CalSAWS | Information Transmittal (CIT) 0133-26

Distribution Date	July 30, 2026
To	Fiscal.Admin.Mgmt.All
CC	CC: PMO.Fiscal; Holly Murphy; Girish Uppal; Britt Carlsen; Melissa Gates; Chia Thao; Fue Kue
CIT Name	**CalSAWS Project County Claim Form and Instructions for SFY 2026-27**

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

- ☐ General
- ☐ Policy
  - ☐ CW
  - ☐ CF
  - ☐ MC
  - ☐ CMSP
  - ☐ FC/KG/AAP
  - ☐ Child Care
  - ☐ WtW
  - ☐ Other Program(s)_____
- ☐ BenefitsCal
- ☐ Customer Correspondence
- ☐ OCAT
- ☒ Other County Budget Personnel
- ☐ Reports
  - ☐ Fiscal
  - ☐ Caseload Movement
  - ☐ Management
- ☐ Batch and Interfaces
- ☐ Fiscal
- ☐ GA/GR
- ☐ Help Desk
- ☐ Imaging
- ☐ Security
- ☐ Task Management
- ☐ Technical
- ☐ Training

Description	**Purpose** The purpose of this CIT is to provide the CalSAWS Project State Fiscal Year (SFY) 2026-27 claiming instructions and form for claiming CalSAWS related expenditures effective July 1, 2026. **Background** Counties may receive an allocation for staff assigned to the Project, county-provided operational costs (e.g., county support staff, hardware, software, 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. **County Actions** Counties must use the attached SFY 2026-27 CalSAWS Project County Claim Form and Claiming Instructions to claim costs paid on or after July 1, 2026 (e.g., costs paid in July should be included on the July Claim Form submitted in August).

	Counties must use the SFY 2025-26 Claim Form for costs paid prior to July 1, 2026 (e.g., costs paid in June should be included on the June SFY 2025-26 CalSAWS Project County Claim Form submitted in July). **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. Counties must comply with the new allocation monitoring and management requirement for the period July through September 2026. Counties may come in under their allocation for any line item but may not exceed it for any line item. Additionally, allocation that has not been utilized for this period **will not** shift forward to October 2026 through June 2027 and will be lost. 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: SAWSFiscal@otsi.ca.gov b) CDSS email: SAWS.CountyClaims@dss.ca.gov c) CalSAWS Project email: PMO.Fiscal@CalSAWS.org If you have questions on this CIT, please contact PMO.Fiscal@CalSAWS.org or the Primary Project Contact and cc your Regional Managers.
Primary Project Contact	Britt Carlsen CarlsenB@calsaws.org
Backup Project Contact	Melissa Gates GatesM@calsaws.org
Attachments	CIT 0133-26 CalSAWS Project County Claim Form and CAP for SFY 2026-27 Effective July 2026 Final.xlsx CIT 0133-26 CalSAWS Project County Claiming Instructions for SFY 2026-27 Effective July 2026 Final.docx
Communication Portal Link	[redacted] OR You may also retrieve the CIT document and attachments by following these steps: 1. Hover over the Communications & Resources tab at the top of the page. 2. Click on the "CalSAWS Information Transmittal (CIT)" folder. 3. Click on the "2026" folder. 4. Click on the appropriate CIT # folder.