPS Balance Available (Estimated)</b>	<b>\$ 360,000</b>

**Mental Health Placements** - Students with an eligibility of emotionally disturbed placed in a nonpublic school pursuant to an IEP. SELPA pays all invoices and bills the district for cost of Non-Mental Health services. Districts also pay % of Mental Health Costs as specified in the Local Plan based on the # of years of placement (50% for Year 2 and 70% of Year 3).

**Non-Mental Health Placements** - Students in these placements are funded 70% by SELPA. SELPA pays all invoices and bills the district for 30% of the costs for the 1st year of placement.