

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



April 10, 2002

COUNTY FISCAL LETTER (CFL) No. 01/02-47

TO: COUNTY WELFARE DIRECTORS
COUNTY FISCAL OFFICERS
COUNTY AUDITOR CONTROLLERS
COUNTY PROBATION OFFICERS

SUBJECT: TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF) PAYROLL
SAMPLING PROJECT

This CFL provides instructions for claiming costs associated with development and implementation of the TANF Payroll Sampling Project. California has been using the Medi-Cal Eligibility Data System (MEDS) to select sample cases for preparing disaggregated data reports required by TANF law. However, a new data source based on county payroll files is being developed for this purpose. This system is known as the TANF Payroll Sampling Project

Only consortia lead counties and Legacy counties (Orange, Merced, Ventura, Riverside, San Bernardino, Stanislaus, and Los Angeles) approved by the Health and Human Services Data Center (HHSDC), Statewide Automated Welfare System (SAWS) Project, may claim costs for this project. Requests for approval must include a description of the project/work to be completed, the fiscal year in which the development costs will be incurred, and the development cost which should be equal to or less than the cost estimate previously approved by HHSDC. Approval requests should be sent to:

Ramiro Mazuka, County Approvals Analyst
Health and Human Services Data Center
Statewide Automated Welfare System
1651 Alhambra Blvd.
Sacramento, CA 95816-7092

Claims will be reimbursed through a direct invoice process. A sample form with instructions is included as Attachment I. Please submit invoices by the tenth of each month to the following address:

California Department of Social Services
Fiscal Systems Bureau
744 P Street, M.S. 13-72
Sacramento, CA 95814

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Costs claimed through this process must also be reflected on the County Expense Claim in the Extraneous category.

If you have any questions regarding the TANF Payroll Sampling Project, please contact Joseph Brown, Research and Development Division, at (916) 653-3911. Questions regarding the invoice process should be directed to the Fiscal Systems Bureau at (916) 657-3390.

Sincerely,

***Original Document Signed by TERRIE O'CONNOR
for MARGE DILLARD on 04/10/02***

MARGE DILLARD, Chief
Fiscal Systems and Accounting Branch

c CWDA

Attachments

TANF PAYROLL SAMPLING PROJECT INVOICE FORM

Name of County:	
Month/Year Service Rendered:	Date Prepared:

Monthly Expenditures		
Category	Hours	Cost
System Development Costs		
Hardware & Software		\$
Consultant		\$
County Staff		\$
Description of any other costs		\$
		\$
		\$
Total		\$

Preparer's Information	
Name:	Mailing Address:
Telephone Number:	Fax Number:
E-mail address:	

COUNTY AUDITOR'S CERTIFICATION

I hereby certify under penalty of perjury, that I am the Official in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the expenditures reported herein have been authorized by the Welfare director; and that warrants therefore have been issued or expenditures otherwise incurred according to law.

SIGNATURE OF COUNTY AUDITOR

Date

COUNTY WELFARE DIRECTOR'S CERTIFICATION

I hereby certify under penalty of perjury, that I am the Official in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts reported herein have been expended and are properly chargeable as expenditures for administration of the Welfare programs in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the California Department of Social Services.

SIGNATURE OF COUNTY WELFARE DIRECTOR

Date

TANF PAYROLL SAMPLING PROJECT INVOICE FORM INSTRUCTIONS

- Name of County - Enter the county name.
- Month/Year Service Rendered - Enter the month and year for which expenditures are being claimed. Note: Please do not co-mingle prior and current fiscal year expenditures on one invoice. Separate claims must be submitted in those instances.
- Date Prepared - Enter the month/day/year this form was prepared.

System Development Costs: These costs must be approved prior to any claiming.

- Hardware & software – Enter all related hardware and software costs for development and testing of the transmittal of monthly payroll files.
- Consultants – Enter the number of hours and costs of consultants and/or vendor staff.
- County Staff - Enter the number of hours and costs of county technical staff.
- Description of Any Other Costs – Enter all other costs with description.
- Name of Preparer - Enter the preparer's name.
- Mailing Address of Preparer - Enter the preparer's address.
- Telephone Number of Preparer - Enter the preparer's telephone number.
- Fax Number of Preparer - Enter the preparer's fax number.
- E-mail Address of Preparer - Enter the preparer's e-mail address.