



Sample

**CARES Plus
Program Operation Expenditures
Budget Category Detail
(Page 1 of 3)**

Form LA.5.1

County	Select County
Name of Lead Agency	
Address 1	
Address 2	
City, State Zip Code	

Fiscal Year	FY 2013-14
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Reporting Period	July-December 2013
Report Due Date	Friday, January 31, 2014

County Group	
Match (State:Local)	

Expenditure Detail			
A	B	C	D
Budget Category	Expenditures to be Reimbursed by State	Local Funds Expenditures	Total Expenditures
1 Personnel	Pre-populate from Pg 2.	Pre-populate from Pg 2.	\$0.00
2 Staff Benefits			\$0.00
3 Operating Costs (i.e., Materials, Supplies, Printing, Meeting Space/AV, I/T Support, Equipment)	Pre-populate from Pg 2.	Pre-populate from Pg 2.	\$0.00
4 Program Specific Costs			
5 Stipends			\$0.00
6 Incentives			\$0.00
7 Support Services			\$0.00
8 Evaluation			\$0.00
9 Direct Costs Subtotal	\$0.00	\$0.00	\$0.00
10 Administrative Costs			\$0.00
11 State Administrative %	0%		
12 TOTAL	\$0.00	\$0.00	\$0.00

13 **Amount to be Reimbursed by State** **\$0.00**

By signing below, I certify that the information provided herein is true and accurate and complies with the provisions for reimbursement detailed in the assigned CARES Plus Request for Applications, the county approved application, and the executed Local Area Agreement. I further certify that documentation to support the reported expenditures is on file, readily available for review, and will be retained for a period of five years after the close of the project. I also certify that we are fully participating in the formal evaluation and data collection process administered by First 5 California and its designee.

Lead Agency Executive Director or Authorized Designee Name _____

Signature _____ Date _____

First 5 California Use Only

Fiscal Analyst _____	Program Manager _____	Division Manager _____
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Sample

CARES Plus

Form LA.5.2

Program Operation Expenditures

Personnel and Operating Costs Detail

(Page 2 of 3)

County	Select County from Budget Category Worksheet
Name of Lead Agency	

PERSONNEL (STAFF SALARIES)

A	B	C	D	E
Personnel Classification/Title (Monthly)	Number of Positions	Monthly Salary	FTE Equivalent	Total
1				\$0.00
2				\$0.00
3				\$0.00
4				\$0.00
5				\$0.00
6				\$0.00
Personnel Classification/Title (Hourly)	Number of Positions	Hourly Rate	Total No. of Hours Worked	Total
1				\$0.00
2				\$0.00
3				\$0.00
4				\$0.00
Total Personnel				\$0.00

Match Detail - Personnel

State Portion	
Local Portion	

OPERATING COSTS

A	B	C
Type	Description	Total
1	Materials	
2	Supplies	
3	Printing	
4	Meeting Space/AV	
5	I/T Support	
6	Equipment	
7	Other:	
8	Other:	
Total Operating Costs		\$0.00

Match Detail - Operating Costs

State Portion	
Local Portion	



Sample

**CARES Plus
Program Operation Expenditures
Funding Source Detail
(Page 3 of 3)**

County	Select County from Budget Category Worksheet
Name of Lead Agency	

Note: Identify total expenditures by Local Funding Sources, i.e., Organization Name and Funding Type. First 5 California cannot be listed as a Local Funding Source in Column A. The Total Funding Source Expenditures (Column K11) must equal the Total Expenditure Amount on page 1 (Column D12).

	A	B	C	D	E	F	G	H	I	J	K
	Local Funding Source		Personnel	Staff Benefits	Operating Costs	Stipends	Incentives	Support Services	Evaluation	Admin. Costs	Total Expend.
	Organization Name	Funding Type									
1	Funding Source 1	Select Funding Source Type									\$0.00
2	Funding Source 2	Select Funding Source Type									\$0.00
3	Funding Source 3	Select Funding Source Type									\$0.00
4	Funding Source 4	Select Funding Source Type									\$0.00
5	Funding Source 5	Select Funding Source Type									\$0.00
6	Funding Source 6	Select Funding Source Type									\$0.00
7	Funding Source 7	Select Funding Source Type									\$0.00
8	Funding Source 8	Select Funding Source Type									\$0.00
9	Funding Source 9	Select Funding Source Type									\$0.00
10	Funding Source 10	Select Funding Source Type									\$0.00
11	Local Funding Source Total		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Funding Type:

* Federal (i.e., Early Head Start, Head Start, and ARRA)