CalSAWS | Information Transmittal (CIT)

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Distribution Date	: July 30, 2020
То:	Fiscal.Admin.Mgmt.18 and Fiscal.Admin.Mgmt.40
	CC: PPOC.18; PPOC.40; Consortium.RegionalManagers.R1; Consortium.RegionalManagers.R2; Consortium.RegionalManagers.R3; Consortium.RegionalManagers.R4; Consortium.RegionalManagers.R5; Consortium.RegionalManagers.R6; PMO.Fiscal@CalSAWS.org; MurphyH@CalSAWS.org; UppalG@CalSAWS.org, LamD@CalSAWS.org; DrohanS@CalSAWS.org; WeinmeisterT@CalSAWS.org; SAWSFiscal@osi.ca.gov
CIT Name:	CalSAWS Project County Claiming Instructions and Claim Form for SFY 2020-21
From:	CalSAWS PMO Fiscal
PPOCs, please forward to the appropriate impacted staff in your county: General Reports Fiscal CW Caseload Movement CF Management MC Fiscal CMSP Security FC/KG/AAP Batch and Interfaces Child Care Imaging WtW Migration Other Program(s) Conversion C4Yourself Your Benefits Now! Technical Customer Correspondence Training Other: County Budget Personnel	
Description: (Including any step-by-step instructions)	Purpose The purpose of this CIT is to provide the CalSAWS Project State Fiscal Year 2020-21 instructions and form for claiming CalSAWS related expenditures effective July 1, 2020. Background Depending on participation, counties may receive an allocation and require claiming. Examples that qualify can include but are not limited to travel for the CalSAWS Functional Design Sessions, JPA and PSC meetings. Some counties will claim for project staff. San Bernardino County also receives an allocation, as the Consortium's Fiscal Agent, for vendor costs associated with the Project. Please contact PMO.Fiscal@CalSAWS.org if you have questions on what can be claimed.

Claiming Instructions and Claim Form The attached 2020-21 CalSAWS Claiming Instructions and Claim Form must be used to claim costs paid on or after July 1, 2020 (e.g., costs paid in July should be included on the July Claim Form submitted in August). Please use the SFY 2019-20 Claim Form for costs paid prior to July 1, 2020 (e.g., costs paid in June should be included on the June SFY 19-20 Claim Form submitted in July). **Key Points** Please submit claims no later than the 20th of the month following the month your county paid the cost to avoid any single audit findings. Please email your PDF of signed claim with Cost Allocation Plan (CAP), Excel file to OSI SAWSFiscal@osi.ca.gov and CDSS SAWS.CountyClaims@dss.ca.gov Please email your PDF of signed claim with Cost Allocation Plan (CAP), Excel file and backup to the CalSAWS Project at PMO.Fiscal@CalSAWS.org If you have any questions about the content of this CIT, please contact PMO.Fiscal@CalSAWS.org or the Primary Project Contact identified below. Primary Project Tina Weinmeister Contact: (916) 851-3120 (Name, phone WeinmeisterT@CalSAWS.org number, email address) Backup Project Diana Lam Contact: (562) 651-2764 (Name, phone LamD@CalSAWS.ora number, email address) Stacey Drohan (916) 846-7332 DrohanS@CalSAWS.org Attachments: CIT 0142-20 CalSAWS Project Claiming Instructions for SFY 20-21.xlsx CIT 0142-20 CalSAWS Project Claim Form and CAP for SFY 20-21.doc Web Portal Link: OR You may also retrieve the CIT document and attachments by following these steps: 1. Click on the CRFIs & CITs link at the top of the page. 2. Click on the "CalSAWS Information Transmittal (CIT)" folder. 3. Click on the "2020" folder. 4. Click on the appropriate CIT # folder.