



Child Signature Program 1

Coordination and Program Funds Claim for Reimbursement Instructions

To receive reimbursement for Child Signature Program (CSP) expenditures, participating First 5 county commissions must submit a Claim for Reimbursement for program funds on a semi-annual basis, and an annual basis for Coordination Funds.

Note: Reported expenditures **must** correspond to the budgeted categories and information included in the budget narratives approved in the CSP Request for Application (RFA) #1 Budget.

If a county commission's Claim for Reimbursement differs from the approved CSP RFA #1 Budget, or if the claims for the Personnel, Operating, or Administrative costs categories vary by more than 15%, the county commission **must** submit a Budget Revision Request (Form R for Coordination and/or Program Funds) to First 5 California for approval. This is in addition to a Revised Budget (Form 6 and/or 7). Payment to the county will be withheld until it submits the appropriate documentation and receives the required approval from First 5 California for a budget revision.

For fiscal questions, please contact Sofie Paredes, Fiscal Analyst, at (916) 263-1019 or by e-mail to sparedes@ccfc.ca.gov, or Kathy Ellis, Fiscal Analyst, at (916) 263-2535 or by e-mail to kellis@ccfc.ca.gov. For program-related questions, contact Carmen Padilla, Program Consultant, at (916) 263-1026 or e-mail cpadilla@ccfc.ca.gov.

Claim for Reimbursement Schedule

First 5 county commissions must complete and submit to First 5 California a Claim for Reimbursement of actual and allowable expenses as follows:

Reimbursement Schedule	
Funding Type	Due to First 5 California
Coordination Funds	
July 1 – June 30, FY 2012-13	August 30, 2013
July 1 – June 30, FY 2013-14	August 30, 2014
July 1 – June 30, FY 2014-15	August 30, 2015
Program Funds	
July 1 – December 31, FY 2012-13	February 28, 2013
January 1 – June 30, FY 2012-13	August 30, 2013
July 1 – December 31, FY 2013-14	February 28, 2014
January 1 – June 30, FY 2013-14	August 30, 2014
July 1 – December 31, FY 2014-15	February 28, 2015
January 1 – June 30, FY 2014-15	August 30, 2015

Where to Send the Claim for Reimbursement

Mail one (1) set of the original Claim for Reimbursement forms with ***original*** signatures, to the following address:

First 5 California
Attention: Sofie Paredes
2389 Gateway Oaks Drive, Suite 260
Sacramento, CA 95833

Claim for Reimbursement Forms

The Claim for Reimbursement forms are in Excel format and available on the First 5 California CSP RFA #1 webpage at <http://www.cfc.ca.gov/commission/csp.asp>.

The Excel-based forms incorporate functions that make the forms easier to complete, such as drop-down menus and formulas. Click on the “county name” at the top, right-hand side of the page and choose the appropriate county name to activate the form. Locked cells are shaded gray. Use the TAB key to navigate to cells that are open for data entry.

The fiscal forms for CSP 1 consist of two Excel workbooks that contain the following:

Claim for Reimbursement	Form Number
1. Claim for Reimbursement – Coordination Funds	1
2. Coordination Narrative	2
3. Claim for Reimbursement – Program Funds	3
4. Program Narrative	4
5. Staffing Plan	5

Budget Revision Request	Form Number
1. Budget Revision Request	R
2. Revised Budget – Coordination Funds	6
3. Revised Budget – Program Funds	7
4. Revised Staffing Plan	8

With each Claim for Reimbursement package, counties must submit a Budget Narrative (Form 2 for Coordination Funds) and (Form 4 for Program Funds).

The following resources/reference documents are useful in completing the required Claim for Reimbursement forms:

- Approved CSP RFA #1 Application
- Approved Local Area Agreement

- Any approved amendments to the original application
- Approved Fiscal Year Budget

If you are unable to locate the documents listed above or if you have questions about the forms, please contact Sofie Paredes at (916) 263-1019 or sparedes@ccfc.ca.gov.

The following is detailed information on how to complete the required Claim for Reimbursement forms, in addition to how State funds should be used.

Form Details

The reporting forms for claiming reimbursement for CSP 1 Coordination and Program Fund expenditures also serve as certification that all information provided in the Claim for Reimbursement is true and correct and that all program related reporting requirements have been met.

Coordination Funds

There is no cash match requirement for Coordination Funds.

Coordination Funds may be used only for the following allowable expenditures:

Personnel – Employee or contract compensation (salaries and benefits) for the time devoted and identified specifically to the performance of the program for the following services:

- Program Coordinator Position
- Other Program Coordination Staff
- Training and Technical Assistance

Operating Costs – Expenditures for CSP coordination activities must be related to the performance of the program and may be used only for the following expenditures:

- Audits and related services
- Data collection and storage
- Communications
- Equipment and other capital expenditures under \$5,000
- Materials and supplies
- Meetings and conferences
- Publication and printing costs
- Training specifically related to the program including professional development and technical skill development
- Travel specifically related to the program reimbursed at the rates and terms established by county commission policy

Note: First 5 California will **not reimburse** Administrative and/or Indirect Costs for Coordination activities.

Instructions for Claiming Coordination Funds (Form 1)

In the Claim for Reimbursement - Coordination Funds, Form 1, select the appropriate County from the drop-down menu on the top, right-hand side to activate the form.

Complete the following information:

- County name
- Address 1
- Address 2
- City, state, zip code

Personnel

Column A: List classification/title of positions performing CSP eligible Coordination activities. If a different job title/classification is used at the county level, please list the county title/classification and place the corresponding CSP RFA #1 position title in parenthesis, [e.g., Child Specialist I (CSP Program Coordinator)]. For assistance identifying CSP position titles, see RFA #1 Part VI, Sections B and C, and Attachments G, H, and I.

Column B: Determine whether the personnel position(s) are contracted and enter “Y” for yes and “N” for no. If a position is contracted, the county shall include in its Narrative an explanation of the services performed by the contractor and a cost breakdown for each individual position.

Column C: Enter the number of classification/title positions.

Column D: Input the monthly salary rate for each classification/title.

***Column E:** Insert the percentage of project time for the positions reported on each line.

***Column F:** Enter the number of months during the reporting period in which the position performed work under CSP RFA #1.

* For columns E and F, if the percent of Project Time or Number of Months is different between two or more of the positions, report the positions on separate lines to ensure accurate totals for column G.

Column G: **It is not necessary to enter information in this column.** The cells in this column contain formulas that calculate the total amount spent on Personnel Costs.

Benefits: Enter the total amount of benefits expended for all personnel combined.

Operating Costs

In Column G, enter the total Operating Costs expended for materials, supplies, printing, equipment, training, and travel. Provide a brief, clear description for “Other” operating costs.

Coordination Narrative (Form 2)

In the Coordination Narrative (Form 2), perform the following:

- Enter the County Name in the first text box.
- Read the instructions on how to complete the form.
- Enter the required narrative information in the second text box.

A complete Claim for Reimbursement - Coordination Funds submittal must include:

- Form 1 (Claim for Reimbursement – Coordination Funds)
- Form 2 (Coordination Narrative)
- Form 5 (Staffing Plan)

Coordination Funds are reimbursed annually for each fiscal year (July 1 through June 30). Counties are to submit a Claim for Reimbursement by August 30 (see Reimbursement Schedule on page 1).

Program Funds

The county commission **must** commit to a minimum of 1:1 cash match for state Program Funds.

First 5 California will approve the reimbursement of expenditures that promote and support each of the following three CSP Program Elements:

- Instructional Strategies and Teacher-Child Interactions
- Social-Emotional Development
- Parent Involvement and Support

Program Funds may be used **only** for the following allowable expenditures:

Personnel – Employee or contract compensation (salaries and benefits) for the time devoted and identified specifically to the performance of the program for the following services:

- Early Education Expert (EEE)
- Family Support Specialist (FSS)
- Local Evaluator (LE)
- Mental Health Specialist or other mental health resource staff
- Program administration and support positions
- Teacher
- Teacher Aide
- Teacher Assistant

Note: If a different job title/classification is used at the county level, please list the county title/classification and place the corresponding CSP RFA #1 position title in parenthesis, [e.g., Child Development Specialist (Early Education Expert)]. For assistance identifying CSP position titles, see RFA #1 Part VI, Sections B and C, in addition to Attachments G, H, and I.

Operating Costs – Expenditures for program activities must be related to the performance of the program and include the following:

- Activities and services that support the quality of CSP curriculum design, implementation, and evaluation.
- Audit and related costs.
- Equipment and other capital expenditures under \$5,000.
- Evaluation: assessments, data collection, storage, and analysis of local evaluation data and related research; solicitation and analysis of information regarding the status and needs of children ages 0 through 5 and their families; and to subsequently develop and modify programs to better address identified needs.
- Food to enhance USDA meal program or to enhance program curriculum for children participating in the program.
- Materials including developmentally appropriate curricula and assessment tools (for both child and teacher).
- Meetings and conferences.
- Supplies, books, tools, and other high quality materials to support the classroom.
- Training, professional development, and learning support, not provided by E4, to develop skills and knowledge for the following:
 - Three Program Elements
 - Dual Language Learners

- Children identified with special needs
- Improved teacher interactions and instruction with children (PITC, etc.)
- Travel specifically related to the program reimbursed at the rates and terms established by the county commission policy.

Instructions for Claiming Program Funds (Form 3)

In the Claim for Reimbursement - Program Funds, Form 3, select the appropriate county from the drop-down menu on the top right-hand side to activate the form.

Complete the following information:

- County name
- Address 1
- Address 2
- City, state, and zip code

Column B: Enter the Local Contribution expenditure amounts for Personnel, Operating, and Administrative Costs.

Column C: Enter the expenditure amounts to be reimbursed by the State for Staff Salaries, Staff Benefits, Materials, Supplies, Printing, Equipment, Training, Travel, Food (to enhance program/curricula), and other operating costs; briefly describe "Other" costs.

Note: Administrative costs **cannot** exceed 15 percent of the total annual reimbursable costs (expended amounts) for state program funds.

Column D: **It is not necessary to enter information in this column.** The cells in this column contain formulas that calculate the total amounts.

At the bottom of the form, an original signature is required by the county Executive Director or designee (blue ink preferred).

Program Narrative (Form 4)

In the Program Narrative, Form 4, perform the following:

- Enter the County Name in the first text box.
- Read the self-explanatory instructions on how to complete the form.
- Enter the required narrative information in the second text box.

A complete Claim for Reimbursement – Program Funds submittal must include:

- Form 3 (Claim for Reimbursement – Program Funds)
- Form 4 (Program Narrative)
- Form 5 (Staffing Plan)

Program Funds are reimbursed semi-annually. (See Reimbursement Schedule on page 1.)

Also required is a detailed explanation including the amount(s) and description(s) of how the county is using the additional 25% increase in the State allocation for CSP 1, plus the local match, to implement the three CSP Elements and Essential Staff for the Quality Enhanced classrooms. If any of the increased funding is used to increase quality in the Maintenance of Effort classrooms, provide the amount(s) and description(s) of the expenditure(s).

Please refer to Page 7 of RFA #1 for a description of Essential Staff positions.

Staffing Plan (Form 5)

In Form 5, select the appropriate county from the drop-down menu on the top, right-hand side to activate the form.

Complete the following information:

- County name
- Address 1
- Address 2
- City, state, and zip code

Column A: Enter the employee title/classification. Note that if a different job title/classification is used at the county level, please list the county title and place the corresponding CSP RFA #1 position title in parenthesis, [e.g., Child Development Specialist (Early Education Expert)]. For assistance identifying CSP position titles, see RFA #1, Part VI, Sections B and C, and Attachments G, H, and I. If the position is “salaried,” enter on top half of the form; if the position is “hourly,” enter on bottom half of the form.

Column B: Insert “Y” for yes and “N” for no if the personnel position listed is contracted.

Column C: Input the number of positions for this job title (both monthly salary and hourly rate positions).

Column D: Enter the monthly salary for this position on the top half of the form. If the position is hourly, enter the personnel hourly rate on the bottom half of the form.

Column E: Enter the percentage of project time for the monthly salaried personnel position(s).

Column F: Enter the number of months for monthly salaried positions on the top half of the form. If the position is paid hourly, enter the total number of hours worked on the bottom half of the form.

Column G: **It is not necessary to enter information in this column.** The cells in this column contain formulas that calculate the total amounts. Note that all requested data in the yellow cells must be entered in order for the totals to automatically calculate.

Budget Revision

When completing a Claim for Reimbursement, the allocation of funds for Personnel and Operating Cost categories may vary by as much as 15% without approval by First 5 California. However, any difference of more than 15% will result in the county having to submit a Budget Revision Request. The Budget Revision is to be requested in advance, in writing, and approved by the First 5 California program consultant to avoid disallowed expenses. If the county commission has not filed a Budget Revision in advance, and First 5 California determines the costs are not allowable costs under the program guidelines, then the county commission will not be reimbursed.

A Budget Revision Request and Revised Budget are required:

- To accommodate a variance of more than 15% in a budget category.
- As soon as a change is identified by the county. Given the requirement to file a Budget Revision Request for category changes in excess of 15% of any given budget category, First 5 California strongly encourages county commissions submit a Budget Revision Request even if the variance in budget categories and/or line items is less than 15%. Although not a requirement, this will allow the First 5 California program consultant to assure the county commission before the funds are expended that the intended expenditures are within the allowable costs for the program and will be fully reimbursed when a Claim for Reimbursement is filed.
- To request carryover funds (unobligated, unspent balances from a previous year's approved budget that are transferred to the current year's budget, and are available to spend in addition to the current year's allocation).

- To be submitted on specific forms posted online for counties to download and use, such as:
 - Form R (Budget Revision Request)
 - Form 6 (Revised Budget - Coordination Funds)
 - Form 7 (Revised Budget - Program Funds)
 - Form 8 (Revised Staffing Plan)

Payment Withhold

Failure to submit timely and accurate fiscal, evaluation, and annual reports, as required by First 5 California, may result in the withholding of a disbursement of funds, until which time the required reports and/or data have been received.