

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



September 7, 2007

REFUGEE COORDINATOR LETTER NO. 07-12

TO: COUNTY REFUGEE COORDINATORS

SUBJECT: FEDERAL FISCAL YEAR (FFY) 2005 GRANTS CLOSEOUT

This letter is a reminder of the upcoming September 30, 2007, deadline for expending funds and submitting reports for the following grants. These funding sources may be used to provide services through September 30, 2007:

- FFY 2005 Refugee Social Services (RSS) (formerly referred to as RESS), including any fund augmentations;
- FFY 2005 Targeted Assistance (TA) formula, including any fund augmentations; and/or
- FFY 2005-2006 Discretionary Grant for Services to Older Refugees.

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, 2007** 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 the Office of Refugee Resettlement. Therefore, it is imperative that the RPB receive all final county expenditure claims for the above listed grants by November 15, 2007 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 2005 RSS and TA Formula grants require Quarterly Performance Reports over the grant period with a final report due November 15, 2007. Reporting requirements for the Older Refugees Discretionary Grant also require quarterly performance reports and a final progress report as specified in the final allocation letters dated November 7, 2005 and September 1, 2006.

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 your County Operations Analyst at (916) 654-4356.

Sincerely,

Janet Sandlin
for 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

NAME AND ADDRESS OF CLAIMANT

CONTRACT/ALLOCATION NUMBER	PROGRAM NAME (Check One) <input type="checkbox"/> REFUGEE EMPLOYMENT SOCIAL SERVICES (RESS) <input type="checkbox"/> TARGETED ASSISTANCE (TA) <input type="checkbox"/> TA DISCRETIONARY	FEDERAL FISCAL YEAR FUNDS
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