# County Advance Planning Document (APD) Template

### (Version 3.0)

GAVIN NEWSOM
GOVERNOR

## Template Instructions

This template provides the format and structure for the entry of the required information from the three specific APD Detailed Templates.

1. Enter the Title, County Name, and Submission Date on the Cover Page.
2. Enter one of the following APD Types:
   - CWS/CMS
     - Program funding source is CWS/CMS and/or Child Welfare Only
     - Use the CWS/CMS Detailed APD Template
     - Send to CWS/CMS mailbox when complete
   - Dual
     - Program funding source is CWS/CMS and SAWS (welfare-related)
     - Use the Dual Detailed APD Template
     - Send to CWS/CMS mailbox when complete
   - SAWS or Generic
     - Program funding source is welfare-related (e.g. CalWORKs, SNAP, Medi-Cal). No CWS/CMS related program funding source, or
     - Program funding source does not directly benefit any specific program but instead indirectly benefits multiple programs
     - Use the SAWS/Generic Detailed APD Template
     - Send to SAWS mailbox when complete
3. Do not fill in the Tracking Number
4. Fill Sections 1 through 7 by replacing the {Enter Text} with the information required using the specific APD Detailed Template selected in Step 2
5. Fill in Section 8 Contact Information

## APD Mailboxes

CWS/CMS Office
CWS_APD@osi.ca.gov

SAWS Project
Project.approvals@osi.ca.gov

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## California Health and Human Services Agency
## Office of Systems Integration (OSI)

### Title: Enter Title

### County Name: Enter the County Name

### APD Submission Date: Enter Date as Month Name, Day, 4-Digit Year

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**APD Type:**

**Enter the APD Type (CWS/CMS, Dual, SAWS/Generic)**

**Enter Procurement Method only if County Purchase (Accenture, Gainwell and/or Deloitte, etc.)**

**Tracking Number**\*\*:

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(Version 2.0)

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**(\*\*CWS/CMS or SAWS Project Office as appropriate will assign tracking Number after first submission of APD)**

# 1 Description of Request

**Describe the nature, scope, and total cost of the acquisition. Specify if this is a purchase of computer equipment, software, or services. Specify planned purchase/implementation date and/or period of performance for services. See the Detailed Template for additional instructions.**

{Enter text}

**Table 1-1 APD Summary**

| Items Description | Cost |
|---|---|
| o   Services: | |
| o   Hardware: | |
| o   Software: | |
| **Total:** | |

# 2 Business Justification

**Describe why this acquisition is necessary. Identify distinct and specific business problems being solved or benefits to be gained which are not currently being supported and how the acquisition requested through this APD will provide the identified benefits or resolve the identified business problems. Describe who will be using the acquisition (e.g. social workers, administrative staff, etc.) See the Detailed Template for additional instructions.**

{Enter text}

## 2.1 Prior APD Approvals

**Specify related, previously approved APDs by OSI assigned Tracking Number and a brief description of the relationship. If none apply, indicate with "None". See the Detailed Template for additional instructions.**

{Enter text}

# 3 Impact on Operations and Programs

**How will failure to approve this APD request impact current operations and the county's effective and efficient administration of State public assistance programs? State N/A if this section is not required for this APD. See the Detailed Template for additional instructions.**

{Enter text}

# 4   Benefiting Programs

List the programs that will benefit from the use of the goods or services and briefly explain how the programs are benefited. See the Detailed Template for additional instructions.

{Enter text}

# 5   Cost and Cost Allocation

Provide a detailed description of the goods and/or services to be purchased, estimate of the costs to be incurred with the APD, and how those costs are subsequently allocated to the benefiting programs. See the Detailed Template for additional instructions.

## 5.1   Acquisition Costs Description

Provide a detailed description of the goods and/or services to be purchased and estimate of the costs to be incurred with the APD. Provide a list of one-time and recurring costs that detail unit costs, peripheral equipment, extensions, and totals. See the Detailed Template for additional instructions.

## 5.2   Cost Allocation Methodology

Cost Allocation Methodology may be Self-Certified or fully described:

### 5.2.1   Self-Certified

- Describe the cost allocation methodology used to allocate the costs of this request to the benefiting programs
- Include the signed Statement of Certification to the APD package
- See Detailed Template for additional instructions

### 5.2.2   Fully described

- Describe the cost allocation methodology to be compliant with OMB Circular A-87
- Must be consistent with Section 4
- Must be in compliance with the federally approved County Welfare Department Cost Allocation Plan
- See Detailed Template for additional instructions

{Enter text}

# 6   Method of Procurement

Method of Procurement may be Self-Certified or fully described:

## *6.1   Self-Certified:*

- Include the signed Statement of Certification to the APD package

- **Provide a narrative statement of the Procurement Methodology**
- **See Detailed Template for additional instructions**

## *6.2  Fully described:*

When providing a full description of the procurement method, explain <u>how</u> the equipment, software, or services will be purchased and include all related procurement documents including RFPs, SOWs, Bids, Unexecuted Contracts, Leveraged Procurement Vehicles, etc. Also, briefly describe:

In General:
- **How procurement will be advertised, who will be allowed to bid & selection method**
- **Local Preference – why your local preference does not apply, if one exists**
- **Audit Clause – where you will include the required federal clause**

For Small/Informal purchase:
- **Applicable county policy and number of quotes that will be obtained**

For Sole Source:
- **Applicable county policy**
- **Justification for using sole source**
- **Cost or Price Analysis required by federal regulation**

For Contract Amendment:
- **Whether the base contract previously received State or federal approval**
- **If not, how base contract met all federal procurement requirements**

See the Detailed Template for additional instructions.

{Enter text}

# 7  Cost Benefit Analysis

Provide a narrative analysis that shows the benefits compared to the costs. Identify the cost savings and/or benefits in quantitative or qualitative terms as appropriate to the acquisition. See the Detailed Template for additional instructions.

{Enter text}

# 8 County Contact Information

## 8.1 County APD Preparer (Required)

| | |
|---|---|
| **Name of County Contact:** | Enter Name |
| **Position:** | Enter Title |
| **Department Name:** | Enter department name |
| **Business Telephone Number:** | Enter Work telephone number including area code |
| **Cell Phone Number:** | Enter Cell telephone number including area code |
| **Business FAX Number:** | Enter FAX telephone number including area code |
| **Email Address:** | Enter Email address |

## *8.2 Additional County Contact (Optional)*

| | |
|---|---|
| **Name of County Contact:** | Enter Name |
| **Position:** | Enter Title |
| **Department Name:** | Enter department name |
| **Business Telephone Number:** | Enter Work telephone number including area code |
| **Cell Phone Number:** | Enter Cell telephone number including area code |
| **Business FAX Number:** | Enter FAX telephone number including area code |
| **Email Address:** | Enter Email address |