

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



June 8, 2000

COUNTY FISCAL LETTER (CFL) NO: 99/00-59

TO: COUNTY WELFARE DIRECTORS
COUNTY FISCAL OFFICERS
COUNTY AUDITORS

SUBJECT: SAWS-WCDS CONSORTIUM CALWIN PROJECT IMPLEMENTATION
CLAIMING INSTRUCTIONS

Approval has been received from State and Federal control agencies for implementation activities to begin for the Statewide Automated Welfare System (SAWS) Welfare Client Data System (WCDS) Consortium CalWORKs Information Network (CalWIN) Project. For the State to effectively monitor and report expenditures and reimburse counties in a timely manner, it is necessary to administer costs via a monthly claim/invoice process. All counties claiming approved costs associated with the SAWS-WCDS Consortium CalWIN Project must submit claims using the attached format. Instructions for claiming these costs are attached. All costs claimed via this process must also be reflected on the County Expense Claim (CEC) as extraneous costs. The effective date of this claiming procedure is January 2000 through December 2003.

Submit one hard copy of the claim form for the county's SAWS-WCDS Consortium CalWIN Project costs the month following the month costs are incurred to:

California Department of Social Services
Fiscal Systems Bureau
744 P Street, M.S. 13-71
Sacramento, California 95814

At the same time, submit a duplicate copy of the claim form and one electronic copy (via e-mail) to:

Health and Human Services Data Center
SAWS Project – Admin Unit
1651 Alhambra Boulevard
Sacramento, California 95816
(Dswart@hwdcaws.cahwnet.gov)

Claims must be submitted by the 20th of each month to clear any prior month's payment advance. Any county that, on three occasions, does not submit a claim to clear an advance by the 20th day of the month following the month that CDSS issued the advance will no longer be issued advances by CDSS. Claims received by the 10th of the month will be paid that month and claims received after the 10th of the month will be paid the following month.

Normally, Electronic Data Processing (EDP) staff would time study continuously throughout the quarter, and appropriate overhead costs within the EDP cost pool would be allocated based on caseworker time study hours. However, because SAWS-WCDS Consortium costs must be reported on a monthly basis, there is no appropriate methodology that can be used to allocate the overhead costs associated with one month's hours. (The exception is travel costs, which are usually part of the Allocable Support Operating Cost Pool, but are claimed directly to SAWS on the SAWS-WCDS Consortium CalWIN Project claim form.) In addition, the indirect cost rate methodology is approved only for use with non-welfare activities. As a result, allocable overhead costs associated with SAWS-WCDS Consortium costs, except for travel, are not claimable on the SAWS-WCDS Consortium CalWIN Project claim form and must continue to be reported as allocable support operating costs on the CEC.

All EDP and other county project staff must maintain records of time spent on SAWS-WCDS Consortium activities on either the Generic Time Study (DFA 10) or the Support Staff Time Report (DFA 7), depending on their classification. Staff who normally time study on a mid-month basis must maintain continuous time studies for SAWS-WCDS Consortium activities.

The attached SAWS-WCDS Consortium claim forms should not be used to claim reimbursement for county staff on loan to the SAWS Project through an Interagency Agreement. Counties should continue to claim reimbursement for those costs on the County SAWS PAPD Expenditure claim issued with CFL 92/93 dated June 7, 1993.

Any questions regarding these forms should be directed to Darin Swart, SAWS Project, at (916) 229-4451 (e-mail: dswart@hwdcsaws.cahwnet.gov).

Sincerely,

***Original Document Signed By
Jarvio A. Grevious On June 8, 2000***

JARVIO A. GREVIOUS
Deputy Director
Administration Division

Enclosure

**SAWS - WCDS Consortium : CalWIN Project
Implementation Expenditure Claim**

County: _____

Month/Year: _____

Contact: _____

Phone: _____

CalWIN IAPDU Monthly Expenditures (Project # 4130-95)	Subline \$	Rollup \$	Hours
Consortium Project Staff			
County Support Staff *			
Consortium Project Team *			
Consortium Management *			
Consultants			
Development/Implementation			
Project Management *			
Facilities			
Consortium Project Team *			
Consortium Deliverables *			
County Specific Deliverables *			
IV&V			
QA			
Site Preparation			
Hardware			
Vendor provided			
County provided			
Software			
Vendor provided			
County provided			
Case Conversion			
County Conversion Staff			
Consortium Project Team			
Consortium Deliverables			
County Specific Deliverables			
Travel			
County Support Staff *			
Consortium Project Team *			
Training			
County Support Staff			
Consortium Project Team			
Consortium Deliverables			
County Specific Deliverables			
Total Costs			
Less: CDSS Advance (if applicable)			
Less: County Share			
Total Claim			
GA/GR			
Application Development			

COUNTY AUDITOR'S CERTIFICATION

I hereby certify under penalty of perjury, that I am the Official in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the

COUNTY WELFARE DIRECTOR'S CERTIFICATION

I hereby certify under penalty of perjury, that I am the Official in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the

SIGNATURE OF COUNTY AUDITOR

SIGNATURE OF COUNTY WELFARE DIRECTOR

DATE

DATE

County GA/GR Ratio

Non-Recurring (Non-Application Development)							
Program	Program Percent	Program Costs	Ratios F/SW/SH	Federal Share	Welfare Share	Health Share	County Share
CalWORKS	41.60%	0	100/0/0/0	0	0	0	0
Food Stamps	36.91%	0	50/50/0/0	0	0	0	0
State Only FS	1.03%	0	0/100/0/0	0	0	0	0
Medi-Cal	17.12%	0	50/0/50/0	0	0	0	0
CMSP	0.18%	0	0/0/100/0	0	0	0	0
Refugee	0.21%	0	100/0/0/0	0	0	0	0
GA / GR	2.95%	0	0/0/0/100	0	0	0	0
TOTAL	100.00%	0		0	0	0	0
GA / GR Shift					0		0
TOTAL		0		0	0	0	0

Non-Recurring (Application Development)							
Program	Program Percent	Program Costs	Ratios F/SW/SH	Federal Share	Welfare Share	Health Share	County Share
CalWORKS	41.60%	0	100/0/0/0	0	0	0	0
Food Stamps	36.91%	0	50/50/0/0	0	0	0	0
State Only FS	1.03%	0	0/100/0/0	0	0	0	0
Medi-Cal	17.12%	0	50/0/50/0	0	0	0	0
CMSP	0.18%	0	0/0/100/0	0	0	0	0
Refugee	0.21%	0	100/0/0/0	0	0	0	0
GA / GR	2.95%	0	0/0/0/100	0	0	0	0
TOTAL	100.00%	0		0	0	0	0
App Dev Shift					0		0
GA / GR Shift					0		0
TOTAL		0		0	0	0	0

Total Non-Recurring							
Program	Program Percent	Program Costs	Ratios F/SW/SH	Federal Share	Welfare Share	Health Share	County Share
CalWORKS	41.60%	0		0	0	0	0
Food Stamps	36.91%	0		0	0	0	0
State Only FS	1.03%	0		0	0	0	0
Medi-Cal	17.12%	0		0	0	0	0
CMSP	0.18%	0		0	0	0	0
Refugee	0.21%	0		0	0	0	0
GA / GR	2.95%	0		0	0	0	0
TOTAL	100.00%	0		0	0	0	0
App Dev Shift				0	0	0	0
GA / GR Shift				0	0	0	0
TOTAL		0		0	0	0	0

**SAWS - WCDS Consortium CalWIN Project
Implementation Expenditure Claiming Instructions**

All of the requirements of the executed Memorandum of Understanding (MOU) must be adhered to when claiming reimbursement for implementation costs. This claim form is being provided both in hard copy and electronically. No changes should be made to the f

County: Enter the county name and number (i.e. Alameda - 1, Contra Costa - 7, Fresno - 10, etc.).

Month/Year: Enter the month and year that the expenditures were incurred.

Contact: Enter the name of the county fiscal contact responsible for claim information.

Phone: Enter the county fiscal contact's phone number.

Consortium Project Staff: No entry should be made to this line as a formula will add-up sublines.

County Support Staff: Enter actual salary and benefit costs for staff located in their respective counties that are supporting consortium implementation.

Consortium Project Team: Enter actual salary and benefit costs for staff located at the consortium project site that are supporting consortium implementation.

Consortium Management: Enter the actual salary, benefit and travel costs incurred to manage the consortium.

Consultants: No entry should be made to this line.

Development/Implementation: No entry should be made to this line as a formula will add-up sublines.

Project Management: Enter the actual costs incurred for project management consulting services.

Facilities: Enter the actual costs incurred for consultant provided consortium facilities.

Consortium Project Team: Enter the actual costs incurred for consultant staff located at the consortium project site that are supporting consortium implementation.

Consortium Deliverables: Enter the actual costs incurred for consortium deliverables not included in any other expenditure line-item.

County Specific Deliverables: Enter the actual costs incurred for consultant services of county specific deliverables not included in any other expenditure line-item.

IV&V: Enter the actual costs incurred for IV&V consulting services.

QA: Enter the actual costs incurred for QA consulting services.

Site Preparation: Enter the actual costs incurred to prepare the county site for the installation of system hardware.

Hardware: No entry should be made to this line as a formula will add-up sublines.

Vendor Provided: Enter the actual cost of equipment procured from the development vendor (includes servers, workstations, printers and network components).

County Provided: Enter the actual cost of equipment procured from sources other than the development vendor (may include workstations, printers and network components).

Software: No entry should be made to this line as a formula will add-up sublines.

Vendor Provided: Enter the actual cost of software procured from the development vendor.

County Provided: Enter the actual cost of software procured from sources other than the development vendor (may include software for workstations, printers and network components).

Case Conversion: No entry should be made to this line as a formula will add-up sublines.

County Conversion Staff: Enter the actual salary and benefit costs for county staff to support case conversion.

Consortium Project Team: Enter actual salary and benefit costs for staff located at the consortium project site to support case conversion.

Consortium Deliverables: Enter the actual costs for consortium-approved case conversion deliverables.

County Specific Deliverables: Enter the actual costs for county-approved case conversion deliverables.

Travel: No entry should be made to this line as a formula will add-up sublines.

County Support Staff: Enter the actual travel costs for staff located in their respective counties that are supporting consortium implementation.

Consortium Project Team: Enter the actual travel costs for staff located at the consortium project site that are supporting consortium implementation.

Training: No entry should be made to this line as a formula will add-up sublines.

County Support Staff: Enter the actual training costs for staff located in their respective counties that are supporting consortium implementation.

Consortium Project Team: Enter the actual training costs for staff located at the consortium project site that are supporting consortium implementation.

Consortium Deliverables: Enter the actual costs for consortium-approved training deliverables.

County Specific Deliverables: Enter the actual costs for county-approved training deliverables.

Total Costs: No entry should be made to this line as a formula will add-up sublines.

Less: CDSS Advance: Enter the amount of the CDSS Advance if one was received for this claim period.

Note: If an advance was received for a given month but the corresponding claim for that month **does not** clear the advance (i.e. does not include the vendor deliverable payment as advanced because of delayed vendor billings), the balance of the original month's claim advance should be rolled-over to the next month's claim and each subsequent claim until the advance is cleared.

Less: County Share: No entry should be made to this line as a formula will calculate this value.

Total Claim: No entry should be made to this line as a formula will add-up sublines. This is the total amount

of the payment that will be issued by CDSS.

GA/GR: This represents the total GA/GR share for this claim. No entry should be made to this line as a formula will calculate this value.

Application Development: This represents the total Application Development share for this claim. No entry should be made to this line as a formula will calculate this value.

Hours: Enter the actual hours worked to complete the activity being claimed - hours should be identified for County Support Staff, Consortium Project Team and County Conversion Staff .

County GA/GR Ratio: This entry will be made by the Consortium - county staff should not change this entry.

Cost Allocation Tables: These tables are linked to the claim form and county staff should not make any changes to the tables.

Send claims to:

California Department of Social Services
Fiscal Systems Bureau
744 P Street, M.S. 13-71
Sacramento, CA 95814
(original and e-mail: bob.ficenec@dss.ca.gov)

Health and Welfare Data Center
SAWS Project – Admin Unit
1651 Alhambra Boulevard
Sacramento, CA 95816
(copy and e-mail: dswart@hwdcaws.cahwnet.gov)

WCDS CalWIN Project
Administrative Services Unit
(e-mail: admin@calwin.org)

Any questions regarding these forms should be directed to Darin Swart, SAWS Project, at (916) 229-4451 (e-mail: Dswart@hwdcaws.cahwnet.gov).