



CDSS

WILL LIGHTBOURNE
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

August 17, 2011

REFUGEE COORDINATOR LETTER NO. 11-09

TO: COUNTY WELFARE DIRECTORS
COUNTY FISCAL OFFICERS
COUNTY REFUGEE COORDINATORS

SUBJECT: FEDERAL FISCAL YEAR (FFY) 2009 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) 2009 Refugee Social Services (RSS) and FFY 2009 Targeted Assistance (TA) grants, including any RSS and/or TA funding augmentations for that year.

Expenditure Deadline

Counties may use FFY 2009 RSS and TA funding, including augmentations, to provide services through September 30, 2011.

Claiming Requirements

All final county reimbursement claims for the FFY 2009 RSS and TA funding and augmentations must be received by the Refugee Programs Bureau (RPB) by the close of business on **November 15, 2011**. To submit their claims, counties must use form RS 52, Claim for Reimbursement (copy attached).

It is imperative that the RPB receive all final county FFY 2009 RSS and TA claims by the deadline of November 15, 2011, 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. Failure by the county to meet this deadline may result in the denial of the claim.

Reporting Requirements

FFY 2009 RSS and TA funding require trimester performance reports over the grant period. County program performance reports for the final trimester must be received by RPB by the close of business on **October 17, 2011**.

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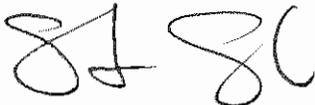
The final county reimbursement claims and program performance reports are to be sent to RPB at the following address:

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 the preparation and submittal of reimbursement claims and program performance reports.

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

Sincerely,

A handwritten signature in black ink, appearing to read 'Stan Cagle', written in a cursive style.

STAN CAGLE, Chief
Child Care and Refugee Programs Branch

Enclosure

CLAIM FOR REIMBURSEMENT

SUBMIT AN ORIGINAL AND THREE COPIES TO:

California Department of Social Services
 Refugee Programs Bureau
 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	0.00	0.00	0.00

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