STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • *www.cdss.ca.gov*

CDSS
JOHN A. WAGNER
DIRECTOR

ARNOLD SCHWARZENEGGER
GOVERNOR

September 10, 2009

REFUGEE COORDINATOR LETTER NO. 09-08

TO: COUNTY REFUGEE COORDINATORS

SUBJECT: FEDERAL FISCAL YEAR (FFY) 2007 GRANTS CLOSEOUT

This letter is to remind counties of the upcoming deadlines for expending funds, and submitting final reports for the Federal Fiscal Year (FFY) 2007 Refugee Social Services (RSS) and FFY 2007 Targeted Assistance (TA) grants, including any RSS and/or TA funding augmentations for that year. The Refugee Programs Bureau (RPB) staff have been reminding county staff of these expenditures and claiming deadlines through discussions over the past two months.

Expenditure Deadline

Counties may use FFY 2007 RSS and TA funding to provide services through September 30, 2009.

Claiming Requirements

All final county reimbursement claims for FFY 2007 RSS and TA funding must be received by the RPB by close of business **October 15, 2009**. To submit their claims, counties must use form RS 52, Claim for Reimbursement (copy enclosed).

It is imperative that the RPB receive all final county FFY 2007 RSS and TA claims by the deadline of October 15, 2009 to allow sufficient time to process the claims and prepare and submit the final Financial Status Reports to the federal Office of Refugee Resettlement in a timely manner.

Reporting Requirements

FFY 2007 RSS and TA funding require trimester performance reports over the grant period. County program performance reports for the final trimester must also be received by RPB by October 15, 2009.

The final county reimbursement claims and program performance reports are to be sent to RPB at the following address:

Refugee Programs Bureau
California Department of Social Services
744 P Street, MS 8-9-646
Sacramento, California 95814

Please share this information with county fiscal and program staff responsible for preparation and submittal of claims for reimbursement claims and program performance reports.

If you have any questions, please contact Camille Ancona, Analyst, Program Policy Unit, at (916) 653-7785, or your County Operations Analyst at (916) 654-4356.

Sincerely,

Original Signed by
Thuan Nguyen on 09/10/09

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 8-9-646
Sacramento, CA 95814

NAME AND ADDRESS OF CLAIMANT

CONTRACT/ALLOCATION NUMBER	PROGRAM NAME (Check One)	FEDERAL FISCAL YEAR FUNDS
	☐ REFUGEE EMPLOYMENT SOCIAL SERVICES (RESS) ☐ TARGETED ASSISTANCE (TA) ☐ 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