



STATE OF CALIFORNIA
PUBLIC EMPLOYMENT RELATIONS BOARD
**APPLICATION TO QUALIFY AS A
CHILDCARE PROVIDER ORGANIZATION**
(Gov. Code, §§ 8432(a), 8431(b))

DO NOT WRITE IN THIS SPACE: Case No.:

Date Filed:

INSTRUCTIONS: Submit an original application to the PERB Sacramento Regional Office with proof of service attached. Proper filing also includes concurrent service and proof of service of the Application on California Department of Human Resources. If more space is needed for any item, attach additional sheets.

PURPOSE OF THIS APPLICATION: To determine if the applicant entity qualifies as a “provider organization” for purpose of obtaining information concerning family child care providers with the goal of facilitating the election of a certified provider organization.

1. PROVIDER ORGANIZATION INFORMATION

Name:

Address:

Agent to be contacted:

Name:

Title:

Agency/Law Firm:

Address:

Phone:

E-mail Address:

2. Does your organization include family childcare providers as members? If so, please describe in detail.

3. Does your organization have as one of its main purposes the representation of family childcare providers in their relations with public or private entities in California concerning the terms of their participation in state-funded early care and education programs? If so, please describe in detail.

4. Does your organization contract with the state or a county to administer or process payments for a state-funded early care and education program? If so, please describe in detail.

5. Does your organization’s bylaws or other internal governing documents give family childcare providers the right to be members of the organization and to participate in the democratic control of the organization? If so, please describe in detail and attach copies of all relevant documents.

Sacramento Regional Office
1031 18th Street
Sacramento, CA 95811-4124
PERBE-file.SRO@perb.ca.gov

DECLARATION

I declare under penalty of perjury that I have read the request and that the statements herein are true and complete to the best of my knowledge and belief and that this declaration as executed on _____ at _____.

(Date)

(City and State)

Type or Print Name

Signature

Title, if any: _____

Mailing Address: _____

Telephone Number: _____

E-Mail Address: _____

PROOF OF SERVICE

I declare that I am a resident of or employed in the County of _____,
State of _____. I am over the age of 18 years and not a party to the within
entitled cause. The name and address of my residence or business is _____
_____.

On _____, I served the _____
(Date) (Describe document(s))
_____ on the parties listed below by (check the applicable method
or methods):

- ☐ placing a true copy thereof enclosed in a sealed envelope for collection and
delivery by the United States Postal Service or private delivery service
following ordinary business practices with postage or other costs prepaid;
- ☐ personal delivery;
- ☐ facsimile transmission in accordance with the requirements of PERB
Regulations 32090 and 32135(d).

(List below all parties served; include name, address, and where applicable, fax number.)

I declare under penalty of perjury that the foregoing is true and correct and that
this declaration was executed on _____, at _____,
(Date) (City)
_____.
(State)

(Type or print name)

(Signature)