State Controller's Office	1,		Community College Mar	ndated Cost Manual	
A A 1 1 100 A 100 11 1200 100 A 100 A 11 11 11 11		711 1P P 4 P 4 11 11 1 A	For State Controller Use Only PROG		
COLLECTIVE BARGAINING	S AND COLLEC		(19) Program Number 00232	999	
	FOR PAYMENT		(20) Date Filed	232	
VERIM I	OTCT POTATION		(21) LRS Input		
(01) Claimant Identification Number	CC 330)25	Reimbursemen	t Claim Data	
(02) Claimant Name DESERT C	OMMUNITY C	COLLEGE DISTRIC	T (22) FORM 1, (03) 1.(e)		
County of Location RIVERSI	DE COUNTY		(23) FORM 1, (03) 2. (e)		
Street Address or P.O. Box 43-500 MC	ONTEREY AV	Suite E	(24) FORM 1, (03) 3. (e)	31,167	
CHY 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 X	(27) FORM 1, (03) 6. (e)	16,683	
	(04)	(10) Combined	(28) FORM 1, (03) 7. (e)		
	(05)	(11) Amended	(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 at	tached Instructions)	(14)	(32) FORM 1, (11)	48.86%	
Less: Prior Claim Payment Rece	ived	(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 CLA In accordance with the provisions community college district to file me that I have not violated any of the pr I further certify that there was no a of costs claimed herein; and claime	of Government C andated cost claim rovisions of Article pplication other th	is with the State of Californ 4, Chapter 1 of Division 4 o an from the claimant, nor a	ia for this program, and certify of Title 1 of the Government County grant(s) or payment(s) rece	under penalty of perjury de. eived, for reimbursemen	
revenues and reimbursements set to documentation currently maintained	forth in the parame	eters and guidelines are ide	entified, and all costs claimed	are supported by sourc	
The amount of this reimbursement i	s hereby claimed f	from the State for payment (of actual costs set forth on the	attached statements.	
I certify under penalty of perjury und	der the laws of the	State of California that the	foregoing is true and correct.		
Signature of Authorized Officer			1/2/	112	
10/2010 500a	- 19H	Date Si	760	773-2513	
10) ANE 18). ELLIS	No real	Subac	one Number		
Type or Print Name and Title of Auth		······································	Address ellis@collegeofth	 ledesert edu	
(38) Name of Agency Contact Person			760	773-2513	
WADE E. ELL		we	one Number :llis@collegeofth Address		
Name of Consulting Firm / Clair	n Preparer		ona Number	***************************************	

Telephone Number E-mail Address

PROGRAM FORM COLLECTIVE BARGAINING AND COLLECTIVE BARGAINING AGREEMENT **DISCLOSURE** 232 **CLAIM SUMMARY** CC 33025 (01) Claimant Fiscal Year (02)REIMBURSEMENT DESERT COMMUNITY COLLEGE DISTRICT 20 10/20 11 Rodda Act Direct Costs **Object Accounts** (b) (c) (d) (e) (a) (03) Reimbursable Activities Materials and Contract Salaries and Travel Total Services **Benefits** Supplies 1. Determining Bargaining Units and **Exclusive Representation** 2. Election of Unit Representation 11,929 3. Cost of Negotiations 19,238 31,167 4. Impasse Proceedings 5. Collective Bargaining Agreement Disclosure 15,336 6. Contract Administration 1,347 16,683 7. Unfair Labor Practice Charges 13,276 (04) Total Rodda Act Direct Costs 47,850 34,574 Winton Act Direct Costs (05) Base Year, 1974-75 Direct Costs (06) Base Year Direct Costs Adjusted by IPD [Line (05)(e) x 4.583 for 2010-11 F.Y.] (07) Increased Direct Costs [Line (04)(e) - line (06)] Indirect Costs Total Rodda Act Direct Costs Less Costs Not Used in 13,276 [Refer to claim summary instructions] Indirect Cost Rate Base Calculation (09) Base Year Costs Less Costs Not Used in Indirect [Refer to claim summary instructions] Cost Rate Base Calculation [Line (08) - line (09)] (10) Increased Applicable Direct Costs 13,276 [If less than zero, enter "0"] 48.86% (11) Indirect Cost Rate Federally approved rate OMB Circular A-21 FAM-29C ☐ Flat 7% 6,487 (12) Increased Indirect Costs [Line (10) x line (11)] 54,337 (13) Total Increased Direct and Indirect Costs [Line (07) + line (12)] **Cost Reduction** (14) Less: Offsetting Revenues (15) Less: Other Reimbursements 54,337

[Line (13) - {line (14) + line (15)}]

(16) Total Claimed Amount

PROGRAM

COLLECTIVE BARGAINING AND COLLECTIVE BARGAINING AGREEMENT DISCLOSURE ACTIVITY COST DETAIL

FORM

2

(01)	Claimant CC 33025	(111) † 111 († 114) † 114 († 114) † 114	(02)				Eico	al Year
• •		Atra	1					l
DES	SERT COMMUNITY COLLEC	E DISTRI	LCT				20 ¹	⁰ /20_ ¹¹
(03)	Reimbursable Activities: Check	only one box	per form t	o identify the	activity be	eing claime	 ∋d.	
					Collective Bargaining Agreement Disclosure			
	Election of Unit Representation			Contract Administration				
	X Cost of Negotiations			Unfair Labor Practice Charges				
	Impasse Proceedings							
(04)					Object Accounts			
	(a)		(b)	(c)	(d)	(e)	(f)	(g)
	Employee Names, Job Classificati Functions Performed and Description of Expenses	ons,	Hourly Rate or Unit Cost	Hours Worked or	Salaries and Benefits	Materials and Supplies	Contract Services	Travel
			***************************************				***************************************	
	Certificated							
	Blizinski	Salary	72.37	43.00	3,112			
	Dir-HR/Chief Negotiator	Benefits	21%		654			
ĺ	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			
	Attorny Services - Negotiations							
	Liberty Cassidy Whitemore		135.00	1.10			149	
Ì	Zampi Determan & Erickson		135.00	141.40			19,089	
				=	11,929		19,238	
						***************************************	Livering	***
	Total Subtotal	- Doco	. Af					
(05)	Total Subtotal L	Page	:of					

PROGRAM 232

COLLECTIVE BARGAINING AND COLLECTIVE BARGAINING AGREEMENT DISCLOSURE ACTIVITY COST DETAIL

FORM 2

(01) Claimant CC 33025		(02)				Fisc	cal Year
DESERT COMMUNITY COLLE	GE DISTRI	CT				20 <u>1</u>	0 /20 11
(03) Reimbursable Activities: Check	only one box	per form to	identify the	activity be	eing claime	ed.	
Determining Bargaining Units a					ng Agreemer		}
Election of Unit Representation Cost of Negotiations			X Contract Administration				
			Unfair	Labor Practic	ibor Practice Charges		
Impasse Proceedings							
(04) Description of Expenses:					Object Accounts		
(a)		(b)	(c)	(d)	(e)	(f)	(g)
Employee Names, Job Classificat Functions Performed and Description of Expenses		Hourly Rate or Unit Cost	Hours Worked or Quantity	Salaries and Benefits	Materials and Supplies	Contract Services	Travel
Certificated Blizinski Dir-HR/Chief Negotiator	Salary Benefits	72.37 21%	11.25	814 171			
Classified							
Ellis	Salary	51.27	1.50	77			
Dir. Fiscal Services - Neg. Team	Benefits	21%	1.50	16			
Kitagawa	Salary	37.08	6.00	222			
HR Specialist - Neg. Team	Benefits	21%		47			
Attorny Services - Greaviances/L Zampi Determan & Erickson	Infair	135.00	113.60	1,347		15,336 15,33	
(05) Total Subtotal	Page:	of	_				

Desert Community	College District	CC 33025
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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.

Woodell. Ellis, CPH	
Signature of Authorized Representativ	æ
Director, Fiscal Services	
Title	
760 770 0510	
760-773-2513	
Telephone Number	