

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, CA 95814



March 30, 2007

## REFUGEE COORDINATOR LETTER NO. 07-03

TO: COUNTY REFUGEE COORDINATORS IN ALAMEDA, LOS ANGELES,  
ORANGE, SACRAMENTO, SAN FRANCISCO, SANTA CLARA, AND  
SAN JOAQUIN COUNTIES

SUBJECT: FEDERAL FISCAL YEAR (FFY) 2003-05 TARGETED ASSISTANCE (TA)  
DISCRETIONARY GRANT CLOSEOUT

This letter is a reminder of the deadline for expending funds and submitting reports for the FFY 2003-05 TA Discretionary grant. This grant was awarded a no-cost time-only extension by the federal Office of Refugee Resettlement so counties could continue to provide services up to March 31, 2007.

All final claims (see enclosed Form RS 52 -- Claim for Reimbursement) and final project/progress reports for the above grant must be submitted to the Refugee Programs Bureau (RPB) at the following address:

Refugee Programs Bureau  
California Department of Social Services  
744 P Street, MS 6-646  
Sacramento, California 95814

Claiming Requirements

Counties may expend funds through March 31, 2007 and must submit final county expenditure claims to the RPB by **May 15, 2007**. Claims that are received after May 15th will be returned to the counties and will not be eligible for reimbursement.

Reporting Requirements

The FFY 2003-05 TA Discretionary grant required quarterly performance reports and a final progress report as specified in the final allocation letters dated October 12, 2004 and September 16, 2005, and the extension letter dated September 5, 2006. The last quarterly performance and final progress reports are due as follows:

	<u>Period Covered</u>	<u>Due Date</u>
Last Quarterly Performance Report	January 1 - March 31, 2007	April 20, 2007
Final Progress Report	October 1, 2003 - March 31, 2007	May 15, 2007

The claiming deadlines and reporting requirements are in accordance with the Standard Terms and Conditions for the TA Discretionary grant award.

Please share this information with county fiscal and program staff responsible for preparation and submittal of claims for reimbursement and progress/performance reports. Should you have any questions, please contact Camille Ancona, Analyst, Policy Unit, at (916) 653-7785, or your County Operations Analyst at (916) 654-4356.

Sincerely,

A handwritten signature in cursive script that reads "Thuan Nguyen". The signature is written in dark ink and is positioned above the typed name.

THUAN NGUYEN, Chief  
Refugee Programs Bureau

Enclosure

**CLAIM FOR REIMBURSEMENT**

**SUBMIT AN ORIGINAL AND THREE COPIES TO:**

California Department of Social Services  
 Refugee Programs Branch  
 744 P Street, MS 6-646  
 Sacramento, CA 95814

NAME AND ADDRESS OF CLAIMANT
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CONTRACT/ALLOCATION NUMBER	PROGRAM NAME (Check One)	FEDERAL FISCAL YEAR FUNDS
	<input type="checkbox"/> REFUGEE EMPLOYMENT SOCIAL SERVICES (RESS) <input type="checkbox"/> TARGETED ASSISTANCE (TA) <input type="checkbox"/> TA DISCRETIONARY	
COUNTY SERVICES PLAN PERIOD	GRANT AWARD PERIOD	SERVICES BILLING PERIOD

CLASSIFICATION OF EXPENDITURES	(A) NET AMOUNT THIS CLAIM	(B) COST PREVIOUSLY CLAIMED	(C) TOTAL COSTS TO DATE
County Administration			
Employment Services (ES)			
English Language Training (ELT)			
On-the-Job Training (OJT)			
Skills Training			
Case Management			
Other			
<b>TOTAL ALL CLASSES</b>			

*I HEREBY CERTIFY, under penalty of perjury, that I am the official responsible for the administration of the project; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are properly chargeable as expenditures for administration of the project as specified in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the State Benefits and Services Advisory Board.*

*I HEREBY CERTIFY, under penalty of perjury, that I am the official responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the expenditures claimed herein have been authorized; and that payments therefor have been made or expenditures otherwise incurred according to law.*

SIGNATURE OF WELFARE DIRECTOR OR PROJECT ADMINISTRATOR	DATE
SIGNATURE OF AUDITOR OR CONTROLLER	DATE

**PROGRESS REPORT ON PROJECTS FUNDED UNDER  
THE DISCRETIONARY GRANT FOR SERVICES TO REFUGEES**

COUNTY/CONTRACTOR: \_\_\_\_\_  
 State Contract/Allocation  
 Number: \_\_\_\_\_  
 Person Completing Report: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Date: \_\_\_\_\_

Submit Completed Report by Due  
Date via Mail, Fax or Email.

Mail to: CDSS  
 Refugee Programs Branch  
 744 P Street, MS 6-646  
 Sacramento, CA 95814

Fax to: (916) 654-7187  
 E-mail to: [RPB@dss.ca.gov](mailto:RPB@dss.ca.gov)

<u>Reporting Period (Check One)</u>	<u>Report Due</u>
<input type="checkbox"/> Quarterly (1/01/07– 3/31/07)	April 20 <sup>th</sup>
<input type="checkbox"/> Final Report (10/01/03 – 3/31/2007)	May 15 <sup>th</sup>

*Note: Please attempt to limit responses to the space provided; however, if additional space is needed for any item, you may attach a separate sheet.*

<b>1. MAJOR ACTIVITIES/ACCOMPLISHMENTS</b>	
A. List major project activities this reporting period. (Include activities begun this period, those completed since previous period and those begun in the previous period and continuing this period.)	
B. In the space provided below, enter the unduplicated number of persons to whom services were provided during the reporting period. (If this data is unavailable, please note.)	
<u>Type of Service</u>	<u># Served</u>
_____	_____
_____	_____
_____	_____

**2. PROBLEMS**

A List any problems experienced during the reporting period. (Include actual/anticipated slippage in task completion/project implementation dates and any deviations from original project plan. Also, indicate any steps undertaken to address problems.)

B Specify any difficulties in coordinating services with providers of services to the clients. Also, indicate any steps undertaken to address these difficulties.

**3. DISSEMINATION ACTIVITIES:** List information dissemination activities carried out during the reporting period. (Attach copies of any newspaper, newsletter, or magazine articles or other published materials considered relevant to project activities or used for project information or public relations purposes.)

**4. OTHER ACTIVITIES:** List any other project activities not noted earlier.

**5. ACTIVITIES PLANNED FOR NEXT REPORTING PERIOD:** List major activities planned for next reporting period. (Include specific coordination activities with local AAAs and providers of services to the refugees.)

**TARGETED ASSISTANCE DISCRETIONARY GRANT  
BALANCES ON FFY 2003, 2004 and 2005 ALLOCATIONS  
AS OF: 3/22/07**

COUNTY	FFY 2003 FUNDS			FFY 2004 FUNDS			FFY 2005 FUNDS			TOTAL UNEXPENDED FUNDS	NO-COST EXTENSION GRANTED TO 3/31/07
	ALLOCATION	BALANCE	PERCENT OF ALLOCATION EXPENDED	ALLOCATION	BALANCE	PERCENT OF ALLOCATION EXPENDED	ALLOCATION	BALANCE	PERCENT OF ALLOCATION EXPENDED		
Alameda	\$ 95,833.00	\$ -	100%	\$ 94,942.00	\$ -	100%	\$ 95,573.00	\$ 9,465.00	90%	\$ 9,465.00	X
Los Angeles	\$ 201,250.00	\$ 6,833.00	97%	\$ 200,357.00	\$ (0.00)	100%	\$ 201,155.00	\$ 82,465.62	59%	\$ 89,298.62	X
Orange	\$ 239,583.00	\$ 3.00	100%	\$ 238,690.00	\$ 20.00	100%	\$ 239,386.00	\$ 50,861.00	79%	\$ 50,884.00	X
Sacramento	\$ 95,833.00	\$ -	100%	\$ 94,942.00	\$ -	100%	\$ 95,573.00	\$ -	100%	\$ -	X
San Francisco	\$ 86,927.00	\$ 20,785.20	76%	\$ 86,034.00	\$ 19,398.94	77%	\$ 87,380.00	\$ 11,406.97	87%	\$ 51,591.11	X
Santa Clara	\$ 95,833.00	\$ 867.79	99%	\$ 94,942.00	\$ 8,958.89	91%	\$ 95,573.00	\$ 631.47	99%	\$ 10,458.15	X
San Joaquin	\$ 95,833.00	\$ 10,239.76	89%	\$ 94,827.00	\$ 13,208.48	86%	\$ 95,455.00	\$ 35,184.05	63%	\$ 58,632.29	X
<b>TOTAL</b>	<b>\$ 911,092.00</b>	<b>\$ 38,728.75</b>	<b>96%</b>	<b>\$ 904,734.00</b>	<b>\$ 41,586.31</b>	<b>95%</b>	<b>\$ 910,095.00</b>	<b>\$ 190,014.11</b>	<b>79%</b>	<b>\$ 270,329.17</b>	