

**CITY COUNCIL MEETING
OF THE
CITY OF PARLIER**

“REGULAR MEETING AGENDA”

DATE: Wednesday, November 04, 2015
TIME: 6:30 P.M.
PLACE: Parlier City Council Chambers
1100 E. Parlier Avenue
Parlier, CA. 93648

I. CALL TO ORDER/WELCOME:

Roll Call: Mayor Alma M. Beltran, Mayor Pro-Tem Raul Villanueva, Councilwoman Diane Maldonado, Councilwoman Yolanda Padilla, Councilman Juan Montaña, City Clerk Dorothy Garza.

Flag Salute: Mayor Alma M. Beltran

Invocation:

II. ADDITIONS/DELETIONS TO THE AGENDA:

III. PRESENTATIONS/INFORMATIONAL:

A. Mid Cal Alarm Association presentation of Donation to the City of Parlier K9 Police Unit.

IV. CLOSED SESSION:

A. CONFERENCE WITH LEGAL COUNSEL - ANTICIPATED LITIGATION: Government Code section 54956.9. Significant Exposure to Litigation Pursuant to Paragraph (2) or (3) of Subdivision (d) of Section 54956.9. 1 Case.

B. CONFERENCE WITH LEGAL COUNSEL - existing litigation pursuant to Government Code Section 94956.9(d)(1):

City of Parlier v. The Dow Chemical Company, et al., Judicial Council Coordination Proceeding No. 4435, San Bernardino County Case No. CGC-12-523400

V. PUBLIC COMMENTS: PERSONS WISHING TO ADDRESS THE COUNCIL ON ITEMS WITHIN ITS JURISDICTION, BUT NOT ON THIS AGENDA MAY DO SO NOW

Note: State law allows the Council to briefly respond to questions on items raised by the public, which are not on the agenda. Government Code Section 54954.2(a). Alternatively, the Council may choose to direct staff to provide information at a following meeting. Any member of the public may comment on any matter within the jurisdiction of the City that is not on the agenda. Those wishing to comment should be recognized by the Mayor and approach the podium. Comments are limited to five (5) minutes.

VI. CONSENT CALENDAR: These matters are routine in nature and will be enacted with one vote. There will be no separate discussion for these items unless requested; in which case, the item will be removed from the Consent Calendar for separate action. Prior to action on the Consent Calendar, the public will be given the opportunity to comment on any consent calendar item.

A. Approve the Check Reports dated 10/16/2015-10/30/2015.

B. Adopt Special Minutes dated October 09, 2015 and October 21, 2015.

C. Approve a Craft Show and Community Dinner to be held at the Parlier Community Center on December 15, 2015 co-sponsored by , Pastor Abel Santiago, with Lirio De Los Valles.

VII. DEPARTMENT REPORTS:

A. PUBLIC WORKS DEPARTMENT:

1. **SUBJECT:** Adopt Budget Amendment and Resolution Approving Agreement for Engineering Services for a Water Well Site Review by Provost & Pritchard Consulting Group.

RECOMMENDATION: Staff recommends the City Council adopt a budget amendment to the 20215/2016 fiscal year authorizing the expenditure of Water Funds in the amount of \$35,000.00, approve **Resolution 2015-49**, selecting Provost & Pritchard Consulting Group for Engineering Services for a Water Well Review for the six (6) City Well Sites, and Authorize the City Manager to sign the Agreement for Engineering Services.

2. **SUBJECT:** Adopt Budget Amendment and Resolution Approving American with Disabilities Act (ADA) Self Evaluation and Transition Plan for City Buildings, Pedestrian Facilities and City Programs.

RECOMMENDATION: Staff recommends the City Council adopt a budget amendment to the 2025/2016 fiscal year authorizing the expenditure of Water Funds in the amount of \$35,000.00, approve **Resolution 2015-50**, selecting Provost and Pritchard Consulting Group for Engineering Services for a Water Well Site Review for the sic (6) City Well Sites, and Authorize the City Manager to sign Agreement for Engineering Services.

B. PRESCHOOL DEPARTMENT:

1. **SUBJECT:** Resolution No. 2015-51 approving to apply for and enter in agreement with California Department of Education for the purpose of providing Child Care and Development Services at Parlier Academy of Excellence and authorizing the City Manager to sign the 2016-2017 Fiscal Year State Preschool contract documents Number: CSPP Contract in the amount of \$831,324.00.

RECOMMENDATION: It is recommended that Parlier City Council approve Resolution No. 2015-51, approving the agreement with the California Department of Education for the purpose of providing child care and development services and authorizing the City Manager to sign contract documents for the Fiscal year 2016-2017.

C. ADMINISTRATION DEPARTMENT:

1. **SUBJECT:** Fresno County Rural Transit Agency MOU.

RECOMMENDATION: Staff recommends the Mayor and Council approve the MOU between the City of Parlier and the Fresno County Rural Transit Agency.

VIII. COUNCIL COMMUNICATIONS/COMMENTS:

IX. ADJOURNMENT:

ADA Notice: In compliance with the American with Disabilities Act, if you need special assistance to participate in this meeting, please contact the City Clerk at (559) 646-3545 ext. 227. Notification 48 hours prior to the meeting will enable the City to make arrangements to ensure accessibility to this meeting.

Documents: Any writings or documents provided to a majority of the City Council regarding any item on this agenda will be made available for public inspection at the front counter at City Hall located at 1100 E. Parlier Avenue, Parlier, CA. during normal business hours. In addition, most documents are posted on the City's website at parlier.ca.us

STATEMENT ON RULES OF DECORUM AND ENFORCEMENT

The Brown Act provides that members of the public have a right to attend public meetings, to provide public comment on action items and under the public forum section of the agenda, and to criticize the policies, procedures, or services of the city or of the acts or omissions of the city council. The Brown Act also provides that the City Council has the right to exclude all persons who willfully cause a disruption of a meeting so that it cannot be conducted in an orderly fashion.

During a meeting of the Parlier City Council, there is a need for civility and expedition in the carrying out of public business in order to ensure that the public has a full opportunity to be heard

and that the Council has an opportunity to conduct business in an orderly manner. The following is provided to place everyone on notice of the rules of decorum and enforcement.

GENERAL RULES OF DECORUM

While any meeting of the City Council is in session, the following rules of decorum shall be observed:

1. All remarks shall be addressed to the City Council as a whole and not to any single member, unless in response to a question from a member of the City Council.
2. A person who addresses the City Council under public comment for a specific agenda item or under the Public Forum section of the agenda may not engage in speech or conduct (i) which is likely to provoke others to violent or riotous behavior, (ii) which disturbs the peace of the meeting by loud and unreasonable noise, (iii) which is irrelevant or repetitive, or (iv) which disrupts, disturbs, or otherwise impedes the orderly conduct of any City Council meeting.
3. A person, other than members of the Council and the person, who has the floor, shall not be permitted to enter into the discussion unless requested by the Mayor to speak.
4. Members of the City Council may not interrupt a person who has the floor and is making public comments. Members of the City Council shall wait until a person completes his or her public comments before asking questions or commenting. The Mayor shall then ask Council members if they have comments or questions.
5. No person in the audience at a Council meeting shall engage in disorderly or boisterous conduct, including the utterance of loud, threatening or abusive language, whistling, stamping of feet or other acts which disturb, disrupt or otherwise impeded the orderly conduct of any Council meeting.



COUNCIL REPORT

I. CALL TO ORDER/WELCOME:

1. Roll Call: Mayor/Chair Alma M. Beltran; Mayor Pro-Tem/Board member Raul Villanueva; Councilman/Board member, Juan Montaño; Councilwoman/Board member, Yolanda Padilla; Councilwoman/Board member Diane Maldonado
2. Flag Salute: Mayor Alma M. Beltran.
3. Invocation:



AGENDA ITEM: II

COUNCIL REPORT

II. ADDITIONS/DELETIONS TO THE AGENDA:



AGENDA ITEM: III

COUNCIL REPORT

III. PRESENTATIONS/INFORMATIONAL:

- A. Mid Cal Alarm Association presentation of Donation to the City of Parlier K9 Police Unit.



COUNCIL REPORT

IV. CLOSED SESSION:

- A. CONFERENCE WITH LEGAL COUNSEL - ANTICIPATED LITIGATION:** Government Code section 54956.9. Significant Exposure to Litigation Pursuant to Paragraph (2) or (3) of Subdivision (d) of Section 54956.9. 1 Case.

- B. CONFERENCE WITH LEGAL COUNSEL - existing litigation pursuant to Government Code Section 94956.9(d)(1):**
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- A. Approve the Check Reports dated 10/16/2015-10/30/2015.
- B. Adopt Special Minutes dated October 09, 2015 and October 21, 2015.
- C. Approve a Craft Show and Community Dinner to be held at the Parlier Community Center on December 15, 2015 co-sponsored by , Pastor Abel Santiago, with Lirio De Los Valles.

11-1A

Check Report

By Check Number

Date Range: 10/16/2015 - 10/30/2015



CITY OF PARLIER

Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amount	Payment Amount	Number
Bank Code: APBNK-APBNK						
SURO2	SURESOURCE LLC	10/26/2015	Regular	0.00	-968.00	41991
AT&05	AT&T	10/21/2015	Regular	0.00	433.96	42428
COM05	COMCAST	10/21/2015	Regular	0.00	413.46	42429
DELO0	DE LAGE LANDEN FINANCIAL	10/21/2015	Regular	0.00	3,665.11	42430
LK100	JOSE MORAN	10/21/2015	Regular	0.00	125.00	42431
KAI00	KAISER FOUNDATION HEALTH	10/21/2015	Regular	0.00	17,348.00	42432
	Void	10/21/2015	Regular	0.00	0.00	42433
LOZ03	LOZANO SMITH, LLP	10/21/2015	Regular	0.00	9,217.40	42434
MID06	MID VALLEY PUBLISHING	10/21/2015	Regular	0.00	50.90	42435
OFF01	OFFICE DEPOT	10/21/2015	Regular	0.00	141.68	42436
PRE18	PREMIER ACCESS INSURANCE	10/21/2015	Regular	0.00	2,725.54	42437
	Void	10/21/2015	Regular	0.00	0.00	42438
QUI02	QUILL CORPORATION	10/21/2015	Regular	0.00	42.20	42439
RSG01	RSG, INC.	10/21/2015	Regular	0.00	7,136.25	42440
TCM01	TCM INVESTMENTS LP	10/21/2015	Regular	0.00	253.97	42441
TER01	TERMINIX PROCESSING CTR.	10/21/2015	Regular	0.00	69.00	42442
SO 01	THE GAS CO.	10/21/2015	Regular	0.00	270.69	42443
THE37	THE LINCOLN NATIONAL LIFE	10/21/2015	Regular	0.00	531.67	42444
	Void	10/21/2015	Regular	0.00	0.00	42445
YOU00	YOUTH CENTERS OF AMERICA,	10/21/2015	Regular	0.00	11,858.27	42446
FRE12	FRESNO COUNTY TREASURER/DATA SALES	10/22/2015	Regular	0.00	48.70	42447
CEN02	CENTRAL VALLEY LOCK	10/23/2015	Regular	0.00	38.49	42448
COM05	COMCAST	10/23/2015	Regular	0.00	305.71	42449
FID00	FIDELITY SECURITY LIFE IN	10/23/2015	Regular	0.00	2,306.64	42450
	Void	10/23/2015	Regular	0.00	0.00	42451
OFF01	OFFICE DEPOT	10/23/2015	Regular	0.00	87.86	42452
P.G01	PACIFIC GAS & ELECTRIC	10/23/2015	Regular	0.00	77.55	42453
RLB01	REEDLEY LUMBER & BUILDING	10/23/2015	Regular	0.00	188.39	42454
SEL01	SELECT BUSINESS SYSTEMS INC.	10/23/2015	Regular	0.00	1,098.11	42455
SUP01	SUPPLYWORKS	10/23/2015	Regular	0.00	819.41	42456
SYS00	SYSO OF CENTRAL CALIFORN	10/23/2015	Regular	0.00	879.65	42457
USM01	U-SAVE MARKET	10/23/2015	Regular	0.00	1,469.46	42458
VER08	VERIZON WIRELESS	10/23/2015	Regular	0.00	686.90	42459
YAM01	YAMABE & HORN ENGINEERING INC.	10/23/2015	Regular	0.00	1,040.00	42460
YOU00	YOUTH CENTERS OF AMERICA,	10/23/2015	Regular	0.00	17,400.00	42461
ADP00	ADP, INC.	10/26/2015	Regular	0.00	429.69	42462
ALE01	ALERT-O-LITE, INC.	10/26/2015	Regular	0.00	110.28	42463
AUT01	AUTO ZONE	10/26/2015	Regular	0.00	288.83	42464
BIG01	BIG VAL'S AUTO PARTS, INC	10/26/2015	Regular	0.00	6.51	42465
COR40	CORONA, LILIANA	10/26/2015	Regular	0.00	365.00	42466
CUM01	CUMMINS PACIFIC, LLC	10/26/2015	Regular	0.00	3,099.35	42467
FFT01	FRESNO FABTECH INCORPORATED	10/26/2015	Regular	0.00	1,915.00	42468
GIE01	GIERSCH & ASSOCIATES, INC.	10/26/2015	Regular	0.00	5,671.50	42469
JEN04	JENSEN AND PILEGARD #5	10/26/2015	Regular	0.00	2,417.05	42470
QUI02	QUILL CORPORATION	10/26/2015	Regular	0.00	96.24	42471
RED01	REDCO	10/26/2015	Regular	0.00	93.80	42472
RLB01	REEDLEY LUMBER & BUILDING	10/26/2015	Regular	0.00	618.53	42473
SAN1H	SANGER NURSERY	10/26/2015	Regular	0.00	415.90	42474
T&T01	T & T VALVE AND INSTRUMENT, INC.	10/26/2015	Regular	0.00	2,542.97	42475
THE36	THE FLOWER BASKET	10/26/2015	Regular	0.00	365.00	42476
USA01	USA BLUE BOOK	10/26/2015	Regular	0.00	330.86	42477
PEN21	VICTOR PENA	10/26/2015	Regular	0.00	114.00	42478
WEL04	WELLS FARGO FINANCIAL LEA	10/26/2015	Regular	0.00	557.36	42479
YAM01	YAMABE & HORN ENGINEERING INC.	10/26/2015	Regular	0.00	1,748.00	42480

Check Report

Date Range: 10/16/2015 - 10/30/2015

Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amount	Payment Amount	Number
ABI10	ABILITY ANSWERING SERV.	10/27/2015	Regular	0.00	80.74	42481
A-C00	A-C ELECTRIC COMPANY	10/27/2015	Regular	0.00	1,634.05	42482
CAL1Y	CALIFORNIA WATER SERVICES	10/27/2015	Regular	0.00	23,818.29	42483
CEN02	CENTRAL VALLEY LOCK	10/27/2015	Regular	0.00	123.42	42484
COM05	COMCAST	10/27/2015	Regular	0.00	334.56	42485
FRE00	FRESNO OXYGEN	10/27/2015	Regular	0.00	168.44	42486
JOR01	JORGENSEN & COMPANY	10/27/2015	Regular	0.00	363.60	42487
NGL00	NGLIC	10/27/2015	Regular	0.00	531.34	42488
	Void	10/27/2015	Regular	0.00	0.00	42489
PER06	PAC AUTO SALES	10/27/2015	Regular	0.00	1,084.65	42490
RLB01	REEDLEY LUMBER & BUILDING	10/27/2015	Regular	0.00	229.48	42491
STA1B	STANDARD INSURANCE CO.	10/27/2015	Regular	0.00	1,429.89	42492
	Void	10/27/2015	Regular	0.00	0.00	42493
STA19	STATE OF CALIFORNIA	10/27/2015	Regular	0.00	258.00	42494
STA1D	STATE WATER RESOURCES CON	10/27/2015	Regular	0.00	60.00	42495
KLE01	TELESTAR CONSULTING INC.	10/27/2015	Regular	0.00	750.49	42496
BOY00	BOYS & GIRLS CLUBS OF FRE	10/27/2015	Regular	0.00	4,157.85	42497
CEN19	CENTRAL SANITARY SUPPLY	10/27/2015	Regular	0.00	366.89	42498
CLA05	CLARK PEST CONTROL	10/27/2015	Regular	0.00	125.00	42499
DIR01	DIRECTV	10/27/2015	Regular	0.00	220.98	42500
COU04	FRESNO COUNCIL OF GOVERNMENT	10/27/2015	Regular	0.00	621.00	42501
G&K00	G & K SERVICES INC.	10/27/2015	Regular	0.00	35.00	42502
JOR01	JORGENSEN & COMPANY	10/27/2015	Regular	0.00	136.82	42503
OFF01	OFFICE DEPOT	10/27/2015	Regular	0.00	229.29	42504
PRE44	PRESORT CENTER OF FRESNO, LLC	10/27/2015	Regular	0.00	857.14	42505
QUI02	QUILL CORPORATION	10/27/2015	Regular	0.00	686.07	42506
RLB01	REEDLEY LUMBER & BUILDING	10/27/2015	Regular	0.00	173.43	42507
SUR02	SURESOURCE LLC	10/27/2015	Regular	0.00	115.64	42508
SUS01	SUSQUEHANNA COMMERCIAL FINANCE INC.	10/27/2015	Regular	0.00	51,854.85	42509
TER01	TERMINIX PROCESSING CTR.	10/27/2015	Regular	0.00	4.00	42510
TYL00	TYLER TECHNOLOGIES, INC.	10/27/2015	Regular	0.00	96.00	42511
USM01	U-SAVE MARKET	10/27/2015	Regular	0.00	418.77	42512
B&R01	B&R PRIVATE SECURITY	10/30/2015	Regular	0.00	350.00	42513
DEP01	DEPARTMENT OF CONSERVATIO	10/30/2015	Regular	0.00	1,668.92	42514
HOM01	HOME DEPOT CREDIT SERVICE	10/30/2015	Regular	0.00	507.68	42515
P.G01	PACIFIC GAS & ELECTRIC	10/30/2015	Regular	0.00	39,193.97	42516
PIT05	PITNEY BOWES GLOBAL FINAN	10/30/2015	Regular	0.00	304.50	42517
ROJ14	ROJAS, ERIKA	10/30/2015	Regular	0.00	400.00	42518
SHE01	SHELBY A. GONZALES	10/30/2015	Regular	0.00	1,400.00	42519

Bank Code APBNK Summary

Payment Type	Payable Count	Payment Count	Discount	Payment
Regular Checks	147	86	0.00	236,706.59
Manual Checks	0	0	0.00	0.00
Voided Checks	0	7	0.00	-968.00
Bank Drafts	0	0	0.00	0.00
EFT's	0	0	0.00	0.00
	147	93	0.00	235,738.59

Fund Summary

Fund	Name	Period	Amount
999	POOL FUND	10/2015	235,738.59
			<hr/> 235,738.59



CITY OF PARLIER

Check Report

By Check Number

Date Range: 10/16/2015 - 10/30/2015

Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amount	Payment Amount	Number
Bank Code: APBNK-APBNK						
SUR02	SURESOURCE LLC	10/26/2015	Regular	0.00	-968.00	41991
AT&05	AT&T	10/21/2015	Regular	0.00	433.96	42428
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
10/1/15-2231-1	Invoice	10/19/2015	P.W. PHONE LINE	0.00	118.76	
	400-5600-6510		TELEPHONE/DATA/PAGE		118.76	
10/1/15-2941-1	Invoice	10/19/2015	COMM. CENTER LINE	0.00	315.20	
	100-5200-6510		TELEPHONE/DATA/PAGE		63.04	
	100-5620-6510		TELEPHONE/DATA/PAGE		63.04	
	100-5700-6510		TELEPHONE/DATA/PAGE		63.04	
	400-5300-6510		TELEPHONE/DATA & PAG		63.04	
	400-5600-6510		TELEPHONE/DATA/PAGE		63.04	
COM05	COMCAST	10/21/2015	Regular	0.00	413.46	42429
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
9/26/15-1792	Invoice	10/19/2015	PHONES/VAR. DEPTS	0.00	413.46	
	100-5200-6510		TELEPHONE/DATA/PAGE		82.70	
	100-5620-6510		TELEPHONE/DATA/PAGE		82.70	
	100-5700-6510		TELEPHONE/DATA/PAGE		82.70	
	400-5300-6510		TELEPHONE/DATA & PAG		82.70	
	401-5300-6510		TELEPHONE/ DATA/PAGE		82.66	
DEL00	DE LAGE LANDEN FINANCIAL	10/21/2015	Regular	0.00	3,665.11	42430
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
47568435	Invoice	10/19/2015	COPY MACHINES LEASE	0.00	3,665.11	
	100-5200-6520		PROFESSIONAL SERVICES		605.18	
	100-5200-6520		PROFESSIONAL SERVICES		273.47	
	100-5400-6520		PROFESSIONAL SERVICES		728.15	
	100-5615-6520		PROFESSIONAL SERVICES		120.80	
	100-5700-6520		PROFESSIONAL SERVICES		245.96	
	269-6303-6520		PROFESSIONAL SERVICES		717.47	
	400-5300-6541		LEASE CONTRACTS		364.08	
	400-5600-6541		LEASE CONTRACTORS		122.97	
	401-5300-6520		PROFESSIONAL SERVICES		364.07	
	401-5600-6541		LEASE CONTRACTORS		122.96	
LK100	JOSE MORAN	10/21/2015	Regular	0.00	125.00	42431
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
15026	Invoice	10/20/2015	WEBSITE MAINTENANCE 9-15	0.00	125.00	
	100-5200-6520		PROFESSIONAL SERVICES		31.25	
	100-5300-6520		PROFESSIONAL SERVICES		31.25	
	100-5600-6520		PROFESSIONAL SERVICES		31.25	
	100-5700-6520		PROFESSIONAL SERVICES		31.25	
KAI00	KAISER FOUNDATION HEALTH	10/21/2015	Regular	0.00	17,348.00	42432

Check Report

Date Range: 10/16/2015 - 10/30/2015

Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amount	Payment Amount	Number
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
Account Number	Account Name	Item Description	Distribution Amount			
644006-10-15	Invoice	10/20/2015	HEALTH INSURANCE 10-15	0.00	17,348.00	
100-22197	EMPLOYEE MED.INSUR.	HEALTH INSURANCE 10-15			1,977.00	
100-5100-5011	INSURANCE-MED,DEN,VI	HEALTH INSURANCE 10-15			81.00	
100-5200-5011	INSURANCE-MED,DEN,VI	HEALTH INSURANCE 10-15			157.00	
100-5400-5011	INSURANCE-MED,DEN,VI	HEALTH INSURANCE 10-15			8,290.00	
100-5610-5011	INSURANCE-MED,DEN,VI	HEALTH INSURANCE 10-15			281.20	
100-5700-5011	INSURANCE-MED,DEN,VI	HEALTH INSURANCE 10-15			1,148.00	
160-5400-5011	INSURANCE-MED,DEN,VI	HEALTH INSURANCE 10-15			547.00	
203-5600-5011	INSURANCE-MED,DEN,VI	HEALTH INSURANCE 10-15			500.20	
206-5600-5011	INSURANCE-MED,DEN,VI	HEALTH INSURANCE 10-15			460.60	
298-5400-5011	INSURANCE-MED, DEN, V	HEALTH INSURANCE 10-15			1,094.00	
400-5100-5011	INSURANCE, MED, DEN, V	HEALTH INSURANCE 10-15			81.00	
400-5200-5011	INSURANCE MED, DEN, VI	HEALTH INSURANCE 10-15			157.00	
400-5300-5011	INSURANCE- MED, DEN.	HEALTH INSURANCE 10-15			310.00	
400-5600-5011	INSURANCE- MED, DEN,	HEALTH INSURANCE 10-15			553.00	
401-5100-5011	INSURANCE-MED,DEN,VI	HEALTH INSURANCE 10-15			81.00	
401-5200-5011	INSURANCE-MED,DEN,VI	HEALTH INSURANCE 10-15			157.00	
401-5300-5011	INSURANCE-MED,DEN,VI	HEALTH INSURANCE 10-15			310.00	
401-5600-5011	INSURANCE-MED,DEN,VI	HEALTH INSURANCE 10-15			553.00	
402-5100-5011	INSURANCE-MED,DEN,VI	HEALTH INSURANCE 10-15			81.00	
402-5300-5011	INSURANCE-MED, DEN,VI	HEALTH INSURANCE 10-15			310.00	
402-5600-5011	INSURANCE-MED,DEN,VI	HEALTH INSURANCE 10-15			219.00	
LOZ03	**Void**	10/21/2015	Regular	0.00	0.00	42433
	LOZANO SMITH, LLP	10/21/2015	Regular	0.00	9,217.40	42434
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
Account Number	Account Name	Item Description	Distribution Amount			
41532	Invoice	10/20/2015	GENERAL LEGAL 9/15	0.00	4,707.90	
100-5200-6520	PROFESSIONAL SERVICES	GENERAL LEGAL 9/15			3,640.40	
400-5600-6520	PROFESSIONAL SERVICES	GENERAL LEGAL 9/15			17.50	
401-5600-6520	PROFESSIONAL SERVICES	GENERAL LEGAL 9/15			1,050.00	
41533	Invoice	10/20/2015	LEGAL RETAINER 9/15	0.00	666.00	
100-5200-6520	PROFESSIONAL SERVICES	LEGAL RETAINER 9/15			666.00	
41534	Invoice	10/20/2015	LEGAL SERVICES PD 9/15	0.00	490.00	
100-5400-6520	PROFESSIONAL SERVICES	LEGAL SERVICES PD 9/15			490.00	
41535	Invoice	10/20/2015	LEGAL SERVICES PW 9/15	0.00	105.00	
100-5600-6520	PROFESSIONAL SERVICES	LEGAL SERVICES PW 9/15			105.00	
41536	Invoice	10/20/2015	LEGAL SUCC. AGENCY 9/15	0.00	122.50	
602-8100-6520	PROFESSIONAL SERVICES	LEGAL SUCC. AGENCY 9/15			122.50	
41537	Invoice	10/20/2015	GENERAL LITIGATION 9/15	0.00	2,738.00	
100-5200-6520	PROFESSIONAL SERVICES	GENERAL LITIGATION 9/15			2,738.00	
41538	Invoice	10/20/2015	TCP LITIGATION 9/15	0.00	55.50	
400-5600-6520	PROFESSIONAL SERVICES	TCP LITIGATION 9/15			55.50	
41539	Invoice	10/20/2015	PD NEGOTIATIONS 9/15	0.00	332.50	
100-5400-6520	PROFESSIONAL SERVICES	PD NEGOTIATIONS 9/15			332.50	
MID06	MID VALLEY PUBLISHING	10/21/2015	Regular	0.00	50.90	42435
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
Account Number	Account Name	Item Description	Distribution Amount			
0292897-IN	Invoice	10/19/2015	ACCT TECH I AD	0.00	17.10	
400-5300-6520	PROFESSIONAL SERVICES	ACCT TECH I AD			8.60	
401-5300-6520	PROFESSIONAL SERVICES	ACCT TECH I AD			8.50	
0292933-IN	Invoice	10/19/2015	ACCT TECH I AD	0.00	33.80	
400-5300-6520	PROFESSIONAL SERVICES	ACCT TECH I AD			16.80	
401-5300-6520	PROFESSIONAL SERVICES	ACCT TECH I AD			17.00	

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Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amount	Payment Amount	Number
OFF01	OFFICE DEPOT	10/21/2015	Regular	0.00	141.68	42436
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
797277476001	Invoice	10/19/2015	OFFICE SUPPLY	0.00	141.68	
	100-5200-6000		OFFICE SUPPLIES		7.08	
	100-5700-6000		OFFICE SUPPLIES		7.08	
	400-5300-6000		OFFICE SUPPLIES - FIN		67.30	
	401-5300-6000		Office Supplies		60.22	
PRE18	PREMIER ACCESS INSURANCE	10/21/2015	Regular	0.00	2,725.54	42437
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
12553-11-15	Invoice	10/20/2015	DENTAL FEE 11-15	0.00	2,725.54	
	100-5100-5011		INSURANCE-MED,DEN,VI		94.41	
	100-5200-5011		INSURANCE-MED,DEN,VI		29.02	
	100-5300-5011		INSURANCE-MED,DEN,VI		17.41	
	100-5400-5011		INSURANCE-MED,DEN,VI		1,135.31	
	100-5410-5011		INSURANCE-MED, DEN, V		-87.05	
	100-5610-5011		INSURANCE-MED,DEN,VI		64.05	
	100-5700-5011		INSURANCE-MED,DEN,VI		128.11	
	160-5400-5011		INSURANCE-MED,DEN,VI		64.06	
	203-5600-5011		INSURANCE-MED,DEN,VI		191.00	
	206-5600-5011		INSURANCE-MED,DEN,VI		64.05	
	213-5600-5011		INSURANCE-MED,DEN,VI		38.43	
	278-5400-5011		INSURANCE-MEDICAL/DE		87.05	
	298-5400-5011		INSURANCE-MED, DEN, V		128.11	
	400-5100-5011		INSURANCE, MED, DEN, V		94.41	
	400-5200-5011		INSURANCE MED, DEN, VI		29.02	
	400-5300-5011		INSURANCE- MED, DEN.		64.52	
	400-5600-5011		INSURANCE- MED, DEN,		123.83	
	401-5100-5011		INSURANCE-MED,DEN,VI		94.41	
	401-5200-5011		INSURANCE-MED,DEN,VI		29.01	
	401-5300-5011		INSURANCE-MED,DEN,VI		64.52	
	401-5600-5011		INSURANCE-MED,DEN,VI		70.23	
	402-5100-5011		INSURANCE-MED,DEN.VI		94.39	
	402-5300-5011		INSURANCE-MED, DEN,VI		51.39	
	402-5600-5011		INSURANCE-MED,DEN,VI		38.44	
	602-8100-5011		INSURANCE-MED,DEN,VI		17.41	
	Void	10/21/2015	Regular	0.00	0.00	42438
QUI02	QUILL CORPORATION	10/21/2015	Regular	0.00	42.20	42439
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
8231657	Invoice	10/19/2015	FILING SUPPLY	0.00	42.20	
	100-5200-6000		OFFICE SUPPLIES		42.20	
RSG01	RSG, INC.	10/21/2015	Regular	0.00	7,136.25	42440
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
1000794	Invoice	10/20/2015	SUCCESSOR AG SERVICES 9-15	0.00	7,136.25	
	602-8100-6542		CONTRACT SERVICES		7,136.25	
TCM01	TCM INVESTMENTS LP	10/21/2015	Regular	0.00	253.97	42441
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
122549	Invoice	10/19/2015	FOLDING MACHINE	0.00	253.97	
	400-5300-6541		LEASE CONTRACTS		84.65	
	401-5300-6541		LEASE CONTRACTORS		84.66	
	402-5300-6520		PROFESSIONAL SERVICES		84.66	
TER01	TERMINIX PROCESSING CTR.	10/21/2015	Regular	0.00	69.00	42442

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Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amount	Payment Amount	Number
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
348716783	Invoice	10/19/2015	PEST CONTROL/PRESCHOOL	0.00	69.00	
	269-6303-6520		PROFESSIONAL SERVICES		69.00	
SO 01	THE GAS CO.	10/21/2015	Regular	0.00	270.69	42443
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
	Invoice	10/19/2015	UTILITIES VAR. DEPT.	0.00	270.69	
	100-5104-6513		GAS		23.84	
	100-5400-6513		GAS		35.27	
	100-5615-6513		GAS		5.72	
	100-5620-6513		GAS		8.52	
	100-5620-6513		GAS		136.32	
	100-5620-6513		GAS		18.11	
	269-6303-6513		GAS		42.91	
THE37	THE LINCOLN NATIONAL LIFE	10/21/2015	Regular	0.00	531.67	42444
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
	Invoice	10/20/2015	LONG TERM INS. 11-15	0.00	531.67	
	100-5200-5011		INSURANCE-MED,DEN,VI		7.96	
	100-5300-5011		INSURANCE-MED,DEN,VI		8.40	
	100-5400-5011		INSURANCE-MED,DEN,VI		261.64	
	100-5410-5011		INSURANCE-MED, DEN, V		-9.96	
	100-5610-5011		INSURANCE-MED,DEN,VI		7.65	
	100-5700-5011		INSURANCE-MED,DEN,VI		36.65	
	160-5400-5011		INSURANCE-MED,DEN,VI		13.69	
	203-5600-5011		INSURANCE-MED,DEN,VI		24.81	
	206-5600-5011		INSURANCE-MED,DEN,VI		8.13	
	213-5600-5011		INSURANCE-MED,DEN,VI		4.02	
	278-5400-5011		INSURANCE-MEDICAL/DE		20.75	
	298-5400-5011		INSURANCE-MED, DEN, V		22.88	
	400-5200-5011		INSURANCE MED, DEN, VI		7.96	
	400-5300-5011		INSURANCE- MED, DEN.		18.77	
	400-5600-5011		INSURANCE- MED, DEN,		21.60	
	401-5200-5011		INSURANCE-MED,DEN,VI		7.96	
	401-5300-5011		INSURANCE-MED,DEN,VI		18.77	
	401-5600-5011		INSURANCE-MED,DEN,VI		21.91	
	402-5300-5011		INSURANCE-MED, DEN,VI		12.47	
	402-5600-5011		INSURANCE-MED,DEN,VI		7.21	
	602-8100-5011		INSURANCE-MED,DEN,VI		8.40	
	Void	10/21/2015	Regular	0.00	0.00	42445
YOU00	YOUTH CENTERS OF AMERICA,	10/21/2015	Regular	0.00	11,858.27	42446
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
	Invoice	10/21/2015	CAL GRIP 7 YCA Q7	0.00	11,858.27	
	298-5400-6520		PROFESSIONAL SERVICES		11,858.27	
FRE12	FRESNO COUNTY TREASURER/DATA SALES	10/22/2015	Regular	0.00	48.70	42447
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
	Invoice	10/22/2015	SECURED ASSESSMENT ROLE -PROP 218	0.00	48.70	
	400-5300-6520		PROFESSIONAL SERVICES		48.70	
CEN02	CENTRAL VALLEY LOCK	10/23/2015	Regular	0.00	38.49	42448

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Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amount	Payment Amount	Number
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
47055	Invoice	10/21/2015	VET PARK KEYS	0.00	38.49	
	100-5610-6520		PROFESSIONAL SERVICES		38.49	
COM05	COMCAST	10/23/2015	Regular	0.00	305.71	42449
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
81555002601212	Invoice	10/22/2015	PRESCHOOL PHONES	0.00	305.71	
	269-6303-6510		TELEPHONE/DATA/PAGE		305.71	
FID00	FIDELITY SECURITY LIFE IN	10/23/2015	Regular	0.00	2,306.64	42450
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
23821-11-15	Invoice	10/23/2015	GAP INS. 11-15	0.00	2,306.64	
	100-5100-5011		INSURANCE-MED,DEN,VI		36.30	
	100-5200-5011		INSURANCE-MED,DEN,VI		30.75	
	100-5400-5011		INSURANCE-MED,DEN,VI		1,029.53	
	100-5610-5011		INSURANCE-MED,DEN,VI		49.60	
	100-5700-5011		INSURANCE-MED,DEN,VI		231.62	
	160-5400-5011		INSURANCE-MED,DEN,VI		60.50	
	203-5600-5011		INSURANCE-MED,DEN,VI		73.52	
	206-5600-5011		INSURANCE-MED,DEN,VI		67.51	
	298-5400-5011		INSURANCE-MED, DEN, V		138.28	
	400-5100-5011		INSURANCE, MED, DEN, V		36.30	
	400-5200-5011		INSURANCE MED, DEN, VI		30.75	
	400-5300-5011		INSURANCE- MED, DEN.		77.21	
	400-5600-5011		INSURANCE- MED, DEN,		81.54	
	401-5100-5011		INSURANCE-MED,DEN,VI		36.30	
	401-5200-5011		INSURANCE-MED,DEN,VI		30.76	
	401-5300-5011		INSURANCE-MED,DEN,VI		77.21	
	401-5600-5011		INSURANCE-MED,DEN,VI		81.54	
	402-5100-5011		INSURANCE-MED,DEN,VI		36.30	
	402-5300-5011		INSURANCE-MED, DEN,VI		77.20	
	402-5600-5011		INSURANCE-MED,DEN,VI		23.92	
OFF01	**Void**	10/23/2015	Regular	0.00	0.00	42451
	OFFICE DEPOT	10/23/2015	Regular	0.00	87.86	42452
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
798239695001	Invoice	10/21/2015	OFFICE SUPPLIES	0.00	87.86	
	400-5300-6000		OFFICE SUPPLIES - FIN		43.93	
	401-5300-6000		Office Supplies		43.93	
P.G01	PACIFIC GAS & ELECTRIC	10/23/2015	Regular	0.00	77.55	42453
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
OCT	Invoice	10/21/2015	TRAFFIC LIGHTS	0.00	77.55	
	200-5600-6512		ELECTRICITY		77.55	
RLBO1	REEDLEY LUMBER & BUILDING	10/23/2015	Regular	0.00	188.39	42454
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
74112	Invoice	10/21/2015	RESTROOM REPAIR	0.00	188.39	
	100-5200-6002		PARTS SUPPLIES		62.80	
	100-5700-6002		PARTS SUPPLIES		62.80	
	400-5300-6002		PARTS SUPPLIES		62.79	
SEL01	SELECT BUSINESS SYSTEMS INC.	10/23/2015	Regular	0.00	1,098.11	42455

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Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amount	Payment Amount	Number
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
215997	Invoice	10/21/2015	SHARP COPY MACHINES	0.00	1,098.11	
	100-5100-6541		LEASE CONTRACTS		137.27	
	100-5200-6541		LEASE CONTRACTS		137.27	
	100-5400-6541		LEASE CONTRACTS		137.27	
	100-5600-6541		LEASE CONTRACTS		137.26	
	100-5700-6541		LEASE CONTRACTS		137.26	
	269-6303-6541		LEASE CONTRACTS		137.26	
	400-5300-6541		LEASE CONTRACTS		137.26	
	400-5600-6541		LEASE CONTRACTORS		137.26	
SUP01	SUPPLYWORKS	10/23/2015	Regular	0.00	819.41	42456
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
5151632-00	Invoice	10/22/2015	PRESCHOOL KITCHEN SUPPLY	0.00	819.41	
	269-6303-6504		FOOD SERVICES		819.41	
SYS00	SYSCO OF CENTRAL CALIFORN	10/23/2015	Regular	0.00	879.65	42457
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
510140556	Invoice	10/22/2015	PRESCHOOL MEAL SUPPLY	0.00	595.55	
	269-6303-6504		FOOD SERVICES		595.55	
510210356	Invoice	10/22/2015	PRESCHOOL MEAL SUPPLY	0.00	284.10	
	269-6303-6504		FOOD SERVICES		284.10	
USM01	U-SAVE MARKET	10/23/2015	Regular	0.00	1,469.46	42458
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
10-12-15	Invoice	10/22/2015	PRESCHOOL MEAL SUPPLY	0.00	216.18	
	269-6303-6504		FOOD SERVICES		216.18	
10-13-15	Invoice	10/22/2015	PRESCHOOL MEAL SUPPLY	0.00	171.35	
	269-6303-6504		FOOD SERVICES		171.35	
10-14-15	Invoice	10/22/2015	PRESCHOOL MEAL SUPPLY	0.00	152.72	
	269-6303-6504		FOOD SERVICES		152.72	
10-15-15	Invoice	10/22/2015	PRESCHOOL MEAL SUPPLY	0.00	221.77	
	269-6303-6504		FOOD SERVICES		221.77	
10-19-15	Invoice	10/22/2015	PRESCHOOL MEAL SUPPLY	0.00	163.89	
	269-6303-6504		FOOD SERVICES		163.89	
10-20-15	Invoice	10/22/2015	PRESCHOOL MEAL SUPPLY	0.00	137.42	
	269-6303-6504		FOOD SERVICES		137.42	
10-21-15	Invoice	10/22/2015	PRESCHOOL MEAL SUPPLY	0.00	215.94	
	269-6303-6504		FOOD SERVICES		215.94	
10-22-15	Invoice	10/22/2015	PRESCHOOL MEAL SUPPLY	0.00	190.19	
	269-6303-6504		FOOD SERVICES		190.19	
VER08	VERIZON WIRELESS	10/23/2015	Regular	0.00	686.90	42459
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
OCT	Invoice	10/21/2015	VERIZON CELL PHONES	0.00	686.90	
	100-5100-6510		TELEPHONE/DATA/PAGE		295.88	
	100-5700-6510		TELEPHONE/DATA/PAGE		43.34	
	400-5600-6510		TELEPHONE/DATA/PAGE		300.49	
	401-5600-6510		TELEPHONE/DATA/PAGE		47.19	
YAM01	YAMABE & HORN ENGINEERING INC.	10/23/2015	Regular	0.00	1,040.00	42460

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Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amount	Payment Amount	Number
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
34146	Invoice	10/22/2015	P.D. CONSULTATION	0.00	1,040.00	
	100-5400-6519	ENGINEERING FEES	P.D. CONSULTATION		1,040.00	
YOU00	YOUTH CENTERS OF AMERICA,	10/23/2015	Regular	0.00	17,400.00	42461
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
NOV. 15-28	Invoice	10/22/2015	PRESCHOOL PAYROLL	0.00	17,400.00	
	269-13101	A/R-PAYROLL ADVANCE	PRESCHOOL PAYROLL		17,400.00	
ADP00	ADP, INC.	10/26/2015	Regular	0.00	429.69	42462
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
462252629	Invoice	10/26/2015	EZ LABOR MANAGER	0.00	429.69	
	100-5200-6520	PROFESSIONAL SERVICES	EZ LABOR MANAGER		8.43	
	100-5400-6520	PROFESSIONAL SERVICES	EZ LABOR MANAGER		202.21	
	100-5610-6520	PROFESSIONAL SERVICES	EZ LABOR MANAGER		8.43	
	100-5620-6520	PROFESSIONAL SERVICES	EZ LABOR MANAGER		67.40	
	100-5700-6520	PROFESSIONAL SERVICES	EZ LABOR MANAGER		25.25	
	203-5600-6520	PROFESSIONAL SERVICES	EZ LABOR MANAGER		8.43	
	206-5600-6520	PROFESSIONAL SERVICES	EZ LABOR MANAGER		8.43	
	400-5300-6520	PROFESSIONAL SERVICES	EZ LABOR MANAGER		16.85	
	400-5600-6520	PROFESSIONAL SERVICES	EZ LABOR MANAGER		25.28	
	401-5300-6520	PROFESSIONAL SERVICES	EZ LABOR MANAGER		16.85	
	401-5600-6520	PROFESSIONAL SERVICES	EZ LABOR MANAGER		25.28	
	402-5300-6520	PROFESSIONAL SERVICES	EZ LABOR MANAGER		16.85	
ALE01	ALERT-O-LITE, INC.	10/26/2015	Regular	0.00	110.28	42463
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
447533	Invoice	10/23/2015	STREET SAFETY VESTS	0.00	110.28	
	200-5600-6002	PARTS SUPPLIES	STREET SAFETY VESTS		110.28	
AUT01	AUTO ZONE	10/26/2015	Regular	0.00	288.83	42464
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
3758987357	Invoice	10/23/2015	FORKLIFT MAINTENANCE	0.00	106.48	
	400-5600-6532	VEHICLE MAINTENANCE	VEHICLE MAINTENANCE		106.48	
3758987359	Invoice	10/23/2015	TIRE ON SPRAYER	0.00	13.01	
	401-5600-6532	VEHICLE MAINTENANCE	VEHICLE MAINTENANCE		13.01	
3758989477	Invoice	10/23/2015	KUBATA TRACTOR	0.00	87.51	
	401-5600-6532	VEHICLE MAINTENANCE	VEHICLE MAINTENANCE		87.51	
3758989662	Invoice	10/23/2015	KUBATA TRACTOR	0.00	8.00	
	401-5600-6532	VEHICLE MAINTENANCE	VEHICLE MAINTENANCE		8.00	
3758989800	Invoice	10/23/2015	SHOP SUPPLIES	0.00	51.14	
	100-5600-6002	PARTS SUPPLIES	PARTS & SUPPLIES		51.14	
3758991123	Invoice	10/23/2015	GRAFFITI MEND/PARLIER	0.00	22.69	
	200-5600-6002	PARTS SUPPLIES	PARTS & SUPPLIES		22.69	
BIG01	BIG VAL'S AUTO PARTS, INC	10/26/2015	Regular	0.00	6.51	42465
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
697316	Invoice	10/23/2015	GMC UTILITY TRACTOR	0.00	6.51	
	401-5600-6532	VEHICLE MAINTENANCE	VEHICLE MAINTENANCE		6.51	
COR40	CORONA, LILIANA	10/26/2015	Regular	0.00	365.00	42466

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Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
1/30/16	Invoice	10/23/2015	EVENT CANCELLATION 1/30/16	0.00	365.00	
	100-23101	COMMUNITY CENTER RE	EVENT CANCELLATION 1/30/16		400.00	
	100-5000-45200	COMMUNITY CENTER RE	EVENT CANCELLATION FEE		-35.00	
CUM01	CUMMINS PACIFIC, LLC	10/26/2015	Regular	0.00	3,099.35	42467
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
Account Number	Account Name	Item Description	Distribution Amount			
022-56894	Invoice	10/22/2015	ZEDIKER LIFT STATION	0.00	1,559.33	
	401-5600-6004	TOOLS & MINOR EQUIPM	ZEDIKER LIFT STATION		1,559.33	
022-56897	Invoice	10/22/2015	MILTON LIFT SATTION	0.00	1,540.02	
	401-5600-6004	TOOLS & MINOR EQUIPM	MILTON LIFT SATTION		1,540.02	
FFT01	FRESNO FABTECH INCORPORATED	10/26/2015	Regular	0.00	1,915.00	42468
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
Account Number	Account Name	Item Description	Distribution Amount			
09796	Invoice	10/23/2015	WASTEWATER REPAIRS	0.00	1,915.00	
	401-5600-6520	PROFESSIONAL SERVICES	WASTEWATER REPAIRS		1,915.00	
GIE01	GIERSCH & ASSOCIATES, INC.	10/26/2015	Regular	0.00	5,671.50	42469
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
Account Number	Account Name	Item Description	Distribution Amount			
1015-2434	Invoice	10/22/2015	GENERAL STREETS	0.00	62.50	
	200-5600-6520	PROFESSIONAL SERVICES	GENERAL STREETS		62.50	
1015-2443	Invoice	10/22/2015	HEADWORKS -PW	0.00	284.00	
	401-5600-6520	PROFESSIONAL SERVICES	HEADWORKS - PW		284.00	
1015-2444	Invoice	10/22/2015	WWTP HEADWORKS	0.00	1,080.00	
	401-5600-6520	PROFESSIONAL SERVICES	WWTP HEADWORKS		1,080.00	
1015-2445	Invoice	10/22/2015	SEWER GENERAL 2015	0.00	1,102.00	
	401-5600-6520	PROFESSIONAL SERVICES	SEWER GENERAL 2015		1,102.00	
1015-2446	Invoice	10/22/2015	SEWER GENERAL	0.00	240.00	
	401-5600-6520	PROFESSIONAL SERVICES	SEWER GENERAL		240.00	
1015-2447	Invoice	10/22/2015	SEWER GENERAL	0.00	524.00	
	401-5600-6520	PROFESSIONAL SERVICES	SEWER GENERAL		524.00	
1015-2448	Invoice	10/23/2015	PARLIER SEWER ZEDIKER	0.00	2,379.00	
	401-5600-6520	PROFESSIONAL SERVICES	PARLIER SEWER ZEDIKER		2,379.00	
JEN04	JENSEN AND PILEGARD #5	10/26/2015	Regular	0.00	2,417.05	42470
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
Account Number	Account Name	Item Description	Distribution Amount			
305192	Invoice	10/23/2015	LAWN MOWER PARTS	0.00	2,417.05	
	100-5610-6002	PARTS SUPPLIES	LAWN MOWER PARTS		2,417.05	
QUI02	QUILL CORPORATION	10/26/2015	Regular	0.00	96.24	42471
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
Account Number	Account Name	Item Description	Distribution Amount			
8320792	Invoice	10/23/2015	OFFICE SUPPLIES	0.00	59.48	
	400-5600-6000	OFFICE SUPPLIES - P.W.	OFFICE SUPPLIES		59.48	
8322329	Invoice	10/23/2015	OFFICE SUPPLIES	0.00	36.76	
	401-5600-6000	OFFICE SUPPLIES	OFFICE SUPPLIES		36.76	
RED01	REDCO	10/26/2015	Regular	0.00	93.80	42472
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
Account Number	Account Name	Item Description	Distribution Amount			
5973	Invoice	10/22/2015	WELL #9 SUPPLIES	0.00	93.80	
	400-5600-6002	PARTS & SUPPLIES	WELL #9 SUPPLIES		93.80	

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Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amount	Payment Amount	Number
RLB01	REEDLEY LUMBER & BUILDING	10/26/2015	Regular	0.00	618.53	42473
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
58561	Invoice	10/23/2015	PARKS PARTS/SUPPLIES	0.00	272.00	
	100-5610-6002		PARTS SUPPLIES		272.00	
73221	Invoice	10/23/2015	PARKS PARTS/SUPPLIES	0.00	133.31	
	100-5610-6002		PARTS SUPPLIES		133.31	
73775	Invoice	10/23/2015	WATER PARTS/SUPPLIES	0.00	67.47	
	400-5600-6002		PARTS & SUPPLIES		67.47	
73817	Invoice	10/22/2015	SPRINKLERS 6TH/MEND	0.00	28.79	
	100-5610-6002		PARTS SUPPLIES		28.79	
73946	Invoice	10/23/2015	STREET ROAD MATERIAL	0.00	43.92	
	200-5600-6006		ROAD MATERIALS P.W.		43.92	
74199	Invoice	10/23/2015	PARKS PARTS/SUPPLIES	0.00	20.68	
	100-5610-6002		PARTS SUPPLIES		20.68	
C55993	Invoice	10/23/2015	STREET PARTS/SUPPLIES	0.00	52.36	
	200-5600-6002		PARTS SUPPLIES		52.36	
SAN1H	SANGER NURSERY	10/26/2015	Regular	0.00	415.90	42474
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
546100	Invoice	10/23/2015	WEEDEATER PARTS	0.00	134.24	
	100-5610-6002		PARTS SUPPLIES		134.24	
547448	Invoice	10/23/2015	WASTEWATER SUPPLIES	0.00	82.74	
	401-5600-6002		PARTS SUPPLIES		82.74	
547540	Invoice	10/23/2015	PARTS & SUPPLIES	0.00	95.88	
	100-5610-6002		PARTS SUPPLIES		95.88	
548120	Invoice	10/23/2015	WEEDEATER SUPPLIES	0.00	103.04	
	100-5610-6002		PARTS SUPPLIES		103.04	
T&T01	T & T VALVE AND INSTRUMENT, INC.	10/26/2015	Regular	0.00	2,542.97	42475
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
50002	Invoice	10/23/2015	PW TOOLS & EQUIPMENT	0.00	2,542.97	
	401-5600-6004		TOOLS & MINOR EQUIPM		2,542.97	
THE36	THE FLOWER BASKET	10/26/2015	Regular	0.00	365.00	42476
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
OCT	Invoice	10/23/2015	SYMPATHY FLOWERS	0.00	365.00	
	100-5200-6538		COMMUNITY PROMO		365.00	
USA01	USA BLUE BOOK	10/26/2015	Regular	0.00	330.86	42477
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
771627	Invoice	10/23/2015	TOOLS & EQUIPMENT	0.00	330.86	
	400-5600-6004		TOOLS & MINOR EQUIPM		330.86	
PEN21	VICTOR PENA	10/26/2015	Regular	0.00	114.00	42478
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
771615538-0000	Invoice	10/23/2015	CELL PHONE REIMB.	0.00	114.00	
	100-5620-6510		TELEPHONE/DATA/PAGE		38.00	
	100-5620-6510		TELEPHONE/DATA/PAGE		38.00	
	100-5620-6510		TELEPHONE/DATA/PAGE		38.00	
WEL04	WELLS FARGO FINANCIAL LEA	10/26/2015	Regular	0.00	557.36	42479

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Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
5002545739	Invoice	10/26/2015	TOSHIBA COPY MACHINE	0.00	557.36	
	100-5100-6541		LEASE CONTRACTS		79.63	
	100-5200-6541		LEASE CONTRACTS		79.63	
	100-5400-6541		LEASE CONTRACTS		79.62	
	100-5700-6541		LEASE CONTRACTS		79.62	
	400-5300-6541		LEASE CONTRACTS		79.62	
	401-5300-6541		LEASE CONTRACTORS		79.62	
	602-8100-6541		LEASE CONTRACTS		79.62	
YAM01	YAMABE & HORN ENGINEERING INC.	10/26/2015	Regular	0.00	1,748.00	42480
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
34156	Invoice	10/23/2015	FLORES FIELD DRAIN	0.00	1,748.00	
	200-5600-6519		ENGINEERING FEES		1,748.00	
ABI10	ABILITY ANSWERING SERV.	10/27/2015	Regular	0.00	80.74	42481
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
OCT	Invoice	10/27/2015	TELEPHONE SERVICES	0.00	80.74	
	400-5600-6510		TELEPHONE/DATA/PAGE		80.74	
A-C00	A-C ELECTRIC COMPANY	10/27/2015	Regular	0.00	1,634.05	42482
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
31773	Invoice	10/27/2015	PROFESSIONAL SERVICES	0.00	1,634.05	
	401-5600-6520		PROFESSIONAL SERVICES		1,634.05	
CAL1Y	CALIFORNIA WATER SERVICES	10/27/2015	Regular	0.00	23,818.29	42483
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
0029831-IN	Invoice	10/27/2015	ROUTINE WATER SERV	0.00	23,818.29	
	400-5600-6011		FUEL		30.00	
	400-5600-6542		CONTRACT SERVICES		9,110.63	
	400-5600-6544		LAB ANALYSIS & TESTING		1,020.00	
	401-5600-6004		TOOLS & MINOR EQUIPM		52.64	
	401-5600-6542		CONTRACT SERVICES		10,867.52	
	401-5600-6544		LAB ANALYSIS & TESTING		2,737.50	
CEN02	CENTRAL VALLEY LOCK	10/27/2015	Regular	0.00	123.42	42484
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
46999	Invoice	10/27/2015	REPAIR HANDLE LOCK	0.00	123.42	
	100-5400-6002		PARTS SUPPLIES		123.42	
COM05	COMCAST	10/27/2015	Regular	0.00	334.56	42485
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
10252015	Invoice	10/27/2015	PD PHONES	0.00	334.56	
	100-5400-6510		TELEPHONE/DATA/PAGE		334.56	
FRE00	FRESNO OXYGEN	10/27/2015	Regular	0.00	168.44	42486
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
61739178	Invoice	10/27/2015	WATER PARTS/SUPP	0.00	168.44	
	400-5600-6002		PARTS & SUPPLIES		168.44	
JOR01	JORGENSEN & COMPANY	10/27/2015	Regular	0.00	363.60	42487

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Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amount	Payment Amount	Number
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
5548469	Invoice	10/27/2015	ANNUAL INSP./FIRE EXT.	0.00	363.60	
	100-5400-6005		SAFETY EQUIPMENT		363.60	
NGL00	NGLIC	10/27/2015	Regular	0.00	531.34	42488
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
IA456303	Invoice	10/27/2015	VISION FEE 11-15	0.00	531.34	
	100-5100-5011		INSURANCE-MED,DEN,VI		21.09	
	100-5200-5011		INSURANCE-MED,DEN,VI		12.55	
	100-5300-5011		INSURANCE-MED,DEN,VI		3.41	
	100-5400-5011		INSURANCE-MED,DEN,VI		240.85	
	100-5610-5011		INSURANCE-MED,DEN,VI		12.55	
	100-5700-5011		INSURANCE-MED,DEN,VI		25.10	
	160-5400-5011		INSURANCE-MED,DEN,VI		12.55	
	203-5600-5011		INSURANCE-MED,DEN,VI		32.90	
	206-5600-5011		INSURANCE-MED,DEN,VI		10.95	
	213-5600-5011		INSURANCE-MED,DEN,VI		7.53	
	298-5400-5011		INSURANCE-MED, DEN, V		25.10	
	400-5100-5011		INSURANCE, MED, DEN, V		21.09	
	400-5300-5011		INSURANCE- MED, DEN.		12.64	
	400-5600-5011		INSURANCE- MED, DEN,		27.81	
	401-5200-5011		INSURANCE-MED,DEN,VI		12.55	
	401-5300-5011		INSURANCE-MED,DEN,VI		12.64	
	401-5600-5011		INSURANCE-MED,DEN,VI		18.05	
	402-5300-5011		INSURANCE-MED, DEN,VI		10.07	
	402-5600-5011		INSURANCE-MED,DEN,VI		8.49	
	602-8100-5011		INSURANCE-MED,DEN,VI		3.42	
PER06	**Void**	10/27/2015	Regular	0.00	0.00	42489
	PAC AUTO SALES	10/27/2015	Regular	0.00	1,084.65	42490
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
17690	Invoice	10/27/2015	30	0.00	600.66	
	100-5400-6532		VEHICLE MAINTENANCE		600.66	
17725	Invoice	10/27/2015	REPL. RADIATOR/FLUIDS	0.00	338.99	
	100-5400-6532		VEHICLE MAINTENANCE		338.99	
17726	Invoice	10/27/2015	TIRE BALANCE/ROTATION	0.00	50.00	
	100-5400-6532		VEHICLE MAINTENANCE		50.00	
17728	Invoice	10/27/2015	VEHICLE TOW/BATTERY	0.00	95.00	
	100-5400-6532		VEHICLE MAINTENANCE		95.00	
RLB01	REEDLEY LUMBER & BUILDING	10/27/2015	Regular	0.00	229.48	42491
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
74362	Invoice	10/27/2015	SUPPLIES PUBLIC WORKS	0.00	6.33	
	400-5600-6002		PARTS & SUPPLIES		6.33	
74601	Invoice	10/27/2015	SUPPLIES PUBLIC WORKS	0.00	22.95	
	200-5600-6002		PARTS SUPPLIES		22.95	
74728	Invoice	10/27/2015	SUPPLIES	0.00	137.25	
	200-5600-6002		PARTS SUPPLIES		137.25	
74912	Invoice	10/27/2015	SUPPLIES PUBLIC WORKS	0.00	62.95	
	400-5600-6002		PARTS & SUPPLIES		62.95	
STA1B	STANDARD INSURANCE CO.	10/27/2015	Regular	0.00	1,429.89	42492

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Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
640476-11-15	Invoice	10/27/2015	LIFE INSURANCE 11-15	0.00	1,429.89	
	100-5200-5011		INSURANCE-MED,DEN,VI		19.63	
	100-5300-5011		INSURANCE-MED,DEN,VI		22.35	
	100-5400-5011		INSURANCE-MED,DEN,VI		646.15	
	100-5700-5011		INSURANCE-MED,DEN,VI		89.63	
	160-5400-5011		INSURANCE-MED,DEN,VI		35.40	
	203-5600-5011		INSURANCE-MED,DEN,VI		76.31	
	206-5600-5011		INSURANCE-MED,DEN,VI		76.32	
	278-5400-5011		INSURANCE-MEDICAL/DE		49.84	
	298-5400-5011		INSURANCE-MED, DEN, V		56.44	
	400-5200-5011		INSURANCE MED, DEN, VI		19.63	
	400-5300-5011		INSURANCE- MED, DEN.		48.31	
	400-5600-5011		INSURANCE- MED, DEN,		84.02	
	401-5200-5011		INSURANCE-MED,DEN,VI		19.63	
	401-5300-5011		INSURANCE-MED,DEN,VI		48.31	
	401-5600-5011		INSURANCE-MED,DEN,VI		84.01	
	402-5300-5011		INSURANCE-MED, DEN,VI		31.56	
	602-8100-5011		INSURANCE-MED,DEN,VI		22.35	
	Void	10/27/2015	Regular	0.00	0.00	42493
STA19	STATE OF CALIFORNIA	10/27/2015	Regular	0.00	258.00	42494
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
122995	Invoice	10/27/2015	LIVESCAN FINGERPRNTNG	0.00	258.00	
	100-5300-6520		PROFESSIONAL SERVICES		64.00	
	100-5400-6544		LAB ANALYSIS & TESTING		162.00	
	100-5700-6520		PROFESSIONAL SERVICES		32.00	
STA1D	STATE WATER RESOURCES CON	10/27/2015	Regular	0.00	60.00	42495
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
691809	Invoice	10/27/2015	GRADE 2 CERTIFICATE	0.00	60.00	
	400-5600-6520		PROFESSIONAL SERVICES		60.00	
KLE01	TELESTAR CONSULTING INC.	10/27/2015	Regular	0.00	750.49	42496
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
219191	Invoice	10/27/2015	MEDICAL SUPPLIES/JAIL	0.00	750.49	
	100-5400-6005		SAFETY EQUIPMENT		750.49	
BOY00	BOYS & GIRLS CLUBS OF FRE	10/27/2015	Regular	0.00	4,157.85	42497
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
818-13.7	Invoice	10/27/2015	CALGRIP 7 Q7	0.00	4,157.85	
	298-5400-6520		PROFESSIONAL SERVICES		4,157.85	
CEN19	CENTRAL SANITARY SUPPLY	10/27/2015	Regular	0.00	366.89	42498
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
625864-1	Invoice	10/27/2015	SANITARY SUPPLY	0.00	323.94	
	100-5617-6002		PARTS SUPPLIES		323.94	
627069-1	Invoice	10/27/2015	SUPPLY/COMM CENTER	0.00	18.92	
	100-5617-6002		PARTS SUPPLIES		18.92	
627071-1	Invoice	10/27/2015	CLEANING SUPPLY	0.00	24.03	
	100-5617-6002		PARTS SUPPLIES		24.03	
CLA05	CLARK PEST CONTROL	10/27/2015	Regular	0.00	125.00	42499

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Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
OCT0884	Invoice	10/27/2015	PEST CTRL./SR. CENTER	0.00	60.00	
	100-5615-6520		PROFESSIONAL SERVICES		60.00	
OCT2479	Invoice	10/27/2015	PEST CTRL./COMM CTR.	0.00	65.00	
	100-5617-6520		PROFESSIONAL SERVICES		65.00	
DIR01	DIRECTV	10/27/2015	Regular	0.00	220.98	42500
Payable # 26896383995	Invoice	10/27/2015	SR. CENTER/CABLE	0.00	220.98	
	100-5615-6520		PROFESSIONAL SERVICES		220.98	
COU04	FRESNO COUNCIL OF GOVERNMENT	10/27/2015	Regular	0.00	621.00	42501
Payable # COU04	Invoice	10/27/2015	MEMBER DUES 2015/16	0.00	621.00	
	100-5200-6501		MEMBERSHIP DUES		621.00	
G&K00	G & K SERVICES INC.	10/27/2015	Regular	0.00	35.00	42502
Payable # 1258186222	Invoice	10/27/2015	UNIFORM RETURN	0.00	35.00	
	100-5200-6520		PROFESSIONAL SERVICES		11.65	
	100-5620-6520		PROFESSIONAL SERVICES		11.65	
	400-5600-6520		PROFESSIONAL SERVICES		11.70	
JOR01	JORGENSEN & COMPANY	10/27/2015	Regular	0.00	136.82	42503
Payable # 5550256	Invoice	10/27/2015	580 TULARE/EXT. MAINT	0.00	80.82	
	100-5620-6520		PROFESSIONAL SERVICES		80.82	
Payable # 5550257	Invoice	10/27/2015	REC DEPT/EXT. MAINT	0.00	56.00	
	100-5620-6520		PROFESSIONAL SERVICES		56.00	
OFF01	OFFICE DEPOT	10/27/2015	Regular	0.00	229.29	42504
Payable # 799597754001	Invoice	10/27/2015	SUPPLIES/ PRESCHOOL	0.00	229.29	
	269-6303-6000		OFFICE SUPPLIES		229.29	
PRE44	PRESORT CENTER OF FRESNO, LLC	10/27/2015	Regular	0.00	857.14	42505
Payable # 41000022	Invoice	10/27/2015	CITATION FORMS	0.00	857.14	
	100-5400-6002		PARTS SUPPLIES		857.14	
QUI02	QUILL CORPORATION	10/27/2015	Regular	0.00	686.07	42506
Payable # 8277966	Invoice	10/27/2015	MAIL SORTER/ALL DEPTS	0.00	350.58	
	100-5200-6000		OFFICE SUPPLIES		50.08	
	100-5400-6000		OFFICE SUPPLIES		50.08	
	100-5700-6000		OFFICE SUPPLIES		50.08	
	400-5300-6000		OFFICE SUPPLIES - FIN		50.08	
	400-5600-6000		OFFICE SUPPLIES - P.W.		50.10	
	400-5600-6000		OFFICE SUPPLIES - P.W.		50.08	
	401-5300-6000		Office Supplies		50.08	
Payable # 8282112	Invoice	10/27/2015	MAIL SORTER/ALL DEPTS	0.00	335.49	
	100-5200-6000		OFFICE SUPPLIES		47.92	

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Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amount	Payment Amount	Number
	100-5400-6000	OFFICE SUPPLIES	OFFICE SUPPLIES		47.92	
	100-5700-6000	OFFICE SUPPLIES	OFFICE SUPPLIES		47.92	
	400-5300-6000	OFFICE SUPPLIES - FIN	OFFICE SUPPLIES		47.93	
	400-5600-6000	OFFICE SUPPLIES - P.W.	OFFICE SUPPLIES		47.94	
	400-5600-6000	OFFICE SUPPLIES - P.W.	OFFICE SUPPLIES		47.93	
	401-5300-6000	Office Supplies	OFFICE SUPPLIES		47.93	
RLB01	REEDLEY LUMBER & BUILDING	10/27/2015	Regular	0.00	173.43	42507
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
	Account Number		Account Name		Distribution Amount	
74956	Invoice	10/27/2015	REC/ SUPPLIES	0.00	173.43	
	100-5620-6002		PARTS SUPPLIES		173.43	
SUR02	SURESOURCE LLC	10/27/2015	Regular	0.00	115.64	42508
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
	Account Number		Account Name		Distribution Amount	
81100011-8/11/1	Invoice	10/27/2015	TIMECARDS & RIBBON	0.00	115.64	
	269-6303-6531		REPAIRS & MAINTENANC		115.64	
SUS01	SUSQUEHANNA COMMERCIAL FINANCE INC.	10/27/2015	Regular	0.00	51,854.85	42509
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
	Account Number		Account Name		Distribution Amount	
20072063-1	Invoice	10/27/2015	VACTOR TRUCK PMT #1	0.00	51,854.85	
	401-5600-7001		CAPITAL EQUIPMENT		51,854.85	
TER01	TERMINIX PROCESSING CTR.	10/27/2015	Regular	0.00	4.00	42510
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
	Account Number		Account Name		Distribution Amount	
348995810	Invoice	10/27/2015	PEST CTRL/741 TULARE	0.00	2.00	
	100-5620-6520		PROFESSIONAL SERVICES		2.00	
348998617	Invoice	10/27/2015	PEST CTRL/FIRE DEPT.	0.00	2.00	
	100-5610-6520		PROFESSIONAL SERVICES		2.00	
TYL00	TYLER TECHNOLOGIES, INC.	10/27/2015	Regular	0.00	96.00	42511
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
	Account Number		Account Name		Distribution Amount	
025-138696	Invoice	10/27/2015	UB ONLINE PYMTS	0.00	96.00	
	400-5300-6520		PROFESSIONAL SERVICES		32.00	
	401-5300-6520		PROFESSIONAL SERVICES		32.00	
	402-5300-6520		PROFESSIONAL SERVICES		32.00	
USM01	U-SAVE MARKET	10/27/2015	Regular	0.00	418.77	42512
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
	Account Number		Account Name		Distribution Amount	
10/26/15	Invoice	10/27/2015	PRESCHOOL/MEAL SUPPLY	0.00	176.94	
	269-6303-6504		FOOD SERVICES		176.94	
10/27/15	Invoice	10/27/2015	PRESCHOOL/MEAL SUPPLY	0.00	241.83	
	269-6303-6504		FOOD SERVICES		241.83	
B&R01	B&R PRIVATE SECURITY	10/30/2015	Regular	0.00	350.00	42513
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
	Account Number		Account Name		Distribution Amount	
10242015-02	Invoice	10/29/2015	EVENT SECURITY/10-24-15	0.00	350.00	
	100-5620-7001		SPECIAL PROJECTS		350.00	
DEP01	DEPARTMENT OF CONSERVATIO	10/30/2015	Regular	0.00	1,668.92	42514

Check Report

Date Range: 10/16/2015 - 10/30/2015

Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amount	Payment Amount	Number
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
10/28/15	Invoice	10/29/2015	REPORT/MAPPING FEES	0.00	1,668.92	
	100-5700-6583	Regulatory Fees	REPORT/MAPPING FEES		1,668.92	
HOM01	HOME DEPOT CREDIT SERVICE	10/30/2015	Regular	0.00	507.68	42515
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
1120237	Credit Memo	10/29/2015	CITY HALL/SUPPLY	0.00	-62.04	
	100-5200-6002	PARTS SUPPLIES	CITY HALL/SUPPLY		-15.73	
	100-5700-6002	PARTS SUPPLIES	CITY HALL/SUPPLY		-14.85	
	400-5300-6002	PARTS SUPPLIES	CITY HALL/SUPPLY		-15.73	
	401-5300-6002	PARTS/ SUPPLIES	CITY HALL/SUPPLY		-15.73	
1970993	Invoice	10/29/2015	CITY HALL SUPPLY	0.00	91.83	
	100-5200-6002	PARTS SUPPLIES	CITY HALL SUPPLY		22.96	
	100-5700-6002	PARTS SUPPLIES	CITY HALL SUPPLY		22.95	
	400-5300-6002	PARTS SUPPLIES	CITY HALL SUPPLY		22.96	
	401-5300-6002	PARTS/ SUPPLIES	CITY HALL SUPPLY		22.96	
3021903	Invoice	10/29/2015	P.D. SUPPLY	0.00	283.32	
	100-5400-6002	PARTS SUPPLIES	P.D. SUPPLY		283.32	
321902	Invoice	10/29/2015	CITY HALL/SUPPLY	0.00	65.30	
	100-5200-6002	PARTS SUPPLIES	CITY HALL/SUPPLY		16.33	
	100-5700-6002	PARTS SUPPLIES	CITY HALL/SUPPLY		16.33	
	400-5300-6002	PARTS SUPPLIES	CITY HALL/SUPPLY		16.32	
	401-5300-6002	PARTS/ SUPPLIES	CITY HALL/SUPPLY		16.32	
7582882	Invoice	10/29/2015	P.W. SUPPLY	0.00	129.27	
	401-5600-6002	PARTS SUPPLIES	P.W. SUPPLY		129.27	
P.G01	PACIFIC GAS & ELECTRIC	10/30/2015	Regular	0.00	39,193.97	42516
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
10/15/15-0754	Invoice	10/28/2015	TRAFFIC LIGHTS	0.00	7,900.50	
	200-5600-6512	ELECTRICITY	TRAFFIC LIGHTS		7,900.50	
10/22/15-5206	Invoice	10/29/2015	741 TULARE /UTILITIES	0.00	9.53	
	100-5620-6512	ELECTRICITY	741 TULARE/UTILITIES		9.53	
OCT 2015	Invoice	10/29/2015	UTILITIES VAR. DEPT.	0.00	31,283.94	
	100-5104-6512	ELECTRICITY	UTILITIES VAR. DEPT.		564.84	
	100-5200-6512	ELECTRICITY	UTILITIES VAR. DEPT.		2,074.50	
	100-5400-6512	ELECTRICITY	UTILITIES VAR. DEPT.		918.48	
	100-5610-6512	ELECTRICITY	UTILITIES VAR. DEPT.		1,309.48	
	100-5615-6512	ELECTRICITY	UTILITIES VAR. DEPT.		604.73	
	100-5617-6512	ELECTRICITY	UTILITIES VAR. DEPT.		619.44	
	213-5600-6512	ELECTRICITY	UTILITIES VAR. DEPT.		48.22	
	269-6303-6512	ELECTRICITY	UTILITIES VAR. DEPT.		1,554.65	
	400-5300-6512	ELECTRICITY	UTILITIES VAR. DEPT.		2,306.85	
	400-5600-6512	ELECTRICITY	UTILITIES VAR. DEPT.		14,159.88	
	401-5300-6512	ELECTRICITY	UTILITIES VAR. DEPT.		1,153.43	
	401-5600-6512	ELECTRICITY	UTILITIES VAR. DEPT.		5,969.44	
PIT05	PITNEY BOWES GLOBAL FINAN	10/30/2015	Regular	0.00	304.50	42517
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
622729	Invoice	10/28/2015	POSTAGE MACHINE REFILL	0.00	304.50	
	100-5200-6012	POSTAGE, SHIPPING & FR	POSTAGE MACHINE REFILL		60.90	
	100-5400-6012	POSTAGE, SHIPPING & FR	POSTAGE MACHINE REFILL		60.90	
	100-5700-6012	POSTAGE, SHIPPING & FR	POSTAGE MACHINE REFILL		60.90	
	400-5300-6012	POSTAGE, SHIPPING & FR	POSTAGE MACHINE REFILL		60.90	
	400-5600-6012	POSTAGE, SHIPPING & F	POSTAGE MACHINE REFILL		60.90	

Check Report

Date Range: 10/16/2015 - 10/30/2015

Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amount	Payment Amount	Number
ROJ14	ROJAS, ERIKA	10/30/2015	Regular	0.00	400.00	42518
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
10/17/15	Invoice	10/28/2015	EVENT DEP. REFUND 10/17/15	0.00	400.00	
	Account Number		Account Name		Distribution Amount	
	100-23101		COMMUNITY CENTER RE		400.00	
SHE01	SHELBY A. GONZALES	10/30/2015	Regular	0.00	1,400.00	42519
Payable #	Payable Type	Payable Date	Payable Description	Discount Amount	Payable Amount	
10-001/2015	Invoice	10/28/2015	AUDIT PREP/FUND 278	0.00	105.00	
	Account Number		Account Name		Distribution Amount	
	100-5700-6520		PROFESSIONAL SERVICES		105.00	
10-002/2015	Invoice	10/28/2015	HERITAGE PARK	0.00	35.00	
	Account Number		Account Name		Distribution Amount	
	211-5700-6520		PROFESSIONAL SERVICES		35.00	
10-003/2015	Invoice	10/28/2015	CaGRIP 7 FUND 298	0.00	1,225.00	
	Account Number		Account Name		Distribution Amount	
	298-5400-6520		PROFESSIONAL SERVICES		1,225.00	
10-004/2015	Invoice	10/28/2015	14-HOME-9257 AVILA APT.	0.00	35.00	
	Account Number		Account Name		Distribution Amount	
	339-6500-6520		PROFESSIONAL SERVICES		35.00	

Bank Code APBNK Summary

Payment Type	Payable Count	Payment Count	Discount	Payment
Regular Checks	147	86	0.00	236,706.59
Manual Checks	0	0	0.00	0.00
Voided Checks	0	7	0.00	-968.00
Bank Drafts	0	0	0.00	0.00
EFT's	0	0	0.00	0.00
	147	93	0.00	235,738.59

Fund Summary

Fund	Name	Period	Amount
999	POOL FUND	10/2015	235,738.59
			<u>235,738.59</u>

Minutes

CITY COUNCIL MEETING OF THE CITY OF PARLIER "SPECIAL MEETING AGENDA"

I. CALL TO ORDER/WELCOME:

City Council held a Special meeting at the City Council Chambers located at 1100 E. Parlier Avenue, Parlier, California 93648. Mayor Alma Beltran called the meeting to order at 5:30 P.M.

ROLL CALL:

Council present; Mayor Alma Beltran, Councilwoman Diane Maldonado, Councilwoman Yolanda Padilla, Councilman Montano and City Clerk Dorothy Garza

II. PUBLIC COMMENTS:

PERSONS WISHING TO ADDRESS THE COUNCIL ON ITEMS WITHIN ITS JURISDICTION, BUT NOT ON THIS AGENDA MAY DO SO NOW

Note: State law allows the Council to briefly respond to questions on items raised by the public, which are not on the agenda. Government Code Section 54954.2(a). Alternatively, the Council may choose to direct staff to provide information at a following meeting. Any member of the public may comment on any matter within the jurisdiction of the City that is not on the agenda. Those wishing to comment should be recognized by the Mayor and approach the podium. Comments are limited to three (3) minutes.

III. DEPARTMENT REPORTS

A. CLOSED SESSION:

1. **Public Employee Performance Evaluation Government Code Section 54957:**

Title: City Attorney

2. **ANNOUNCEMENT:**

No action taken.

IV. ADJOURNMENT:

Mayor Alma Beltran adjourned the meeting at 7:21 P.M.

Dorothy Garza – City Clerk

MINUTES

CITY OF PARLIER CITY COUNCIL MEETING AND SUCCESSOR AGENCY

REGULAR MEETING
WEDNESDAY OCTOBER 21, 2015

I. CALL TO ORDER/WELCOME:

The City Council of the City of Parlier and the Successor Agency Meeting was held in the City Council Chambers located at 1100 E. Parlier Avenue, Parlier, California 93648. Mayor Alma Beltran called the meeting to order at 6:30 P.M.

ROLL CALL:

Council Members Present: Mayor Alma M. Beltran, Mayor Pro-Tem Raul Villanueva, Councilwoman Diane Maldonado, Councilwoman Yolanda Padilla and City Clerk Dorothy Garza. **ABSENT:** Councilman Juan Montano.

STAFF PRESENT: City Attorney Janell Van Bindsberger, Administrative Assistant Bertha Augustine, City Manager Israel Lara, Director of Public Works Domingo Molina and City Engineer Philip Romero.

Flag Salute: Mayor Alma M. Beltran

Invocation: Councilwoman Yolanda Padilla.

II. ADDITIONS/DELETIONS TO THE AGENDA:

III. PRESENTATIONS/INFORMATIONAL:

IV. PUBLIC COMMENTS:

PERSONS WISHING TO ADDRESS THE COUNCIL ON ITEMS WITHIN ITS JURISDICTION, BUT NOT ON THIS AGENDA MAY DO SO NOW

Note: State law allows the Council to briefly respond to questions on items raised by the public, which are not on the agenda. Government Code Section 54954.2(a). Alternatively, the Council may choose to direct staff to provide information at a following meeting. Any member of the public may comment on any matter within the jurisdiction of the City that is not on the agenda. Those wishing to comment should be recognized by the Mayor and approach the podium. Comments are limited to five (5) minutes.

V. **CONSENT CALENDAR:**

These matters are routine in nature and will be enacted with one vote. There will be no separate discussion for these items unless requested; in which case, the item will be removed from the Consent Calendar for separate action. Prior to action on the Consent Calendar, the public will be given the opportunity to comment on any consent calendar item.

The City Council:

A. Approved the Check Reports dated 10/01/2015-10/15/2015.

B. Adopted Minutes dated October 07, 2015.

M/S/C: Motion to approve the Consent Calendar by Councilwoman Padilla, 2nd by Mayor Pro Tem Villanueva followed by yes votes from Mayor Beltran, Councilwoman Maldonado and carried. **Absent:** Councilman Montano.

VI. **DEPARTMENT REPORTS:**

A. **FINANCE DEPARTMENT:**

1. **SUBJECT:** Approval of the purchase of a 310K John Deere Backhoe Loader.

The Council approved the purchase of a 310K John Deere Backhoe loader.

M/S/C: Motion to approve purchase of a 310K John Deere Backhoe loader by Mayor Pro Tem Villanueva, 2nd by Councilwoman Maldonado followed by yes votes from Mayor Beltran, Councilwoman Padilla and carried.

Absent: Councilman Juan Montano.

2. **SUBJECT:** Resolution No. 2015-48 of the City Council of the City of Parlier approving the Master Equipment Lease/Purchase agreement dated as September 17, 2015. ("Master Agreement"), Escrow Agreement ("Escrow Agreement") and Schedule thereto dated September 17, 2015, ("Schedule") Between Jules and Associates, Inc. (Lessor") and City of Parlier ("Lessee")

The City Council approved entering into the Agreements and authorizes the City Manager to execute and deliver the Agreements for the Lease/Purchase of the Vactor unit and adopt Resolution No. 2015-48.

M/S/C: Motion to approve Resolution No. 2015-48 by Councilwoman Padilla, 2nd by Councilwoman Maldonado followed by yes votes from Mayor Beltran, Mayor Pro Tem Villanueva and carried. **Absent:** Mayor Pro Tem Villanueva.

Absent: Councilman Montano.

VII. **COUNCIL COMMUNICATIONS/COMMENTS:** None.

VIII. **ADJOURNMENT:**

Mayor Alma Beltran adjourned the meeting at 6:49 P.M.

Dorothy Garza – City Clerk

City of Parlier Resolutions adopted: 2015-48
Successor Agency Resolutions adopted: None.
City of Parlier Ordinances adopted: None.

ADA Notice: In compliance with the American with Disabilities Act, if you need special assistance to participate in this meeting, please contact the City Clerk at (559) 646-3545 ext. 227. Notification 48 hours prior to the meeting will enable the City to make arrangements to ensure accessibility to this meeting.

Documents: Any writings or documents provided to a majority of the City Council regarding any item on this agenda will be made available for public inspection at the frontcounter at City Hall located at 1100 E. Parlier Avenue, Parlier, CA. during normal business hours. In addition, most documents are posted on the City's website at parlier.ca.us

STATEMENT ON RULES OF DECORUM AND ENFORCEMENT

The Brown Act provides that members of the public have a right to attend public meetings, to provide public comment on action items and under the public forum section of the agenda, and to criticize the policies, procedures, or services of the city or of the acts or omissions of the city council. The Brown Act also provides that the City Council has the right to exclude all persons who willfully cause a disruption of a meeting so that it cannot be conducted in an orderly fashion.

During a meeting of the Parlier City Council, there is a need for civility and expedition in the carrying out of public business in order to ensure that the public has a full opportunity to be heard and that the Council has an opportunity to conduct business in an orderly manner. The following is provided to place everyone on notice of the rules of decorum and enforcement.

GENERAL RULES OF DECORUM

While any meeting of the City Council is in session, the following rules of decorum shall be observed:

1. All remarks shall be addressed to the City Council as a whole and not to any single member, unless in response to a question from a member of the City Council.
2. A person who addresses the City Council under public comment for a specific agenda item or under the Public Forum section of the agenda may not engage in speech or conduct (i) which is likely to provoke others to violent or riotous behavior, (ii) which disturbs the peace of the meeting by loud and unreasonable noise, (iii) which is irrelevant or repetitive, or (iv) which disrupts, disturbs, or otherwise impedes the orderly conduct of any City Council meeting.
3. A person, other than members of the Council and the person, who has the floor, shall not be permitted to enter into the discussion unless requested by the Mayor to speak.
4. Members of the City Council may not interrupt a person who has the floor and is making public comments. Members of the City Council shall wait until a person completes his or her public comments before asking questions or commenting. The Mayor shall then ask Council members if they have comments or questions.
5. No person in the audience at a Council meeting shall engage in disorderly or boisterous conduct, including the utterance of loud, threatening or abusive language, whistling, stamping of feet or other acts which disturb, disrupt or otherwise impeded the orderly conduct of any Council meeting.



COUNCIL REPORT

DEPARTMENT REPORTS:

A. PUBLIC WORKS DEPARTMENT:

1. **SUBJECT:** Adopt Budget Amendment and Resolution Approving Agreement for Engineering Services for a Water Well Site Review by Provost & Pritchard Consulting Group.

RECOMMENDATION: Staff recommends the City Council adopt a budget amendment to the 2015/2016 fiscal year authorizing the expenditure of Water Funds in the amount of \$35,000.00, approve Resolution 2015-49, selecting Provost & Pritchard Consulting Group for Engineering Services for a Water Well Review for the six (6) City Well Sites, and Authorize the City Manager to sign the Agreement for Engineering Services.

2. **SUBJECT:** Adopt Budget Amendment and Resolution Approving American with Disabilities Act (ADA) Self Evaluation and Transition Plan for City Buildings, Pedestrian Facilities and City Programs.

RECOMMENDATION: Staff recommends the City Council adopt a budget amendment to the 2015/2016 fiscal year authorizing the expenditure of Water Funds in the amount of \$35,000.00, approve Resolution 2015-50, selecting Provost and Pritchard Consulting Group for Engineering Services for a Water Well Site Review for the six (6) City Well Sites, and Authorize the City Manager to sign Agreement for Engineering Services.

B. PRESCHOOL DEPARTMENT:

1. **SUBJECT:** Resolution No. 2015-51 approving to apply for and enter in agreement with California Department of Education for the purpose of providing Child Care and Development Services at Parlier Academy of Excellence and authorizing the City Manager to sign the 2016-2017 Fiscal Year State Preschool contract documents Number: CSPP Contract in the amount of \$831,324.00.

RECOMMENDATION: It is recommended that Parlier City Council approve Resolution No. 2015-51, approving the agreement with the California Department of Education for the purpose of providing child care and development services and authorizing the City Manager to sign contract documents for the Fiscal year 2016-2017.

C. ADMINISTRATION DEPARTMENT:

1. **SUBJECT:** Fresno County Rural Transit Agency MOU.

RECOMMENDATION: Staff recommends the Mayor and Council approve the MOU between the City of Parlier and the Fresno County Rural Transit Agency.



AGENDA ITEM:

111- A6

MEETING DATE:

11-04-15

DEPARTMENT:

Public Works

REPORT TO CITY COUNCIL

SUBJECT:

Adopt Budget Amendment and Resolution Approving Agreement for Engineering Services for a Water Well Site Review by Provost & Pritchard Consulting Group.

RECOMMENDATION:

Staff recommends the City Council adopt a budget amendment to the 2015/2016 fiscal year authorizing the expenditure of Water Funds in the amount of \$35,000.00, approve Resolution 2015-___, selecting Provost & Pritchard Consulting Group for Engineering Services for a Water Well Site Review for the six (6) City Well Sites, and Authorize the City Manager to sign the Agreement for Engineering Services.

BACKGROUND:

The City of Parlier received proposals and qualifications from three (3) engineering firms that specialize in 1,2,3-trichloropropane (TCP) to provide Engineering Services that will include Engineering Design, Alternatives Delineation and Evaluation, Well Site Review and Feasibility Analysis for removal of TCP from well-based groundwater extractions for the four (4) active wells and two (2) backup emergency wells.

The City solicited proposals from three (3) qualified engineering firms on August 25, 2015 and they were received by the City on September 16, 2015. The estimated costs provided for the three (3) proposals are as follows:

<u>FIRM NAME</u>	<u>Cost</u>
Provost & Pritchard Consulting Group	\$35,000.00
AECOM	\$29,220.00
Corona Environmental Consulting	\$31,350.00

REASON FOR RECOMMENDATION:

City Engineer reviewed the qualifications of the three proposals based solely on the firm's qualifications and experience with TCP. Only after selecting the firm with the best qualifications with TCP did City Engineer review the cost proposal from each firm. Upon the recommendation

of the City Engineer, City staff selected Provost & Pritchard Consulting Group as the most qualified firm based on experience with TCP. After reviewing the cost proposals from the three firms and seeing the costs were relatively close, City staff still agreed with selecting Provost & Pritchard Consulting Group.

FISCAL IMPACT:

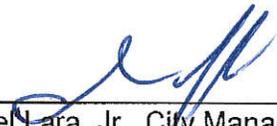
The fiscal impact to the City will be \$35,000.00 from the Water Fund.

Prepared By:



Philip Romero, City Engineer
Yamabe & Horn Engineering, Inc.

Approved By:



Israel Lara, Jr., City Manager

Attachments: Resolution 2015-___



Finance Director

Attorney



City Manager

RESOLUTION NO. 2015- ____

CITY OF PARLIER

**RESOLUTION OF THE CITY COUNCIL OF THE CITY OF PARLIER, CALIFORNIA,
ADOPTING BUDGET AMENDMENT AND APPROVING AGREEMENT FOR ENGINEERING
SERVICES FOR A WATER WELL SITE REVIEW BY PROVOST & PRITCHARD
CONSULTING GROUP**

WHEREAS, the City of Parlier Annual Budget requires an amendment to adjust the estimated revenues and appropriations to reflect the City's financial plan; and

WHEREAS, the annual budget contains the estimated revenues and appropriations necessary to implement the City Council's policies, goals and objectives; and

WHEREAS, during the fiscal year, unforeseen circumstances, changed economic conditions or spending priorities may require budget adjustments; and

WHEREAS, the City Council of the City of Parlier does hereby find that it would be in the best interest of the City to revise the estimated revenues and appropriations; and

WHEREAS, a budget amendment to increase the 2015/2016 budget for Engineering Services for a Water Well Site Review utilizing Water Fund is necessary; and

WHEREAS, the City received proposals from three (3) engineering firms qualified to provide engineering services for a water well site review; and

WHEREAS, the City Engineer has evaluated the proposals and recommends that Provost & Pritchard Consulting Group be selected to provide engineering services for a water well site review.

NOW THEREFORE, IT IS HERBY RESOLVED by the City Council of the City of Parlier as follows:

1. The Annual Budget Amendment for \$35,000.00 from the Water Fund is hereby approved and the Finance Director is hereby authorized and directed to record the appropriate accounting entries.
2. Upon the recommendation of the City Engineer, that Provost & Pritchard Consulting Group is hereby selected to provide engineering services for a water well site review in accordance of their proposal dated September 16, 2015, and that the City Manager is authorized to sign the agreement for engineering services.

I hereby certify that the foregoing is a full, true and correct copy of a Resolution duly and regularly adopted by the City Council of the City of Parlier at a meeting thereof held on the 4th day of November, 2015, by the following vote:

AYES:

NOES:

ABSTAIN:

ABSENT:

ATTEST:

Dorothy Garza, City Clerk



AGENDA ITEM: VII- A2
 MEETING DATE: 11-04-15
 DEPARTMENT: _____

REPORT TO CITY COUNCIL

SUBJECT:

Adopt Budget Amendment and Resolution Approving American with Disabilities Act (ADA) Self Evaluation and Transition Plan for City Buildings, Pedestrian Facilities and City Programs.

RECOMMENDATION:

Staff recommends the City Council approve Resolution 2015-____, approving a budget amendment to the 2015/2016 fiscal year authorizing the expenditure of General Funds in the amount of \$10,000.00 to begin the ADA Self-Evaluation and Transition Plan for City Buildings, Pedestrian Facilities and City Programs.

BACKGROUND:

The Americans with Disabilities Act (ADA) requires the City of Parlier is required to meet the intent of state and federal law currently applicable for disability issues. The City shall complete a Self-Evaluation and develop a Transition Plan to identify and resolve accessibility issues for City Buildings, Pedestrian Facilities and City Programs. The Transition Plan will incorporate a budget and correction plan and will implement all items in the Self-Evaluation and a schedule to remove structural noncompliance items.

FISCAL IMPACT:

The fiscal impact to the City will be \$10,000.00 from the General Fund for the fiscal budget year 2015/2016.

Prepared By:

 Philip Romero, City Engineer
 Yamabe & Horn Engineering, Inc.

Approved By:



 Israel Lara, Jr., City Manager

Attachments: Resolution 2015-____

 Finance Director _____ Attorney

 City Manager

RESOLUTION NO. 2015- ____

CITY OF PARLIER

**RESOLUTION OF THE CITY COUNCIL OF THE CITY OF PARLIER, CALIFORNIA,
ADOPTING BUDGET AMENDMENT AND APPROVING AMERICAN WITH DISABILITIES
ACT (ADA) SELF-EVALUATION AND TRANSITION PLAN FOR CITY BUILDINGS,
PEDESTRIAL FACILITIES AND CITY PROGRAMS**

WHEREAS, the City of Parlier Annual Budget requires an amendment to adjust the estimated revenues and appropriations to reflect the City's financial plan; and

WHEREAS, the annual budget contains the estimated revenues and appropriations necessary to implement the City Council's policies, goals and objectives; and

WHEREAS, during the fiscal year, unforeseen circumstances, changed economic conditions or spending priorities may require budget adjustments; and

WHEREAS, the City Council of the City of Parlier does hereby find that it would be in the best interest of the City to revise the estimated revenues and appropriations; and

WHEREAS, a budget amendment to increase the 2015/2016 budget for Engineering Services to begin a Self-Evaluation and Transition Plan from the General Fund is necessary; and

NOW THEREFORE, IT IS HERBY RESOLVED by the City Council of the City of Parlier that the Annual Budget Amendment for \$10,000.00 from the General Fund is hereby approved and the Finance Director is hereby authorized and directed to record the appropriate accounting entries.

I hereby certify that the foregoing is a full, true and correct copy of a Resolution duly and regularly adopted by the City Council of the City of Parlier at a meeting thereof held on the 4th day of November, 2015, by the following vote:

AYES:

NOES:

ABSTAIN:

ABSENT:

ATTEST:

Dorothy Garza, City Clerk

AGENDA ITEM: VII-B1

MEETING DATE: 11/9/15

REPORT TO CITY COUNCIL

SUBJECTS:

Resolution No: 2015- _____ , approving to apply for and enter in agreement with California Department of Education for the purpose of providing Child Care and Development Services at Parlier Academy of Excellence and authorizing the City Manager to sign the 2016-2017 Fiscal Year State Preschool contract documents Number: CSPP Contract In the amount of \$831,324.00.

RECOMMENDATIONS:

It is recommended that the Parlier City Council approve Resolution No. 2015- _____ approving the agreement with the California Department of Education for the purpose of providing child care and development services and authorizing the City Manager to sign contract documents for the Fiscal Year 2016-2017.

Background:

This contract is effective from July 1, 2016 through June 30, 2017. For satisfactory performance of the required services, the contractor shall be reimbursed in accordance with the Determination of the Reimbursable amount section of the FT&C, at a rate of \$38.53 per child per day of full time enrollment and a Maximum Reimbursable Amount (MRA) of \$831,324.00

Prepared By:

Demetria B. Cardenas

Program Director, Parlier Academy of Excellence

Approved By:



Israel Lara Jr.

City Manager

**Fiscal Year 2016-17
Continued Funding Application (EESD-3704)**

Review these instructions prior to completion of the Fiscal Year 2016-17 Continued Funding Application (EESD-3704).

1. Fill out the application and required attachments completely. To auto populate your legal contract name and vendor number; insert the information in the header on page 2. Your information should appear on subsequent header pages.
2. Documents must be signed in blue ink, by the contractor's authorized representative.
3. Documents must be printed single-sided.
4. Early Education and Support Division will not accept electronic versions, files on computer discs, or facsimile applications. Applicants may mail or personally deliver applications. Application packages must be received at the following address on or before 6 p.m., December 1, 2015. Mail or deliver one (1) original and two (2) copies of the application packet and all required attachments to the address below:

**Fiscal Year 2016-17 Continued Funding Application
Early Education and Support Division
California Department of Education
1430 N Street, Suite 3410
Sacramento, CA 95814-5901**

If there are any questions regarding the application process, contact the Early Education and Support Field Services Consultant listed on the Consultant Assignments Web page at <http://www.cde.ca.gov/sp/cd/ci/assignments.asp> or by phone at 916-322-6233.

Contractor's Legal Name CITY OF PARLIER	Vendor Number: 2190
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Section I –Contractor Information	
Contractor "Doing Business As" (DBA)	Insert the DBA name, if applicable. Do not use DBA where Legal Name is requested. PARLIER ACADEMY OF EXCELLENCE
The county number, vendor number, and the Federal Identification Number are the same numbers used on the contractor's Attendance and Fiscal Report for Child Development programs.	
County: Insert the two-digit county code 10	Federal Identification Number: Enter the Federal Identification Number 94-6000390
The information below must match the information in the Child Development Management Information System (CDMIS).	
Executive Director: Israel Lara Jr	Address: 1100 E. Parlier ave
City: Parlier	Zip Code: 93648
Telephone Number: (559)646-3545	Fax Number: (559)646-8221
E-mail Address: ilara@parlier.ca.us	

Contractor's Legal Name
CITY OF PARLIER

Vendor Number:
2190

Section II – Contract Types

Check all applicable boxes indicating the programs the contractor intends to continue to administer for the Fiscal Year 2016–17. The contractor agrees to continue implementation of these programs with funds provided by the CDE.

Center-Based and Family Child Care Home Programs

- California State Preschool Program (CSPP)
 - Full-Year Part-Year
- California Center-Based (CCTR)
 - Infant/Toddler
 - School-Age
- Family Child Care Home Education Network (CCTR)
- Family Child Care Home Education Network (CFCC)
- Program for Special Needs Children (Handicapped) (CHAN)
- Migrant, Center-Based (CMIG) and Migrant Specialized Services (CMSS)

Alternative Payment Programs

- Alternative Payment Program (CAPP)
- CalWORKs Stage 2 (C2AP)
- CalWORKs Stage 3 (C3AP)
- Migrant Alternative Payment (CMAP)

Resource and Referral Programs

- Resource and Referral (CRRP)

Contractor's Legal Name CITY OF PARLIER	Vendor Number: 2190
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Section III – Governing Board of Directors Contact Information

Does the contractor have a Board of Directors? Yes No

Complete contact information for the current year's Governing Board of Directors, including name, title, telephone number, mailing address, and e-mail address.

Governing Board Member's Name	Title	Telephone Number	Mailing Address	E-mail Address
1. Alma Beltran	Mayor	(559)646-3545	1100 E. Parlier Ave. Parlier Ca 93648	almab@parlier.ca.us
2. Diane Maldonado	Member	(559)646-3545	1100 E. Parlier Ave. Parlier Ca 93648	dianem@parlier.ca.us
3. Raul Villanueva	Member	(559)646-3545	1100 E Parlier Ave. Parlier Ca. 93648	raulv@parlier.ca.us
4. Yolanda Padilla	Member	(559)646-3545	1100 E. Parlier Ave. Parlier Ca 93648	yolanda@parlier.ca.us
5. Juan Montano	Member	(559)646-3545	1100 Parlier Ave. Parlier Ca. 93648	Juanm@parlier.ca.us
6.				

Contractor's Legal Name
CITY OF PARLIER

Vendor Number:
2190

Section IV – Allocation of Agency Funds

Only agencies with the following contract types must complete this form: CCTR, CSPP, CMIG, CHAN, C2AP, C3AP, CAPP, and CFCC.

The purpose of this form is to track contract funds as budgeted by service county. List all counties in which children are being served with the contract funds and show the percentage of funds spent in each service county for FY 2014-15. Percentages must sum to 100 percent. See Example 1 below.

If your agency provides services only in the Headquartered (HQ) county, enter the contract number(s) below and show 100 percent next to each contract type(s) held by your agency. The HQ county is where (1) contractors have provided child care services in the service delivery area, as defined in 5 CCR, Section 18000(f) for at least three years; or (2) where contractors have their primary administrative office. The primary administrative office is that office which houses the executive officer(s), the fiscal functions and other centralized support services. See Example 2 below.

Contractor Legal Name CITY OF PARLIER

Vendor Number 2190 HQ County FRESNO

CONTRACT NUMBER **CCTR 4009**

County	% of total
<u>Los Angeles</u>	<u>40%</u>
<u>Orange</u>	<u>15%</u>
<u>San Bernardino</u>	<u>45%</u>
_____	_____ %
_____	_____ %

EXAMPLE 1
 Total: 100%

CONTRACT NUMBER **CSPP5060**

County	% of total
<u>FRESNO</u>	<u>100%</u>
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

Total: 100%

CONTRACT NUMBER _____

County	% of total
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

Total: 100%

CONTRACT NUMBER **CSPP 4009**

County	% of total
<u>Monterey</u>	<u>100%</u>
_____	_____ %
_____	_____ %
_____	_____ %

EXAMPLE 2
 Total: 100%

CONTRACT NUMBER _____

County	% of total
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

Total: 100%

CONTRACT NUMBER _____

County	% of total
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

Total: 100%

Comments:

Agency Contact: Demetria B. Cardenas – parlieracademy@yahoo.com Date: Oct 14, 2015
 (Name and E-mail)

If you have any questions regarding this form, please contact Dan Shin, Child Development Fiscal Services Unit, at 916-323-7394 or by e-mail at Dshin@cde.ca.gov.

Contractor's Legal Name CITY OF PARLIER	Vendor Number: 2190
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Section V – Program Narrative Change (EESD-3704A)

This is a required item. Check the box "No Changes" if there are no programmatic changes. Complete when programmatic changes are requested. Complete a separate form for each program type.

No Changes (check box if there are no changes)

Complete items 1-3 only if your contractor requests a modification of its existing program narrative from the Early Education and Support Division.

Program Type (e.g., CCTR): CSPP	Vendor Number: 2190
County: FRESNO	

1. Identify the program component for which you are requesting a change.

NO CHANGE

2. Describe how the program currently provides services to children and families in relation to the above-identified program component.

NO CHANGE

3. Describe the proposed change, and how services will be improved if the change is implemented.

NO CHANGE

Contractor's Legal Name CITY OF PARLIER	Vendor Number: 2190
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Section VI – Personnel Certification for Center-Based Programs and Family Child Care Home Education Networks

The State of California requires any contractor receiving child care and development funds, disbursed by the California Department of Education (CDE) to employ fully qualified personnel as contained in California *Education Code*; *California Code of Regulations*, Title 5; and Funding Terms and Conditions.

I certify, as the authorized agent representing this contractor, I have read and understand the staffing requirements for Program Director, Site Supervisor, and Teacher. All child care staff employed in CDE funded program(s) are fully qualified for their respective positions. Exceptions to this certification are persons employed as "Program Director" or "Site Supervisor" who possess' a current Early Education and Support Division (EESD) approved Staffing Qualifications Waiver.

I certify that the Personnel Roster has been submitted to the EESD.

Signature of Authorized Representative	
Date	October 14,2015

Contractor's Legal Name CITY OF PARLIER	Vendor Number: 2190
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Section VII – Subcontract Certification		
Does the contractor subcontract for direct services? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Fill in the boxes below regarding the direct service contract and subcontractor. Subcontracts for direct services must be audited in accordance with CDE Audit Guidelines and reported with the contractor's audit. Fill out this form for every subcontract.		
Subcontractor Legal Name	N/A	
Does the Subcontractor also contract with the CDE? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subcontract Dollar Amount	\$	Contract Type: CCTR <input type="checkbox"/> CSPP <input type="checkbox"/> CMIG <input type="checkbox"/>
Site Name	Site Complete Address	Service County
1.		
2.		
3.		

I certify that the contractual arrangement(s) listed above are in adherence with the required subcontract provisions contained in the *California Code Regulations*, Title 5, and the Funding Terms and Conditions.

I understand that signing this certificate does not lessen the legal responsibility for the direct service contract requirements. As the contractor, it is my responsibility to monitor the performance of the subcontractor to ensure services are provided appropriately through the entire contract term.

Signature of Contractor's Authorized Representative:	
Date of Signature	October 14, 2015

Contractor's Legal Name
CITY OF PARLIER

Vendor Number:
2190

Section VIII – Required Attachments

All attachments must be filled out completely and attached to the application.

A. Fiscal Year 2016–17 Program Calendar (EESD–9730)

The Program Calendar (EESD–9730) form is required for all contract types and completed **separately for each contract**. The EESD–9730 form will automatically add the Minimum Days of Operation (MDO) when the dates are marked with an "X". The instructions are as follows:

1. Click on the EESD–9730 form link at <http://www.cde.ca.gov/sp/cd/ci/documents/eesd9730progcal1617.xls>
2. On the top of the form; input the name of the contractor and Vendor Number. Click on the County box, select the county from the drop-down list. Click on the Contract Type box, select the contract type from the drop-down list.
3. Click on the date for the days of operation; enter an "X" for all days that the program will serve subsidized children during the FY 2016–17 contract period (Center-Based programs and Family Child Care Home Education Networks). Alternative Payment and Resource and Referral programs should mark the days the program office is open for business.
4. The total number of days marked with an "X" for each contract will constitute each contract's MDO.
5. Print the completed EESD–9730 form.
6. Provide justification for a reduction of days on the Program Narrative Change (EESD–3704A) form if the number of days shown on the EESD–9730 form falls below 246 or 175 (as applicable to the contract type) **and** the contractor proposes to operate for fewer days than its FY 2015–16 MDO. The link to the form is located on the Child Care Services Forms Web page at <http://www.cde.ca.gov/sp/cd/ci/cddfoms.asp>.

If the MDO changes during the fiscal year contract period, the contractor is to justify the revision by submitting revised EESD–9730 and EESD–3704A forms to the assigned EESD Field Services Consultant to obtain the necessary approval. The revised forms **must** be received electronically by the EESD Field Services Consultant by **June 30, 2016**. Link to the form located on the Child Care Services Forms Web page at <http://www.cde.ca.gov/sp/cd/ci/cddfoms.asp>.

Fiscal Year 2016-17 Program Calendar

Name of Contractor	Vendor Number	County	Contract Type
CITY OF PARLIER	2190	10 Fresno	CSPP - Full Year

Enter an "X" for Days of Operation.

July 2016						
S	M	T	W	T	F	S
					X	2
3	4	X	X	X	X	9
10	X	X	X	X	X	16
17	X	X	X	X	X	23
24	X	X	X	X	X	30
31						

August 2016						
S	M	T	W	T	F	S
	X	X	X	X	X	6
7	X	X	X	X	X	13
14	X	X	X	X	X	20
21	X	X	X	X	X	27
28	X	X	X			

September 2016						
S	M	T	W	T	F	S
				X	X	3
4	5	X	X	X	X	10
11	X	X	X	X	X	17
18	X	X	X	X	X	24
25	X	X	X	X	X	

Days of Operation

Days of Operation

Days of Operation

Quarterly Subtotal

October 2016						
S	M	T	W	T	F	S
						1
2	X	X	X	X	X	8
9	X	X	X	X	X	15
16	X	X	X	X	X	22
23	X	X	X	X	X	29
30	X					

November 2016						
S	M	T	W	T	F	S
		X	X	X	X	5
6	X	X	X	X	X	12
13	X	X	X	X	X	19
20	X	X	X	24	25	26
27	X	X	X			

December 2016						
S	M	T	W	T	F	S
				X	X	3
4	X	X	X	X	X	10
11	X	X	X	X	X	17
18	X	X	X	X	X	24
25	26	27	28	29	30	31

Days of Operation

Days of Operation

Days of Operation

Quarterly Subtotal

January 2017						
S	M	T	W	T	F	S
1	2	X	X	X	X	7
8	X	X	X	X	X	14
15	X	X	X	X	X	21
22	X	X	X	X	X	28
29	X	X				

February 2017						
S	M	T	W	T	F	S
			X	X	X	4
5	X	X	X	X	X	11
12	X	X	X	X	X	18
19	X	X	X	X	X	25
26	X	X				

March 2017						
S	M	T	W	T	F	S
			X	X	X	4
5	X	X	X	X	X	11
12	X	X	X	X	X	18
19	X	X	X	X	X	25
26	X	X	X	X	31	

Days of Operation

Days of Operation

Days of Operation

Quarterly Subtotal

April 2017						
S	M	T	W	T	F	S
						1
2	X	X	X	X	X	8
9	X	X	X	X	X	15
16	X	X	X	X	X	22
23	X	X	X	X	X	29
30						

May 2017						
S	M	T	W	T	F	S
	X	X	X	X	X	6
7	X	X	X	X	X	13
14	X	X	X	X	X	20
21	X	X	X	X	X	27
28	29	X	X			

June 2017						
S	M	T	W	T	F	S
				X	X	3
4	X	X	X	X	X	10
11	X	X	X	X	X	17
18	X	X	X	X	X	24
25	X	X	X	X	X	

Days of Operation

Days of Operation

Days of Operation

Quarterly Subtotal

Total Days of Operation

CDD Consultant Initials _____

Date approved by CDD Consultant _____

Contractor's Legal Name
CITY OF PARLIER

Vendor Number:
2190

B. Update and Certification of Contractor Information in the Child Development Management Information System (CDMIS) Database

Contractors are required to update all information in the CDMIS database and certify under penalty of perjury that information in CDMIS is complete and correct. All contractors must thoroughly review the information contained in the CDMIS database and update any outdated information. This update includes the name and contact information for officers and program directors, location and licensed capacity of sites, license numbers, and the numbers of children enrolled.

The information in CDMIS becomes part of the agency's contract. Complete and accurate information is critical to the function of the child development program and the maintenance of your agency's contract. Incomplete or inaccurate information in CDMIS can result in an audit finding at the state level and a finding of noncompliance for your agency. Maintenance of complete and accurate information in the database is your responsibility. To perform the review and update, follow the directions below.

To access this information, the person logging on to the CDMIS Web site must be a "super user." Only super users can access the Update Agency Information function within the web site. To review the information and submit changes, log on the CDMIS Web site at <https://www4.cde.ca.gov/cdmis/default.aspx>. From the Main Menu, select the function, "Update Agency Information" and click the "Submit" button. Review all of the information in the sections below, making changes as necessary. Detailed instructions for updating this information can be found within the CDMIS Web site. A check list has been provided below for your review.

- Add/Edit Executive Director Information: Update Executive Director Name, phone number, fax number, and e-mail address.
- Add/Edit Program Director Information: Update existing Program Director information, add new Program Directors, assign them to the contracts they are responsible for, change Program Director contract assignments, and delete Program Directors who are not assigned to a contract.
- Add/Edit FCCH Information: **Complete only** if the contractor uses family child care homes. Update information related to services provided in family child care homes through the contractor's CDE contracts to reflect services as of September 24, 2015.
- Add/Edit Sites/Offices: Update, add, or delete sites/offices with the physical address of the site/office. Do not use P.O. boxes or mailing addresses. Add/Edit the Site Supervisor first and last name.
- Update the site license information. For licensed facilities, the site name and physical address should match the name and address on the license issued by the Department of Social Services Community Care Licensing Division.
- Update number of children served by contracts at sites/offices to reflect services as September 24, 2015.

Contractor's Legal Name
CITY OF PARLIER

Vendor Number:
2190

Generate/Print Agency Information Certification Form: Once all the information has been reviewed and all changes have been submitted, (regardless of whether the changes have been approved by the EESD Field Services Consultant or are still pending approval), generate and print the "Agency Information Certification form." Do not generate the Agency Information Certification form until all the information above has been reviewed and any changes needed have been submitted.

To generate this form, scroll to the bottom of the "Update Agency Information" Web page and click the "Generate Certification form" link. When the form is generated, print it using the browser's print function. The contractor's representative must sign the form. The signed form must be returned with the Continued Funding Application. Applications **will be considered incomplete** without the "Agency Information Certification form" attached.

All changes submitted (adds, updates, or deletes) will remain pending until the contractor's assigned EESD Field Services Consultant reviews and approves or denies the changes.

In addition to this annual review of information as part of the Continued Funding Application process, contractors are required to submit changes to Executive Director Information, Program Director Information, and Site/Office information (site name, physical address, and license information only) as changes occur. The number of children served by contract and age group at each site/office only needs to be updated once a year during the continued funding application process.

Note: The contractor's legal name and mailing address cannot be changed through this process as specific documentation is required from the contractor to process that change.

For information on how to change your contractor's legal name or headquarters mailing address, contact your assigned EESD Field Services Consultant at 916-322-6233

Any questions about how to submit changes within the "Update Agency Information" section of the CDMIS Web site, please contact CDMIS staff at 916-445-1907.

Child Development Division Agency Information Certification

I certify, as the authorized representative of the agency listed below, I have reviewed all the information for **City of Parlier (2190)** and updates, additions, or deletions have been submitted as needed for information in all of the areas below:

Executive Director/Superintendent information
Program Director information
Sites and Licenses and/or Office information
Family Child Care Home summary information

To the best of my knowledge, the information on the CDMIS Web site reflects accurate information for **City of Parlier (2190)** as of the date this certification was signed.

Program Director/Authorized Representative Signature Date Signed

Printed Name of Program Director/Authorized Representative

Name of Agency User Generating Certification: Demetria Cardenas

Date Generated: 10/14/2015

Assigned CDD Consultant: Joe Martinez

Contractor's Legal Name
CITY OF PARLIER

Vendor Number:
2190

The State Administrative Manual defines a **public agency** as any state agency, city, county, special district, school district, community college district, county superintendent of schools, or federal agency.

C. Payee Data Record (STD. 204) (Non-public agencies only)

Non-public agencies must download and complete the State of California Payee Data Record (STD.204) form link at <http://www.cde.ca.gov/sp/cd/ci/documents/std204formeeds.pdf>.

1. Complete sections 2 through 5.
2. Payee legal name and address must match the legal Name and address on the EESD-3704.
3. **Print** the document, sign, and date.

D. Secretary of State (Non-public agencies only)

Non-public agencies must be authorized to do business with the State of California. Search your agency name and **print** the results from the California Secretary of State Debra Bowen Web site at <http://kepler.sos.ca.gov/>.

Agency status must be "active" and the entity name must match the payee legal name on the STD. 204 and Contractor Legal Name on the EESD-3704. If the agency status is "inactive," contact your EESD Consultant immediately.

E. Verification of School District Name and Address

Verification of school district's legal name and address must include a printed verification from the following Web sites:

California Community Colleges or Community College Districts search the California Community College Chancellor's Web page at <http://californiacommunitycolleges.cccco.edu/Districts.aspx>

Or

School Districts search the California School Directory Web page at <http://www.cde.ca.gov/re/sd/index.asp>

1 INSTRUCTIONS: Complete all information on this form. Sign, date, and return to the State agency (department/office) address shown at the bottom of this page. Prompt return of this **fully completed** form will prevent delays when processing payments. Information provided in this form will be used by State agencies to prepare Information Returns (1099). See reverse side for more information and Privacy Statement.

NOTE: Governmental entities, federal, State, and local (including school districts), are not required to submit this form.

2 PAYEE'S LEGAL BUSINESS NAME (Type or Print)
 CITY OF PARLIER

SOLE PROPRIETOR - ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)

E-MAIL ADDRESS

MAILING ADDRESS
 1100 E. PARLIER AVE
CITY, STATE, ZIP CODE
 PARLIER CA 93648

BUSINESS ADDRESS
 1100 E. PARLIER AVE
CITY, STATE, ZIP CODE
 PARLIER CA 93648

3 PAYEE ENTITY TYPE

PARTNERSHIP

ESTATE OR TRUST

INDIVIDUAL OR SOLE PROPRIETOR

ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): 94-6000393

CORPORATION:

MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.)

LEGAL (e.g., attorney services)

EXEMPT (nonprofit)

ALL OTHERS

ENTER SOCIAL SECURITY NUMBER: [] [] [] - [] [] [] - [] [] [] [] [] [] []

NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.

CHECK ONE BOX ONLY

(SSN required by authority of California Revenue and Tax Code Section 18646)

4 PAYEE RESIDENCY STATUS

California resident - Qualified to do business in California or maintains a permanent place of business in California.

California nonresident (see reverse side) - Payments to nonresidents for services may be subject to State income tax withholding.

No services performed in California.

Copy of Franchise Tax Board waiver of State withholding attached.

5

I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the State agency below.

AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)
 ISRAEL LARA JR

SIGNATURE

TITLE
 CITY MANAGER

DATE
 10/09/2015

TELEPHONE
 ((559))646-3545

6

Please return completed form to:

Department/Office: California Department of Education

Unit/Section: Early Education and Support Division

Mailing Address: 1430 N Street, Suite 3410

City/State/Zip: Sacramento, CA 95814-5901

Telephone: 916-322-6233

Fax: 916-323-6853

Contractor's Legal Name CITY OF PARLIER	Vendor Number: 2190
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F. Contractor Certification

Under penalty of perjury, I certify the following:

- I am authorized by the Board of Directors or other governing authority to execute this Continued Funding Application.
- I have supervisory authority.
- All applicable program statues and regulations will be adhered to.
- The information contained in pages 1-12 of this Continued Funding Application are true and correct to the best of my knowledge.

Authorized Representative Signature:	Date: October 14, 2015
Name and Title of Authorized Representative: Israel Lara Jr- City Manager	Telephone Number: (559)646-3545

Contractor's Legal Name CITY OF PARLIER	Vendor Number: 2190
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County Number

G. Continued Funding Application (EESD-3704) Checklist

This checklist must be submitted with the EESD-3704 application.

Page Number	Required Item Description	Check (✓) Box
2	Section I - Contractor Information	<input checked="" type="checkbox"/>
3	Section II- Contract Types	<input checked="" type="checkbox"/>
4	Section III - Governing Board of Directors Contact Information	<input checked="" type="checkbox"/>
5	Section IV – Allocation of Agency Funds	<input checked="" type="checkbox"/>
6	Section V - Program Narrative Change	<input checked="" type="checkbox"/>
7	Section VI - Personnel Certification for Center-Based Programs and Family Child Care Home Education Networks)	<input checked="" type="checkbox"/>
8	Section VII – Subcontract Certification	<input checked="" type="checkbox"/>
9	Section VIII A. - Program Calendar (EESD-9730) (one for each contract type)	<input checked="" type="checkbox"/>
10	Section VIII B. – Certification of Contractor Information in the Child Development Management System (CDMIS) Data Base	<input checked="" type="checkbox"/>
11	Section VIII C. - State of California, Payee Data Record (STD.204) (non-public agencies only)	<input checked="" type="checkbox"/>
11	Section VIII D. - Secretary of State search results (non-public agencies only)	<input type="checkbox"/>
11	Section VIII E. - Verification of School District Name and Address search	<input checked="" type="checkbox"/>
12	Section VIII F. – Contractor Certification	<input checked="" type="checkbox"/>
13	Section VIII G. – Continued Funding Application Checklist	<input checked="" type="checkbox"/>
Contact Name	Demetria B. Cardenas	
Contact Phone Number	(559)646-6800	
Contact Email	parlieracademy@yahoo.com	



AGENDA ITEM: VI-C
MEETING DATE: 11/04/2015
DEPARTMENT: Administration

REPORT TO CITY COUNCIL

SUBJECT:

Fresno County Rural Transit Agency MOU.

RECOMMENDATION:

Staff recommends the Mayor and Council approve the MOU between the City of Parlier and the Fresno County Rural Transit Agency.

BACKGROUND:

The Fresno County Rural Transit Agency (FCRTA) and the City of Parlier Police Department hereby agree to enter into this Memorandum of Understanding (MOU) for the purpose of providing safety and security services for FCRTA passengers, drivers and vehicles within the City of Parlier. This is in compliance with direction from the Federal Transit Administration (FTA) guidance on Safety for Public Transit Operators.

The City of Parlier will provide the following services on any day during the week:

- A uniformed officer shall Board the stopped vehicle at a designated stop
- Make visual observations while inside vehicle
- Engage in dialogue with driver of vehicle
- Assist with any questions by passengers

FCRTA shall reimburse the City of Parlier Police Department for costs associated in providing these services in the amount of \$2,600.00 for the period of 7/01/2015 to 6/30/2016. To be renewed on an annual basis by both parties.

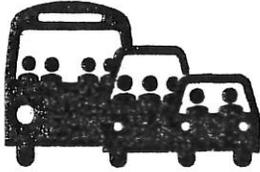
FINANCIAL IMPACT:

\$2,600.00 to the General Budget

Finance Director JB

Attorney _____

City Manager cl



FRESNO COUNTY RURAL TRANSIT AGENCY

2035 Tulare Street, Suite 201, Fresno, CA 93721

Phone: 559-233-6789 Fax: 559-233-9645

Webpage: www.ruraltransit.org

Safety and Security Services

Memorandum of Understanding

The Fresno County Rural Transit Agency (FCRTA) and the City of Parlier Police Department hereby agree to enter into this Memorandum of Understanding (MOU) for the purpose of providing safety and security services for FCRTA passengers, drivers and vehicles within the City of Parlier. This is in compliance with direction from the Federal Transit Administration (FTA) guidance on Safety and Security for Public Transit Operators.

The City of Parlier Police Department will provide the following services on any day during the week:

- A uniformed officer shall Board the stopped vehicle at any designated bus stop
- Make visual observations while inside vehicle
- Greet driver of vehicle
- Assist passengers or driver with any questions

FCRTA shall reimburse the City of Parlier Police Department for costs associated in providing these services in the amount of \$4,000.00 for the period of 7/01/15 to 6/30/16. Submit a monthly log sheet on a semi-annual basis showing the bus boarding's by date (attachment). This MOU may be renewed on an annual basis by both parties.

Approved by:

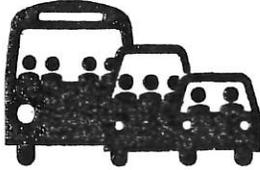
Approved by:

FCRTA

Date

City of Parlier

Date



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Approved by:

Approved by:

FCRTA

Date

City of Parlier

Date

Boarding Record Form

City of _____

Week	Month	Bus Boarded by Officer:	Notes	Date
9/14/2015 thru 9/18/2015	September			
9/21/2015 thru 9/25/2015	September			
9/28/2015 thru 9/30/2015	September			
10/1/2015 thru 10/2/2015	October			
10/5/2015 thru 10/9/2015	October			
10/12/2015 thru 10/16/2015	October			
10/19/2015 thru 10/23/2015	October			
10/26/2015 thru 10/30/2015	October			
11/2/2015 thru 11/6/2015	November			
11/9/2015 thru 11/13/2015	November			
11/16/2015 thru 11/20/2015	November			

11/23/2015 thru 11/27/2015	November			
11/30/2015	November			
12/1/2015 thru 12/4/2015	December			
12/7/2015 thru 12/11/2015	December			
12/14/2015 thru 12/18/2015	December			
12/21/2015 thru 12/25/2015	December			
12/28/2015 thru 12/31/2015	December			
1/4/2016 thru 1/8/2016	January			
1/11/2016 thru 1/15/2016	January			
1/18/2016 thru 1/22/2016	January			
1/25/2016 thru 1/29/2016	January			
2/1/2016 thru 2/5/2016	February			
2/8/2016 thru 2/12/2016	February			
2/15/2016 thru 2/19/2016	February			

2/22/2016 thru 2/26/2016	February			
2/29/2016	February			
3/1/2016 thru 3/4/2016	March			
3/7/2016 thru 3/11/2016	March			
3/14/2015 thru 3/18/2016	March			
3/21/2016 thru 3/25/2016	March			
3/28/2016 thru 3/31/2016	March			
4/1/2016	April			
4/4/2016 thru 4/8/2016	April			
4/11/2016 thru 4/15/2016	April			
4/18/2016 thru 4/22/2016	April			
4/25/2016 thru 4/29/2016	April			
5/2/2016 thru 5/6/2016	May			
5/9/2016 thru 5/13/2016	May			

5/16/2016 thru 5/20/2016	May			
5/23/2016 thru 5/27/2016	May			
5/30/2016 thru 5/31/2016	May			
6/1/2016 thru 6/3/2016	June			
6/6/2016 thru 6/10/2016	June			
6/13/2016 thru 6/17/2016	June			
6/20/2016 thru 6/24/2019	June			
6/27/2016 thru 6/30/2016	June			



AGENDA ITEM: VIII

COUNCIL REPORT

VIII. COUNCIL COMMUNICATIONS/COMMENTS:



AGENDA ITEM: IX

COUNCIL REPORT

IX. ADJOURNMENT: