

CALIFORNIA DEPARTMENT OF CHILD SUPPORT SERVICES

P.O. Box 419064, Rancho Cordova, CA 95741-9064

Reason for this Transmittal

- State Law or Regulation Change
- Federal Law or Regulation Change
- Court Order or Settlement Change
- Clarification requested by One or More Counties
- Initiated by DCSS

June 5, 2002

LCSA LETTER: 02-16

ALL IV-D DIRECTORS

SUBJECT: REVISED ADMINISTRATIVE EXPENSE CLAIM CS 356 SERIES

The purpose of this letter is to provide information to local child support agencies (LCSAs) regarding the revision of the Administrative Expense Claim (AEC) CS 356 series. The Department of Child Support Services (DCSS) is issuing this information in draft format prior to implementation in order to provide LCSAs time to review the reporting elements to assist in their expenditure data collection and administrative system modification efforts.

DCSS is required to develop uniform forms, policies, and procedures in specified areas to be employed statewide by all LCSAs. In the area of administrative reporting, it was determined that the AEC CS 356 series should be updated and simplified. A designated workgroup composed of representatives from the Child Support Directors Association (CSDA) Finance Committee and state staff met to discuss expenditure reporting and form redesign. The information obtained through this process was utilized to restructure the AEC CS 356 series. Some major changes to the AEC CS 356 series include:

Condensed Document: Most of the attachments will no longer be required. The revisions made to the AEC CS 356 document reflect changes in state and federal reporting requirements, making many of the attachments no longer necessary.

Fewer Cost Categories: The revised AEC CS 356 series captures expenditure data as required by Family Code Section 17600. As a result, several of the cost categories have been combined. For example, Personal Services expenses are currently reported by Casework Staff, Administrative Support, Clerical Support, and Performance Review. In contrast, the revised AEC CS 356 series captures total staff expenditures into one category, Personnel Services Expenditures.



Simplified Time Study/Certification: Pending federal approval, the majority of non-Electronic Data Processing (EDP) staff will be allowed to report time to only one major activity, Child Support Functions through a time certification process as opposed to the current time study process. Outside of this activity, as applicable, non-EDP staff will time study to demonstration projects and/or Child Support Disregard activities. Consistent with the provisions of Federal Management Circular (FMC) 74-4/A-87, a time certification may be used when an employee is involved in only a few activities and the effort involved covers long periods without diversion to other efforts. In contrast, a time study is required for non-EDP employees involved in child support activities where time cannot be easily identified to a specific activity.

Simplified EDP Reporting: Pending federal approval, EDP staff will time study or certify to the EDP project on which they are working. EDP costs will be directly charged to the appropriate EDP claiming account number(s) for specified projects.

Automated Design: Quarterly expenditure reporting will be a web-based process scheduled to begin with the July-September 2002 quarter. This procedure will be similar to the process developed for the annual CS 921 Budget Display information where submittal is electronic. The majority of the document will be automatically calculated and hard copy reports will be the standard 8 ½ X 11 inches in size. The website and database are currently under construction. LCSAs will receive user names, initial passwords, and instructions on how to log on to the DCSS County Website to enable submission of their expenditure data into the AEC CS 356 input document following construction and testing of the website.

Attachments are enclosed to help in the transition from the current process of reporting administrative expenses to the revised format. Two copies of the draft revised AEC CS 356 series are attached, each providing different information. Attachment I provides a "key" showing how the expenditure information flows through the document and how each page relates to the others. Attachment II gives a comparison of the revised AEC CS 356 series to the current CS 356 series. Attachment III supplies definitions for each category captured by the AEC CS 356 series. These definitions are consistent with the definitions developed for use in the annual CS 921 budget reporting. Attachment IV provides examples of time study and time certification forms.

AEC CS 356 series training will be provided and held at DCSS in Sacramento tentatively scheduled for August 2002. It is anticipated that two training sessions will be held for AEC CS 356 users with a separate training session for LCSA directors. Additional information and registration forms will be sent at a later date.

LCSAs must continue to use the existing CS 356 Series until the revised forms are made available for LCSA use. No changes in claiming should occur at this time. For example, if LCSA staff currently conduct time studies, that activity should continue in the interim until the new instructions are issued.

LCSA Letter: 02-16

June 5, 2002

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If you have any questions or concerns regarding this matter, please contact your County Allocations and Claims Policy Team analyst or Linette Kleinsasser at (916) 464-5150.

Sincerely,

JAN SHERWOOD

Deputy Director

Administrative Services Division

ATTACHMENTS (4)

LOCAL CHILD SUPPORT AGENCY ADMINISTRATIVE EXPENSE CLAIM SCHEDULE AND CERTIFICATION

Please round all figures to the nearest dollar.

LCSA:	Quarter Ending:	EXPENDITURES
I. TOTAL PERSONNEL SERVICES EXPENSES (Non EDP)		\$ Entry
II. OPERATING EXPENSES (Non EDP) A. Facility Operations 1. Space 2. Other Facility Operations B. Contractor Expenses 1. Payments to Other County Agencies 2. Other Contractor Expenses C. All Other Operating Expenses (Non EDP)		DRAFT
		\$ No Entry. Formula (A, 1+2)
		\$ Entry
		\$ Entry
		\$ No Entry. Formula (B, 1+2)
		\$ Entry
		\$ Entry
D. TOTAL OPERATING EXPENSES		\$ No Entry. Formula (II A+B+C)
III. TOTAL DIRECT SERVICES CONTRACTS (Non EDP)		\$ No Entry. CS 356.3, III, Col. 7
IV. INDIRECT EXPENSES		
A. Approved DA Indirect Cost Rate (_Entry_ %)		\$ Entry
B. Countywide Overhead (OMB A-87)		\$ Entry
C. TOTAL INDIRECT EXPENSES		\$ No Entry. Formula (IV, A+B)
V. TOTAL EDP STAFF AND EDP EXPENSES		No Entry. CS 356.4, NNN, Col. 3
VI. LABORATORY EXPENSES		
A. Laboratory Expenses (Itemize and identify vendor)	B. Operating Expenses	
Entry _____	\$ Entry _____	
Entry _____	\$ Entry _____	
C. LABORATORY EXPENSES RECOVERED	< \$ Entry _____ >	
D. TOTAL LABORATORY EXPENSES		\$ No Entry. Formula (VI, sum of B+C)

LOCAL CHILD SUPPORT AGENCY ADMINISTRATIVE EXPENSE CLAIM SCHEDULE AND CERTIFICATION

Please round all figures to the nearest dollar.

VII. ABATEMENTS		
A. Interest	<\$ <u>Entry</u> >	
B. Misc. Program Income	<\$ <u>Entry</u> >	
C. TOTAL ABATEMENTS		<\$ <u>No Entry. Formula (VII A+B)</u> >
VIII. NON FEDERAL LOCAL AGENCY EXPENSES (Do Not Include Salaries and Benefits)		DRAFT
A. <u>Entry</u>	B. \$ <u>Entry</u>	
<u>Entry</u>	\$ <u>Entry</u>	
<u>Entry</u>	\$ <u>Entry</u>	
<u>Entry</u>	\$ <u>Entry</u>	
C. TOTAL NON FEDERAL LOCAL AGENCY EXPENSES		\$ <u>No Entry. Formula (Sum VIII, B)</u>
IX. HEALTH INSURANCE AND PERFORMANCE INCENTIVE EXPENSES		
A. Health Insurance Incentive Funds \$	<u>Entry</u>	
B. Performance Incentive Funds \$	<u>Entry</u>	
C. TOTAL HEALTH INSURANCE AND PERFORMANCE INCENTIVE EXPENSES		\$ <u>No Entry. Formula (IX, A+B)</u>
X. GRAND TOTAL LOCAL CHILD SUPPORT AGENCY EXPENSES		\$ <u>No Entry. Formula (Sum I - IX)</u>
I hereby certify, under penalty of perjury, that I am the official responsible for the administration of the child support program in and for said county; that I have not violated any of the provisions of Code of Federal Regulations, 45 CFR, Part 93, regarding lobbying restrictions, and Sections 1090 to 1096, inclusive, of the Government Code, that the amounts reported herein have been expended and are properly chargeable as expenditures for administration of the child support program in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the Department of Child Support Services.		I hereby certify, under penalty of perjury, that I am the official for aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Code of Federal Regulations 45 CFR, Part 93, regarding lobbying restrictions, and Sections 1090 to 1096, inclusive, of the Government Code; that the expenditures reported herein have been authorized by the IV-D Director, and that the warrants therefore have been issued or expenditures otherwise incurred according to law.
SIGNATURE OF COUNTY DISTRICT ATTORNEY/LCSA DIRECTOR	DATE	SIGNATURE OF COUNTY AUDITOR/CONTROLLER
CONTACT NAME		DATE
		TELEPHONE NUMBER

**LOCAL CHILD SUPPORT AGENCY PERSONNEL SERVICES EXPENSES DISTRIBUTION
NON-EDP**

LCSA:		QUARTER ENDING:				
PERSONNEL SERVICES						
LINE	Direct Personnel Services Expenses	Remaining Personnel Services Expenses	Time Study Hours	Ratios	Allocable Personnel Services Expenses	Total Personnel Services Expenses
1	2	3	4	5	6	7
I Federally Eligible Expenses						
A. Child Support Functions	Entry		Entry	No Entry. Formula (Col. 4 % to total)	No Entry. Formula (III, Col.3 x Col. 5 ratios)	No Entry. Formula (Col. 2 + Col. 6)
B. Partners for Fragile Families	Entry		Entry	No Entry. Formula (Col. 4 % to total)	No Entry. Formula (III, Col.3 x Col. 5 ratios)	No Entry. Formula (Col. 2 + Col. 6)
C. Urban Hispanic Outreach	Entry		Entry	No Entry. Formula (Col. 4 % to total)	No Entry. Formula (III, Col.3 x Col. 5 ratios)	No Entry. Formula (Col. 2 + Col. 6)
D.						
E.						
F.						
H.						
I.						
J.						
K.						
L.						
M. Subtotal (Federally Eligible Expenses)	Formula (Sum I. A-L)		Formula (Sum I. A-L)	Formula (Sum I. A-L)	Formula (Sum I. A-L)	Formula (Sum I. A-L)
II Non Federally Eligible Expenses						
A. Child Support Disregard	Entry		Entry	No Entry. Formula (Col. 4 % to total)	No Entry. Formula (III, Col.3 x Col. 5 ratios)	No Entry. Formula (Col. 2 + Col. 6)
B.	Entry		Entry	No Entry. Formula (Col. 4 % to total)	No Entry. Formula (III, Col.3 x Col. 5 ratios)	No Entry. Formula (Col. 2 + Col. 6)
C.	Entry		Entry	No Entry. Formula (Col. 4 % to total)	No Entry. Formula (III, Col.3 x Col. 5 ratios)	No Entry. Formula (Col. 2 + Col. 6)
D.	Entry		Entry	No Entry. Formula (Col. 4 % to total)	No Entry. Formula (III, Col.3 x Col. 5 ratios)	No Entry. Formula (Col. 2 + Col. 6)
E.	Entry		Entry	No Entry. Formula (Col. 4 % to total)	No Entry. Formula (III, Col.3 x Col. 5 ratios)	No Entry. Formula (Col. 2 + Col. 6)
F. Subtotal (Non Federally Eligible Expenses)	Formula (Sum II. A-E)		Formula (Sum II. A-E)	Formula (Sum II. A-E)	Formula (Sum II. A-E)	Formula (Sum II. A-E)
III GRAND TOTAL	Formula (Sum I. M+II. F)	No Entry. Formula (CS 356.1, I minus CS 356.2, III, Col. 2)	Formula (Sum I. M+II. F)	Formula (Sum I. M+II. F)	Formula (Sum I. M+II. F)	Formula (Sum I. M+II. F)

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**LOCAL CHILD SUPPORT AGENCY EXPENSE DISTRIBUTION
TOTAL ALLOCABLE AND DIRECT COSTS
NON-EDP**

LCSA:		QUARTER ENDING:						
LINE		Personnel Services Expenses	Ratios	Direct Operating Expenses	Allocable Operating Expenses	Indirect Expenses	Direct Services Contracts	TOTAL
			(Col.2 % to total)					
	1	2	3	4	5	6	7	8
I	Federally Eligible Expenses							
	A. Child Support Functions	No Entry. Formula (From CS 356.2 Col. 7)	No Entry. Formula (% to total of Col. 2)	Entry	No Entry. Formula (Col. 3 % x Col. 5, III)	No Entry. Formula (Col. 3 % x Col. 6, III)	Entry	No Entry. Formula (Col. 2+4+5+6+7)
	B. Partners for Fragile Families	No Entry. Formula (From CS 356.2 Col. 7)	No Entry. Formula (% to total of Col. 2)	Entry	No Entry. Formula (Col. 3 % x Col. 5, III)	No Entry. Formula (Col. 3 % x Col. 6, III)	Entry	No Entry. Formula (Col. 2+4+5+6+7)
	C. Urban Hispanic Outreach	No Entry. Formula (From CS 356.2 Col. 7)	No Entry. Formula (% to total of Col. 2)	Entry	No Entry. Formula (Col. 3 % x Col. 5, III)	No Entry. Formula (Col. 3 % x Col. 6, III)	Entry	No Entry. Formula (Col. 2+4+5+6+7)
	D.							
	E.							
	F.							
	G.							
	H.							
	I. Subtotal (Federally Eligible Expenses)	Formula (Sum I. A-H)	Formula (Sum I. A-H)	Formula (Sum I. A-H)	Formula (Sum I. A-H)	Formula (Sum I. A-H)	Formula (Sum I. A-H)	Formula (Sum I. A-H)
II	Non Federally Eligible Expenses							
	A. Child Support Disregard	No Entry. Formula (From CS 356.2 Col. 7)	No Entry. Formula (% to total of Col. 2)	Entry	No Entry. Formula (Col. 3 % x Col. 5, III)	No Entry. Formula (Col. 3 % x Col. 6, III)	Entry	No Entry. Formula (Col. 2+4+5+6+7)
	B.	No Entry. Formula (From CS 356.2 Col. 7)	No Entry. Formula (% to total of Col. 2)	Entry	No Entry. Formula (Col. 3 % x Col. 5, III)	No Entry. Formula (Col. 3 % x Col. 6, III)	Entry	No Entry. Formula (Col. 2+4+5+6+7)
	C.	No Entry. Formula (From CS 356.2 Col. 7)	No Entry. Formula (% to total of Col. 2)	Entry	No Entry. Formula (Col. 3 % x Col. 5, III)	No Entry. Formula (Col. 3 % x Col. 6, III)	Entry	No Entry. Formula (Col. 2+4+5+6+7)
	D.	No Entry. Formula (From CS 356.2 Col. 7)	No Entry. Formula (% to total of Col. 2)	Entry	No Entry. Formula (Col. 3 % x Col. 5, III)	No Entry. Formula (Col. 3 % x Col. 6, III)	Entry	No Entry. Formula (Col. 2+4+5+6+7)
	E.	No Entry. Formula (From CS 356.2 Col. 7)	No Entry. Formula (% to total of Col. 2)	Entry	No Entry. Formula (Col. 3 % x Col. 5, III)	No Entry. Formula (Col. 3 % x Col. 6, III)	Entry	No Entry. Formula (Col. 2+4+5+6+7)
	F.	No Entry. Formula (From CS 356.2 Col. 7)	No Entry. Formula (% to total of Col. 2)	Entry	No Entry. Formula (Col. 3 % x Col. 5, III)	No Entry. Formula (Col. 3 % x Col. 6, III)	Entry	No Entry. Formula (Col. 2+4+5+6+7)
	G.	No Entry. Formula (From CS 356.2 Col. 7)	No Entry. Formula (% to total of Col. 2)	Entry	No Entry. Formula (Col. 3 % x Col. 5, III)	No Entry. Formula (Col. 3 % x Col. 6, III)	Entry	No Entry. Formula (Col. 2+4+5+6+7)
	H. Subtotal (Non Federally Eligible Expenses)	Formula (Sum II. A-G)	Formula (Sum II. A-G)	Formula (Sum II. A-G)	Formula (Sum II. A-G)	Formula (Sum II. A-G)	Formula (Sum II. A-G)	Formula (Sum II. A-G)
III	GRAND TOTAL	Formula (Sum I. I + II. H)	Formula (Sum I. I + II. H)	Formula (Sum I. I + II. H)	No. Entry. Formula (CS 356.1,II. D minus CS 356.3, III, Col. 4)	No Entry. (= CS 356.1, IV, C)	Formula (Sum I. I + II. H)	Formula (Sum I. I + II. H)

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EDP EXPENSES DISTRIBUTION

LCSA:			
L i n e	ACCOUNT NUMBER	PROJECT NAME	TOTAL EDP COSTS
	1	2	3
A	Entry	No Entry	Entry
B	Entry	No Entry	Entry
C	Entry	No Entry	Entry
D	Entry	No Entry	Entry
E	Entry	No Entry	Entry
F	Entry	No Entry	Entry
G	Entry	No Entry	Entry
H	Entry	No Entry	Entry
I	Entry	No Entry	Entry
J	Entry	No Entry	Entry
K	Entry	No Entry	Entry
L	Entry	No Entry	Entry
M	Entry	No Entry	Entry
N	Entry	No Entry	Entry
O	Entry	No Entry	Entry
P	Entry	No Entry	Entry
Q	Entry	No Entry	Entry
R	Entry	No Entry	Entry
S	Entry	No Entry	Entry
T	Entry	No Entry	Entry
U	Entry	No Entry	Entry
V	Entry	No Entry	Entry
W	Entry	No Entry	Entry
X	Entry	No Entry	Entry
Y	Entry	No Entry	Entry
Z	Entry	No Entry	Entry
AA	Entry	No Entry	Entry
BB	Entry	No Entry	Entry
CC	Entry	No Entry	Entry
DD	Entry	No Entry	Entry
EE	Entry	No Entry	Entry

QUARTER ENDING:			
L i n e	ACCOUNT NUMBER	PROJECT NAME	TOTAL EDP COSTS
I	1	2	3
FF	Entry	No Entry	Entry
GG	Entry	No Entry	Entry
HH	Entry	No Entry	Entry
II	Entry	No Entry	Entry
JJ	Entry	No Entry	Entry
KK	Entry	No Entry	Entry
LL	Entry	No Entry	Entry
MM	Entry	No Entry	Entry
NN	Entry	No Entry	Entry
OO	Entry	No Entry	Entry
PP	Entry	No Entry	Entry
QQ	Entry	No Entry	Entry
RR	Entry	No Entry	Entry
SS	Entry	No Entry	Entry
TT	Entry	No Entry	Entry
UU	Entry	No Entry	Entry
VV	Entry	No Entry	Entry
WW	Entry	No Entry	Entry
XX	Entry	No Entry	Entry
YY	Entry	No Entry	Entry
ZZ	Entry	No Entry	Entry
AAA	Entry	No Entry	Entry
BBB	Entry	No Entry	Entry
CCC	Entry	No Entry	Entry
DDD	Entry	No Entry	Entry
EEE	Entry	No Entry	Entry
FFF	Entry	No Entry	Entry
GGG	Entry	No Entry	Entry
HHH	Entry	No Entry	Entry
III	Entry	No Entry	Entry
JJJ	Entry	No Entry	Entry
KKK	Total Child Support EDP		No Entry. Formula (Sum A-JJJ)
LLL	Other Child Support		Entry
MMM	Non Federally Eligible Expenses		Entry
NNN	GRAND TOTAL		No Entry. Formula (Sum KKK+LLL+MMM)

LOCAL CHILD SUPPORT EDP ACTIVITY & EDP FUNDING CODES

EDP ACTIVITY CODES			
GENERAL CODES		CONSORTIA SYSTEMS	
M and O	N	Reserved	K
		Welfare Reform	K1
		Other Mandated HW/SW	
		Enhancement	K2
		Conversion	K3
		Data Clean-Up	K4
		Interface Development	K5
		Lead County Training	K6
		Travel/Per Diem for Training	K7
		HW Acquisition	L
		SW Acquisition	M

EDP FUNDING CODES			
	Federal	State	County
R1	66%	34%	0%
R2	66%	34%	0%
R8	0%	100%	0%
R9	0%	100%	0%
R10	0%	0%	100%

**LOCAL CHILD SUPPORT AGENCY
DISTRIBUTION REPORT OF TOTAL EXPENSES**

ACTIVITIES	LCSA:		QUARTER ENDING:	
	TOTAL	FEDERAL	STATE	COUNTY
	1	2	3	4
A. Federally Eligible EDP Expenses (from CS 356.4):				
Federal State County				
1. EDP - R1 66% 34% 0%	No Entry: 356.4, Col. 3	No Entry	No Entry	
2. EDP - R2 66% 34% 0%	No Entry: 356.4, Col. 3	No Entry	No Entry	
3.	No Entry: 356.4, Col. 3			
4.	No Entry: 356.4, Col. 3			
5. Subtotal Federally Eligible EDP Expenses = 1 + 2 + 3 + 4	No Entry	No Entry	No Entry	No Entry
B. Non Federally Eligible EDP Expenses (from CS 356.4):				
Federal State County				
1. EDP - R8 0% 100% 0%	No Entry: 356.4, Col. 3		No Entry	
2. EDP - R9 0% 100% 0%	No Entry: 356.4, Col. 3		No Entry	
3. EDP - R10 0% 0% 100%	No Entry: 356.4, Col. 3			No Entry
4.	No Entry: 356.4, Col. 3			
5.	No Entry: 356.4, Col. 3			
6. Subtotal Non Federally Eligible EDP Expenses (Sum 1 - 5)	No Entry	No Entry	No Entry	No Entry
7. TOTAL EDP EXPENSES = A5 + B6	No Entry	No Entry	No Entry	No Entry
C. Federally Eligible Expenses				
1. Child Support Functions No Entry:CS 356.3, Col. 8+CS 356.4, Line LLL, Col 3	No Entry	No Entry	No Entry	No Entry
2. Partners for Fragile Families	No Entry: 356.3, Col. 8	No Entry	No Entry	No Entry
3. Urban Hispanic Outreach	No Entry: 356.3, Col. 8	No Entry	No Entry	No Entry
4.	No Entry: 356.3, Col. 8	No Entry	No Entry	No Entry
5.	No Entry: 356.3, Col. 8	No Entry	No Entry	No Entry
6.	No Entry: 356.3, Col. 8	No Entry	No Entry	No Entry
7.	No Entry: 356.3, Col. 8	No Entry	No Entry	No Entry
8. Subtotal Federally Eligible Expenses = 1 + 2 + 3 + 4 + 5 + 6 + 7	No Entry	No Entry	No Entry	No Entry
D. Laboratory Expenses	No Entry: 356.1, VI, D	No Entry	No Entry	
E. Abatements	<No Entry:356.1,VII,C>	< No Entry >	< No Entry >	
F. Health Insurance & Performance Incentive Expenses (Federally Eligible Expenses)	Entry	No Entry		No Entry
G. Subtotal Federally Eligible Expenses = A5+ C8+ D+ E+ F	No Entry	No Entry	No Entry	No Entry
H. Non Federally Eligible Expenses				
1. Non Federal LCSA Expenses-State Funded	Entry		No Entry	
2. Non Federal LCSA Expenses-County Funded	Entry			No Entry
3. _____	Entry		No Entry	No Entry
4. Subtotal Non Federally Eligible Expenses = H(1 + 2 + 3)	No Entry			No Entry
I. Health Insurance & Performance Incentive Expenses (Non Federal Expenses)	Entry			No Entry
J. Subtotal Non Federally Eligible Expenses = B7 + H4 + I	No Entry		No Entry	No Entry
K. GRAND TOTAL = G+J (Data check: Col 1 must =CS 356.1, X)	No Entry	No Entry	No Entry	No Entry

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FOR STATE USE ONLY Subject to Admin. Alloc. (C1+D+E)	No Entry
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LOCAL CHILD SUPPORT AGENCY ADMINISTRATIVE EXPENSE CLAIM SCHEDULE AND CERTIFICATION

Please round all figures to the nearest dollar.

LCSA:	Quarter Ending:	Comparison to Old Claim
I. TOTAL PERSONNEL SERVICES EXPENSES (Non EDP)		CS 356.1, Section A, Column 3, Total
II. OPERATING EXPENSES (Non EDP)		
A. Facility Operations		\$
1. Space		CS 356.1, Sec B, Line 1, Col 1
2. Other Facility Operations		CS 356.1, Sec B, Line 1, Col 1
B. Contractor Expenses		\$
1. Payments to Other County Agencies		CS 356.1, Section D
2. Other Contractor Expenses		CS 356.1, Section D
C. All Other Operating Expenses (Non EDP)		CS 356.1, Section B, Lines 2, 3, 4, & 5
D. TOTAL OPERATING EXPENSES		\$
III. TOTAL DIRECT SERVICES CONTRACTS (Non EDP)		CS 356.1, Section D
IV. INDIRECT EXPENSES		
A. Approved DA Indirect Cost Rate (_____ %)		CS 356.1, Sec C, Line 1, Col 1
B. Countywide Overhead (OMB A-87)		CS 356.1, Sec C, Line 2, Col 1
C. TOTAL INDIRECT EXPENSES		\$
V. TOTAL EDP STAFF AND EDP EXPENSES		CS 356.2, Section E, Column 3
VI. LABORATORY EXPENSES		
A. Laboratory Expenses (Itemize and identify vendor)	B. Operating Expenses	
_____	\$ _____	
_____	\$ _____	CS 356.2, Sec F, Column 3 &
C. LABORATORY EXPENSES RECOVERED	< \$ _____ >	CS 356.2, Sec G, Lab Costs Recovered
D. TOTAL LABORATORY EXPENSES		

LOCAL CHILD SUPPORT AGENCY ADMINISTRATIVE EXPENSE CLAIM SCHEDULE AND CERTIFICATION

Please round all figures to the nearest dollar.

VII. ABATEMENTS			
A. Interest <\$ _____>			
B. Misc. Program Income <\$ _____>			
C. TOTAL ABATEMENTS		CS 356.2, Section G, Interest and Other	
VIII. NON FEDERAL LOCAL AGENCY EXPENSES		(Do Not Include Salaries and Benefits)	
A. _____	B. \$ _____		
_____	\$ _____		
_____	\$ _____		
_____	\$ _____		
C. TOTAL NON FEDERAL LOCAL AGENCY EXPENSES		CS 356.6, Lines H1, H2, & H3	
IX. HEALTH INSURANCE AND PERFORMANCE INCENTIVE EXPENSES			
A. Health Insurance Incentive Funds \$ _____			
B. Performance Incentive Funds \$ _____			
C. TOTAL HEALTH INSURANCE AND PERFORMANCE INCENTIVE EXPENSES		CS 356.8	
X. GRAND TOTAL LOCAL CHILD SUPPORT AGENCY EXPENSES		\$ _____	
I hereby certify, under penalty of perjury, that I am the official responsible for the administration of the child support program in and for said county; that I have not violated any of the provisions of Code of Federal Regulations, 45 CFR, Part 93, regarding lobbying restrictions, and Sections 1090 to 1096, inclusive, of the Government Code, that the amounts reported herein have been expended and are properly chargeable as expenditures for administration of the child support program in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the Department of Child Support Services.		I hereby certify, under penalty of perjury, that I am the official for aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Code of Federal Regulations, 45 CFR, Part 93, regarding lobbying restrictions, and Sections 1090 to 1096, inclusive, of the Government Code; that the expenditures reported herein have been authorized by the IV-D Director, and that the warrants therefore have been issued or expenditures otherwise incurred according to law.	
SIGNATURE OF COUNTY DISTRICT ATTORNEY/LCSA DIRECTOR	DATE	SIGNATURE OF COUNTY AUDITOR/CONTROLLER	DATE
CONTACT NAME	TELEPHONE NUMBER		

**LOCAL CHILD SUPPORT AGENCY PERSONNEL SERVICES EXPENSES DISTRIBUTION
NON-EDP**

LCSA:		QUARTER ENDING:					
PERSONNEL SERVICES							
LINE		Direct Personnel Services Expenses	Remaining Personnel Services Expenses	Time Study Hours	Ratios	Allocable Personnel Services Expenses	Total Personnel Services Expenses
	1	2	3	4	5	6	7
I	Federally Eligible Expenses						
A.	Child Support Functions	CS 356.1, Section A, Col 3		CS 357 Section A 4, Col. 2 & CS 356.3, Lines A-F, Column 2			
B.	Partners for Fragile Families	CS 356.5, Line 3, Column 2		CS 356.3, Column 2			
C.	Urban Hispanic Outreach	CS 356.5, Line 2, Column 2		CS 356.3, Column 2			
D.							
E.							
F.							
G.							
H.							
I.							
J.							
K.							
L.							
M.	Subtotal (Federally Eligible Expenses)						
II	Non Federally Eligible Expenses						
A.	Child Support Disregard	CS 356.6, Line H, 1.		CS 356.3, Line G,1, Column 2			
B.		CS 356.6, Line H, 2, & 3.		CS 356.3, Lines G, 2, & G, 3, Column 2			
C.							
D.							
E.							
F.	Subtotal (Non Federally Eligible Expenses)						
III	GRAND TOTAL						

**LOCAL CHILD SUPPORT AGENCY EXPENSE DISTRIBUTION
TOTAL ALLOCABLE AND DIRECT COSTS
NON-EDP**

LCSA:		QUARTER ENDING:						
LINE		Personnel Services Expenses	Ratios (Col.2 % to total)	Direct Operating Expenses	Allocable Operating Expenses	Indirect Expenses	Direct Services Contracts	TOTAL
	1	2	3	4	5	6	7	8
I	Federally Eligible Expenses							
	A. Child Support Functions			CS 356.5, Column 4			CS 356.5, Column 4	
	B. Partners for Fragile Families			CS 356.5, Column 4			CS 356.5, Column 4	
	C. Urban Hispanic Outreach			CS 356.5, Column 4			CS 356.5, Column 4	
	D.							
	E.							
	F.							
	G.							
	H.							
	I. Subtotal (Federally Eligible Expenses)							
II	Non Federally Eligible Expenses							
	A. Child Support Disregard							
	B.							
	C.							
	D.							
	E.							
	F.							
	G.							
	H. Subtotal (Non Federally Eligible Expenses)							
III	GRAND TOTAL							

EDP EXPENSES DISTRIBUTION

LCSA:			
Line	ACCOUNT NUMBER	PROJECT NAME	TOTAL EDP COSTS
	1	2	3
A	CS 356.2a, Columns 1, 3, & 4		CS 356.2a, Column 10
B			
C			
D			
E			
F			
G			
H			
I			
J			
K			
L			
M			
N			
O			
P			
Q			
R			
S			
T			
U			
V			
W			
X			
Y			
Z			
AA			
BB			
CC			
DD			
EE			

QUARTER ENDING:			
Line	ACCOUNT NUMBER	PROJECT NAME	TOTAL EDP COSTS
I	1	2	3
FF			
GG			
HH			
II			
JJ			
KK			
LL			
MM			
NN			
OO			
PP			
QQ			
RR			
SS			
TT			
UU			
VV			
WW			
XX			
YY			
ZZ			
AAA			
BBB			
CCC			
DDD			
EEE			
FFF			
GGG			
HHH			
III			
JJJ			
KKK	Total Child Support EDP		
LLL	Other Child Support		CS 356.2a, Line R, Column 7
MMM	Non Federally Eligible Expenses		CS 356.2a, Lines S1, S2, & S3, Column 7
NNN	GRAND TOTAL		

LOCAL CHILD SUPPORT EDP ACTIVITY & EDP FUNDING CODES

EDP ACTIVITY CODES			
GENERAL CODES		CONSORTIA SYSTEMS	
M and O	N	Reserved	K
		Welfare Reform	K1
		Other Mandated HW/SW	
		Enhancement	K2
		Conversion	K3
		Data Clean-Up	K4
		Interface Development	K5
		Lead County Training	K6
		Travel/Per Diem for Training	K7
		HW Acquisition	L
		SW Acquisition	M

EDP FUNDING CODES			
	Federal	State	County
R1	66%	34%	0%
R2	66%	34%	0%
R8	0%	100%	0%
R9	0%	100%	0%
R10	0%	0%	100%

**LOCAL CHILD SUPPORT AGENCY
DISTRIBUTION REPORT OF TOTAL EXPENSES**

ACTIVITIES	LCSA:		QUARTER ENDING:	
	TOTAL	FEDERAL	STATE	COUNTY
A. Federally Eligible EDP Expenses (from CS 356.4):	1	2	3	4
Federal State County				
1. EDP - R1 66% 34% 0%				
2. EDP - R2 66% 34% 0%				
3.				
4.				
5. Subtotal Federally Eligible EDP Expenses				
B. Non Federally Eligible EDP Expenses (from CS 356.4):				
Federal State County				
1. EDP - R8 0% 100% 0%				
2. EDP - R9 0% 100% 0%				
3. EDP - R10 0% 0% 100%				
4.				
5.				
6. Subtotal Non Federally Eligible EDP Expenses				
7. TOTAL EDP EXPENSES				
C. Federally Eligible Expenses				
1. Child Support Functions				
2. Partners for Fragile Families				
3. Urban Hispanic Outreach				
4.				
5.				
6.				
7.				
8. Subtotal Federally Eligible Expenses				
D. Laboratory Expenses				
E. Abatements	<	>	<	>
F. Health Insurance & Performance Incentive Expenses (Federally Eligible Expenses)	CS 356.8			
G. Subtotal Federally Eligible Expenses				
H. Non Federally Eligible Expenses				
1. Non Federal LCSA Expenses-State Funded				
2. Non Federal LCSA Expenses-County Funded				
3.				
4. Subtotal Non Federally Eligible Expenses				
I. Health Insurance & Performance Incentive Expenses (Non Federal Expenses)	CS 356.8			
J. Subtotal Non Federally Eligible Expenses				
K. GRAND TOTAL				

FOR STATE USE ONLY
Subject to Admin. Alloc.
(C1+D+E)

LOCAL CHILD SUPPORT AGENCY ADMINISTRATIVE EXPENSE CLAIM SCHEDULE DEFINITIONS

The objective of the Administrative Expense Claim (AEC) is to assist the Department of Child Support Services (DCSS) and each Local Child Support Agency (LCSA) in the claiming of federally eligible administrative costs. LCSAs are directed to use the following definitions in completion of the AEC.

DATA	DEFINITION
Total Personnel Services Expenses (Non EDP)	Total LCSA salaries and benefits, including Worker’s Comp , health insurance, etc. This also includes non-permanent staff resources hired to directly support caseload processing activities, temporary and student help and Pay Differential/Premium Pay.
Facility operations: Space	Expenses specifically associated with the cost of the facility such as, leases, rents. County owned space is reported in A-87.
Facility operations: Other Facility Operations	Facility expenses not specifically associated with the cost of the facility such as, utilities, maintenance, janitorial, repairs and alterations, etc.
Contractor Expenses: Payments to Other County Agencies	Costs related to contracts with agencies within your county.
Contractor Expenses: Other Contract Expenses	All major contracts for professional and consulting services that are not covered by other cost components, such as payment to other Public Agencies outside of your county; does not include direct services contracts.
All Other Operating Expenses (Non EDP)	All other operating costs not included in Facility Operations and Contractor Expenses such as, communications (telecom); dues, subscriptions, equipment, postage and travel, etc.
Total Direct Services Contracts (Non EDP)	<p>Costs of contracts for direct services necessary to the delivery of child support program functions; reflects the costs of contracting for personnel or other services that are directly related to program operations. Examples are:</p> <ul style="list-style-type: none"> • Pre-transition Contract Employees • Legal Services • Investigative Services • Service of Process • Access to Criminal Information • Other Direct Services Contracts <p>Direct service contracts do not include contracts necessary for administrative support (indirect services), such as, office equipment maintenance (Other Contract Expenses), supplies (Other Contract Expenses), janitorial services or for child support automation services (EDP). Exclude laboratory costs.</p>
Indirect Expenses: Approved DA Indirect Cost Rate	<p>Percentage: The indirect cost rate percentage as approved by DCSS.</p> <p>Costs: The indirect costs are derived by multiplying the indirect cost rate percentage by the personnel services expenses for the number of applicable months in the report period.</p>
Indirect Expenses: Countywide Overhead (OMB A-87)	Costs charged to the LCSA as overhead for countywide services as approved by the State Controller’s Office in the Countywide Cost Allocation Plan.
Total EDP Staff and EDP Expenses	Total costs of EDP, including salaries and benefits, operating costs and indirect costs.

LOCAL CHILD SUPPORT AGENCY ADMINISTRATIVE EXPENSE CLAIM SCHEDULE DEFINITIONS

DATA	DEFINITION
Laboratory Expenses	Total contract costs to perform laboratory services necessary for the establishment of paternity.
Laboratory Expenses Recovered	Laboratory costs recovered, such as, costs collected from non-custodial parents.
Abatements: Interest	Interest earned from financial institutions on either undistributed collections or incentives received.
Abatements: Miscellaneous Program Income	Other costs recovered (other than laboratory costs), such as, recovered court costs from non-custodial parent or income from the sale of equipment.
Non Federal Local Agency Expenses	Costs that are not eligible for federal reimbursement.
Health Insurance and Performance Incentive Expenses: Health Insurance Incentive Funds	Expenditures for which Health Insurance Incentive Funds were used.
Health Insurance and Performance Incentive Expenses: Performance Incentive Funds	Expenditures for which Performance Incentive Funds were used.
Federally Eligible Expenses: Child Support Functions	Expenses related to basic program operations including General Administration, Collection and Distribution, Establishment of Paternity, Location of Non-Custodial Parent, Establishment of Support and Enforcement of Support, etc.
Federally Eligible Expenses: Partners for Fragile Families	Expenses related to the Partners for Fragile Families project.
Federally Eligible Expenses: Urban Hispanic Outreach	Expenses related to the Urban Hispanic Outreach project.
Non Federally Eligible Expenses: Child Support Disregard	Expenses related to Child Support Disregard functions such as issuing disregard payments, issuing notices and responding to disregard inquiries.
Direct Personnel Services Expenses	Non EDP salaries and benefits that can be directly attributed to federally eligible expense functions (Child Support Functions, Partners for Fragile Families or Urban Hispanic Outreach) or Non Federally eligible activities as reported by time certifications.
Allocable Personnel Services Expenses	Non EDP salaries and benefits that cannot be directly attributed to federally eligible expense functions (Child Support Functions, Partners for Fragile Families or Urban Hispanic Outreach) or Non Federally eligible activities resulting from LCSA time studies.
Direct Operating Expenses	Non EDP operating costs that can be directly attributed to federally eligible expense functions (Child Support Functions, Partners for Fragile Families or Urban Hispanic Outreach) or Non Federally eligible activities.

LOCAL CHILD SUPPORT AGENCY ADMINISTRATIVE EXPENSE CLAIM SCHEDULE DEFINITIONS

DATA	DEFINITION
Allocable Operating Expenses	Non EDP operating costs that cannot be directly attributed to federally eligible expense functions (Child Support Functions, Partners for Fragile Families or Urban Hispanic Outreach) or Non Federally eligible activities.

**LOCAL CHILD SUPPORT AGENCY EMPLOYEE'S TIME CERTIFICATION
NON-EDP**

1. NAME:	2. CLASSIFICATION:	3. LCSA:	4. MONTH/YEAR:
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L i n e	ACTIVITIES	TOTAL PERCENTAGE
I.	Federally Eligible Activities	
	A. Child Support Functions	%
	B. Partners for Fragile Families	%
	C. Urban Hispanic Outreach	%
	D.	%
	E.	%
	F.	%
	G.	%
	H.	%
	I.	%
	J.	%
	K.	%
	L. Subtotal (Federally Eligible Activities)	%
II.	Non Federally Eligible Activities	
	A. Child Support Disregard	%
	B.	%
	C.	%
	D.	%
	E.	%
	F. Subtotal (Non Federally Eligible Activities)	%
III.	GRAND TOTAL PERCENTAGE (Must equal 100%)	%

DRAFT

EMPLOYEE: I hereby certify that this is a true and accurate report of my time, and the functions performed as shown above.

SUPERVISOR: I hereby certify the employee's time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.

SIGNATURE OF EMPLOYEE

DATE

SIGNATURE OF SUPERVISOR

DATE

**LOCAL CHILD SUPPORT AGENCY EMPLOYEE'S TIME STUDY
NON-EDP**

1. NAME:		2. CLASSIFICATION:										3. LCSA:										4. MONTH/YEAR:													
L i n e	ACTIVITIES	DAYS																															GRAND TOTAL		
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			
I. Federally Eligible Activities																																			
	A. Child Support Functions																																		
	B. Partners for Fragile Families																																		
	C. Urban Hispanic Outreach																																		
	D.																																		
	E.																																		
	F.																																		
	G.																																		
	H.																																		
	I.																																		
	J.																																		
	K.																																		
	L.																																		
	M.																																		
	N. Subtotal (Federally Eligible Activities)																																		
II. Non Federally Eligible Activities																																			
	A. Child Support Disregard																																		
	B.																																		
	C.																																		
	D.																																		
	E.																																		
	F. Subtotal (Non Federally Eligible Activities)																																		
III. Total Hours Worked																																			
IV. Nonallocable: Vacation, Sick Leave, Breaks, etc.																																			
V. DAILY GRAND TOTAL HOURS																																			

DRAFT

EMPLOYEE: I hereby certify that this is a true and accurate report of my time, and the functions performed as shown above.

SUPERVISOR: I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.

SIGNATURE OF EMPLOYEE

DATE

SIGNATURE OF SUPERVISOR

DATE

**LOCAL CHILD SUPPORT AGENCY EMPLOYEE'S TIME CERTIFICATION
EDP**

1. NAME:		2. CLASSIFICATION:		3. LCSA:	4. MONTH/YEAR:
L i n e	ACTIVITIES				TOTAL PERCENTAGE
	Account Number	Project Name			
A.					%
B.					%
C.					%
D.					%
E.					%
F.					%
G.					%
H.					%
I.					%
J.					%
K.					%
L.					%
M.					%
N.					%
O.					%
P.					%
Q.					%
R.					%
S.	GRAND TOTAL PERCENTAGE (Must equal 100%)				%

DRAFT

EMPLOYEE: I hereby certify that this is a true and accurate report of my time, and the functions performed as shown above.

SUPERVISOR: I hereby certify the employee's time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.

SIGNATURE OF EMPLOYEE
CS 356.4a (12-01)

DATE

SIGNATURE OF SUPERVISOR

DATE

**LOCAL CHILD SUPPORT AGENCY EMPLOYEE'S TIME STUDY
EDP**

1. NAME:		2. CLASSIFICATION:										3. LCSA:										4. MONTH/YEAR:													
L i n e	ACTIVITIES	DAYS																														GRAND TOTAL			
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		31		
I.	Federally Eligible Activities																																		
	EDP Account Number																																		
A.																																			
B.																																			
C.																																			
D.																																			
E.																																			
F.																																			
G.																																			
H.																																			
I.																																			
J.																																			
K.																																			
L.																																			
M.																																			
N.	Other Child Support																																		
O.	Subtotal (Federally Eligible Activities)																																		
II.	Non Federally Eligible Activities																																		
A.	Child Support Disregard																																		
B.																																			
C.																																			
D.	Subtotal (Non Federally Eligible Activities)																																		
III.	Total Hours Worked																																		
IV.	Nonallocable: Vacation, Sick Leave, Breaks, etc.																																		
V.	DAILY GRAND TOTAL HOURS																																		

DRAFT

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SIGNATURE OF EMPLOYEE

DATE

SIGNATURE OF SUPERVISOR

DATE