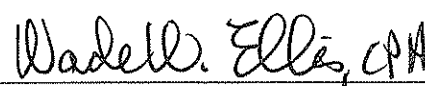


COLLECTIVE BARGAINING AND COLLECTIVE BARGAINING AGREEMENT DISCLOSURE CLAIM FOR PAYMENT		For State Controller Use Only	PROGRAM
		(19) Program Number 00232	232
		(20) Date Filed	
		(21) LRS Input	
(01) Claimant Identification Number	CC 33025	Reimbursement Claim Data	
(02) Claimant Name	DESERT COMMUNITY COLLEGE DISTRICT	(22) FORM 1, (03) 1.(e)	
County of Location	RIVERSIDE COUNTY	(23) FORM 1, (03) 2. (e)	
Street Address or P.O. Box	43-500 MONTEREY AVE Suite	(24) FORM 1, (03) 3. (e)	31,167
City	PALM DESERT State CA Zip Code 92260	(25) FORM 1, (03) 4. (e)	
	Type of Claim	(26) FORM 1, (03) 5. (e)	
	(03) (09) Reimbursement <input checked="" type="checkbox"/>	(27) FORM 1, (03) 6. (e)	16,683
	(04) (10) Combined <input type="checkbox"/>	(28) FORM 1, (03) 7. (e)	
	(05) (11) Amended <input type="checkbox"/>	(29) FORM 1, (04)(e)	47,850
Fiscal Year of Cost	(06) (12) 2010/2011	(30) FORM 1, (05)(e)	
Total Claimed Amount	(07) (13) 54,337	(31) FORM 1, (06)(e)	
Less: 10% Late Penalty (refer to attached Instructions)	(14)	(32) FORM 1, (11)	48.86%
Less: Prior Claim Payment Received	(15) 0	(33) FORM 1, (12)	
Net Claimed Amount	(16) 54,337	(34) FORM 1, (14)	
Due from State	(08) (17) 54,337	(35) FORM 1, (15)	
Due to State	(18)	(36)	
(37) CERTIFICATION OF CLAIM			
<p>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.</p> <p>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; and claimed costs are for a new program or increased level of services of an existing program. All offsetting revenues 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.</p> <p>The amount of this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.</p> <p>I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</p>			
Signature of Authorized Officer		Date Signed	11/30/12
 WADE E. ELLIS, - Dir, Fiscal Services		Telephone Number	760 773-2513
		E-Mail Address	wellis@collegeofthedesert.edu
Type or Print Name and Title of Authorized Signatory		Telephone Number	760 773-2513
(38) Name of Agency Contact Person for Claim WADE E. ELLIS, CPA		E-mail Address	wellis@collegeofthedesert.edu
		Telephone Number	
Name of Consulting Firm / Claim Preparer		E-mail Address	

PROGRAM 232	COLLECTIVE BARGAINING AND COLLECTIVE BARGAINING AGREEMENT DISCLOSURE ACTIVITY COST DETAIL	FORM 2
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(01) Claimant CC 33025 DESERT COMMUNITY COLLEGE DISTRICT	(02) Fiscal Year 20 ¹⁰ /20 ¹¹
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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:			Object Accounts			
(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contract Services	(g) Travel
Certificated						
Blizinski Salary	72.37	43.00	3,112			
Dir-HR/Chief Negotiator Benefits	21%		654			
Berg Salary	75.41	10.00	754			
Dean - Negotiation Team Benefits	21%		158			
Young Salary	75.41	19.00	1,433			
Dean - Negotiation Team Benefits	21%		301			
Classified						
Ellis Salary	51.27	36.00	1,846			
Dir. Fiscal Services - Neg. Team Benefits	21%		388			
Kitagawa Salary	37.08	44.50	1,650			
HR Specialist - Neg. Team Benefits	21%		347			
Corral Salary	24.46	43.50	1,064			
Sec'y to Chief Negotiator Benefits	21%		223			
Attorney Services - Negotiations						
Liberty Cassidy Whitemore	135.00	1.10			149	
Zampi Determan & Erickson	135.00	141.40			19,089	
			11,929		19,238	

(05) Total Subtotal Page: ___ of ___

PROGRAM 232	COLLECTIVE BARGAINING AND COLLECTIVE BARGAINING AGREEMENT DISCLOSURE ACTIVITY COST DETAIL	FORM 2
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(01) Claimant CC 33025 DESERT COMMUNITY COLLEGE DISTRICT	(02) Fiscal Year 20 ¹⁰ /20 ¹¹
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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:				Object Accounts		
(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contract Services	(g) Travel
Certificated						
Blizinski Salary	72.37	11.25	814			
Dir-HR/Chief Negotiator Benefits	21%		171			
Classified						
Ellis Salary	51.27	1.50	77			
Dir. Fiscal Services - Neg. Team Benefits	21%		16			
Kitagawa Salary	37.08	6.00	222			
HR Specialist - Neg. Team Benefits	21%		47			
Attorney Services - Greaviances/Unfair						
Zampi Determan & Erickson	135.00	113.60			15,336	
			1,347		15,336	

(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 W. Ellis, CPA

Signature of Authorized Representative

1/30/12

Date

Director, Fiscal Services

Title

760-773-2513

Telephone Number