



CONSOLIDATED APPLICATION AND REPORTING SYSTEM (CARS)

East Bay Innovation Academy (01 61259 0129932)

[Home](#)[Data Entry Forms](#)[Certification Preview](#)[Certify Data](#)[Reports](#)[Users](#)[Contacts](#)[FAQs](#)[Program Information](#) | [Data Entry Instructions](#)

2023–24 Certification of Assurances

Submission of Certification of Assurances is required every fiscal year. Before continuing to certify any data, you must submit the information below. You will only be prompted for this information once per fiscal year. A complete list of legal and program assurances for the fiscal year can be viewed by selecting the Program Information link in this form. Once submitted, the Certification of Assurances will be available under Reports for printing purposes.

Required fields are denoted with an asterisk (*).

NOTE: Your local educational agency (LEA) has previously certified this data collection form as official. One or more other data collection forms may be dependent on this data collection form. Please be aware that if a change is saved and this data collection form is certified again, it may cause dependent data collection forms to become certified-obsolete and your LEA may have to revise and resubmit those dependent data collection forms, as well.

Consolidated Application Certification Statement

I hereby certify that all of the applicable state and federal rules and regulations will be observed by this applicant; that to the best of my knowledge the information contained in this application is correct and complete; and I agree to participate in the monitoring process regarding the use of these funds according to the standards and criteria set forth by the California Department of Education Federal Program Monitoring (FPM) Office. Legal assurances for all programs are accepted as the basic legal condition for the operation of selected projects and programs and copies of assurances are retained on site. I certify that we accept all assurances except for those for which a waiver has been obtained or requested. A copy of all waivers or requests is on file. I certify that actual ink signatures for this form are on file.

* Authorized Representative's Full Name:

* Authorized Representative's Title:

* Authorized Representative's Signature Date: (ex. MM/DD/YYYY)

Last Saved: Mike Pocrnich (mpocrnich), 7/28/2023 9:14 AM, Certified

Consolidated Application Support Desk, Education Data Office | ConAppSupport@cde.ca.gov | 916-319-0297
General CARS Questions: Consolidated Application Support Desk | conappsupport@cde.ca.gov | 916-319-0297

California Department of Education
1430 N Street
Sacramento, CA 95814

[Web Policy](#)