



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

October 2, 2015

REFUGEE COORDINATOR LETTER NO. 15-12

TO: COUNTY WELFARE DIRECTORS
COUNTY FISCAL OFFICERS
COUNTY REFUGEE COORDINATORS

SUBJECT: FEDERAL FISCAL YEAR (FFY) 2013 GRANTS CLOSEOUT

This letter is to remind counties of the upcoming deadlines for expending funds and submitting final reports for the following grants:

- FFY 2013 Refugee Social Services (RSS), including any RSS funding augmentations for that year;
- FFY 2013 Targeted Assistance (TA) grants, including any TA funding augmentations for that year; and
- FFY 2012-2014 Older Refugee Discretionary Grant (ORDG).

Claiming Requirements

County reimbursement claims for the FFY 2013 RSS, TA, and ORDG funding and any augmentations must be received by the Refugee Programs Bureau (RPB) by the close of business on **November 15, 2015**. To submit claims, counties must use form RS 52, Claim for Reimbursement (copy attached).

It is imperative that the RPB receive all final county FFY 2013 RSS, TA, and ORDG claims by the deadline of November 15, 2015 to allow sufficient time to process the claims and prepare and submit the required final Financial Status Reports to the federal Office of Refugee Resettlement in a timely manner. Claims submitted after the deadline may delay payment or result in denial of the claim.

Reporting Requirements

Federal Fiscal Year 2013 RSS and TA funding require trimester program performance reports over the grant period. County program performance reports for RSS and TA for the final trimester must be received by the RPB by the close of business on **October 15, 2015**.

The ORDG final reporting requirements will be communicated at a later date via email.

The final county reimbursement claims and program performance/progress reports are to be sent to 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/progress reports.

If you have any questions, please contact Mr. Joseph Pollakoff, Analyst, Funding and Data Unit or your County Operations Analyst at (916) 654-4356.

Sincerely,

Original Document Signed By:

KIM JOHNSON, 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 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