


☒ CalSAWS M&E

Distribution Date:	July 30, 2024
To:	<p>Fiscal.Admin.Mgmt.Alameda; Fiscal.Admin.Mgmt.Butte; Fiscal.Admin.Mgmt.Contra Costa; Fiscal.Admin.Mgmt.Fresno; Fiscal.Admin.Mgmt.Los Angeles; Fiscal.Admin.Mgmt.Monterey; Fiscal.Admin.Mgmt.Orange; Fiscal.Admin.Mgmt.Placer; Fiscal.Admin.Mgmt.Riverside; Fiscal.Admin.Mgmt.Sacramento; Fiscal.Admin.Mgmt.San Bernardino; Fiscal.Admin.Mgmt.San Diego; Fiscal.Admin.Mgmt.San Francisco; Fiscal.Admin.Mgmt.San Luis Obispo; Fiscal.Admin.Mgmt.San Mateo; Fiscal.Admin.Mgmt.Santa Barbara; Fiscal.Admin.Mgmt.Santa Clara; Fiscal.Admin.Mgmt.Santa Cruz; Fiscal.Admin.Mgmt.Solano; Fiscal.Admin.Mgmt.Sonoma; Fiscal.Admin.Mgmt.Stanislaus; Fiscal.Admin.Mgmt.Tulare; Fiscal.Admin.Mgmt.Ventura; Fiscal.Admin.Mgmt.Yolo;</p> <p>CC: PPOC.Alameda; PPOC.Butte; PPOC.Contra Costa; PPOC.Fresno; PPOC.Los Angeles; PPOC.Monterey; PPOC.Orange; PPOC.Placer; PPOC.Riverside; PPOC.Sacramento; PPOC.San Bernardino; PPOC.San Diego; PPOC.San Francisco; PPOC.San Luis Obispo; PPOC.San Mateo; PPOC.Santa Barbara; PPOC.Santa Clara; PPOC.Santa Cruz; PPOC.Solano; PPOC.Sonoma; PPOC.Stanislaus; PPOC.Tulare; PPOC.Ventura; PPOC.Yolo; Consortium.RegionalManagers.R1; Consortium.RegionalManagers.R2; Consortium.RegionalManagers.R3; Consortium.RegionalManagers.R4; Consortium.RegionalManagers.R5; Consortium.RegionalManagers.R6; PMO.Fiscal; Holly Murphy; Girish Uppal; Britt Carlsen; Melissa Gates; Tracy Berhel; Stacey Drohan</p>
CIT Name:	CalSAWS Project County Claim Form and Claiming Instructions for SFY 2024-25
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 type="checkbox"/> OCAT
<input checked="" type="checkbox"/> Other <u>County Budget Personnel/Claims</u> | <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 checked="" type="checkbox"/> Help Desk |
|---|--|

<p>Description: (Including any step-by-step instructions)</p>	<p>Purpose (Identify what Counties this CIT affects) The purpose of this CIT is to provide the CalSAWS Project State Fiscal Year (SFY) 2024-25 instructions and form for claiming CalSAWS related expenditures effective July 1, 2024.</p> <p>Background Counties may receive an allocation for staff assigned to the Project, county-provided operational costs (e.g., county support staff, hardware, software, and production and operations) and/or travel. San Bernardino County also receives an allocation, as the Consortium's Fiscal Agent, for vendor costs associated with the Project. Counties that receive an allocation must claim actual costs using the CalSAWS claim form. Please contact PMO.Fiscal@CalSAWS.org if you have questions on what can be claimed.</p> <p>County Action Counties must use the attached SFY 2024-25 CalSAWS Claim Form and Claiming Instructions to <u>claim costs paid on or after July 1, 2024</u> (e.g., costs paid in July should be included on the July Claim Form submitted in August).</p> <p>Counties must use the SFY 2023-24 Claim Form for costs paid prior to July 1, 2024 (e.g., costs paid in June should be included on the June SFY 2023-24 Claim Form submitted in July).</p> <p>Key Points</p> <ul style="list-style-type: none"> • Please submit claims no later than the 20th of the month following the month your county paid the costs. Claims must be submitted on a monthly, not quarterly, basis. • Please refer to your allocation letters and claim within your designated line items and amounts. • Please follow the attached instructions closely, any deviations to the usage of the Excel claim form and submission requirements will result in a rejected claim. • 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: <ul style="list-style-type: none"> ◦ CalHHS Office of Technology and Solutions Integration (OTSI)- Email: SAWSFiscal@osi.ca.gov
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	<ul style="list-style-type: none"> o CDSS- Email: SAWS.CountyClaims@dss.ca.gov o CalSAWS Project- Email: PMO.Fiscal@CalSAWS.org <p>If you have questions on this CIT, please contact PMO.Fiscal@CalSAWS.org or the Primary Project Contact and cc your Regional Managers.</p>
Primary Project Contact: (Name and email address)	<p>Britt Carlsen (916) 282-3661 CarlsenB@CalSAWS.org</p>
Backup Project Contact: (Name and email address)	<p>Tracy Berhel (916) 800-7846 BerhelT@CalSAWS.org</p>
Attachments:	<p>CIT 0118-24 CalSAWS Claim Form and CAP for SFY 2024-25 Effective July 2024 Final.xlsx CIT 0118-24 CalSAWS Claiming Instructions for SFY 2024-25 Effective July 2024 Final.docx</p>
Web Portal Link:	<p></p> <p>OR</p> <p>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 "2024" folder. 4. Click on the appropriate CIT # folder.