SB 75 Special Apportionment
November 2018 Wildfire Emergencies

Use of this affidavit is authorized by California Education Code (EC) Section 46392(d)(2) – Emergency Average Daily Attendance (ADA).

_______________________________Charter School in ______________________County
has evaluated and determined that the charter school is physically located within a school
district that had at least 5 percent loss in residences within the school district or school district
facilities destroyed by the November 2018 wildfires. Included with this request is supporting
documentation to substantiate the 5 percent loss.

Notwithstanding any other law, for a school district or charter school physically located within a
school district, where no less than 5 percent of the residences within the school district, or the
school district’s facilities, were destroyed as a result of a state of emergency that was declared
by the Governor in November 2018, all of the following shall apply:

(2) In the 2019–20 and 2020–21 fiscal years, for charter schools, the Superintendent shall
calculate the difference between the charter school’s certified second principal
apportionment local control funding formula entitlement pursuant to 42238.02 in the current
year and each respective prior year and, if there is a difference, allocate the amount of that
difference to the charter school.

CHARTER SCHOOL

By signing this affidavit, I_____________________________________ attest that the
foregoing information and statements are true and correct to the best of my knowledge and
belief.

Responsible Charter School Official Signature (or designee) Date

SUPERINTENDENT OF CHARTER SCHOOL AUTHORIZER

By signing this affidavit, I_____________________________________ attest that the
foregoing information and statements are true and correct to the best of my knowledge and
belief.

School District Superintendent Signature (or designee) Date
COUNTY SUPERINTENDENT OF SCHOOLS

By signing this affidavit, I ________________________________ attest that the foregoing information and statements are true and correct to the best of my knowledge and belief.

__________________________ ____________________________
County Superintendent of Schools Signature (or designee) Date

CONTACT PERSON
Any inquiries concerning this request should be directed to:

__________________________
Contact Name

__________________________
Title

__________________________
Phone Number

__________________________
Email