



CDSS

JOHN A. WAGNER  
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**  
744 P Street • Sacramento, CA 95814 • [www.cdss.ca.gov](http://www.cdss.ca.gov)



ARNOLD SCHWARZENEGGER  
GOVERNOR

September 23, 2008

REFUGEE COORDINATOR LETTER NO. 08-10

TO: COUNTY REFUGEE COORDINATORS

SUBJECT: FEDERAL FISCAL YEAR (FFY) 2006 GRANTS CLOSEOUT

This letter is to remind counties of the upcoming deadlines for expending, and submitting final reports for, Federal Fiscal Year (FFY) 2006 Refugee Social Services (RSS) and FFY 2006 Targeted Assistance (TA) funds, including any RSS and/or TA funding augmentations for that year. Refugee Programs Bureau (RPB) staff already have been reminding county staff of these expenditure and claiming deadlines through discussions over the past two months. Instructions to counties on filing claims for reimbursement of FFY 2006 RSS and TA expenditures are also included in this letter.

Expenditure Deadline

Counties may use FFY 2006 RSS and TA funding to provide services through September 30, 2008.

Claiming Requirements

All final county reimbursement claims for FFY 2006 RSS and TA funding must be received by RPB by the close of business, October 17, 2008. To submit their claims, counties must use form RS 52, Claim for Reimbursement (copy enclosed).

It is imperative that RPB receive all final county FFY 2006 RSS and TA claims by the deadline of October 17, 2008, so that it can process the claims and prepare and submit the state's final Financial Status Reports to the federal Office of Refugee Resettlement in a timely manner.

Reporting Requirements

FFY 2006 RSS and TA funding require trimester performance reports over the grant period. County program performance reports for the final trimester must also be received by RPB by October 17, 2008.

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The final county reimbursement claims and program performance reports are to be sent to RPB at the following address:

Refugee Programs Bureau  
California Department of Social Services  
744 P Street, MS 8-9-646  
Sacramento, California 95814

Please share the above information with county fiscal and program staff who are responsible for the preparation and submittal of reimbursement claims and program performance reports.

If you have any questions, please contact Camille Ancona, Analyst, Program Policy Unit, at (916) 653-7785, or your County Operations Analyst at (916) 654-4356.

Sincerely,

A handwritten signature in black ink that reads "Thuan Nguyen". The signature is written in a cursive, flowing style.

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) <input type="checkbox"/> REFUGEE EMPLOYMENT SOCIAL SERVICES (RESS) <input type="checkbox"/> TARGETED ASSISTANCE (TA) <input type="checkbox"/> TA DISCRETIONARY	FEDERAL FISCAL YEAR FUNDS
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