LOS ANGELES COUNTY
WIA Adult, Dislocated Worker, Youth, Summer Youth and Rapid Response Programs
ADMINISTRATIVE NOTICE

Number: WIAADM N-10-03	**Subject: Cash Management Policy: Revision #1**
Date: August 30, 2010	**Effective Date: September 1, 2010**

PURPOSE

This Administrative Notice revises and supersedes specific aspects of the Community and Senior Services' (CSS) *Cash Management Policy*, previously established within Directive WIAADM D-10-05, and the *Cash Management Policy (Supplement #1)*, Administrative Notice WIAADM N-10-01. Based on contractor feedback and recommendations, the policy has been revised to address contractor recommendations and requests to further streamline the Cash Management process.

REVISED FORMS AND COMPLETION INSTRUCTIONS

The ***Cash Request Form (CASH)* and *the Reporting Form (RF)* have been combined into one double-sided** form to allow for quicker completion and submission. The forms are program-specific, as outlined below:

- **Exhibit A: Information Request Form (INFO)**
- **Exhibit B: Adult and Dislocated Worker (ADW)**
  Cash Request and Reporting Form (CASH RF)
- **Exhibit C: National Emergency Grant (NEG)**
  Cash Request and Reporting Form (CASH RF)
- **Exhibit D: Rapid Response (RR)**
  Cash Request and Reporting Form (CASH RF)
- **Exhibit E: Youth (YTH)**
  Cash Request and Reporting Form (CASH RF)

The completion instructions were also updated to properly address the completion of the corresponding forms. The *Detailed Expenditure Report* **(Exhibit G)** and its completion instructions were not revised. Please see **Attachment I** to view a sample of a properly completed *Cash Request Form and the Reporting Form (CASH RF)*.

CASH REQUEST PROCEDURES

Contractors must utilize the appropriate *Cash Request and Reporting Form* **(Exhibit B - E)** to request cash to fund expenditures. The form must be fully completed and no fields should be left blank. All appropriate signatures must be contained.

To request cash, contractors only need to complete the *Cash Request* section when requesting cash. The *Reporting Form* section will be completed and submitted separately, once a month, to support the cash request amounts for the prior month.

Submitted *Cash Requests* will be downloaded, printed and forwarded to processing, once per day, at 12:00 pm. All properly submitted and completed forms will be processed and payment will be issued within 1 - 2 business days. **Any forms not properly submitted or completed will be processed within 1 - 2 business days after receiving the properly submitted and completed version.**

REPORTING REQUIREMENTS

Contractors must utilize the appropriate *Cash Request and Reporting Form* **(Exhibit B - E)** to report expenditures, per program, **once a month**. The form must be fully completed and no fields should be left blank. All appropriate signatures must be contained.

To report expenditures, contractors only need to complete the *Reporting Form* section. The *Cash Request* section will be completed and submitted separately, as needed, to request cash to fund expenditures.

All reporting forms are **due by 5:00 p.m. on the 10th of the month**, following the month in which expenditures occurred. For example, the *Reporting Forms* for February 2010 must be submitted by 5:00 p.m. on March 10, 2010. In the event that the *Reporting Form* is not properly completed and/or submitted for a specific program, by the due date, then all future cash requests for that program will be suspended until the corresponding form is received.

Detailed Expenditure Reports (DER)

Detailed Expenditure Reports **(Exhibit G)** must be **submitted once a month**, following the month in which costs were incurred. The reports will be **due by 5:00 p.m. on the 10th of each month**. In the event that the *Detailed Expenditure Report* is not submitted, by the due date, for a specific program then all future cash requests for that program will be suspended until the corresponding form is received.

REVISED E-MAIL SUBMISSION PROCEDURES

Cash Request and Reporting Forms (CASH RF)

The *Cash Request and Reporting Forms* must be printed, completed and scanned (front and back) into a single, Adobe Acrobat document (PDF format). This PDF document must then be submitted to CSS electronically, via email. Contractors must e-mail the cash request form to FMD at **FMDFinancialReports@css.lacounty.gov**. Files need to be named appropriately, following CSS' Titling Guidelines outlined within the *Titling Guidelines* section of this Administrative Notice.

Contractors must submit all of their *Cash Request and Reporting Forms* in separate PDF files per program (i.e. 1 PDF file for WIA Adult, 1 PDF file for WIA Dislocated Worker, 1 PDF file for WIA Youth). Contractors may then **attach all the files into one e-mail**, rather than sending each report in a separate e-mail.

Detailed Expenditure Reports (DER)

Detailed Expenditure Reports must be printed, completed and scanned (front and back) into a single, Adobe Acrobat document (PDF format). This PDF document must then be submitted to CSS electronically, via email. Contractors must e-mail all *Detailed Expenditure Reports* to CMD at **WIAinvoice@css.lacounty.gov**. Files need to be named appropriately, following CSS' Titling Guidelines outlined within the *Titling Guidelines* section of this Administrative Notice.

Contractors must submit all of their *Detailed Expenditure Reports* in separate PDF files per program (i.e. 1 PDF file for WIA Adult, 1 PDF file for WIA Dislocated Worker, 1 PDF file for WIA Youth). Contractors may then **attach all the files into one e-mail**, rather than sending each report in a separate e-mail.

TITLING GUIDELINES

Cash Request and Reporting Forms

When submitting the *Cash Request and Reporting Forms*, it is imperative that contractors utilize the following titling guidelines to title the **PDF documents of the scanned *forms***:

Agency - Program - CASH RF.pdf

Abbreviations may also be utilized to ensure that filenames or subject lines are within reasonable limits. For example, if FMD would like to submit a cash request and/or reporting form for the WIA Adult and Dislocated Worker program then the titling of the scanned document would be as follows:

FMD - WIA ADW - CASH RF.pdf

Titling guidelines must be followed to ensure quick processing and appropriate routing of submitted documents, while maintaining high levels of organization. **If documents are not titled appropriately, FMD may reject the submission and request for a revised resubmission.**

Detailed Expenditure Reports

When submitting the *Detailed Expenditure Reports*, it is imperative that contractors utilize the following titling guidelines to title the **PDF documents of the scanned *forms***:

Agency - Program - DER.pdf

Abbreviations may also be utilized to ensure that filenames or subject lines are within reasonable limits. For example, if FMD would like to submit a *Detailed Expenditure Report* for the WIA Adult and Dislocated Worker program then the titling of the scanned document would be as follows:

FMD - WIA ADW - DER.pdf

Titling guidelines must be followed to ensure quick processing and appropriate routing of submitted documents, while maintaining high levels of organization. **If documents are not titled appropriately, FMD may reject the submission and request for a revised resubmission.**

QUESTIONS

If you have any questions regarding this Administrative Notice or pertaining to the Cash Management Policy and Procedures, please contact Edward Mokhtarian via e-mail, eMokhtarian@css.lacounty.gov.

Rogelio Tapia, Director
Financial Management Division

Rev. 8/30/10 **EXHIBIT A**

COUNTY OF LOS ANGELES COMMUNITY AND SENIOR SERVICES
INFORMATION REQUEST FORM (INFO)

This form designates personnel within the organization identified below that are authorized to make cash requests and respond to related inquiries for **WORKFORCE INVESTMENT ACT (WIA), WIA AMERICAN RECOVERY AND REINVESTMENT ACT (ARRA)** and any funds associated with the **WAGNER-PEYSER PROGRAM**, **SPECIAL GRANTS** or funds provided for a **NATIONAL EMERGENCY GRANT**.

SUB-GRANT RECIPIENT (ENTITY NAME):	
SUB-GRANT RECIPIENT ADDRESS:	

1. List the person(s) authorized to make cash requests ONLY.

NAME	**SIGNATURE**	**PHONE**	**E-MAIL**
NAME	**SIGNATURE**	**PHONE**	**E-MAIL**
NAME	**SIGNATURE**	**PHONE**	**E-MAIL**

2. The entity's Financial Officer must approve all cash requests. List the Financial Officer authorized to approve all cash requests.

NAME	**SIGNATURE**	**PHONE**	**E-MAIL**
NAME	**SIGNATURE**	**PHONE**	**E-MAIL**
NAME	**SIGNATURE**	**PHONE**	**E-MAIL**

3. List the personnel contact who can answer questions regarding the cash requests.

NAME	**SIGNATURE**	**PHONE**	**E-MAIL**
NAME	**SIGNATURE**	**PHONE**	**E-MAIL**
NAME	**SIGNATURE**	**PHONE**	**E-MAIL**

The Director or his/her authorized representative shall certify that the person(s) listed above are authorized to request cash, approve cash requests and respond to cash request inquiries.

DIRECTOR (OR AUTHORIZED REPRESENTATIVE SIGNATURE)	
PRINT FIRST AND LAST NAME:	
DATE:	

Once the *Information Request Form* has been printed and completed, it must be scanned (front and back) into a single Adobe Acrobat document (PDF format) and e-mailed to the following e-mail address: FMDFinancialReports@css.lacounty.gov. Contractors must retain copies of all Information Request Forms on file for three (3) years.

Contractors must submit up-to-date Information Request Forms, annually, at their contract signings. Contractors must also submit an updated Information Request Form anytime the information submitted above changes.

COUNTY OF LOS ANGELES COMMUNITY AND SENIOR SERVICES
ADULT AND DISLOCATED WORKER (ADW) CASH REQUEST FORM (CASH)

Submit electronically via e-mail to FMDFinancialReports@css.lacounty.gov.
DO NOT LEAVE ANY FIELD BLANK; ALL FIELDS MUST BE COMPLETED PRIOR TO PROCESSING.
Must be printed, completed and scanned into a single, Adobe Acrobat PDF document.

Agency:			
Contract Number:		**Program:**	
Date of Request: (mm/dd/yy)		**Fiscal Year: FY(yyyy-yy)**	
Report Period: (Month)		**Request Number:**	

		(A)	(B)	(A+B)	
Program	**Budget Allocation**	**Prior YTD Cash Requested**	**Current Cash Request**	**Total YTD Cash Requested**	**Total YTD Cash Disbursed**

*** Cash requests for needs beyond four (4) business days are not allowed. Upon receipt of funds, full disbursement must be made within three (3) business days. All excess cash must be returned to or recouped by CSS IMMEDIATELY after this period. Minimally, one (1) Cash Request Form must be submitted each month.**

In accordance with the fiscal provisions outlined in the contract, this request for cash is provided for the amounts indicated above. We understand that all information on this form must be complete and that CSS Financial Management Division must receive the cash reques with all necessary approvals. I hereby certify that I am a duly appointed representative of the above named subgrant recipient and that, to the best of my knowledge, the above request represents our best estimate, is in accordance with the current provisions, and does not violate Federal and State policy of not maintaining more cash than is necessary to meet our immediate needs at anytime.

Authorized Contractor Representatives (Both Fields Must Be Fully Completed, Signed and Dated)				
Print First and Last Name	**Signature**	**Date**	**E-mail**	**Phone**
Name (Financial Officer)	**Signature (Financial Officer)**	**Date**	**E-mail**	**Phone**

CSS STAFF USE ONLY	
FMD Review: **Date:**	**FMD Approval:** **Date:**
Amount Paid:	**Encumbrance Number:**

COUNTY OF LOS ANGELES COMMUNITY AND SENIOR SERVICES
ADULT AND DISLOCATED WORKER (ADW) REPORTING FORM (RF)

Submit electronically via e-mail at FMDFinancialReports@css.lacounty.gov.
DO NOT LEAVE ANY FIELD BLANK; ALL FIELDS MUST BE COMPLETED PRIOR TO PROCESSING.
Must be printed, completed and scanned into a single, Adobe Acrobat PDF document.

Agency:			
Contract Amount:		**Program:**	
Contract Number:		**Fiscal Year: FY(yyyy-yy)**	
Submission Date: (mm/dd/yy)		**Corresponding Request Numbers:**	
Report Period: (Month)		**Closeout Report: (Y or N)**	

Administrative Expenditures (RSA/MOU)	**CSS USE**	**Cash**	**Accrued**
1. Administrative Expenditures (RSA/MOU Costs)	**WRSA**		
Expenditures (Program)			
1. Administrative Costs	**WF01**		
2. Core A (Self Services)	**WF02**		
3. Core B (Reg Services)	**WF03**		
4. Intensive Services	**WF04**		
5. Training Services			
a. Training Payments	**WF13**		
b. Other Training Services	**WF29**		
TOTAL PROGRAM EXPENDITURES			
Other Items - (not included in expenditures)			
1. Non-Fed Supp (Stand-in Costs)			

CERTIFICATION - Authorized Contractor Representatives (Fields Must Be Fully Completed, Signed and Dated)

I certify that the information in this statement is correct to the best of my knowledge and the expenditures reflected herein are made in accordance with conditions of the subcontract. I also certify that all required payroll tax and income tax monies have been withheld from wages of persons employed by this organization to this date, and such funds have been held in a reserve fund or transmitted to local, state or federal officials as required by appropriate laws. I, as the authorized representative for this agency, by submitting this document attest to the truth and authenticity of the claims made and support documents represented.

Print First and Last Name	**Signature**	**Date**	**E-mail**	**Phone**

CSS STAFF USE ONLY	
FMD Review: Date:	**FMD Approval: Date:**
Amount Paid:	**Encumbrance Number:**

ADULT AND DISLOCATED WORKER (ADW)
CASH REQUEST FORM (CASH) COMPLETION INSTRUCTIONS

Complete and submit a separate form for each program. Cash requests for needs beyond four (4) business days are not allowed. Upon receipt of funds, full disbursement must be made within three (3) business days. All excess cash must be returned to or recouped by CSS IMMEDIATELY after this period. Minimally, one (1) Cash Request Form must be submitted each month.

1. **Agency:** Enter the full name of your agency.

2. **Contract Number:** Enter the contract number for the program for which cash has been requested.

3. **Program:** Enter the title of the program for which cash has been requested.

4. **Date of Request:** Enter the date, (ex. 08/30/10), on which the cash request is submitted.

5. **Fiscal Year:** Enter the fiscal year of the contract. (ex. 2010-11).

6. **Report Period:** Enter the month in which expenditures occurred. (ex. July)

7. **Request Number:** Enter the appropriate request number (in sequential order) for the program for which cash has been requested.

8. **Program:** Re-enter the title of the program for which cash has been requested.

9. **Budget Allocation:** Enter the total amount of the grant award.

10. **Prior YTD Cash Request:** Enter the total amount of cash requested year-to-date, prior to this request, whether it has been received or not.

11. **Current Cash Request:** Enter the amount of cash currently being requested. Only include cash needed for expenditures to occur within the next four (4) business days.

12. **Total YTD Cash Requested:** Enter the total year-to-date cash requested, including prior cash requested and the current cash request.

13. **Total YTD Cash Disbursed:** Enter the amount of cash disbursed, year-to-date. Include checks, wires, and cash issued.

14. **Authorized Contractor Representatives:** Print a copy for authorized representatives to complete. Representative's full printed name, signature, date, e-mail address and phone number must also be completed.

15. **Once the cash request form has been printed and completed, it must be scanned (front and back) into a single Adobe Acrobat document (PDF format) and e-mailed to the following e-mail address: FMDFinancialReports@css.lacounty.gov.**

You may direct any questions regarding cash requests to the Financial Management Division – Expenditure Management Section by sending an e-mail to FMDFinancialReports@css.lacounty.gov.

ADULT AND DISLOCATED WORKER (ADW)
REPORTING FORM (RF) COMPLETION INSTRUCTIONS

All reported figures should represent expenditures during the corresponding cash request(s) period, unless otherwise stated. Do not leave any field blank; all fields must be completed prior to processing. Must be printed, completed and scanned (front and back) into a single Adobe Acrobat document (PDF format) and e-mailed to the following e-mail address: FMDFinancialReports@css.lacounty.gov.

Contractor Information

1. **Agency Name:** Enter the full name of your agency and worksite location.
2. **Contract Amount:** Enter the total amount of the grant award.
3. **Program Name:** Enter the program name. Service providers should distinguish between Formula and American Recovery and Reinvestment Act (ARRA) funds when identifying the program.
4. **Contract Number:** Enter the contract number for the program.
5. **Fiscal Year (yyyy-yy):** Enter the fiscal year of the contract. (ex. 2010-11).
6. **Submission Date (mm/dd/yy):** Enter the date, (ex. 08/30/10), on which the cash request is submitted.
7. **Corresponding Request Number(s):** Enter the request numbers covered within the report period that the reporting form is submitted.
8. **Report Period (Month):** Enter the month in which expenditures occurred. (ex. July).
9. **Closeout Report (Y or N):** Fill in yes if this is the final form being submitted to closeout a program; Fill in No if this is not the final form being submitted to closeout a program.

Administrative Expenditures (RSA/MOU)

Note: this section does not cover program administrative costs; only the costs associated to the $23,000 allocated for the development and maintenance of the RSA/MOU.

1. **Administrative Expenditures:** Enter the amount of administrative cash and/or accrued expenditures for the program during the corresponding cash request(s) period.

Expenditures (Program)

1. **Administrative Costs:** Enter the total amount of program administrative cost expenditures, cash and/or accrued, during the corresponding cash request(s) period.
2. **Core A (Self Services):** Enter the total amount of Core A (Self Services) expenditures, cash and/or accrued, during the corresponding cash request(s) period.
3. **Core B (Reg Services):** Enter the total amount of Core B (Reg Services) expenditures, cash and/or accrued, during the corresponding cash request(s) period.

4. **Intensive Services:** Enter the total amount of Intensive Services expenditures, cash and/or accrued, during the corresponding cash request(s) period.

5. **Training Services:** Enter the total amount of Training Services cash and/or accrued expenditures, separated by Training Payments and Other Training Services, during the corresponding cash request(s) period.

Total Program Expenditures: Add the total amounts from Administrative Costs, Core A, Core B, Intensive Services, Training Services and Other. Enter the sum of the total amounts of these categories as the Total Program Expenditures.

Other Items – (not included in expenditures)

1. **Non-Fed Supp (Stand-in Costs):** Enter the total amount of non-Federal support (Stand-In Costs), if any.

Certification (All Fields Must Be Completed Prior to Processing)

1. **Name:** Enter the full name of the Director or his/her authorized representative.

2. **Signature:** The Director or his/her authorized representative must sign under this line.

3. **Date:** Enter the date that the report was signed.

4. **Phone Number:** Enter the direct contact number of the representative that the report was signed by.

5. **E-mail:** Enter the e-mail address of the representative that the report was signed by.

COUNTY OF LOS ANGELES COMMUNITY AND SENIOR SERVICES
NATIONAL EMERGENCY GRANT (NEG) CASH REQUEST FORM (CASH)

Submit electronically via e-mail to FMDFinancialReports@css.lacounty.gov.
DO NOT LEAVE ANY FIELD BLANK; ALL FIELDS MUST BE COMPLETED PRIOR TO PROCESSING.
Must be printed, completed and scanned into a single, Adobe Acrobat PDF document.

Agency:			
Contract Number:		**Program:**	
Date of Request: (mm/dd/yy)		**Fiscal Year: FY(yyyy-yy)**	
Report Period: (Month)		**Request Number:**	

		(A)	(B)	(A+B)	
Program	**Budget Allocation**	**Prior YTD Cash Requested**	**Current Cash Request**	**Total YTD Cash Requested**	**Total YTD Cash Disbursed**

*** Cash requests for needs beyond four (4) business days are not allowed. Upon receipt of funds, full disbursement must be made within three (3) business days. All excess cash must be returned to or recouped by CSS IMMEDIATELY after this period. Minimally, one (1) Cash Request Form must be submitted each month.**

In accordance with the fiscal provisions outlined in the contract, this request for cash is provided for the amounts indicated above. We understand that all information on this form must be complete and that CSS Financial Management Division must receive the cash reques with all necessary approvals. I hereby certify that I am a duly appointed representative of the above named subgrant recipient and that, to the best of my knowledge, the above request represents our best estimate, is in accordance with the current provisions, and does not violate Federal and State policy of not maintaining more cash than is necessary to meet our immediate needs at anytime.

Authorized Contractor Representatives (Both Fields Must Be Fully Completed, Signed and Dated)				
Print First and Last Name	**Signature**	**Date**	**E-mail**	**Phone**
Name (Financial Officer)	**Signature (Financial Officer)**	**Date**	**E-mail**	**Phone**

CSS STAFF USE ONLY	
FMD Review: **Date:**	**FMD Approval:** **Date:**
Amount Paid:	**Encumbrance Number:**

COUNTY OF LOS ANGELES COMMUNITY AND SENIOR SERVICES
NATIONAL EMERGENCY GRANT (NEG) REPORTING FORM (RF)

Submit electronically via e-mail at FMDFinancialReports@css.lacounty.gov.
DO NOT LEAVE ANY FIELD BLANK; ALL FIELDS MUST BE COMPLETED PRIOR TO PROCESSING.
Must be printed, completed and scanned into a single, Adobe Acrobat PDF document.

Agency:			
Contract Amount:		**Program:**	
Contract Number:		**Fiscal Year: FY(yyyy-yy)**	
Submission Date: (mm/dd/yy)		**Corresponding Request Numbers:**	
Report Period: (Month)		**Closeout Report: (Y or N)**	

NEG Expenditures: Project Operator Level	**CSS USE**	**Cash**	**Accrued**
1. Participant Wages			
2. Participant Fringe Benefits			
3. Core and Intensive Services			
4. NEG - Funded Training			
5. NEG - Funded Supportive Services			
6. Needs Related Payments (NRP)			
7. Other			
TOTAL NEG PROGRAM EXPENDITURES	**WF09**		
1. Program Management and Oversight			
a. Administrative, excl NRP Processing			
b. Other			
TOTAL NEG ADMINISTRATIVE EXPENDITURES	**WF01**		
Other Items - Program (not included in expenditures)			
1. Non-Fed Supp (Stand-in Costs)			
2. Cash Match			
3. In-Kind Contributions			

CERTIFICATION - Authorized Contractor Representatives (Fields Must Be Fully Completed, Signed and Dated)

I certify that the information in this statement is correct to the best of my knowledge and the expenditures reflected herein are made in accordance with conditions of the subcontract. I also certify that all required payroll tax and income tax monies have been withheld from wages of persons employed by this organization to this date, and such funds have been held in a reserve fund or transmitted to local, state or federal officials as required by appropriate laws. I, as the authorized representative for this agency, by submitting this document attest to the truth and authenticity of the claims made and support documents represented.

Print First and Last Name	**Signature**	**Date**	**E-mail**	**Phone**

CSS STAFF USE ONLY	
FMD Review: **Date:**	**FMD Approval:** **Date:**
Amount Paid:	**Encumbrance Number:**

NATIONAL EMERGENCY GRANT (NEG)
CASH REQUEST FORM (CASH) COMPLETION INSTRUCTIONS

Complete and submit a separate form for each program. Cash requests for needs beyond four (4) business days are not allowed. Upon receipt of funds, full disbursement must be made within three (3) business days. All excess cash must be returned to or recouped by CSS IMMEDIATELY after this period. Minimally, one (1) Cash Request Form must be submitted each month.

1. **Agency:** Enter the full name of your agency.

2. **Contract Number:** Enter the contract number for the program for which cash has been requested.

3. **Program:** Enter the title of the program for which cash has been requested.

4. **Date of Request:** Enter the date, (ex. 08/30/10), on which the cash request is submitted.

5. **Fiscal Year:** Enter the fiscal year of the contract. (ex. 2010-11).

6. **Report Period:** Enter the month in which expenditures occurred. (ex. July)

7. **Request Number:** Enter the appropriate request number (in sequential order) for the program for which cash has been requested.

8. **Program:** Re-enter the title of the program for which cash has been requested.

9. **Budget Allocation:** Enter the total amount of the grant award.

10. **Prior YTD Cash Request:** Enter the total amount of cash requested year-to-date, prior to this request, whether it has been received or not.

11. **Current Cash Request:** Enter the amount of cash currently being requested. Only include cash needed for expenditures to occur within the next four (4) business days.

12. **Total YTD Cash Requested:** Enter the total year-to-date cash requested, including prior cash requested and the current cash request.

13. **Total YTD Cash Disbursed:** Enter the amount of cash disbursed, year-to-date. Include checks, wires, and cash issued.

14. **Authorized Contractor Representatives:** Print a copy for authorized representatives to complete. Representative's full printed name, signature, date, e-mail address and phone number must also be completed.

15. **Once the cash request form has been printed and completed, it must be scanned (front and back) into a single Adobe Acrobat document (PDF format) and e-mailed to the following e-mail address: FMDFinancialReports@css.lacounty.gov.**

You may direct any questions regarding cash requests to the Financial Management Division – Expenditure Management Section by sending an e-mail to FMDFinancialReports@css.lacounty.gov.

NATIONAL EMERGENCY GRANT (NEG)
REPORTING FORM (RF) COMPLETION INSTRUCTIONS

All reported figures should represent expenditures during the corresponding cash request(s) period, unless otherwise stated. Do not leave any field blank; all fields must be completed prior to processing. Must be printed, completed and scanned (front and back) into a single Adobe Acrobat document (PDF format) and e-mailed to the following e-mail address: FMDFinancialReports@css.lacounty.gov.

Contractor Information

1. **Agency Name:** Enter the full name of your agency and worksite location.
2. **Contract Amount:** Enter the total amount of the grant award.
3. **Program Name:** Enter the program name. Service providers should distinguish between Formula and American Recovery and Reinvestment Act (ARRA) funds when identifying the program.
4. **Contract Number:** Enter the contract number for the program.
5. **Fiscal Year (yyyy-yy):** Enter the fiscal year of the contract. (ex. 2010-11).
6. **Submission Date (mm/dd/yy):** Enter the date, (ex. 08/30/10), on which the cash request is submitted.
7. **Corresponding Request Number(s):** Enter the request numbers covered within the report period that the reporting form is submitted.
8. **Report Period (Month):** Enter the month in which expenditures occurred. (ex. July).
9. **Closeout Report (Y or N):** Fill in yes if this is the final form being submitted to closeout a program; Fill in No if this is not the final form being submitted to closeout a program.

NEG Expenditures: Project Operator Level

1. **Participant Wages:** Enter the total amount of cash and/or accrued expenditures for participant wages during the corresponding cash request(s) period.
2. **Participant Fringe Benefits:** Enter the total amount of cash and/or accrued expenditures for participant fringe benefits during the corresponding cash request(s) period.
3. **Core and Intensive Services:** Enter the combined total amount of cash and/or accrued core and intensive service expenditures during the corresponding cash request(s) period.
4. **NEG – Funded Training:** Enter the total amount of cash and/or accrued training expenditures funded with NEG funds during the corresponding cash request(s) period.
5. **NEG – Funded Supportive Services:** Enter the total amount of cash and/or accrued supportive service expenditures funded with NEG funds during the corresponding cash request(s) period.

6. **Needs Related Payments (NRP):** Enter the total amount of cash and/or accrued needs-related payment expenditures during the corresponding cash request(s) period.

7. **Other:** Enter the amount of cash and/or accrued expenditures for any program costs not related to participant wages, participant fringe benefits, core and intensive services, training, supportive services, or needs-related payments, incurred during the corresponding cash request(s) period.

Total NEG Program Expenditures: Enter the sum of all cash and/or accrued NEG program expenditures, including Participant Wages, Participant Fringe Benefits, Core and Intensive Services, NEG – Funded Training, NEG – Funded Supportive Services, Needs Related Payments (NRP) and Other.

1. **Program Management and Oversight:**

   a. **Administrative, excl NRP Processing:** This line captures the amount of cash and/or accrued administrative expenditures, excluding any processing costs expended for any needs-related payments, funded during the corresponding cash request(s) period.

   b. **Other:** This line captures the amount of cash and/or accrued expenditures for any non-administrative costs related to the management and oversight of the program funded during the corresponding cash request(s) period.

Total NEG Administrative Expenditures: Enter the sum of all cash and/or accrued NEG administrative expenditures, including the sum of the figures reported on line 1a and 1b.

Other Items – (not included in expenditures)

1. **Non-Fed Supp (Stand-in Costs):** Enter the total amount of non-Federal support (Stand-In Costs), if any, during the corresponding cash request(s) period.

2. **Cash Match:** Enter the amount of cash match expended during the corresponding cash request(s) period.

3. **In-Kind Contributions:** Enter the amount of In-Kind contributions provided during the corresponding cash request(s) period.

Certification (All Fields Must Be Completed Prior to Processing)

1. **Name:** Enter the full name of the Director or his/her authorized representative.

2. **Signature:** The Director or his/her authorized representative must sign under this line.

3. **Date:** Enter the date that the report was signed.

4. **Phone Number:** Enter the direct contact number of the representative that the report was signed by.

5. **E-mail:** Enter the e-mail address of the representative that the report was signed by.

COUNTY OF LOS ANGELES COMMUNITY AND SENIOR SERVICES
RAPID RESPONSE (RR) CASH REQUEST FORM (CASH)

Submit electronically via e-mail to FMDFinancialReports@css.lacounty.gov.
DO NOT LEAVE ANY FIELD BLANK; ALL FIELDS MUST BE COMPLETED PRIOR TO PROCESSING.
Must be printed, completed and scanned into a single, Adobe Acrobat PDF document.

Agency:			
Contract Number:		**Program:**	
Date of Request: (mm/dd/yy)		**Fiscal Year: FY(yyyy-yy)**	
Report Period: (Month)		**Request Number:**	

		(A)	(B)	(A+B)	
Program	**Budget Allocation**	**Prior YTD Cash Requested**	**Current Cash Request**	**Total YTD Cash Requested**	**Total YTD Cash Disbursed**

*** Cash requests for needs beyond four (4) business days are not allowed. Upon receipt of funds, full disbursement must be made within three (3) business days. All excess cash must be returned to or recouped by CSS IMMEDIATELY after this period. Minimally, one (1) Cash Request Form must be submitted each month.**

In accordance with the fiscal provisions outlined in the contract, this request for cash is provided for the amounts indicated above. We understand that all information on this form must be complete and that CSS Financial Management Division must receive the cash reques with all necessary approvals. I hereby certify that I am a duly appointed representative of the above named subgrant recipient and that, to the best of my knowledge, the above request represents our best estimate, is in accordance with the current provisions, and does not violate Federal and State policy of not maintaining more cash than is necessary to meet our immediate needs at anytime.

Authorized Contractor Representatives (Both Fields Must Be Fully Completed, Signed and Dated)				
Print First and Last Name	**Signature**	**Date**	**E-mail**	**Phone**
Name (Financial Officer)	**Signature (Financial Officer)**	**Date**	**E-mail**	**Phone**

CSS STAFF USE ONLY	
FMD Review: **Date:**	**FMD Approval:** **Date:**
Amount Paid:	**Encumbrance Number:**

COUNTY OF LOS ANGELES COMMUNITY AND SENIOR SERVICES
RAPID RESPONSE (RR) REPORTING FORM (RF)

Submit electronically via e-mail at FMDFinancialReports@css.lacounty.gov.
DO NOT LEAVE ANY FIELD BLANK; ALL FIELDS MUST BE COMPLETED PRIOR TO PROCESSING.
Must be printed, completed and scanned into a single, Adobe Acrobat PDF document.

Agency:			
Contract Amount:		**Program:**	
Contract Number:		**Fiscal Year: FY(yyyy-yy)**	
Submission Date: (mm/dd/yy)		**Corresponding Request Numbers:**	
Report Period: (Month)		**Closeout Report: (Y or N)**	

Expenditures (Program)	**CSS USE**	**Cash**	**Accrued**
1. Program (Required)	**WF23**		
2. Program (Allowable)	**WF22**		
TOTAL PROGRAM EXPENDITURES			
Other Items - Program (not included in expenditures)			
1. Non-Fed Supp (Stand-in)			

CERTIFICATION - Authorized Contractor Representatives (Fields Must Be Fully Completed, Signed and Dated)

I certify that the information in this statement is correct to the best of my knowledge and the expenditures reflected herein are made in accordance with conditions of the subcontract. I also certify that all required payroll tax and income tax monies have been withheld from wages of persons employed by this organization to this date, and such funds have been held in a reserve fund or transmitted to local, state or federal officials as required by appropriate laws. I, as the authorized representative for this agency, by submitting this document attest to the truth and authenticity of the claims made and support documents represented.

Print First and Last Name	**Signature**	**Date**	**E-mail**	**Phone**

CSS STAFF USE ONLY	
FMD Review: Date:	**FMD Approval: Date:**
Amount Paid:	**Encumbrance Number:**

RAPID RESPONSE (RR)

CASH REQUEST FORM (CASH) COMPLETION INSTRUCTIONS

Complete and submit a separate form for each program. Cash requests for needs beyond four (4) business days are not allowed. Upon receipt of funds, full disbursement must be made within three (3) business days. All excess cash must be returned to or recouped by CSS IMMEDIATELY after this period. Minimally, one (1) Cash Request Form must be submitted each month.

1. **Agency:** Enter the full name of your agency.

2. **Contract Number:** Enter the contract number for the program for which cash has been requested.

3. **Program:** Enter the title of the program for which cash has been requested.

4. **Date of Request:** Enter the date, (ex. 08/30/10), on which the cash request is submitted.

5. **Fiscal Year:** Enter the fiscal year of the contract. (ex. 2010-11).

6. **Report Period:** Enter the month in which expenditures occurred. (ex. July)

7. **Request Number:** Enter the appropriate request number (in sequential order) for the program for which cash has been requested.

8. **Program:** Re-enter the title of the program for which cash has been requested.

9. **Budget Allocation:** Enter the total amount of the grant award.

10. **Prior YTD Cash Request:** Enter the total amount of cash requested year-to-date, prior to this request, whether it has been received or not.

11. **Current Cash Request:** Enter the amount of cash currently being requested. Only include cash needed for expenditures to occur within the next four (4) business days.

12. **Total YTD Cash Requested:** Enter the total year-to-date cash requested, including prior cash requested and the current cash request.

13. **Total YTD Cash Disbursed:** Enter the amount of cash disbursed, year-to-date. Include checks, wires, and cash issued.

14. **Authorized Contractor Representatives:** Print a copy for authorized representatives to complete. Representative's full printed name, signature, date, e-mail address and phone number must also be completed.

15. **Once the cash request form has been printed and completed, it must be scanned (front and back) into a single Adobe Acrobat document (PDF format) and e-mailed to the following e-mail address: FMDFinancialReports@css.lacounty.gov.**

You may direct any questions regarding cash requests to the Financial Management Division – Expenditure Management Section by sending an e-mail to FMDFinancialReports@css.lacounty.gov.

RAPID RESPONSE (RR)
REPORTING FORM (RF) COMPLETION INSTRUCTIONS

All reported figures should represent expenditures during the corresponding cash request(s) period, unless otherwise stated. Do not leave any field blank; all fields must be completed prior to processing. Must be printed, completed and scanned (front and back) into a single Adobe Acrobat document (PDF format) and e-mailed to the following e-mail address: FMDFinancialReports@css.lacounty.gov.

Contractor Information

1. **Agency Name:** Enter the full name of your agency and worksite location.
2. **Contract Amount:** Enter the total amount of the grant award.
3. **Program Name:** Enter the program name. Service providers should distinguish between Formula and American Recovery and Reinvestment Act (ARRA) funds when identifying the program.
4. **Contract Number:** Enter the contract number for the program.
5. **Fiscal Year (yyyy-yy):** Enter the fiscal year of the contract. (ex. 2010-11).
6. **Submission Date (mm/dd/yy):** Enter the date, (ex. 08/30/10), on which the cash request is submitted.
7. **Corresponding Request Number(s):** Enter the request numbers covered within the report period that the reporting form is submitted.
8. **Report Period (Month):** Enter the month in which expenditures occurred. (ex. July).
9. **Closeout Report (Y or N):** Fill in yes if this is the final form being submitted to closeout a program; Fill in No if this is not the final form being submitted to closeout a program.

Expenditures (Program)

1. **Program (Required):** Enter the total amount of cash and/or accrued required program cash expenditures during the corresponding cash request(s) period.
2. **Program (Allowable:** Enter the total amount of cash and/or accrued allowable program cash expenditures during the corresponding cash request(s) period.

Total Program Expenditures: Enter the sum of the total amounts of required program cash and/or accrued expenditures and allowable program cash and/or accrued expenditures.

Other Items – (not included in expenditures)

1. **Non-Fed Supp (Stand-in Costs):** Enter the total amount of non-Federal support (Stand-In Costs), if any, during the corresponding cash request(s) period..

Certification (All Fields Must Be Completed Prior to Processing)

1. **Name:** Enter the full name of the Director or his/her authorized representative.

2. **Signature:** The Director or his/her authorized representative must sign under this line.

3. **Date:** Enter the date that the report was signed.

4. **Phone Number:** Enter the direct contact number of the representative that the report was signed by.

5. **E-mail:** Enter the e-mail address of the representative that the report was signed by.

COUNTY OF LOS ANGELES COMMUNITY AND SENIOR SERVICES
YOUTH (YTH) CASH REQUEST FORM (CASH)

Submit electronically via e-mail to FMDFinancialReports@css.lacounty.gov.
DO NOT LEAVE ANY FIELD BLANK; ALL FIELDS MUST BE COMPLETED PRIOR TO PROCESSING.
Must be printed, completed and scanned into a single, Adobe Acrobat PDF document.

Agency:			
Contract Number:		**Program:**	
Date of Request: (mm/dd/yy)		**Fiscal Year: FY(yyyy-yy)**	
Report Period: (Month)		**Request Number:**	

		(A)	(B)	(A+B)	
Program	**Budget Allocation**	**Prior YTD Cash Requested**	**Current Cash Request**	**Total YTD Cash Requested**	**Total YTD Cash Disbursed**

*** Cash requests for needs beyond four (4) business days are not allowed. Upon receipt of funds, full disbursement must be made within three (3) business days. All excess cash must be returned to or recouped by CSS IMMEDIATELY after this period. Minimally, one (1) Cash Request Form must be submitted each month.**

In accordance with the fiscal provisions outlined in the contract, this request for cash is provided for the amounts indicated above. We understand that all information on this form must be complete and that CSS Financial Management Division must receive the cash reques with all necessary approvals. I hereby certify that I am a duly appointed representative of the above named subgrant recipient and that, to the best of my knowledge, the above request represents our best estimate, is in accordance with the current provisions, and does not violate Federal and State policy of not maintaining more cash than is necessary to meet our immediate needs at anytime.

Authorized Contractor Representatives (Both Fields Must Be Fully Completed, Signed and Dated)

Print First and Last Name	**Signature** **Date**	**E-mail**	**Phone**
Name (Financial Officer)	**Signature (Financial Officer)** **Date**	**E-mail**	**Phone**

CSS STAFF USE ONLY	
FMD Review: **Date:**	**FMD Approval:** **Date:**
Amount Paid:	**Encumbrance Number:**

COUNTY OF LOS ANGELES COMMUNITY AND SENIOR SERVICES
YOUTH (YTH) REPORTING FORM (RF)

Submit electronically via e-mail at FMDFinancialReports@css.lacounty.gov.
DO NOT LEAVE ANY FIELD BLANK; ALL FIELDS MUST BE COMPLETED PRIOR TO PROCESSING.
Must be printed, completed and scanned into a single, Adobe Acrobat PDF document.

Agency:			
Contract Amount:		**Program:**	
Contract Number:		**Fiscal Year: FY(yyyy-yy)**	
Submission Date: (mm/dd/yy)		**Corresponding Request Numbers:**	
Report Period: (Month)		**Closeout Report: (Y or N)**	

Expenditures (Program)	**CSS USE**	**Cash**	**Accrued**
1. Youth (In-School)	**WF06**		
2. Youth (Out-of-School)	**WF07**		
TOTAL PROGRAM EXPENDITURES			
Other Items - Program (not included in expenditures)			
1. Non-Fed Supp (Stand-in)			

CERTIFICATION - Authorized Contractor Representatives (Fields Must Be Fully Completed, Signed and Dated)

I certify that the information in this statement is correct to the best of my knowledge and the expenditures reflected herein are made in accordance with conditions of the subcontract. I also certify that all required payroll tax and income tax monies have been withheld from wages of persons employed by this organization to this date, and such funds have been held in a reserve fund or transmitted to local, state or federal officials as required by appropriate laws. I, as the authorized representative for this agency, by submitting this document attest to the truth and authenticity of the claims made and support documents represented.

Print First and Last Name	**Signature** **Date**	**E-mail**	**Phone**

CSS STAFF USE ONLY	
FMD Review: **Date:**	**FMD Approval:** **Date:**
Amount Paid:	**Encumbrance Number:**

YOUTH (YTH)

CASH REQUEST FORM (CASH) COMPLETION INSTRUCTIONS

Complete and submit a separate form for each program. Cash requests for needs beyond four (4) business days are not allowed. Upon receipt of funds, full disbursement must be made within three (3) business days. All excess cash must be returned to or recouped by CSS IMMEDIATELY after this period. Minimally, one (1) Cash Request Form must be submitted each month.

1. **Agency:** Enter the full name of your agency.

2. **Contract Number:** Enter the contract number for the program for which cash has been requested.

3. **Program:** Enter the title of the program for which cash has been requested.

4. **Date of Request:** Enter the date, (ex. 08/30/10), on which the cash request is submitted.

5. **Fiscal Year:** Enter the fiscal year of the contract. (ex. 2010-11).

6. **Report Period:** Enter the month in which expenditures occurred. (ex. July)

7. **Request Number:** Enter the appropriate request number (in sequential order) for the program for which cash has been requested.

8. **Program:** Re-enter the title of the program for which cash has been requested.

9. **Budget Allocation:** Enter the total amount of the grant award.

10. **Prior YTD Cash Request:** Enter the total amount of cash requested year-to-date, prior to this request, whether it has been received or not.

11. **Current Cash Request:** Enter the amount of cash currently being requested. Only include cash needed for expenditures to occur within the next four (4) business days.

12. **Total YTD Cash Requested:** Enter the total year-to-date cash requested, including prior cash requested and the current cash request.

13. **Total YTD Cash Disbursed:** Enter the amount of cash disbursed, year-to-date. Include checks, wires, and cash issued.

14. **Authorized Contractor Representatives:** Print a copy for authorized representatives to complete. Representative's full printed name, signature, date, e-mail address and phone number must also be completed.

15. **Once the cash request form has been printed and completed, it must be scanned (front and back) into a single Adobe Acrobat document (PDF format) and e-mailed to the following e-mail address: FMDFinancialReports@css.lacounty.gov.**

You may direct any questions regarding cash requests to the Financial Management Division – Expenditure Management Section by sending an e-mail to FMDFinancialReports@css.lacounty.gov.

YOUTH (YTH)

REPORTING FORM (RF) COMPLETION INSTRUCTIONS

All reported figures should represent expenditures during the corresponding cash request(s) period, unless otherwise stated. Do not leave any field blank; all fields must be completed prior to processing. Must be printed, completed and scanned (front and back) into a single Adobe Acrobat document (PDF format) and e-mailed to the following e-mail address: FMDFinancialReports@css.lacounty.gov.

Contractor Information

1. **Agency Name:** Enter the full name of your agency and worksite location.
2. **Contract Amount:** Enter the total amount of the grant award.
3. **Program Name:** Enter the program name. Service providers should distinguish between Formula and American Recovery and Reinvestment Act (ARRA) funds when identifying the program.
4. **Contract Number:** Enter the contract number for the program.
5. **Fiscal Year (yyyy-yy):** Enter the fiscal year of the contract. (ex. 2010-11).
6. **Submission Date (mm/dd/yy):** Enter the date, (ex. 08/30/10), on which the cash request is submitted.
7. **Corresponding Request Number(s):** Enter the request numbers covered within the report period that the reporting form is submitted.
8. **Report Period (Month):** Enter the month in which expenditures occurred. (ex. July).
9. **Closeout Report (Y or N):** Fill in yes if this is the final form being submitted to closeout a program; Fill in No if this is not the final form being submitted to closeout a program.

Expenditures (Program)

1. **Youth (In-School):** Enter the total cash and/or accrued expenditures that were provided for in-school youth activities during the corresponding cash request(s) period.
2. **Youth (Out-of-School):** Enter the total cash and/or accrued expenditures that were provided for out-of-school youth activities during the corresponding cash request(s) period.

Total Program Expenditures: Enter the sum of the total amount of cash and/or accrued expenditures from both In-School and Out-of-School Youth during the corresponding cash request(s) period.

Other Items – (not included in expenditures)

1. **Non-Fed Supp (Stand-in Costs):** Enter the total amount of non-Federal support (Stand-In Costs), if any, during the corresponding cash request(s) period.

Certification (All Fields Must Be Completed Prior to Processing)

1. **Name:** Enter the full name of the Director or his/her authorized representative.
2. **Signature:** The Director or his/her authorized representative must sign under this line.
3. **Date:** Enter the date that the report was signed.
4. **Phone Number:** Enter the direct contact number of the representative that the report was signed by.
5. **E-mail:** Enter the e-mail address of the representative that the report was signed by.

Rev. 6/15/10

Detailed Expenditure Report (DER)

Exhibit G

I. Contractor Information

1. Agency _____
2. Contract Number _____
3. Contract Term (FY) _____
4. Program _____
5. Contract Amount _____
6. Report Period _____
7. Submission Date _____
8. Corresponding Request Number(s) _____
9. Closeout Report (Y/N) _____

II. Personnel Costs

	Budget Allocation	Current Month	YTD Expenditure
1. Staff Salaries and Wages			
2. Staff Fringe Benefits			
3. Total Personnel Costs			

III. Non-Personnel Costs

	Budget Allocation	Current Month	YTD Expenditure
1. Facility (Rent)			
2. Utilities(Telephone, Gas, Water Electricity)			
3. Janitorial Services			
4. Maintenance & Repairs			
5. Monitoring			
6. Computer Hardware/Software Purchase			
7. Office Equipment			
8. Training Materials			
9. Consumable Supplies			
10. Advertisement			
11. Print/Reproduction			
12. Professional Services			
13. Consultant			
14 Audit			
15. Travel			
16. Meeting/Conference			
17. Insurance			
18. a) Liability Automobile			
19. b) Building			
20. Staff Training Workshop/TA			
21. Other Supportive Services			
22. Participant Wages/Work Experience			
23. Participant Fringe Benefits			

Must be printed, completed and scanned into a single, Adobe Acrobat PDF document.
Please submit to CSS via email to WIAinvoice@css.lacounty.gov.

Rev. 6/15/10

Detailed Expenditure Report (DER)

Exhibit G

	Budget Allocation	Current Month	YTD Expenditure
24. OJT Employer Reimbursement			
25. Tuition Payments/Vouchers			
26. Vocational Exploration			
27. Limited Internships			
28. Incentive			
29. Bonus Payments			
30. Child Care			
31. Transportation			
32 Housing Costs			
33. Uniforms/ Work Related Tool Costs			
34. Other Supp. Services (Specify)			
35. Other (Specify)			
36. Other (Specify)			
37. Other (Specify)			
38. Other (Specify)			
39. RSA/MOUs (Administrative Expenditure)			
40. Total Non-Personnel Costs			
41. In-Kind Match/Contribution			
	Budget Allocation	**Current Month**	**YTD Expenditure**
IV. TOTAL EXPENDITURES (Personnel + Non-Personnel)			

V. Comments (including explanations for any line-item variances)

VI. Certification

I certify that the information in this statement is correct to the best of my knowledge and the expenditures reflected herein are made in accordance with conditions of the subcontract. I also certify that all required payroll tax and income tax monies have been withheld from wages of persons employed by this organization to this date, and such funds have been held in a reserve fund or transmitted to local, state or federal officials as required by appropriate laws. I, as the authorized representative for this agency, by submitting this document attest to the truth and authenticity of the claims made and support documents represented.

1. Name
2. Signature (Director or Authorized Representative)
3. Date
4. Phone Number
5. E-mail

CSS STAFF USE ONLY	
CMD Staff Review: Date:	CMD Supervisor Review: Date:

Must be printed, completed and scanned into a single, Adobe Acrobat PDF document.
Please submit to CSS via email to WIAinvoice@css.lacounty.gov.

DETAILED EXPENDITURE REPORT (DER) COMPLETION INSTRUCTIONS

All reported figures should represent year-to-date (YTD) expenditures, unless otherwise stated. Reporting is not necessary for any gray-filled cells; gray-filled cells can be disregarded. Any field (i.e. the line-item Training Materials did not apply to the program) which is not utilized or applicable can be left blank and does not need to be reported.

Section I – Contractor Information

1. Agency Name: Enter the full name of your agency.
2. Contract Number: Enter the contract number for the program.
3. Contract Term (FY): Enter the fiscal year of the contract.
4. Program Name: Enter the program name. Service providers should distinguish between Formula and American Recovery and Reinvestment Act (ARRA) funds when identifying the program.
5. Contract Amount: Enter the total amount of the grant award.
6. Report Period: Enter the monthly report period for which the reporting form is submitted.
7. Submission Date: Enter the date on which the reporting form is submitted.
8. Corresponding Request Number(s): Enter the request numbers covered within the report period that the reporting form is submitted.
9. Closeout Report (Y/N): Leave blank unless the form is the final form being submitted to closeout a program.

Section II – Personnel Costs

Enter the personnel costs (i.e. Staff Salaries and Wages, Staff Fringe Benefits) applicable to the program. Enter the budget allocation, current month expenditure and YTD expenditure in the corresponding column.

Section III – Non-Personnel Costs

Enter the non-personnel costs (i.e. rent, utilities, janitorial services, office equipment, etc.) applicable to the program. Enter the budget allocation, current month expenditure and YTD expenditure in the corresponding column.

1. The line-items specified as Other can be utilized to report any expenditures that fall into categories that are not listed.

Section IV – Total Expenditures (Personnel and Non-Personnel Costs)

Enter the sum of the total Personnel and Non-Personnel Costs for the current month and from the beginning of the contract term through the end of the report period.

DETAILED EXPENDITURE REPORT (DER) COMPLETION INSTRUCTIONS

Section VII – Comments

Enter any comments related to the information reported. Explanations for any line-item variances must also be included within this cell.

Section VIII - Certification

1. Name: Enter the name of the Director or his/her authorized representative.
2. Signature: The Director or his/her authorized representative must sign under this line.
3. Date: Enter the date that the report was signed.
4. Phone Number: Enter the direct contact number of the representative that the report was signed by.
5. E-mail: Enter the e-mail address of the representative that the report was signed by.

Rev. 8/30/10

SAMPLE

ATTACHMENT I

COUNTY OF LOS ANGELES COMMUNITY AND SENIOR SERVICES
ADULT AND DISLOCATED WORKER (ADW) CASH REQUEST FORM (CASH)

Submit electronically via e-mail to FMDFinancialReports@css.lacounty.gov.
DO NOT LEAVE ANY FIELD BLANK; ALL FIELDS MUST BE COMPLETED PRIOR TO PROCESSING.
Must be printed, completed and scanned into a single, Adobe Acrobat PDF document.

Agency:	LA County FMD		
Contract Number:	ADW091099	**Program:**	WIA Adult
Date of Request: (mm/dd/yy)	8/20/2010	**Fiscal Year: FY(yyyy-yy)**	2010-11
Report Period: (Month)	August	**Request Number:**	3

		(A)	(B)	(A+B)	
Program	**Budget Allocation**	**Prior YTD Cash Requested**	**Current Cash Request**	**Total YTD Cash Requested**	**Total YTD Cash Disbursed**
WIA Adult	$899,000	$99,000	$100,000	$199,000	$199,000

*** Cash requests for needs beyond four (4) business days are not allowed. Upon receipt of funds, full disbursement must be made within three (3) business days. All excess cash must be returned to or recouped by CSS IMMEDIATELY after this period. Minimally, one (1) Cash Request Form must be submitted each month.**

In accordance with the fiscal provisions outlined in the contract, this request for cash is provided for the amounts indicated above. We understand that all information on this form must be complete and that CSS Financial Management Division must receive the cash reques with all necessary approvals. I hereby certify that I am a duly appointed representative of the above named subgrant recipient and that, to the best of my knowledge, the above request represents our best estimate, is in accordance with the current provisions, and does not violate Federal and State policy of not maintaining more cash than is necessary to meet our immediate needs at anytime.

Authorized Contractor Representatives (Both Fields Must Be Fully Completed, Signed and Dated)

Edward Mokhtarian	EM 8/20/10	eMokhtarian@css.lacounty.gov	(213) 738-2477
Print First and Last Name	**Signature Date**	**E-mail**	**Phone**
Edward Mokhtarian	EM 8/20/10	eMokhtarian@css.lacounty.gov	(213) 738-2477
Name (Financial Officer)	**Signature (Financial Officer) Date**	**E-mail**	**Phone**

CSS STAFF USE ONLY	
FMD Review: Date:	**FMD Approval: Date:**
Amount Paid:	**Encumbrance Number:**

SAMPLE

Rev. 8/30/10

SAMPLE

ATTACHMENT I

COUNTY OF LOS ANGELES COMMUNITY AND SENIOR SERVICES
ADULT AND DISLOCATED WORKER (ADW) REPORTING FORM (RF)

Submit electronically via e-mail at FMDFinancialReports@css.lacounty.gov.
DO NOT LEAVE ANY FIELD BLANK; ALL FIELDS MUST BE COMPLETED PRIOR TO PROCESSING.
Must be printed, completed and scanned into a single, Adobe Acrobat PDF document.

Agency:	LA County FMD		
Contract Amount:	$899,000	**Program:**	WIA Adult
Contract Number:	ADW091099	**Fiscal Year: FY(yyyy-yy)**	2010-11
Submission Date: (mm/dd/yyyy)	8/20/2010	**Corresponding Request Numbers:**	3
Report Period: (Month)	August	**Closeout Report: (Y or N)**	N

Administrative Expenditures (RSA/MOU)	**CSS USE**	**Cash**	**Accrued**
1. Administrative Expenditures (RSA/MOU Costs)	**WRSA**	$0	$0
Expenditures (Program)			
1. Administrative Costs	**WF01**	$20,000	$0
2. Core A (Self Services)	**WF02**	$20,000	$0
3. Core B (Reg Services)	**WF03**	$20,000	$0
4. Intensive Services	**WF04**	$20,000	$0
5. Training Services			
a. Training Payments	**WF13**	$10,000	$0
b. Other Training Services	**WF29**	$10,000	$0
TOTAL PROGRAM EXPENDITURES		$100,000	$0
Other Items - (not included in expenditures)			
1. Non-Fed Supp (Stand-in Costs)		$0	$0

CERTIFICATION - Authorized Contractor Representatives (Fields Must Be Fully Completed, Signed and Dated)

I certify that the information in this statement is correct to the best of my knowledge and the expenditures reflected herein are made in accordance with conditions of the subcontract. I also certify that all required payroll tax and income tax monies have been withheld from wages of persons employed by this organization to this date, and such funds have been held in a reserve fund or transmitted to local, state or federal officials as required by appropriate laws. I, as the authorized representative for this agency, by submitting this document attest to the truth and authenticity of the claims made and support documents represented.

Edward Mokhtarian	EM	8/20/10	eMokhtarian@css.lacounty.gov	(213) 738-2477
Print First and Last Name	**Signature**	**Date**	**E-mail**	**Phone**

CSS STAFF USE ONLY	
FMD Review: **Date:**	**FMD Approval:** **Date:**
Amount Paid:	**Encumbrance Number:**

SAMPLE