


☐ CalSAWS DD&I☒ C-IV M&O☐ CalWIN M&O☒ LRS M&E

Distribution Date:	October 29, 2021
To:	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:	REVISED CalACES M&O County Claim Form for SFY 2021-22
From:	CalSAWS PMO Fiscal

PPOCs, please forward to the appropriate impacted staff in your county:

- | | |
|---|---|
| <input type="checkbox"/> General
<input type="checkbox"/> Policy
<input type="checkbox"/> CW
<input type="checkbox"/> CF
<input type="checkbox"/> MC
<input type="checkbox"/> CMSP
<input type="checkbox"/> FC/KG/AAP
<input type="checkbox"/> Child Care
<input type="checkbox"/> WtW
<input type="checkbox"/> Other Program(s) _____
<input type="checkbox"/> BenefitsCal
<input type="checkbox"/> Customer Correspondence
<input checked="" type="checkbox"/> Other: County Budget Personnel | <input type="checkbox"/> Reports
<input type="checkbox"/> Fiscal
<input type="checkbox"/> Caseload Movement
<input type="checkbox"/> Management
<input type="checkbox"/> Fiscal
<input type="checkbox"/> Security
<input type="checkbox"/> Batch and Interfaces
<input type="checkbox"/> Imaging
<input type="checkbox"/> Migration
<input type="checkbox"/> Conversion
<input type="checkbox"/> Technical
<input type="checkbox"/> Training
<input type="checkbox"/> Help Desk |
|---|---|

Description: (Including any step-by-step instructions)	<p>Purpose The purpose of this CIT is to provide the REVISED CalACES M&O State Fiscal Year (SFY) 2021-22 form for claiming CalACES related expenditures effective October 1, 2021. Please replace the prior version of the Claim Form with the attached.</p> <p>Background As of October 2021, the State has issued updated percentages to the CalHEERS share on the Cost Allocation Plan (CAP) for the new Federal Fiscal Year (FFY). Although this change will only directly affect San Bernardino County, it is required that all counties start using this new claim template for consistency and alignment with state systems starting with the October claiming period.</p> <p>Key Points</p>
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	<ul style="list-style-type: none"> ▪ Adjustments made prior to October 2021 will need to be made on the original claim form ▪ Please submit claims no later than the 20th of the month following the month your county paid the costs <p>If you have any questions about the content of this CIT, please contact PMO.Fiscal@CalSAWS.org or the Primary Project Contact identified below.</p>
Primary Project Contact:	<p>Tina Weinmeister (916) 851-3120 WeinmeisterT@CalSAWS.org</p>
Backup Project Contact:	<p>Britt Carlsen (916) 851-3183 CarlsenB@CalSAWS.org</p>
Attachments:	<p>CIT 0321-21 CalACES M&O Claim Form and CAP for SFY 21-22 Revised.xlsx CIT 0321-21 CalACES Project Claiming Instructions for SFY 21-22.xlsx</p>
Web Portal Link:	<p> OR You may also retrieve the CIT document and attachments by following these steps:</p> <ol style="list-style-type: none"> 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.