CalSAWS | Information Transmittal (CIT)

0193-21

CalsAWs Di	D&I ⊠ C-IV M&O	CalWIN M&O	LRS M&E	
Distribution Date	: August 3, 2021			
То:	Fiscal.Admin.Mgmt Butte; Fiscal.Admin.Mgmt Los Angeles; Fiscal.Admin.Mgmt Merced, Fiscal.Admin.Mgmt.Riverside; Fiscal.Admin.Mgmt San Bernardino; Fiscal.Admin.Mgmt Stanislaus CC: Consortium.RegionalManagers.R3; Consortium.RegionalManagers.R4; Consortium.RegionalManagers.R5; Consortium.RegionalManagers.R6; PPOC.Butte; PPOC.Los Angeles; PPOC.Merced; PPOC.Riverside, PPOC.San Bernardino; PPOC.Stanislaus; PMO.Fiscal@CalSAWS.org; CarlsenB@CalSAWS.org; LamD@CalSAWS.org; WeinmeisterT@CalSAWS.org; UppalG@CalSAWS.org; SAWSFiscal@osi.ca.gov;			
CIT Name:	CalACES M&O County Claim	CalACES M&O County Claiming Instructions and Claim Form for SFY 2021-22		
From:	CalSAWS PMO Fiscal			
General Policy CW CF MC CMSP FC/KG Child C WtW Other I C4Yourself Customer Co		Reports Fiscal		
(Including any step-by-step instructions)	Purpose The purpose of this CIT is to provide the CalACES M&O State Fiscal Year SFY 2021-22 instructions and form for claiming CalACES related expenditures effective July 1, 2021. Background Butte, Los Angeles, Merced, Riverside, San Bernardino, and Stanislaus are the counties that currently receive an allocation for staff assigned to the CalSAWS Project for CalACES M&O. Depending on participation, other counties may receive an allocation and require claiming. San Bernardino County also receives an allocation, as the Consortium's Fiscal Agent, for vendor costs associated with the Project.			

Claiming Instructions and Claim Form The attached SFY 2021-22 CalACES M&O Claiming Instructions and Claim Form must be used to <u>claim costs paid on or after July 1, 2021</u> (e.g., costs paid in July should be included on the July Claim Form submitted in August). Please use the SFY 2020-21 Claim Form for costs paid prior to July 1, 2021 (e.g., costs paid in June should be included on the June SFY 20-21 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 costs. IMPORTANT - Submittal instructions have been updated. Separated emails will no longer be required. Please email your Excel file, PDF of signed and dated claim with Cost Allocation Plan (CAP), and supporting documents attached as (3) separate files in one email to: **OSI-** SAWSFiscal@osi.ca.gov CDSS- SAWS.CountyClaims@dss.ca.gov CalSAWS Project- PMO.Fiscal@CalSAWS.org If you have any questions about the content of this CIT, please contact PMO.Fiscal@CalSAWS.ora or the Primary Project Contact identified below. Primary Project Tina Weinmeister Contact: (916) 851-3120 WeinmeisterT@CalSAWS.ora Backup Project Britt Carlsen Contact: (916) 851-3183 CarlsenB@CalSAWS.org Attachments: CIT 0193-21 CalACES M&O Claiming Instructions for SFY 21-22.xlsx CIT 0193-21 CalACES M&O Claim Form and CAP for SFY 21-22.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 "2021" folder.

4. Click on the appropriate CIT # folder.