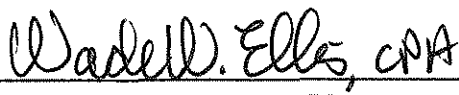


<b>COLLECTIVE BARGAINING AND COLLECTIVE BARGAINING AGREEMENT DISCLOSURE CLAIM FOR PAYMENT</b>			<b>For State Controller Use Only</b> (19) Program Number 00232 (20) Date Filed (21) LRS Input	<b>PROGRAM 232</b>
(01) Claimant Identification Number <b>CC33025</b>			<b>Reimbursement Claim Data</b>	
(02) Claimant Name <b>DESERT COMMUNITY COLLEGE DISTRICT</b>			(22) FORM-1, (03) 1.(e)	
County of Location <b>RIVERSIDE COUNTY</b>			(23) FORM-1, (03) 2.(e)	
Street Address or P.O. Box <b>43-500 MONTEREY AVE Suite</b>			(24) FORM-1, (03) 3.(e)	58,389
City <b>PALM DESERT</b> State <b>CA</b> Zip Code <b>92260</b>			(25) FORM-1, (03) 4.(e)	
<b>Type of Claim</b> (03) (09) Reimbursement <input checked="" type="checkbox"/> (04) (10) Combined <input type="checkbox"/> (05) (11) Amended <input type="checkbox"/>			(26) FORM-1, (03) 5.(e)	
			(27) FORM-1, (03) 6.(e)	7,784
			(28) FORM-1, (03) 7.(e)	
(06) Fiscal Year of Cost <b>2009/2010</b>			(29) FORM-1, (04)(e)	66,173
(07) Total Claimed Amount <b>98,167</b>			(30) FORM-1, (05)(e)	
Less: 10% Late Penalty (refer to attached Instructions)			(31) FORM-1, (11)	48.35%
Less: Prior Claim Payment Received <b>0</b>			(32) FORM-1, (12)	31,995
Net Claimed Amount <b>98,167</b>			(33) FORM-1, (14)	
(08) Due from State <b>98,167</b>			(34) FORM-1, (15)	
Due to State			(35)	
			(36)	
<b>(37) CERTIFICATION OF CLAIM</b>				
In accordance with the provisions of Government Code Sections 17560 and 17561, I certify that I am the officer authorized by the community college district to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 of the Government Code.				
I further certify that there was no application other than from the claimant, nor any grant(s) or payment(s) received, for reimbursement of costs claimed herein; claimed costs are for a new program or increased level of services of an existing program; and claimed amounts do not include charter school costs, either directly or through a third party. All offsetting savings and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.				
The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.				
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
Signature of Authorized Officer			Date Signed <u>2/6/11</u>	
 WADE W ELLIS, CPA			Telephone Number <u>760 773-2513</u>	
Type or Print Name and Title of Authorized Signatory			E-mail Address <u>wellis@collegeofthedesert.edu</u>	
(38) Name of Agency Contact Person for Claim			Telephone Number <u>760 773-2513</u>	
WADE W ELLIS, CPA			E-mail Address <u>wellis@collegeofthedesert.edu</u>	
Name of Consulting Firm / Claim Preparer			Telephone Number _____	
_____			E-mail Address _____	

<b>PROGRAM</b> <b>232</b>	<b>COLLECTIVE BARGAINING AND COLLECTIVE BARGAINING AGREEMENT</b> <b>DISCLOSURE</b> <b>CLAIM SUMMARY</b>	<b>FORM</b> <b>1</b>
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(01) Claimant  DESERT COMMUNITY COLLEGE DISTRICT	(02) Fiscal Year  REIMBURSEMENT 20 <u>09</u> / <u>20</u> <u>10</u>
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Rodda Act Direct Costs	Cost Elements				
(03) Reimbursable Activities	(a)	(b)	(c)	(d)	(e)
	Salaries and Benefits	Materials and Supplies	Contract Services	Travel	Total
1. Determining Bargaining Units and Exclusive Representation					
2. Election of Unit Representation					
3. Cost of Negotiations	58,389				58,389
4. Impasse Proceedings					
5. Collective Bargaining Agreement Disclosure					
6. Contract Administration	7,784				7,784
7. Unfair Labor Practice Charges					
<b>(04) Total Rodda Act Direct Costs</b>	<b>66,173</b>				<b>66,173</b>

Winton Act Direct Costs					
(05) Base Year, 1974-75 Direct Costs					
(06) Base Year Direct Costs Adjusted by IPD				[Line (05)(e) x 4.478 for 2009-10 F.Y.]	
(07) Increased Direct Costs				[Line (04)(e) – line (06)]	

Indirect Costs					
(08) Total Rodda Act Direct Costs Less Costs Not Used in Distribution Base Calculation				[Refer to claiming instructions]	
(09) Base Year Costs Less Costs Not Used in Distribution Base Calculation				[Refer to claiming instructions]	
(10) Increased Direct Costs				[Line (08) - line (09)]	
(11) Indirect Cost Rate				[Federally approved 2 CFR, Part 220/215 (OMB A-21); FAM-29C, or 7%]	48.35%
(12) Increased Indirect Costs				[Line (10) x line (11)]	31,995
(13) Total Increased Direct and Indirect Costs				[Line (07) + line (12)]	98,167

Cost Reduction					
(14) Less: Offsetting Savings					
(15) Less: Other Reimbursements					
(16) Total Claimed Amount				[Line (13) – {line (14) + line (15)}]	98,167

Program <b style="font-size: 24pt;">232</b>	<b>COLLECTIVE BARGAINING AND COLLECTIVE BARGAINING AGREEMENT DISCLOSURE ACTIVITY COST DETAIL</b>	<b>FORM 2</b>
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Claimant DESERT COMMUNITY COLLEGE DISTRICT	(02)	Fiscal Year Costs Were Incurred 2009/2010
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

<input type="checkbox"/>	Determining Bargaining Units and Exclusive Representation	<input type="checkbox"/>	Collective Bargaining Agreement Disclosure
<input type="checkbox"/>	Election of Unit Representation	<input type="checkbox"/>	Contract Administration
<input checked="" type="checkbox"/>	Cost of Negotiations	<input type="checkbox"/>	Unfair Labor Practice Charges
<input type="checkbox"/>	Impasse Proceedings		

(04) Description of Expenses: Complete columns (a) through (g)				Object Accounts			
(a)		(b)	(c)	(d)	(e)	(f)	(g)
Employee Names, Job Classifications, Functions Performed and Description of Expenses		Hourly Rate or Unit Cost	Hours Worked or Quantity	Salaries and Benefits	Materials and Supplies	Travel	Contract Services
<b>Certificated</b>							
Blizinski	Salary	68.77	94.25	6,482			
Dir. HR/Chief Negotiator	Benefits	21%		1,361			
Schukart	Salary	69.75	18.25	1,273			
Dean - Negotiation Team	Benefits	21%		267			
Young	Salary	61.65	18.25	1,125			
Dean - Negotiation Team	Benefits	21%		236			
Randall	Salary	77.58	41.75	3,239			
Interium V.P./Chief Negotiator	Benefits	21%		680			
Gonzales	Salary	69.75	52.50	3,662			
Dean - Negotiation Team	Benefits	21%		769			
<b>Classified</b>							
Ellis	Salary	54.77	94.25	5,162			
Dir. Fiscal Services - Neg. Team	Benefits	21%		1,084			
Kitagawa	Salary	38.01	92.25	3,506			
HR Specialist - Neg. Team	Benefits	21%		736			
Corral	Salary	22.40	100.25	2,246			
Sec'y to Chief Negotiator	Benefits	21%		472			
<b>Attorney Services - Negotiations</b>							
Libert Cassidy Whitmore		135.00	2.70	365			
Zampi, Determan & Erickson LLP		135.00	190.55	25,724			
				58,389			

(05) Total <input type="checkbox"/>	Subtotal <input type="checkbox"/>	Page: ___ of ___				
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Program <b style="font-size: 24pt;">232</b>	<b>COLLECTIVE BARGAINING AND COLLECTIVE BARGAINING AGREEMENT DISCLOSURE ACTIVITY COST DETAIL</b>	<b>FORM 2</b>
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Claimant DESERT COMMUNITY COLLEGE DISTRICT	(02)	Fiscal Year Costs Were Incurred 2009/2010
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

<input type="checkbox"/> Determining Bargaining Units and Exclusive Representation	<input type="checkbox"/> Collective Bargaining Agreement Disclosure
<input type="checkbox"/> Election of Unit Representation	<input checked="" type="checkbox"/> Contract Administration
<input type="checkbox"/> Cost of Negotiations	<input type="checkbox"/> Unfair Labor Practice Charges
<input type="checkbox"/> Impasse Proceedings	

(04) Description of Expenses: Complete columns (a) through (g)

	Object Accounts					
(a)	(b)	(c)	(d)	(e)	(f)	(g)
Employee Names, Job Classifications, Functions Performed and Description of Expenses	Hourly Rate or Unit Cost	Hours Worked or Quantity	Salaries and Benefits	Materials and Supplies	Travel	Contract Services
<b>Certificated</b>						
Blizinski                      Salary	68.77	7.40	509			
Dir. HR/Chief Negotiator      Benefits	21%		107			
Randall                      Salary	77.58	1.00	78			
Interium V.P./Chief Negotiator      Benefits	21%		16			
<b>Attorney Services - Contract Administration</b>						
Libert Cassidy Whitmore	135.00	52.40	7,074			
			7,784			

(05) Total <input type="checkbox"/>	Subtotal <input type="checkbox"/>	Page: ____ of ____
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Certification

The following certification must accompany all claims:

I DO HEREBY CERTIFY:

THAT Section 1090 to 1096, inclusive, of the Government Code and other applicable provisions of the law have been complied with; and

THAT I am the person authorized by the local agency to file claim for funds with the State of California.

Wade D. Ellis, CPA

Signature of Authorized Representative

2/6/11

Date

Director, Fiscal Services

Title

760-777-2513

Telephone Number