

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



August 25, 2006

REFUGEE COORDINATOR LETTER NO. 06-13

TO: COUNTY REFUGEE COORDINATORS

SUBJECT: FEDERAL FISCAL YEAR (FFY) 2004 GRANTS CLOSEOUT

This letter is a reminder of the upcoming September 30, 2006, deadline for expending funds and submitting reports for the following grants. These funding sources may be used to provide services through September 30, 2006:

- FFY 2004 Refugee Social Services (RSS) (formerly referred to RESS), including any fund augmentations;
- FFY 2004 Targeted Assistance (TA) formula, including any fund augmentations; and/or
- FFY 2003-2005 TA Discretionary Grant, unless this grant is allowed an extension by the federal Office of Refugee Resettlement (ORR), at which point, closeout will be at the end of the extension period. On July 5, 2006, the Refugee Programs Bureau (RPB) requested an extension through March 31, 2007. However, the request has not yet been granted by ORR. If an extension is granted, counties will be immediately informed.

All final claims (see enclosed Form RS52-Claim for Reimbursement) and final project/progress reports for the above grants must be submitted to the RPB by close of business **November 15, 2006** at the following address:

Refugee Programs Bureau
California Department of Social Services
744 P Street, MS 6-646
Sacramento, California 95814

Claiming Requirements

Although funds must be expended by September 30th, the requirement for submitting final claims is in accordance with the Standard Terms and Conditions for federal funding which specify that the RPB submit final Financial Status Reports on these grants to ORR. Therefore, it is imperative that the RPB receive all final county expenditure claims for the above listed grants by November 15th to allow sufficient time to process the claims

and prepare the final reports. Claims that are received after that date will be returned to the counties and will not be eligible for reimbursement.

Reporting Requirements

The FFY 2004 RSS and TA Formula grants require quarterly performance reports and a final progress report as specified in the errata to Refugee Coordinator Letter #04-21, dated September 10, 2004. Reporting requirements for the TA Discretionary grant also require quarterly performance reports and a final progress report as specified in the final allocation letters dated October 12, 2004 and September 16, 2005.

Please share this information with county fiscal and program staff responsible for preparation and submittal of claims for reimbursement and progress/performance reports. Should you have any questions, please contact Camille Ancona, Analyst, Policy Unit, at (916) 653-7785, or Nathan Morris, Analyst, County Operations and Performance Unit, at (916) 653-8545.

Sincerely,

A handwritten signature in black ink that reads "Thuan Nguyen". The signature is written in a cursive, flowing style.

THUAN NGUYEN, Chief
Refugee Programs Bureau

Enclosure

CLAIM FOR REIMBURSEMENT

SUBMIT AN ORIGINAL AND THREE COPIES TO:

California Department of Social Services
 Refugee Programs Branch
 744 P Street, MS 6-646
 Sacramento, CA 95814

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|------------------------------|
| NAME AND ADDRESS OF CLAIMANT |
|------------------------------|

| | | |
|-----------------------------|--|---------------------------|
| CONTRACT/ALLOCATION NUMBER | PROGRAM NAME (Check One) | FEDERAL FISCAL YEAR FUNDS |
| | <input type="checkbox"/> REFUGEE EMPLOYMENT SOCIAL SERVICES (RESS) <input type="checkbox"/> TARGETED ASSISTANCE (TA) <input type="checkbox"/> TA DISCRETIONARY | |
| COUNTY SERVICES PLAN PERIOD | GRANT AWARD PERIOD | SERVICES BILLING PERIOD |

| CLASSIFICATION OF EXPENDITURES | (A) NET AMOUNT THIS CLAIM | (B) COST PREVIOUSLY CLAIMED | (C) TOTAL COSTS TO DATE |
|---------------------------------|------------------------------|--------------------------------|----------------------------|
| County Administration | | | |
| Employment Services (ES) | | | |
| English Language Training (ELT) | | | |
| On-the-Job Training (OJT) | | | |
| Skills Training | | | |
| Case Management | | | |
| Other | | | |
| TOTAL ALL CLASSES | | | |

I HEREBY CERTIFY, under penalty of perjury, that I am the official responsible for the administration of the project; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are properly chargeable as expenditures for administration of the project as specified in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the State Benefits and Services Advisory Board.

I HEREBY CERTIFY, under penalty of perjury, that I am the official responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the expenditures claimed herein have been authorized; and that payments therefor have been made or expenditures otherwise incurred according to law.

| | |
|--|------|
| SIGNATURE OF WELFARE DIRECTOR OR PROJECT ADMINISTRATOR | DATE |
| SIGNATURE OF AUDITOR OR CONTROLLER | DATE |