

<b>CIT Name</b>	<b>Remaining Counties to Opt into Automatic Return Mail Processing - County Claim Form and Claiming Instructions for SFY 2025-26</b>
<b>Distribution Date</b>	February 5, 2026
<b>To</b>	<p>Fiscal.Admin.Mgmt.El Dorado; Fiscal.Admin.Mgmt.Humboldt; Fiscal.Admin.Mgmt.Kern; Fiscal.Admin.Mgmt.Los Angeles; Fiscal.Admin.Mgmt.Nevada; Fiscal.Admin.Mgmt.San Bernardino; Fiscal.Admin.Mgmt.Santa Cruz; Fiscal.Admin.Mgmt.Tulare</p> <p>CC: PPOC.El Dorado; PPOC.Humboldt; PPOC.Kern; PPOC.Los Angeles; PPOC.Nevada; PPOC.San Bernardino; PPOC.Santa Cruz; PPOC.Tulare;</p> <p>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; Chia Thao; Fue Kue</p>

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

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> General</li> <li><input type="checkbox"/> Policy             <ul style="list-style-type: none"> <li><input type="checkbox"/> CW</li> <li><input type="checkbox"/> CF</li> <li><input type="checkbox"/> MC</li> <li><input type="checkbox"/> CMSP</li> <li><input type="checkbox"/> FC/KG/AAP</li> <li><input type="checkbox"/> Child Care</li> <li><input type="checkbox"/> WTW</li> <li><input type="checkbox"/> Other Program(s) _____</li> </ul> </li> <li><input type="checkbox"/> BenefitsCal</li> <li><input type="checkbox"/> Customer Correspondence</li> <li><input type="checkbox"/> OCAT</li> <li><input checked="" type="checkbox"/> Other <u>County Budget Personnel/Claims</u></li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Reports             <ul style="list-style-type: none"> <li><input type="checkbox"/> Fiscal</li> <li><input type="checkbox"/> Caseload Movement</li> <li><input type="checkbox"/> Management</li> </ul> </li> <li><input type="checkbox"/> Fiscal</li> <li><input type="checkbox"/> Security</li> <li><input type="checkbox"/> Batch and Interfaces</li> <li><input type="checkbox"/> Imaging</li> <li><input type="checkbox"/> Migration</li> <li><input type="checkbox"/> Conversion</li> <li><input type="checkbox"/> Technical</li> <li><input type="checkbox"/> Training</li> <li><input type="checkbox"/> Help Desk</li> </ul> |
|---|---|

<b>Description</b>	<p><b>Purpose</b></p> <p>The purpose of this CIT is to provide the CalSAWS Remaining Counties to Opt into Automatic Return Mail Processing State Fiscal Year (SFY) 2025-26 claiming instructions and form for claiming the Premise related expenditures effective July 1, 2025.</p> <p><b>Background</b></p> <p>Counties may receive a one-time allocation for production and operations for the initial set-up cost to opt in to return mail processing. 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</p>
--------------------	--

Remaining Counties to Opt into Automatic Return Mail Processing claim form. Please contact PMO.Fiscal@CalSAWS.org if you have questions on claiming.

**County Actions**

Counties must use the attached SFY 2025-26 Remaining Counties to Opt into Automatic Return Mail Processing County Claim Form and Claiming Instructions to claim costs paid on or after July 1, 2025 (e.g., costs paid in July should be included on the July Claim Form submitted in August).

**Key Points**

1. 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.
2. Please refer to your allocation letters and claim within your designated line items and amounts.
3. 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.
4. Please email your Excel file, PDF of signed and dated claim with Cost Allocation Plan (CAP), and supporting documents attached as three (3) separate files in one (1) email to:
  - a) CalHHS Office of Technology and Solutions Integration (OTSI) email: [REDACTED]
  - b) CDSS email: [REDACTED]
  - c) CalSAWS Project email: [REDACTED]

If you have questions on this CIT, please contact [REDACTED] or the Primary Project Contact and cc your Regional Managers.

Primary Project Contact	Melissa Gates <a href="mailto:GatesM@calsaws.org">GatesM@calsaws.org</a>
Backup Project Contact	Britt Carlsen <a href="mailto:CarlsenB@calsaws.org">CarlsenB@calsaws.org</a>
Attachments	CIT 0021-26 Remaining Counties to Opt into Automatic Return Mail Processing County Claim Form and CAP for SFY 2025-26 Final.xlsx CIT 0021-26 Remaining Counties to Opt into Automatic Return Mail Processing County Claiming Instructions for SFY 2025-26 Final.docx
Web Portal Link	[REDACTED]  OR  You may also retrieve the CIT document and attachments by following these steps: <ol style="list-style-type: none"> <li>1. Click on the CRFIs &amp; CITs link at the top of the page.</li> <li>2. Click on the "CalSAWS Information Transmittal (CIT)" folder.</li> <li>3. Click on the "2026" folder.</li> <li>4. Click on the appropriate CIT # folder.</li> </ol>