STATE OF CALIFORNIA
PUBLIC EMPLOYMENT RELATIONS BOARD

APPLICATION TO QUALIFY AS A CHILDCARE PROVIDER ORGANIZATION

(Welfare & Institutions Code, §§ 10422(a), 10421(d))

DO NOT WRITE IN THIS SPACE: Case No.:	Date Filed:

INSTRUCTIONS: Submit an application through the ePERB Portal 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.

Sacramento Regional Office
1031 18th Street
Sacramento, CA 95811-4124
https://eperb-portal.ecourt.com/public-portal/

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.

DECLARATION

I declare under penalty of perjury that I have read the request, that the statements herein are true and complete to the best of my knowledge and belief, and that this declaration was 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. The name and address of my

Residence or business is _____

_____

On _____, I served the _____
(*Date*) (*Description of document(s)*)

_____ in Case No. _____.
(*Description of document(s) continued*) PERB Case No., if known)

on the parties listed below by (check the applicable method(s)):

☐ 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;

☐ electronic service - I served a copy of the above-listed document(s) by transmitting via electronic mail (e-mail) or via e-PERB to the electronic service address(es) listed below on the date indicated. (*May be used only if the party being served has filed and served a notice consenting to electronic service or has electronically filed a document with the Board. See PERB Regulation 32140(b).*)

(*Include here the name, address and/or e-mail address of the Respondent and/or any other parties served.*)

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

at _____.
(*City*) (*State*)

(*Type or print name*)	(*Signature*)