



# California Department of Public Health

**Nutrition Education and Obesity Prevention  
Branch (NEOPB) SNAP-Ed Program  
Fiscal and Administrative Orientation**

# Goals of Fiscal Orientation

- Provide Grantees with information and clarification necessary to have an accurate understanding of the fiscal requirements for the Nutrition Education and Obesity Prevention Branch (NEOPB) SNAP-Ed Program to ensure success.
- Clarify the Fiscal and Administrative Guidelines; USDA Guidance and the Allowable/Unallowable Chart.
- Define all parties' Roles and Responsibilities.
- Outline CCMU Review Process
- Clarity Overall Fiscal Administrative Compliance.
- Clarity Fiscal Documentation Requirements and Record Keeping.



# NEOPB SNAP-Ed Program Funding Structure

**United States Department of  
Agriculture (USDA)**

California Department of  
Social Services (CDSS)

California Department of  
Public Health (NEOPB)

Local Health  
Departments



# California Counties Map



## **Nutrition Education and Obesity Prevention Branch FFY 2014 Due Dates**

<b>October 1, 2013</b>	Federal Fiscal Year Begins
<b>November 1, 2013</b>	Impact Evaluation Plan Due
<b>November 30, 2013</b>	Final 4 <sup>th</sup> Quarter FFY 2013 Invoice Due (if it is the end of a contract term, please include the Contractor's Release form)
<b>December 31, 2013</b>	FFY 2013 Final Supplemental Invoice(s) Due
<b>January 15, 2014</b>	Quarterly Progress Reports Due (Only ATF Numbers Due)
<b>February 28, 2014</b>	1 <sup>st</sup> Quarter FFY 2014 Invoice Due
<b>March 31, 2014</b>	Nutrition Education Plan Due
<b>April 11, 2014</b>	Mandatory Letter of Qualification & Non-Binding Letter of Intent Due (applies to new Grantees only)
<b>April 15, 2014</b>	Quarterly Progress Reports Due
<b>May 9, 2014</b>	New activities that were not approved in the annual State Plan effective October 1st must be submitted for a Plan amendment
<b>May 30, 2014</b>	2 <sup>nd</sup> Quarter FFY 2014 Invoice Due
<b>July 15, 2014</b>	Quarterly Progress Reports Due
<b>July 31, 2014</b>	Cutoff for submitting a Budget Adjustment Request
<b>July 31, 2014</b>	Impact Evaluation Report and Plan Due
<b>September 1, 2014</b>	3 <sup>rd</sup> Quarter FFY 2014 Invoice Due
<b>September 30, 2014</b>	Federal Fiscal Year Ends
<b>October 15, 2014</b>	Quarterly Progress Reports Due
<b>November 30, 2014</b>	Final 4 <sup>th</sup> Quarter FFY 2014 Invoice Due (if it is the end of a contract term, please include the Contractor's Release form)

*Updated 4/23/2014*



# Roles and Responsibilities

- **Contract Manager (CM)**
- **Project Officer (PO)**
- **Grantee/Subcontractors**
- **Contract Compliance Monitoring Unit (CCMU)**



# Contract Manager (CM)

- **Keeper of the official grant file. All fiscal correspondences should come through the CM.**
- **Review budget justifications during the initial negotiation process for the State Plan approval, review and approve budget revisions and amendments during the fiscal year.**
- **Ensures receipt of agency annual financial and compliance audit report.**
- **Review, approve and process invoices and reviews support documentation related to the various invoice periods.**
- **Review and approval of Subcontract Agreement(s).**
- **Monitor equipment management and tagging.**
- **Additional Travel approval request.**
- **Provide ongoing fiscal technical assistance.**



# Project Officer (PO)

- **Assists in development and approval of the Project Synopsis (PS), Deliverables and/or Work Plan for the grant.**
- **Provides clarification on the USDA Guidance as it relates to the activities.**
- **Reviews quarterly progress reports.**
- **May conduct programmatic site visits.**
- **Provides ongoing programmatic technical assistance and training.**



# Grantee/Subcontractor



- **Must ensure compliance with all NEOPB and USDA rules, regulations and all grant Exhibits. (Prime Grantee/Subcontractor ensures all Subcontracts also comply with the above.)**
- **Must respond to NEOPB request for information and provide all requested documentation.**
- **Must complete and submit timely all reports and invoices.**
- **Must prepare for any NEOPB and/or USDA site visits that are requested.**
- **Must ensure a “Subcontract Agreement” is obtained and executed for “each” subcontract. Subcontracts that are \$5,000 or more must be reviewed/approved by NEOPB CM/PO each fiscal year prior to requesting reimbursement. The Prime will be the sole point of contact for subcontractors and responsible for their payments .**
- **Must ensure to follow the record retention requirements that state the grantee/subcontractor retain all records pertaining to grant for a minimum of three years after the end of the grant term in case of a State or Federal review/audit.**

# **Contract Compliance Monitoring Unit (CCMU)**

- **Provides high-quality compliance reviews and technical support to ensure fiscal and administrative integrity and compliance to USDA SNAP–Ed Guidance.**
- **Monitors corrective action plans of local grantees with the goal of continually improving compliance.**
- **Participates in state-level monitoring of recommendations, concerns, challenges with input from the grantees to enhance administrative, fiscal, and programmatic management of local health departments.**



# Site Visits



- **Contract Compliance Monitoring Unit Review Team visit will occur during FFY 2014 (12-week notice).**
- **CM and/or PO site visits may occur at a minimum once per grant term (2-week notice).**
- **CDSS and/or USDA site visits may be requested in conjunction with a CCMU visit and may occur with advance notice.**
- **In addition to site visits, periodic desk reviews may be requested and conducted by CM.**

# Grantee Information Form (GIF)



- **Pertinent Grant Information is found on this form.**
- **Payment Receiver: Fiscal remittance address (where you want the check sent).**
- **Form should be kept current at all times.**
- **Submit any changes to personnel or location identified on this form immediately to: [NEOPBFiscalRequest@cdph.ca.gov](mailto:NEOPBFiscalRequest@cdph.ca.gov).**



## Nutrition Education and Obesity Prevention Branch Grantee Information Form

**Date Form  
Completed:**

<b>Organization</b>	This is the information that will appear on your grant agreement cover.
	Federal Tax ID # _____ Contract/Grant# _____
	Name _____
	Mailing Address _____
	Street Address (If Different) _____
	County _____
	Phone _____ Fax _____ Website _____
<b>Grant Signatory</b>	The <b>Grant Signatory</b> has authority to sign the grant agreement cover.
	Name _____
	Title _____
	<b>If address(es) are the same as the organization above, just check this box and go to Phone</b> <input type="checkbox"/>
	Mailing Address _____
	Street Address (If Different) _____
	Phone _____ Fax _____ Email _____
<b>Project Director</b>	The <b>Project Director</b> is responsible for all of the day-to-day activities of project implementation and for seeing that all grant requirements are met. This person will be in contact with State <i>Network</i> staff, will receive all programmatic, budgetary, and accounting mail for the project and will be responsible for the proper dissemination of program information.
	Name _____
	Title _____
	<b>If address(es) are the same as the organization above, just check this box and go to Phone</b> <input type="checkbox"/>
	Mailing Address _____
	Street Address (If Different) _____
	Phone _____ Fax _____ Email _____



**Nutrition Education and Obesity Prevention Branch  
Grantee Information Form**

<b>Payment Receiver</b>	All payments are sent to the attention of this person at the designated address.
	Name _____
	Title _____
	<b>If address(es) are the same as the organization above, just check this box and go to Phone</b> <input type="checkbox"/>
	Mailing Address _____
	Street Address (If Different) _____
Phone _____ Fax _____	
Email _____	
<b>Fiscal Reporter</b>	The <b>Fiscal Reporter</b> prepares invoices, maintains fiscal documentation and serves as the primary contact for all related questions.
	Name _____
	Title _____
	<b>If address(es) are the same as the organization above, just check this box and go to Phone</b> <input type="checkbox"/>
	Mailing Address _____
	Street Address (If Different) _____
Phone _____ Fax _____	
Email _____	
<b>Fiscal Signatory</b>	The <b>Fiscal Signatory</b> has signature authority for invoices and all fiscal documentation reports.
	Name _____
	Title _____
	<b>If address(es) are the same as the organization above, just check this box and go to Phone</b> <input type="checkbox"/>
	Mailing Address _____
	Street Address (If Different) _____
Phone _____ Fax _____	
Email _____	
<b>Districts</b>	List the all <b>numbers</b> that your organization is under.
	Number
	Assembly _____
	Senate _____
Congressional _____	



# Fiscal and Administrative Guidelines Manual



- **Provides USDA Guidance and clarification to SNAP-Ed fiscal requirements.**
- **Ongoing updates, and any update notifications will be sent via a Program Letter and on the NEOPB website.**

<http://www.cdph.ca.gov/programs/cpns/Pages/FiscalandAdministrativeGuidelinesManual.aspx>



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**Fiscal and Administrative Guidelines Manual**  
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- 100.2 Fiscal and Administrative Guidelines Manual
- 100.3 Nutrition Education and Obesity Prevention Branch Roles and Responsibilities
- 100.4 Contractors Information Changes  
[Appendix 1 Contractor Information Form \(CIF\)](#)

**200. Fiscal and Administrative Compliance**

- [Appendix 2 Budget Workbook](#)
- [Appendix 3 Quarterly Electronic Invoice](#)
- [Appendix 4 Contractor Release Form](#)
- 200.1 Contract Execution
- 200.2 Non-Compliant and/or Probationary Status
- 200.3 Contractor's Release Form  
[Appendix 4 Contractor Release Form](#)

**300. Budgets, Adjustments, and Amendments**

- 300.1 Budget Cover Sheet  
[Appendix 2 Budget Workbook](#)
- 300.2 Budget Justification  
[Appendix 2 Budget Workbook](#)
- 300.3 Printing Waivers  
[Appendix 5 Office of State Publishing Specification Form](#)
- 300.4 Budget Adjustment Request  
[Appendix 2 Budget Work Book](#)
- 300.5 Informal and Formal Amendments
- 300.6 CDSS/USDA-WRO Review Guidelines

**400. Reimbursement Process**

- [Appendix 3 Quarterly Electronic Invoice](#)
- [Appendix 25 NEOPB Invoice](#)
- [Appendix 6 Deliverables Document FFY 2014 Final](#)
- 400.1 Invoice Preparation



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400.2	Invoices with Subcontractor, Consultants and Mini-Grant Expenditures
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	<a href="#">Appendix 8 Inventory/Disposition of CDPH Funded Equipment Form (CDPH 1204)</a>
400.4	Supplemental Invoices
400.5	Invoice Submission
400.6	Payment Process
400.7	Invoices Dispute Notification Form
	<a href="#">Appendix 9 Invoice Disputed Notification (STD 209)</a>
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	<a href="#">Appendix 10 Bi-Weekly Time Log</a>
	<a href="#">Appendix 11 Quarterly Time Study Request Form</a>
	<a href="#">Appendix 12 Duty Statement</a>
	<a href="#">Appendix 13 Semi-Annual Certification of Activity Form</a>
B.	Benefits
C.	Operating Expenses
D.	Equipment Expenses
	<a href="#">Appendix 7 Contractor Equipment Purchased with CDPH Funds (CDPH 1203)</a>
	<a href="#">Appendix 8 Inventory/Disposition of CDPH Funded Equipment Form (CDPH 1204)</a>
E.	Travel and Per Diem
F.	Subcontractors, Consultant Agreements, and Mini-Grants
G.	Other Costs
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	<a href="#">Appendix 14 Summary of Spreadsheet Salaries-Benefits</a>
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- 600.1 Staff Dedicating 100 Percent Full Time Equivalent to SNAP-Ed
  - [Appendix 13 Semi-Annual Certificate of Activity Form](#)
  - [Appendix 12 Duty Statement Sample](#)
- 600.2 Staff Dedicating less than 100 Percent Full Time Equivalent to SNAP-Ed
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  - [Appendix 11 Quarterly Time Study Request Form](#)
- 600.3 Reporting Absences, Vacation and/or Paid Time Leave
- 600.4 Supervisor Signature Authority for Time Records
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- 600.6 Automated Time and Effort Systems
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**700. Equipment and Other Purchases**

- 700.1 Equipment Purchased with NEOPB-Funds
  - [Appendix 7 Contractor Equipment Purchased with CDPH Funds \(CDPH 1203\)](#)
- 700.2 Purchasing IT Equipment with NEOPB-Funds
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- 700.3 Inventory of NEOPB-Funded Equipment
  - [Appendix 8 Inventory/Disposition of CDPH Funded Equipment Form \(CDPH 1204\)](#)
- 700.4 Lost, Stolen, and/or Disposed Equipment
  - [Appendix 8 Inventory/Disposition of CDPH Funded Equipment Form \(CDPH 1204\)](#)
  - [Appendix 7 Contractor Equipment Purchased with CDPH Funds \(CDPH 1203\)](#)
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**800. Travel and Per Diem**

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- 800.8 Working Lunches

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**1000. Financial and Compliance Audit Requirements**

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- 1100.3 Indirect Cost Rate Proposal
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Appendix 22	Indirect Cost Rate-Local Health Dept. (CDPH 13-07)
Appendix 23	ICRP Annual Certification Final (CDPH 2345)
Appendix 24	NEOPB Indirect Cost Rate Proposal
Appendix 25	NEOPB Invoice



## Program Letters

### 2014

- PL 14-01 [Updated Worksite Qualification Criteria](#)   **New**
- PL 14-02 [Mileage Reimbursement Rate for NEOPB Grantees/Contractors](#)   **New**
- PL 14-03 [Nutrition Education and Obesity Prevention Branch, Fiscal and Administrative Guidelines Manual](#)   **New**

### 2013

- PL 13-01 [Local Support Guidelines and Form \(PDF\)](#) 
- Attachment 1: [1301 Local Support Form \(Excel\)](#) 
- PL 13-02 [Mileage Reimbursement Rate \(PDF\)](#) 
- PL 13-03 [Expanded List of Means-Tested Programs \(PDF\)](#) 
- PL 13-04 [Clarification About Goal 1, Objective 9, Activity 1 & February 28, 2013 Deliverable \(PDF\)](#) 
- PL 13-05 [SNAP-Ed Budget Updates for FFY 2013 Network Contractors/Grantees \(PDF\)](#) 
- Attachment 1: [USDA Letter, January 16, 2013 Letter \(PDF\)](#) 
- Attachment 2: [Three-Year Expenditure Average \(PDF\)](#) 
- Attachment 3: [Monthly Expenditure Projections Form \(PDF\)](#) 
- PL 13-06 [SNAP-Ed Budget Updates for FFY 2013 LHD Contractors/Grantees \(PDF\)](#) 
- PL 13-07 [CalFresh Promotion with SNAP-Ed Funds](#)
- PL 13-08 [SNAP-Ed Policy Clarification and Program Curricula](#)
- PL 13-09 [Information on New SNAP-Ed Grants in FFY 2014 \(PDF\)](#) 
- PL 13-10 TBD
- PL 13-11 [Travel Reimbursement Rates for NEOPB Contractors/Grantees](#) 

### 2012

- PL 12-03 [Bi-Weekly Certification of Time \(PDF\)](#) 
- [1203 BWTL \(Excel\)](#) 
- PL 12-01 [IT Security Policy Letter \(PDF\)](#) 
- PL 12-02 [Local Support Guidelines and Form](#) 
- [Local Support Form \(Excel\)](#) 

### 2011

- PL 11-01 [Mileage Reimbursement Rate Change \(PDF\)](#) 
- PL 11-02 [Restriction of NERI and SWAG Items \(PDF\)](#) 
- PL 11-03 [Bi-Weekly Time Logs \(PDF\)](#) 
- [FFY 2012 BWTL \(PDF\)](#) 
- [FFY 2012 QTS Request Form \(Word\)](#) 
- [FFY 2012 Automated Time System Request Form \(Word\)](#) 
- PL 11-04 [Mileage Reimbursement Rate-Revised \(PDF\)](#) 
- PL 11-05 [USDAs MyPlate Promotion \(PDF\)](#) 
- PL 11-06 [IT Protocols \(PDF\)](#) 
- PL 11-07 [LIA GM Updates \(PDF\)](#) 
- PL 11-08 [Removal of State Share \(PDF\)](#) 

### 2010

- PL 10-01 [SNAP-ED Costs for Catering and Meals at Meetings\(PDF\)](#) 
- PL 10-02 [Mileage Reimbursement Rate\(PDF\)](#) 
- PL 10-03 [Document Review and Approval Guidelines \(PDF\)](#) 
- PL 10-04 [Intervention Site Changes to Network Projects\(PDF\)](#) 
- [Site Change Spreadsheet \(PDF\)](#) 



- [PL 10-06 IT Standards for Desktop and Laptop Equipment \(PDF\)](#)
- [PL 10-07 Updates to Local Incentive Award \(LIA\) Guidelines Manual \(PDF\)](#)
- [PL 10-08 Contractor Compliance \(PDF\)](#)
- [PL 10-09 Invoice Compliance \(PDF\)](#)

**2009**

- [PL 09-06 State Computer and Mobile Information Technology \(IT\) Device Security Policy \(PDF\)](#)
  - [Employee Responsibilities 6-1010 \(PDF\)](#)
- [PL 09-05 Updates to Local Incentive Award \(LIA\) Program Guidelines Manual](#)
- [PL 09-04 NERI Moratorium \(PDF\)](#)
  - [NERI Retrieval Request Form \(Word\)](#)
  - [Moratorium NERI Items \(Excel\)](#)
  - [5a Day Items \(Excel, 6MB\)](#)
- [PL 09-03 State Computer and Mobile Device Information Technology \(IT\) Security Policy Update](#)
- [PL 09-02 Food Stamp Nutrition Education \(FSNE\) Teachers' Salaries \(PDF\)](#)
- [PL 09-01 Updates for Nutrition Education Materials \(PDF\)](#)
  - [Educational Materials Checklist \(Word\)](#)
  - [Recommended Curricula for Nutrition and Physical Activity Instruction Kindergarten through Grade Twelve \(PDF\)](#)
  - [Recommended Supplemental Instructional Materials for Nutrition and Physical Activity Kindergarten through Grade Twelve \(PDF\)](#)

**2008**

- [PL 08-06 Updates: Local Incentive Award \(LIA\) Program Guidelines Manual, Federal Fiscal Year \(FFY\) 2009 \(PDF\)](#)
- [PL 08-05 State Computer and Mobile Device Information Technology \(IT\) Security Policy Update \(PDF\)](#)
- [PL 08-04 State Computer and Mobile Information Technology \(IT\) Device Security Policy \(PDF\)](#)
  - [State Encryption and Virus Protection Requirements Frequently Asked Questions \(PDF\)](#)
- [PL 08-03 Updates to Local Incentive Award \(LIA\) Program Guidelines Manual, Update to Federal Fiscal Year \(FFY\) 2009 United State Department of Agriculture \(USDA\) Guidance, and Other Announcements \(PDF\)](#)
- [PL 08-02 State Computer Security Policy \(PDF\)](#)
  - [CDPH Information Systems Security Requirements for Projects \(ISO//SR1\) \(PDF\)](#)
  - [Information Security Office January Newsletter \(PDF\)](#)
  - [Mobile Device Equipment Security Brief \(PDF\)](#)
- [PL 08-01 Updates: Local Incentive Award \(LIA\) Fiscal and Program Guidelines Manual, LIA Website/Webpage Guidelines FFY 08 \(PDF\)](#)

**2007**

- [PL 07-01 Smart Growth Policy FFY 08 \(PDF\)](#)
- [PL 07-02 Transmittal Form for Time Logs and Time Studies \(PDF\)](#)
  - [Transmittal Sheet \(Word\)](#)
- [PL 07-03 RNN for Healthy Active Families \(PDF\)](#)
  - [IL Administrative Section 100 Update \(PDF\)](#)
  - [IL Administrative Section 1100 Update \(PDF\)](#)
- [PL 07-05 FFY 2006 Administrative Review \(PDF\)](#)
- [PL 07-06 Update on California Department of Health Services Reorganization \(PDF\)](#)
  - [CDPH State Share Documentation Report \(Excel\)](#)
  - [CDPH Invoice Template \(Excel\)](#)
- [PL 07-07 Update On Invoice Processing Under the New California Department of Public Health \(PDF\)](#)
  - [CDPH State Share Documentation Report \(Excel\)](#)
  - [Federal Share Invoice Template \(Excel\)](#)
- [PL 07-09 Clarification on the Utilization of Interns with Food Stamp Nutrition education \(FSNE\) Funding \(PDF\)](#)
- [PL 07-10 Clarification on Spending FFY 2007 Funds Held Due to Print and Promotional Item Moratorium \(PDF\)](#)

**2006**



- [PL 06-01 Notification of updates to the RNN Program Guidelines Manual \(PDF\)](#) 
- [PL 06-02 Contractor Role in School Wellness Policy Implementation and Walk to School Day \(PDF\)](#) 
- [PL 06-03 Clarification of Food Stamp Nutrition Education \(FSNE\) Policies \(PDF\)](#) 
- [PL 06-04 Mileage Reimbursement Rate for Network Contractors \(PDF\)](#) 
- [PL 06-05 Implementation of the California Department of Education's SHAPE California Approach \(PDF\)](#) 
  - [California Nutrition Network Request Form for Non-Network Sponsored Travel \(Word\)](#) 
- [PL 06-06 Nutrition Education Materials Educational/Promotional Materials Review Form \(PDF\)](#) 
  - [Educational/Promotional Materials Review Form \(Word\)](#) 
- [PL 06-07 Worksite Scope of Work \(PDF\)](#) 
  - [California 5 a Day—Be Active! Worksite Program FFY 07 RNN Scope of Work \(PDF\)](#) 
  - [Updates/Revision Log 2006 \(PDF\)](#) 
- [PL 06-09 Updated Weekly Time Logs / Quarterly Time Studies for Documenting Personnel Time \(PDF\)](#) 
  - [Weekly Time Log \(Word\)](#) 
  - [Network Quarterly Time Study \(Excel\)](#) 

## 2005

- [PL 05-01 California Nutrition Network USDA FSNE Guidance Changes for FFY 2005 – 2006 \(PDF\)](#) 
  - [Q&A about Program Letter #05-01 \(PDF\)](#) 
- [PL 05-02 Notification of Possible Contract Changes Federal Fiscal Year 2006 \(PDF\)](#) 

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# Annual Financial and Compliance Audit



- All grantees are required when utilizing federal funds and are defined as direct services to the public agreements, USDA requires receipt of the annual Financial and Compliance Audit for all Grants per Sections 38020, 38030 and 38040 of the Health and Safety Code and/or the OMB Circular A-133. (see the Fiscal and Administrative Guidelines Manual, Section 1000 Financial and Compliance Audit for details)
- This is a agency wide audit that is conducted that accounts for all agency federal funding sources. It is not a program specific audit, its funding specific.
- The total amount of federal funds expended, not allocated determines what type of audit will be conducted using either the H&S Code or the OMB Circular A-133 requirements, as well as required documentation for the audit, the length of time the auditor will be there, the amount of time you have to get the audit completed and the cost for the audit.
- The costs of the audit described may be included in the budget for agreement up to the proportionate amount this agreement represents of the grantee's total federal revenue, therefore amount must be prorated accordingly.

# Supplemental Nutrition Assistance Program Education Guidance



**Nutrition Education  
and Obesity Prevention  
Grant Program**



# Allowable and Unallowable Costs



- This chart is to provide information and clarification on allowable and unallowable items that may or may not be budgeted and purchased for the program.
- The chart is based on information from the annual USDA guidance and additional clarification questions that are addressed on an annual basis during each fiscal year that are not identified specifically in the USDA guidance annual update.
- All SNAP-Ed activities, materials, and other items purchased must be reasonable and necessary (in cost and scope) to target SNAP-Ed eligible persons.
- If there are any changes in the SNAP-Ed Plan Guidance for any given Federal Fiscal Year that may impact the allowable and unallowable costs, the NEOPB will notify you via program letter and website update.

## Examples of Allowable and Unallowable Costs

ALLOWABLE	UNALLOWABLE
<b>Literature/Materials/Audiovisuals</b>	
<ul style="list-style-type: none"> <li>• The purchase of Food, Nutrition and Consumer Services (FNCS) nutrition education/promotion materials that address SNAP-Ed topics and are for use with or distribution to the SNAP-Ed audience</li> <li>• The purchase of other nutrition education materials, when there are no FNCS materials available that address SNAP-Ed topics and will be used with or distributed to the SNAP-Ed target audience</li> <li>• The production of State SNAP-Ed materials, for which no other comparable materials exist that support the State's goals and objectives for SNAP-Ed and will be used with or distributed to the SNAP-Ed audience. States are encouraged to collaborate with other FNS programs on the messages conveyed in SNAP-Ed materials and in sharing the production costs.</li> </ul>	<ul style="list-style-type: none"> <li>• Costs for any nutrition education materials that have already been charged to another Federal or private program or source</li> <li>• Any material that endorses or promotes brand name products or retail stores</li> <li>• Manufacturer's or store (cents off) coupons</li> <li>• Purchase or production of written or visual material for purposes of lobbying or influencing Federal, State, or local officials to pass or sign legislation or to influence the outcomes of an election, referendum, or initiative</li> <li>• Purchase or production of written or visual nutrition education messages, that is not consistent with the current <i>Dietary Guidelines for Americans</i> and <i>MyPlate</i></li> </ul>
<b>Social Marketing Campaigns</b>	
<ul style="list-style-type: none"> <li>• Local radio and television announcements of nutrition education events for the SNAP-Ed target audience</li> <li>• Appropriate social marketing campaigns that target nutrition messages to the SNAP-Ed target audience and are delivered in areas/venues where at least 50 percent of persons are income-eligible for SNAP</li> </ul>	<ul style="list-style-type: none"> <li>• Social marketing campaigns that target the general population. In some instances, prorated costs based upon the number of the SNAP-Ed target audience that will be reached with the campaign may be allowed. FNS may consider alternate methods with justification.</li> <li>• Publication or dissemination of nutrition education and obesity prevention messages that are inconsistent with the current <i>Dietary Guidelines for Americans</i> and <i>MyPlate</i></li> <li>• Television and radio announcements/ advertisements that do not include a brief message about SNAP, its benefits, and how to apply</li> </ul>



**ALLOWABLE AND UNALLOWABLE COSTS  
BASED ON USDA GUIDANCE FFY 2013**

<u>ALLOWABLE</u>	<u>UNALLOWABLE</u>
<b>1. Equipment</b>	
<ul style="list-style-type: none"> <li>▪ Purchase of office or electronic equipment (such as computers TV, VCR, cameras, etc.). A public organization may donate equipment and use fair market value; however, any fair market value must be reduced if it was bought with federal funds. (Multiplying the fair market value by the percentage share invested in the equipment may factor this value.)</li> <li>▪ All equipment must be reasonable (in cost and scope), necessary, and integral to the nutrition education activity. If the equipment is also being used to support other activities, or not being used by 100 percent Full Time Equivalent (FTE) staff, the costs must be prorated.</li> <li>▪ Equipment shared with non-SNAP users when cost-shared with those users.</li> <li>▪ Equipment purchased may be returned to the State at the request of the <i>Network</i> if the project is terminated or the Contractor no longer participates in the <i>Network</i>.</li> <li>▪ Only one salad bar per contract is allowed for educators to use for nutrition education.</li> <li>▪ Purchase of one mobile food demonstration cart per contractor for nutrition education. If more than one is needed, a written justification of reasonable and necessary can be submitted for consideration.</li> <li>▪ Kitchen appliances and storage equipment only with justification of reasonable and necessary need.</li> <li>▪ Flash drives, such as Iron Key flash devices and Kingston Privacy Edition flash devices, as long as it is used for SNAP-Ed</li> </ul>	<ul style="list-style-type: none"> <li>▪ Electronic or office equipment that exceeds \$5,000 unless such prior approval is received from the <i>Network</i>.</li> <li>▪ Food service equipment for food service use.</li> <li>▪ Medical equipment, except for inexpensive equipment such as anthropometric measuring tools if needed that can be used to measure height and weight to determine and discuss BMI and calorie balance/physical activity.</li> <li>▪ Cell Phones (unless contractor can meet criteria).</li> <li>▪ Global Positioning Systems (GPS) systems and/or devices.</li> <li>▪ Walkie talkies and/or handheld two-way radios.</li> <li>▪ iPods, iPads and accessories.</li> <li>▪ Ice Makers.</li> <li>▪ External hard drives both CDPH and state policy prohibit these devices as they are considered security risk, and cannot be encrypted.</li> </ul>





**QUESTIONS??????**



# Budget Cover Sheet (BCS)

- The Budget Cover Sheet (BCS) is required per USDA for all SNAP-Ed grants and it summarizes the federal budget as detailed in the budget justification for each fiscal year of the grant.
- The BCS also summarizes the federal budget from the previous year and calculates the percent difference between the previous and current fiscal year line item totals.
- Justification is required if there is an increase/decrease of 5% or more between the two fiscal years individual line item totals that impact the overall budget.



## Budget Coversheet

Prime Grantee Name: \_\_\_\_\_

Grant Number: \_\_\_\_\_

Budget Categories	FFY 13 Total	FFY 14 Total	Difference	% Difference
1 Salaries		\$0.00	\$0.00	0.00%
2 Benefits		\$0.00	\$0.00	0.00%
3 Operating		\$0.00	\$0.00	0.00%
4 Equipment		\$0.00	\$0.00	0.00%
5 Travel & Per Diem		\$0.00	\$0.00	0.00%
6 Subcontractors		\$0.00	\$0.00	0.00%
7 Other Costs		\$0.00	\$0.00	0.00%
8 Indirect Costs		\$0.00	\$0.00	0.00%
<b>Totals:</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0.00%</b>

Budget Categories	Reason for difference greater than 5%
1 Salaries	
2 Benefits	
3 Operating	
4 Equipment	
5 Travel & Per Diem	
6 Subcontractors	
7 Other Costs	
8 Indirect Costs	



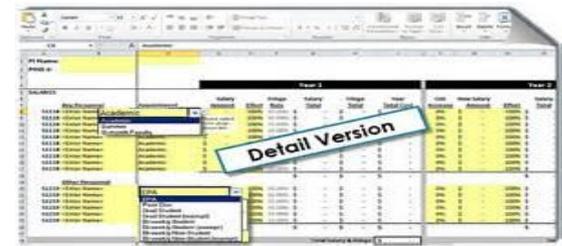
# Budget Justification (BJ)

The Budget Justification (BJ) consists of the following nine line item categories:

- A. Personnel
- B. Benefits
- C. Operating Expenses
- D. Equipment Expenses
- E. Travel & Per Diem
- F. Subcontracts
- G. Other Costs
- H. Indirect Costs
- I. Total Costs



# Budget Justification (BJ) continued



- Details proposed expenses and must correspond directly with the PS, Deliverables and/or Work Plan.
- Prior CM/PO approval is required for any changes to the BJ after final State Plan Budget has been approved.
- Is part of the grant agreement between Grantee and CDPH—it must be adhered to. The Prime and the Subcontractors should each have their own BJ identifying their expenses. No expenses for the Subcontractor should be on the Prime BJ except in the Subcontractor line. The one exception to this rule is for Equipment purchases only.
- Please use the Fiscal and Administrative Guidelines Manual, Appendix Section, Form #2 Budget Workbook, the Budget Instructions Tab in the Budget Workbook and the Allowable/Unallowable Chart as a reference and instructions on how to complete your budget justification.

## FFY 2014 Budget Instructions

### Instructions for Completing Federal Fiscal Year (FFY) 2014 Budget Templates for the United States Department of Agriculture (USDA), Supplemental Nutrition Assistance Program Education (SNAP-Ed), Nutrition Education and Obesity Prevention (NEOP) Grant Program

Funding Source	2013-14 Funding Cycle	
	Begin Date	End Date
USDA / SNAP-Ed / NEOP	October 1, 2013	September 30, 2014

#### **Submission Instructions:**

- Please send your completed budget workbook via e-mail to: [supportstaffassignments@cdph.ca.gov](mailto:supportstaffassignments@cdph.ca.gov).
- Please label your budget using the following naming convention:
  - LHD name FFY14 Budget (i.e. – Alameda FFY14 Budget)

#### **General Information:**

- For your convenience, this workbook has been created in Excel 97-2003 and Excel 2010. Please be sure to use the program applicable to your computer.
- This workbook contains multiple tabs. These tabs include: Budget Cover Sheet (BCS), Prime Staffing Sheet, Prime Budget Justification, Sub Grant Staffing Sheet(s) and Sub Grant Budget Justification(s).
- All formula driven cells are locked and shaded. Cells that allow for typing remain white and will have blue text.
- LHDs must use the California Department of Human Resources (CalHR)/California Department of Public Health (CDPH) Travel Reimbursement Rates. See Travel Reimbursement Attachment in the FAP.
- Spell out acronyms the first time they are used in the budget.
- The template is locked due to formulas. If you need additional rows or assistance, please contact your CM.
- Cells are set to wrap text; however, in some cases the text will not automatically expand the cell. You have the ability to expand the cell yourself or you can request your CM format cells correctly before submission to USDA.

### INSTRUCTIONS FOR EACH TAB

#### **BCS Tab**

- Please enter the Prime Grantee name and Grant Agreement number. This information will automatically populate on each tab of this workbook.
- **FFY 2013 Total** - Please enter this information which can be found on your approved FFY 13 plan budget effective 10/1/12-9/30/13.
- **FFY 2014 Total** - These numbers will self-calculate from the information entered into the Prime Budget Justification tab.
- **Reason for difference greater than 5%** - If there was an increase or decrease greater than 5% for any line-item, please enter the justification otherwise leave blank.

#### **Prime Staffing Tab**

- **Staffing Requirements:** The size and expertise of the Local Health Department (LHD) staff will depend in large part by the funding level. Language specific and cultural competencies are needed for reaching California's diverse population, along with skills in marketing, health promotion, community organizing, policy, business, and retail. However, the California Department of Public Health (CDPH)/Network requires the minimum staffing for all LHDs receiving funds:
- **Maximum Salary Guidelines:** For school teachers/school administrators and for direct/non-executive personnel a \$78.30 (based on 1288 hours per year) hourly salary rate or a \$100,848 yearly salary. For administrative/executive/medical personnel a \$71.80 (based on 2,080 hours per year) hourly salary rate or a \$149,525 yearly salary. The maximum rates does not include benefit costs.
  - One full-time Project Director. The Project Director must have a Master of Public Health (M.P.H.) or equivalent degree.
  - Nutrition expertise, Registered Dietician (R.D.), must be part of the staffing of this grant agreement. Should the Project Director or other staff on this grant agreement not have this expertise, a minimum of .5 FTE is strongly recommended.
  - Evaluation expertise must be accessible to this grant agreement for ensuring ongoing and as needed competence for evaluating program effectiveness.
  - Adequate fiscal and administrative support.



## FFY 2014 Budget Instructions

- **Position/Title** – Click on the yellow tab titled "Job Descriptions" and locate the applicable job title/description and enter the corresponding number on the staffing sheet in column A; the title will automatically populate in column B. This should be one of the titles found on the list of USDA-approved generic position descriptions. If the generic title differs from the employee's official title, list the official title in column C next to the USDA approved position title. If you have a position that is not listed on the Job Descriptions tab, please enter the title and position description in the blank rows provided at the bottom of the page.
- **Position Name** - Please identify the employee's name associated with the position title. If vacant, please put "TBD".
- **Description of Job Duties** - Identify % of SNAP-Ed Time spent on Direct SNAP-Ed Delivery and % of SNAP-Ed Time spent on Mgmt/Admin Duties.

**Administrative Duties** are expenses related to personnel positions that perform administrative duties (e.g., processing purchase orders, preparing invoices, collecting bi-weekly time logs (BWTL), and performing general clerical duties, such as answering phones, ordering supplies and preparing correspondence, etc.).

**Direct Delivery Duties** are expenses related to personnel positions directly engaged in service/program delivery (e.g., nutrition education in the classroom, food stamp promotion, food demonstrations, community outreach activities, physical activity promotion, nutritional aspects of gardening, etc).
- **FTE** – This will automatically calculate based on the description of job duties. **Note: if an employee does not work an entire 12 months, or an employee is half time, their FTE should not be 1.0 or 100%. Their FTE should be prorated based on the percentage of time they will work throughout the grant year. (i.e. An employee works 8 months out of the year and during those 8 months, they work 100% on SNAP-Ed. They would still only be budgeted for 80% of the year on this grant.)**
- **Annual Salary** – List the salary only, not including benefits. When converting a monthly, semi-monthly, weekly or hourly salary to an annual salary please use the standard 52 week year at 2080 hours/year to make the calculation. Calculations should be based on actual salaries.
- **Benefit Rate** - List the percentage rate that your LHD uses for their benefits. This can be different for individual positions. **Identify what costs are included in the Benefit rate beneath the staffing table.**
- **SNAP-Ed Salary, Benefits and Wages, Federal Dollars only** – This column contains a formula which adds the Total Fringe \$ Request and the Personnel \$ Request.

### Prime Budget Justification Tab

#### Operating Expenses

- **Space allocation must be prorated by Full Time Equivalent (FTE) when staff person is not dedicating 100% FTE to the Network grant.** If costs are required to be prorated, please provide the basis of the prorating. Example: Postage of \$440 equals 1,000 stamps at 44 cents each for nutrition newsletter to SNAP-Ed eligible persons. Operating expenses should be prorated based on the FTE dedicated to SNAP-Ed. If 7.0 FTE is dedicated to SNAP-Ed in an office of 10.0 FTE staff and all ten staff members use operating expenses, then the operating expenses budgeted for SNAP-Ed should be 70 percent of the total operating expense budget for the office.
- **Budget Item:** This should be simple and to the point (i.e. Office Supplies).
- **Description:** This should summarize the budget item (i.e. Pens, Paper Pens, file folders, etc.) and should specify if this is per person, per month, etc.
- **Unit Cost:** This should be the cost per item, or per person, etc. as specified in the description (i.e. Description states \$150 per person).
- **Quantity:** This should be the number of items or number of people, etc.
- **Months:** This should be the number of months calculating the operating expense. If the calculation is not based on months, please keep the 1.0 in the cell otherwise the formula will not work with a blank cell.
- **Total:** This will automatically calculate.



## FFY 2014 Budget Instructions

### Equipment

- Equipment must be prorated by Full Time Equivalent (FTE) when staff person is not dedicating 100% FTE to the Network grant. If costs are required to be prorated, please provide the basis of the prorating. Example: Project Coordinator is 75% on budget; Copier for use by the Project Coordinator must be prorated based on the FTE. The Network would only reimburse for 75% of the copier. If staff is on reduced time base, but dedicated 100% to the Network with no other funding source for salary and benefits, prorating is not required.
  - **Budget Item:** This should be simple and to the point (i.e. Computers, etc.).
  - **Description:** This should summarize the budget item (i.e. Computer to complete activities outlined in the SOW, etc.).
  - **Unit Cost:** This should be the cost per item (i.e. \$1500).
  - **Quantity:** This should be the number of items (i.e. 12).
  - **FTE:** Enter the number of FTE if the operating expense is meant to be prorated (if the cost is not being prorated, this must equal to 1.0).
  - **Total:** This will automatically calculate.

### Travel & Per Diem

- Non-Network related travel must be prorated by Full Time Equivalent (FTE) when staff person is not dedicating 100% FTE to the Network grant. If costs are required to be prorated, please provide the basis of the prorating. Example: Project Coordinator is 75% on budget; travel by the Project Coordinator must be prorated based on the FTE. The Network would only reimburse for 75% of the travel costs. If staff is on reduced time base, but dedicated 100% to the Network with no other funding source for salary and benefits, prorating is not required.
  - **Travel/Position Title:** This should be simple and to the point (i.e. mileage, name of conference/meetings, etc.) and also include the position title of the employee(s) traveling.
  - **Location:** This should state City of event or in-county mileage, etc.
  - **Trips:** This should state the number of trips for each travel line-item.
  - **FTE:** This should specify the number of staff traveling. See above for proration rules.
  - **Days:** This should specify the number of days for each travel line-item.
  - **Nights:** This should specify the number of nights for each travel line-item.
  - **Per Diem:** This should specify the amount of allowable per diem. This should be each day, not total trip as the formula will calculate for you. (See general information above for allowable rates).
  - **Lodging:** This should specify the amount of allowable lodging, including tax. This should be each night, not multiple nights as the formula will calculate for you. (See general information above for allowable rates).
  - **Air:** This should specify the amount of airfare, including tax. This should be total for roundtrip or oneway. This cell can also be used to calculate train fare.
  - **Miles:** This should specify the number of miles for each travel line-item and should include total trip miles. The formula will calculate based on the current mileage reimbursement rate of \$.565.
  - **Registration Fee:** This should be the cost to register for a conference or training, etc. This should be entered for one person even if the line-item is for multiple FTE as the formula will calculate based on FTE entered.
  - **Other:** This can include parking, tolls, taxi, etc.
  - **Total:** This will automatically calculate.

### Sub Grant(s)

- If there are Sub-grant services for over \$5,000, please complete a separate Sub-Grant Staffing sheet and Sub-Grant Budget Justification for each Sub-Grant over \$5,000. The templates are embedded in this workbook and include templates for up to 9 sub grants. Should you need additional templates, please ask your CM to add them to your workbook. The sub-grant templates should be completed following the same instructions as the Prime Budget Justification in this instructions tab.
  - **Name:** This should be the Sub Grant(s) name and if unknown, should read "TBD". **Note: The Sub Grant name(s) will automatically populate on the Sub Grant budget justification tabs.**
  - **Description:** This should summarize the work that will be performed by the Sub Grant(s).
  - **Total:** Enter the total cost for the Sub Grant(s).

## FFY 2014 Budget Instructions

### Other Costs

- Other costs includes non-routine, occasional, or one-time expenses such as; publications, training, administrative or educational materials that are required for the delivery of critical program services, and food for demonstration/taste testing purposes only.
  - **Budget Item:** This should be simple and to the point (i.e. Food Demonstration Carts).
  - **Description:** This should summarize the use for the other cost budget item and provide a brief cost breakdown of all expenses including; price, number of items/participants, and time and number of events.
  
  - **Unit Cost:** This should be the cost per item (i.e. \$1500).
  - **Quantity:** This should be the number of items (i.e. 12).
  - **Misc.:** This is the basis of your calculation. Enter the number of Copies, Participants, Staff/FTE, number of food demos, etc. If the calculation is not based on one of these items, please keep the 1.0 in the cell otherwise the formula will not work with a blank cell.
  - **Total:** This will automatically calculate.

### Indirect Costs

- **Calculation Method:** Please describe the basis of calculation (i.e. personnel & fringe, total personnel, total direct costs, etc).
- **Percentage:** This should be your organizations standard indirect cost rate.
- **\$ amount of Method:** This should be the total of the calculation method identified.
- **Total:** This will automatically calculate.

### Total Costs

- **Total:** This will automatically calculate based on the information entered.



# Budget Adjustment Requests (BARs)

- **BARs may be submitted for approval. Contact your CM to discuss (see BAR Instructions in budget workbook).**
- **Submit a BAR with a written justification to the general email inbox: [NEOPBFiscalRequest@cdph.ca.gov](mailto:NEOPBFiscalRequest@cdph.ca.gov).**
- **The cutoff date for submitting a BAR is July 31 of each fiscal year.**
- **Note: New activities that impact the budget and that were not approved in the annual State Plan effective October 1 must be submitted no later than May 1 per USDA Guidance.**
- **Approval Timelines may take between 10 and 30 business days from the date submitted, depending on the level of review required for the request.**



**Instructions for Submitting Federal Fiscal Year (FFY) 2014 Budget Adjustments for the United States Department of Agriculture (USDA), Supplemental Nutrition Assistance Program Education (SNAP-Ed), Nutrition Education and Obesity Prevention (NEOP) Grant Program**

Funding Source	2013-14 Funding Cycle	
	Begin Date	End Date
USDA / SNAP-Ed / NEOP	October 1, 2013	September 30, 2014

Please send your FFY 2014 Budget Adjustments via e-mail to [NEOPBFiscalRequest@cdph.ca.gov](mailto:NEOPBFiscalRequest@cdph.ca.gov)  
 Please copy your NEOPB Project Officer and Contract Manager

**Budget Adjustments must be submitted to NEOPB no later than 5 pm on July 31, 2014**

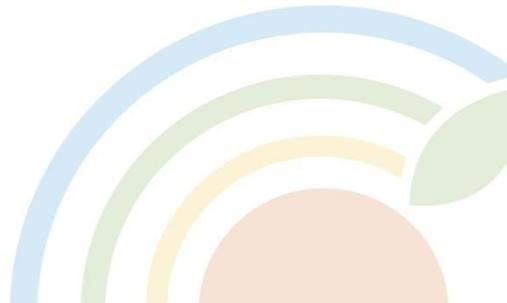
**BCS**

- Information on this tab will self-calculate by information that is entered into the Prime Staffing and Prime BJ tab.

**Prime Staffing, Prime BJ, Sub Staffing and Sub BJ**

Using your approved budget, please use the following guidelines for budget adjustments.

- Action column (green)** - Please label the appropriate line items with one of the following:
  - ADD:** This is a new line item
  - DELETE:** This line item is being deleted
  - INCREASE/DECREASE/CHANGE:** This line item is being increased or decreased from the last approval. Please use **CHANGE** if original language stated "TBD".
  - If a line item has not been touched and is the same as last approved, please leave blank.
- Last Amount Approved column (blue)** - Please enter the amount that was approved in the last approved budget or approved budget revision.
  - If a **NEW** line item is being added, the amount in the Last Amount Approved column should be \$0
  - If a line item is being deleted, list the last amount that was approved for that line item.
  - If a line item is being Increased or Decreased, list the last amount that was approved for that line item.
- In the "Budget Adjustment Justification" column, please make sure that you clearly identify the change to the line item at the end of the justification.
  - "Reduced funds for this line item" – Include the reason for reducing the funds.
  - "New item" – Include the reason for new item. Also, include adequate justification and itemization for the line item.
  - If increasing funds to an existing line item, please make sure that you adjust the itemization to match the new total for this line item.
  - If deleting a line item, please add the following language at the end of the original justification: "Deleting this line item". Please leave the original text and zero out the dollar amount requested.
- Prime Staffing Tab - Personnel:** If you are modifying items in this category, please make sure that all applicable categories (% of SNAP-Ed time spent, FTE, total annual salary, benefit rate, etc) are updated to reflect the new information and/or amounts.
- Operating Expenses:** If you are modifying items in this category, please make sure that all applicable categories (budet item, description/justification, unit cost, quantity, FTE, etc) are updated to reflect the new information and/or amounts.
- Equipment Expenses:** If you are modifying items in this category, please make sure that all applicable categories ( budet item, description/justification, unit cost, quantity, months, etc) are updated to reflect the new information and/or amounts.
- Travel and Per Diem:** If you are modifying items in this category, please make sure that all applicable categories (travel/position title, location, trips, FTE, days, nights, per diem, miles, lodging, air, miles, reg. fee, other, etc) are updated to reflect the new information and/or amounts.
- Sub Grant(s):** If you are modifying items in this category, please make sure that all applicable categories are updated to reflect the new information and/or amounts.
- Other Costs:** If you are modifying items in this category, please make sure that all applicable categories (budet item, description/justification, unit cost, quantity, misc., etc) are updated to reflect the new information and/or amounts.
- Indirect Costs:** If you are modifying items in this category, please make sure that all applicable categories (calculation method, %, \$ amount of method, etc) are updated to reflect the new information and/or amounts.



# Informal and Formal Amendments



**Informal Amendments – The following circumstances require a informal amendment:**

- **Adjustments to Exhibit B, Budget Detail**

**Formal Amendments – The following circumstances require a formal amendment:**

- **Total Annual Budget Increase**
- **Term Increase**
- **Term Decrease**
- **Change to Grantee's Official Name**



# Informal and Formal Amendments continued



## CDSS/USDA Review Guidelines

The following circumstances require additional review from CDSS and USDA-WRO, if not included in the WRO approval of the state plan:

- The total adjustment in the program or grant funds adds up to at least \$100k or at least 5% of the total size of the agreement.
- New activities or new curricula.
- Developing, purchasing or printing new materials, media ads, or reinforcement items.
- New sites for SNAP-Ed activities that are duplicative of existing sites.
- Changes to the audience being targeted for SNAP-Ed.
- New partnerships that require a subcontract agreement.
- New requests for any out-of-state travel.
- New requests for in-state travel to conferences.
- Increase in total award.
- Purchase equipment values at \$5k or greater per unit.
- Purchase technology/sensitive equipment.
- Use of indirect costs to pay for direct costs.



### Prime Staffing

Prime Grantee Name: \_\_\_\_\_ 0  
 Grant Number: \_\_\_\_\_ 0

Budget Revision		Position Title <small>* Job Descriptions for each position can be found on the Job Descriptions tab.</small>	Position Names	Description of Job Duties		FTEs charged to SNAP-Ed	Total Annual Salary	Total SNAP-Ed Salary	Benefit Rate	Benefits *Total SNAP-Ed Salary X Benefit Rate	SNAP-Ed Salary, Benefits and Wages, Federal Dollars only	Budget Revision Justification
Action	Last Amt Approved			% of SNAP-Ed Time spent on Mgmt/Admin Duties	% of SNAP-Ed Time spent on Direct SNAP-Ed Delivery							
1						0		\$0.00		\$0.00	\$0.00	
2						0		\$0.00		\$0.00	\$0.00	
3						0		\$0.00		\$0.00	\$0.00	
4						0		\$0.00		\$0.00	\$0.00	
5						0		\$0.00		\$0.00	\$0.00	
6						0		\$0.00		\$0.00	\$0.00	
7						0		\$0.00		\$0.00	\$0.00	
8						0		\$0.00		\$0.00	\$0.00	
9						0		\$0.00		\$0.00	\$0.00	
10						0		\$0.00		\$0.00	\$0.00	
11						0		\$0.00		\$0.00	\$0.00	
12						0		\$0.00		\$0.00	\$0.00	
13						0		\$0.00		\$0.00	\$0.00	
14						0		\$0.00		\$0.00	\$0.00	
15						0		\$0.00		\$0.00	\$0.00	
16						0		\$0.00		\$0.00	\$0.00	
17						0		\$0.00		\$0.00	\$0.00	
18						0		\$0.00		\$0.00	\$0.00	
19						0		\$0.00		\$0.00	\$0.00	
20						0		\$0.00		\$0.00	\$0.00	
21						0		\$0.00		\$0.00	\$0.00	
22						0		\$0.00		\$0.00	\$0.00	
		<b>Totals:</b>				<b>0</b>		<b>\$0.00</b>		<b>\$0.00</b>	<b>\$0.00</b>	

Definition and basis for calculations of benefit rate(s): Ms. Thornburg is a contract employee without benefits



### Prime Budget Justification

Prime Grantee Name: 0  
 Grant Number: 0

Budget Revision		Operating Expenses							
Action	Last Amt Approved	Budget Item	Description/Justification	Unit Cost	Quantity	Months	Total	Budget Revision Justification	
						1.00	\$0.00		
						1.00	\$0.00		
						1.00	\$0.00		
						1.00	\$0.00		
						1.00	\$0.00		
						1.00	\$0.00		
						1.00	\$0.00		
						1.00	\$0.00		
						1.00	\$0.00		
						1.00	\$0.00		
<b>Total Operating Expenses:</b>							<b>\$0.00</b>		

Budget Revision		Equipment Expenses							
Action	Last Amt Approved	Budget Item	Description/Justification	Unit Cost	Quantity	FTE	Total	Budget Revision Justification	
							\$0.00		
							\$0.00		
							\$0.00		
							\$0.00		
							\$0.00		
							\$0.00		
							\$0.00		
							\$0.00		
							\$0.00		
							\$0.00		
<b>Total Equipment Expenses:</b>							<b>\$0.00</b>		

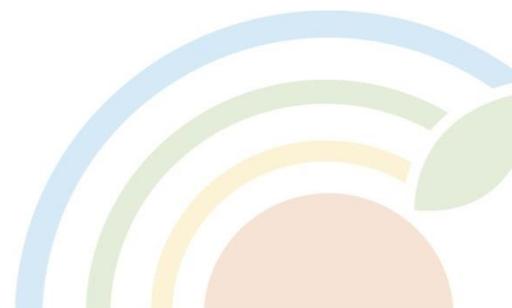


**Prime Budget Justification**

Budget Revision		Travel and Per Diem													
Action	Last Amt Approved	Travel/Position Title	Location	Trips	FTE	Days	Nights	Per Diem	Lodging *	Air	Miles	Reg. Fee	Other	Total	Budget Revision Justification
														\$0.00	
														\$0.00	
														\$0.00	
														\$0.00	
														\$0.00	
														\$0.00	
														\$0.00	
														\$0.00	
														\$0.00	
<b>Total Travel and Per Diem:</b>														<b>\$0.00</b>	

\* Lodging costs include taxes. Reimbursement at CalHR rates.

Budget Revision		Sub Grant(s)													
Action	Last Amt Approved	Name	Description/Justification											Total	Budget Revision Justification
		A													
		B													
		C													
		D													
		E													
		F													
		G													
		H													
		I													
<b>Total Sub Grant(s):</b>														<b>\$0.00</b>	







**QUESTIONS??????????**



# A. Personnel



- Identify employee name, job title and description for all Staff working in the program using the USDA approved position descriptions tab in the budget workbook. Also list the county job title in this tab.
- Must identify key staff on budget (Project Director and Fiscal Staff).
- Identify FTE allocated for each Staff on budget.
- Identify % of time spent on allowable activities.
- Support documentation for invoice: Personnel Time Reporting Documents: Bi-Weekly Time Logs or Semi-Annual Certification of Activity with Duty Statements and Employee Time Sheets/Payroll Reports, etc.



**USDA  
POSITION DESCRIPTIONS**

<b>Position Number</b>	<b>USDA Position Title</b>	<b>LHD Position Title</b>	<b>Position Description</b>
1	Accountant/Finance Analyst		Serves as internal auditor and controller. Assists with processing purchase orders, invoices, preparation of vouchers for payment as related to the Network program, as well as monitoring the budgets.
2	Administrative Coordinator		Provides administrative and office support for the project staff and is responsible for the reporting requirements.
3	Administrator (e.g., Director of Programs)		Administer the nutrition education grant agreement and budget, supervising nutrition education staff, attend nutrition education and scope of work related meetings, program planning and participating in the Regional collaborative. Coordinate grant agreement reporting requirements.
4	After School Coordinator/Assistant		Plan and facilitate nutrition education activities for recreation programming, in after school setting for different age groups of children; seniors, teen; special populations, such as mothers with young children and families; nutrition education for special events and workshops. Prepare instructional plans for youth camps and field trips; and nutrition education for special events and workshops. Prepare instructional plans for nutrition activities, collect data related to nutrition education programming, prepare documentation for nutrition education grant agreement; and helps prepare interim and final progress report .
5	Chief Executive Officer		Provides overall guidance for the operations, personnel, and fiscal responsibilities required by the nutrition project.
6	Community Liaison		Conducts nutrition education, physical activity promotion interventions in the community setting. Works with Community Based Organizations to increase the reach of nutrition education interventions to Nutrition Education Obesity Program eligible.
7	Computer Specialist		The Computer Specialist will provide assistance with the nutrition database and tracking system.
8	Contract Manager		Manages the nutrition education grant agreement including budgets, invoices, local share documentation reports, time studies, fiscal reporting and adherence to funding requirements.
9	Coordinator of Other Program (e.g., Teen program, Healthy Start, etc.)		Supervises, coordinates, facilitates nutrition education activities, workshops, special events related to the recreation and community center planning and working together with other community center groups. Supervises staff implementing the nutrition education grant agreement, prepares invoices, prepares and collects documentation, prepares progress reports
10	Curriculum Specialist		Develops curriculum for nutrition education and physical activity interventions in a variety of different channels/venues.
11	Database Coordinator		Develops database used to track nutrition education, physical activity and food stamp promotion interventions in a variety of channels.
12	Dental/Medical Assistant		Conduct one-on-one nutrition education interventions prior to primary care visit.
13	Dietician		Oversees and supervises the nutrition education program including project administration, project coordination, the development of the nutrition education component and materials and other nutrition and physical activity promotion programs.
14	Family Advocate		Provides nutrition education to students and their families, and recruits NEOP eligible for group nutrition/cooking classes. Provides nutrition, physical activity and food stamp promotion resources to students and their parents.



**USDA  
POSITION DESCRIPTIONS**

15	<b>Food Service Worker (e.g., Director, Manager, Asst., Server, Cook)</b>		Assists with planning and preparing healthy food taste tests in the school setting in conjunction with classroom based nutrition education intervention. Works with teachers to increase student, teacher and parent knowledge of the importance of consuming more servings of fruits and vegetables and being active daily. Compiles documentation on taste testing activities and all reporting required for nutrition grants. In some cases, supervises staff that carry out activities.
16	<b>Graphic Illustrator</b>		Develop local promotional nutrition education materials such as community flyers/ newsletters and/or to develop local nutrition/physical activity promotional/educational materials under the direction of the nutrition staff.
17	<b>Health Educator (including Health Aide, Health Promotion Instructor, etc.)</b>		Develop materials and facilitate health education in both group and individual settings. Teaches general nutrition, the importance of fruits and vegetables, and health benefits of proper nutrition and physical activity.
18	<b>Legal Counsel</b>		Assist with development of policies, approval of grant agreements and Memorandums of Understanding and providing legal advice specifically related to the implementation of nutrition education and physical activity promotion
19	<b>Medical Assistant</b>		Demonstrates safe food handling and personal hygiene to prevent food borne illness, provide nutrition-related services to staff, parents, and students and promotes physical activity within the context of nutrition education. (This does not include any medical nutrition therapy).
20	<b>Nurse/Nurse Supervisor/Nurse Aide RN</b>		Provides nutrition and physical activity promotion to students enrolled in nutrition education programs and their families. Supports nutrition education goals through interventions; local, regional, and statewide collaboration and interventions. (This does not include any medical nutrition therapy).
21	<b>Nutritionist/Nutrition Educator/Nutrition Aide</b>		Provides nutrition education to the neop eligible population. Specific duties include: one-on-one general nutrition education, delivery of general nutrition education in a classroom or group setting, staffing health fairs and other community or promotional events where nutrition education messages are delivered, distribution of linguistically and culturally appropriate nutrition education materials, documentation of educational and other encounters, assisting with writing project reports and preparation of quarterly reports, maintaining program reporting and tracking systems.
22	<b>Office Manager/Secretary/Admin Assistant</b>		Provides general clerical support to the Program. Assists in development and maintenance of a data collection system with emphasis on fiscal information. Arranges meetings and trainings, orders supplies and materials, creates correspondence, photocopies, etc.
23	<b>Pharmacist</b>		Promotes nutrition education and physical activity to NEOP eligible population through displays, distributing literature, and supervising staff to update nutrition education bulletin board.
24	<b>Physician</b>		Supervises professional staff including Dietitians, Nurses and Nutrition/Project Coordinators that provide nutrition education and promotes physical activity to NEOP eligibles in a variety of channels. Provides direction on strategic planning of nutrition and physical activity programs to NEOP eligible clients. In some cases, provides nutrition education to NEOP eligibles. (This does not include any medical nutrition therapy).



**USDA  
POSITION DESCRIPTIONS**

25	<b>Professor</b>		Coordinates, facilitates, modifies, develops, and demonstrates lessons on nutrition and promotes physical activity for the NEOP eligible community, and students with their families. Supports nutrition education Program goals and local, regional, and statewide collaboration.
26	<b>Program Assistant</b>		Assists the Project Coordinator with nutrition education program planning and development. Under the direction of Project Coordinator, works directly with individuals and small groups providing curriculum-based, prevention-oriented general nutrition education and physical activity targeted to NEOP eligibles.
27	<b>Project Coordinator / Public Health Nurse</b>	<b>Public Health Nurse</b>	Coordinate program staff and nutrition education activities; plan and follow through on outreach and educational events at health fairs, schools, and other promotional activities; work with schools, churches, farm worker organizations, and community organizations in planning and promoting good health through dissemination of nutrition education materials; actively acquire and develop culturally and linguistically competent nutrition curriculum and educational materials; to promote existing and/or to develop new physical activity promotional components of nutrition education; and expand our existing community outreach program to encompass nutritional components to increase community awareness and knowledge of good nutrition and healthy active lifestyles.
28	<b>Promotora</b>		Works with the Project Coordinator in NEOP communities to conduct nutrition education interventions and participate in local events to promote health eating and physical activity for NEOP eligibles.
29	<b>Recreation Leader</b>		Mentors and trains staff on integration of physical activity into nutrition education interventions. Coordinates one-time physical activity demonstrations. Chooses nutrition and physical activity resources to distribute with nutrition education interventions.
30	<b>Research Specialist</b>		Evaluates nutrition education, and physical activity promotion interventions in a variety of community channels. Methods can include process and impact evaluations, pre and post tests, surveys, focus/discussion roundtables, photo documentaries, case studies, etc.
31	<b>School Administrator (e.g., Principal, Superintendent)</b>		Provides oversight and coordination of the nutrition education conducted in participating classrooms of all schools.
32	<b>Teacher/Student Aide/Assistant</b>		Assists the Nutritionists, Health Educators, and Project Coordinator with nutrition education activities and community events that promote healthy eating and physical activity for low-income families, the target population, Food Stamp recipients and other similar households. 100% direct delivery of educational services.
33	<b>Teacher (preK-12 Classroom, PE, Speech, etc.)</b>		Coordinates, facilitates, modifies, develops, and demonstrates lessons on nutrition and promotes physical activity for students and their families. Supports nutrition education program goals through promotion; local, regional, and statewide collaboration; and close coordination with the Registered Dietitian to train staff.
34	<b>Translator</b>		Translates approved curriculum and materials into Spanish or other languages. Reviews translation for cultural appropriateness. Interprets nutrition education interventions (one-on-one and group) in the community for dietitians, health educators and others .
35	<b>Tutor</b>		Assist teachers and/or students with nutrition education and physical activity promotion.



**USDA  
POSITION DESCRIPTIONS**

<b>36</b>	<b>Web Designer</b>		Develops and maintains website containing nutrition education resources, gardening and health related topics and issues.
<b>37</b>			
<b>38</b>			
<b>39</b>			
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<b>51</b>			
<b>52</b>			



# Staff Reporting Requirements



- All time spent in program on **ALLOWABLE** nutrition education activities must be documented. (Prime and Subcontractors).
- 100% FTE or partial FTE that is solely 100% only on SNAP-Ed activities and no time on any other programs:

*May use a Semi-Annual Certificate of Activity (printed on agency letterhead & signed/dated within one month immediately following the end of each certification period).*

*&*

*Copy of Signed Duty Statement (Signed/dated by both Employee and Supervisor to be kept on file with cert).*

- Less than 100% of time on SNAP-Ed activities (working in multiple programs):  
*Must use USDA approved Bi-Weekly Time Log (BWTL), unless you have NEOPB approval for an alternative BWTL or Quarterly Time Study (QTS).*
- Expenses must be based on actual time and actual hourly rate per employee.



# Bi-Weekly Time Log, Alternative and Quarterly Time Study continued



- All time must be recorded in 15-minute increments, using decimals to record partial-hour increments (i.e., .25, .50, and .75).
- Must be signed by Staff and Supervisor immediately after each bi-weekly or quarterly period has been completed depending on time method being used.

Note: (Project Director or other authorized staff that has direct knowledge of activities and has agency authorization may sign approved BWTL or QTS.)



### SEMI-ANNUAL CERTIFICATE OF ACTIVITY

I, (Enter Employee Name), hereby certify that 100 percent of my time was spent working on allowable Nutrition Education and Obesity Prevention activities as detailed in the FFY 20\_\_ USDA Annual Plan.

**Position Number/Title:**

-----

**Reporting Period #1:**

**October – March of Federal Fiscal Year**

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

-----

**Reporting Period #2:**

**April – September of Federal Fiscal Year**

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

-----

**Instruction:**

- 1) Print on your agency letterhead.
- 2) Have employee sign and date within one month after the end of the reporting period.
- 3) Have supervisor sign and date within one month after the end of the reporting period.
- 4) Agency must maintain a copy on file at the agency.



## Nutrition Education and Obesity Prevention Branch

### DUTY STATEMENT SAMPLE

Class Title	Salary Range
-------------	--------------

Unit

This position requires the incumbent maintain consistent and regular attendance; communicate effectively (oral and in writing if both appropriate) in dealing with the public and/or other employees; develop and maintain knowledge and skill related to specific tasks, methodologies, materials, tools, and equipment; complete assignments in a timely and efficient manner; and, adhere to departmental policies and procedures regarding attendance, leave, and conduct.

**Job Summary:**

**Minimum Required Qualifications:**

**Supervision Exercised:**

**Description of Duties:**

**Percent of Time    Essential Functions**

**Percent of Time    Marginal Functions**

Employee's signature	Date
----------------------	------

Supervisor's signature	Date
------------------------	------



## NUTRITION EDUCATION AND OBESITY PREVENTION Bi-Weekly Time Log

Grant Name: \_\_\_\_\_

Grant #: \_\_\_\_\_

Staff Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Hourly Rate:     \$0.00    

Location: \_\_\_\_\_

Month/Day	Nutrition Education Hours	Physical Activity Hours	Admin Time	Paid Time Off
October 1				
October 2				
October 3				
October 4				
October 5				
<b>Total Weekly Hours</b>	0	0	0	
<b>Total Paid Time Off<sup>2</sup></b>				0

Month/Day	Nutrition Education Hours	Physical Activity Hours	Admin Time	Paid Time Off
October 6				
October 7				
October 8				
October 9				
October 10				
October 11				
October 12				
<b>Total Weekly Hours</b>	0	0	0	
<b>Total Paid Time Off<sup>2</sup></b>				0

Total Weekly Hours     0     times Hourly Rate     \$0.00     Total Cost     \$0.00    

Total Paid Time Off<sup>2</sup>     0     times Hourly Rate     \$0.00     Total Cost     \$0.00    

Staff Signature: \_\_\_\_\_

Staff Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Supervisor Date: \_\_\_\_\_

**INSTRUCTIONS:**

- 1 Write the number of hours worked above in the appropriate day. All documented time must be for Allowable activities.
- 2 Paid time off should be recorded as the actual paid vacation, paid sick time or paid holiday time earned per the organization's policies. These types of earnings must be prorated by the actual FTE documented on this pay period.
- 3 Record time in 15 minute increments, using decimals to record partial-hour increments (i.e., .25, .50, and .75.)
- 4 Enter your hourly rate of pay, as applicable. Sign and date the bi-weekly time log, and give it to your supervisor for signature and date.
- 5 Please sign in BLUE ink. No whiteout allowed. Also, please use strike-through for errors, write correct information and then initial next to each correction.

**Note:** Agencies can use their actual pay period starting on the first day of the Federal fiscal year, October 1st, and ending on the last day of the Federal fiscal year, September 30th.

*Any other changes must be pre-approved by the NEOPB Contract Manager, CDSS and USDA.*



**NUTRITION EDUCATION AND OBESITY PREVENTION BRANCH**

**ALTERNATE BI-WEEKLY TIME LOG REQUEST FORM**

Submit this form annually to your assigned Contract Manager for approval from USDA

DATE: \_\_\_\_\_ GRANT #: \_\_\_\_\_

GRANTEE NAME: \_\_\_\_\_

GRANT TERM: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

PROJECT DIRECTOR: \_\_\_\_\_  
Name Phone#

FISCAL CONTACT: \_\_\_\_\_  
Name Phone #

- 1) Provide a narrative of your agency's automated time record document.
- 2) Submit a sample of the alternative bi-weekly time record document with the application for approval.
- 3) Forward documents to your Contract Manager for prior written approval before starting using the alternative time record document.

**Alternate Bi-Weekly Time Log narrative:**

Alternative time record document must include all items on the NEOPB approval Bi-Weekly Time Log.

Approved by:

_____	
Signature of Authorized NEOPB Staff	Date





**NUTRITION EDUCATION AND OBESITY PREVENTION BRANCH**

**QUARTERLY TIME STUDY (QTS) REQUEST FORM**

Submit this form annually to your assigned Contract Manager

Date: \_\_\_\_\_ Grant Number: \_\_\_\_\_

Grantee Name: \_\_\_\_\_

Grant Term: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Project Director: \_\_\_\_\_ Phone: \_\_\_\_\_

- 1) Fill in the chart below. Annual submission of this document is required for each Federal Fiscal Year (FFY) for United States Department of Agricultural approval.
- 2) Indicate the month of each quarter your agency designates to represent for each year of the grant term. Please use the following guidelines when selecting the sampling months:
  - a. The same sampling month cannot be used each quarter of the each year. For example, the first month of each quarter cannot be used for each quarter.
  - b. The sampling months used must vary for each year. The sampling month designated to represent the FFY quarter must fall in the same quarter. For example:  
 Year 1: 1<sup>st</sup> month of 1<sup>st</sup> quarter (October), 2<sup>nd</sup> month of 2<sup>nd</sup> quarter (February), 3<sup>rd</sup> month of 3<sup>rd</sup> quarter (June) and 1<sup>st</sup> month of 4<sup>th</sup> quarter (July)  
 Year 2: 2<sup>nd</sup> month of 1<sup>st</sup> quarter (November), 3<sup>rd</sup> month for 2<sup>nd</sup> quarter (March), 1<sup>st</sup> month for 3<sup>rd</sup> quarter (April) and 2<sup>nd</sup> month for 4<sup>th</sup> quarter (August)
  - c. The month used for each quarter must be a valid representation of the entire quarter. Where this is not possible, you may opt to use the bi-weekly time log for that quarter. In this case, write "bi-weekly time log" in the box for that quarter.

FFY Quarter	Year 1 (20xx – 20xx)	Year 2 (20xx – 20xx)	Year 3 (20xx – 20xx)
Quarter 1 (Oct-Dec)			
Quarter 2 (Jan-Mar)			
Quarter 3 (Apr-June)			
Quarter 4 (July-Sept)			

- 3) On Page 2, list the staff name, staff title, and budget justification listing number for each staff members who will use the time study. Personnel listed should have fairly evenly distributed activities across the quarters your agency is sample.

\_\_\_\_\_  
Signature of Project Director Date

USDA approval received by and date:

_____ Signature of Authorized NEOPB Staff	_____ Date
--	---------------



## B. Benefits



- Record actual expenditures and rates associated with benefits for all staff listed on approved budget such as Statutory, Elective, Voluntary or Discretionary Benefits.
- An average benefit rate is used during budgeting only. You must report actual rates/expenses when invoicing.
- Billable benefits are based on hours documented on BWTL for each employee on the approved budget.
- Support documentation for invoice: report of benefits paid for each employee on approved budget based on hours documented on BWTL for each reporting period.





**QUESTIONS??????**

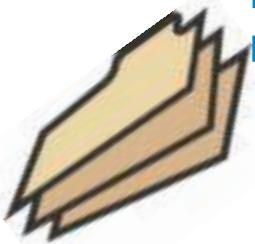




## C. Operating Expenses



- Routine and Ongoing Expenses (e.g. postage, phone, rent, routine copying, office supplies).
- Prorate incurred expenses when applicable by FTE of staff incurring these expenses that are less than 100% in program and include basis/formula for expense.
- If rental/lease expenses are budgeted, a copy of current lease/rental agreement must be kept on file that identifies actual monthly payment for agency. If the amount is prorated, show the prorated formula for the basis of the amount charged to the program. Include copy of monthly invoice/statement or copy of check and Accounting GL report.
- Support documentation for invoice: vendor invoices, bills, receipts, etc.





CALNET 2



Page  
Bill Payer  
Invoice Number  
Contract Number  
Billing Date

1 of 2  
C60222132777  
90004023092  
DTS 06E1390/06E1391  
01/13/2013

### Monthly Statement

12/13/2012 - 01/12/2013

#### Bill-At-A-Glance

Previous Bill	\$34,000.78
Payment	0.00
Past Due	34,000.78
Adjustments	2.50 CR
Current Charges	43,225.15
<b>Total Current Charges</b>	<b>\$43,222.65</b>
<b>Total Amount Due</b>	<b>\$77,223.43</b>
Amount Due in Full By	02/19/2013

If your payment is not received by 03/21/2013 You will incur a late charge.

#### News You Can Use

Please see the Bill Messages by Service Provider section of your report for important messages.

#### Billing Summary

Questions? Call: 877-9-CALNET (877)922-5638

AT&T Cal	\$35,732.19
AT&T LD	\$7,492.96
<b>Current Charges</b>	<b>\$43,225.15</b>

Please detach and return bottom portion when making a payment.

Billing Date 01/13/2013

Total Amount DUE BY 02/19/2013

**\$77,223.43**



CALNET 2

Account Number: C60222132777

Please include your account number on your check. Make checks payable to:

6279.2.22.5133 1 AT 0.374 ih



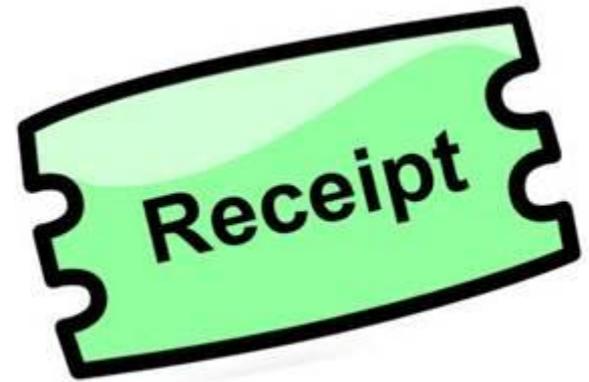
AT&T  
COMMUNICATIONS  
128 N STATE HIGHWAY  
MERRILL WI 53550-3000

AT&T  
PO BOX 9011  
CAROL STREAM IL 60197-9011



90300412350113130000077223433

PER-8 12/13



# D. Equipment



- Only the Prime Grantee can purchase IT Equipment.
- Grantees need to contact their CM before they purchase any IT equipment (computers, etc. ) with specifications to make sure it meets CDPH's IT Standards.
- Must be prorated by FTE of staff using the equipment (office furniture, computer, printer, etc.). Please use formula shown for Operating Expenses.
- Prior written authorization is required by CM for any equipment purchases not on the approved Budget Justification.
- If a Subcontractor expresses equipment needs, the Prime Grantee will include these expenses on their BJ in a BAR to CM prior to purchasing if it is not already in the approved budget. The equipment will be the Prime Grantees responsibility, tracked on their equipment inventory and they must ensure it meets all IT standards prior to issuing to the Subcontractor. Once the grant has ended with the Subcontractor, the equipment must be returned to the Prime Grantee.
- Support documentation for invoice: vendor invoices, bills, receipts, etc.

# Equipment continued

- Grantee must refer to the NEOPB's Program Letters (PLs) 11-06 and 12-01, IT Protocols, and State Computer and Mobile Device IT Security Policy to ensure they are purchasing allowable IT equipment. (Contractor must adhere to all regulations in these PLs).  
<http://www.cdph.ca.gov/programs/cpns/Pages/ProgramLetters.aspx>



## After purchase of equipment with State funds:

- Grantee must complete a Contractor Equipment Purchased with CDPH Funds form. (CDPH 1203) and submit it electronically to your assigned CM along with the quarterly invoice that includes equipment expense and a copy of the equipment purchase receipt.



# Equipment continued



- PM will request tags from CDSS for all IT equipment purchased and provide them to the contractor with instructions on their placement.
- Please note: Items such as blenders, crockpots, toaster ovens, plastic storage bins/shelves, waste bins, etc. will not require tagging. These type of items are also normally budgeted under “Other Costs” related to nutrition education activities.
- All computers purchased with SNAP-Ed funds and used to conduct State business must have encryption and anti-virus software installed that meet the State IT requirements.
- Grantee must immediately report damaged, lost, or stolen equipment to the CM so that proper procedures can be followed.  
(See PL 11-06 for information.)
- At the end of the grant term, grantee must fill out an Annual Inventory/Disposition of CDPH Funded Equipment form (CDPH 1204) and send it to the CM.
- Grantees who purchase IT equipment for subcontractors need to provide them with a copy of PLs 11-06 and 12-01 for their records.





PLEASE REMIT PAYMENTS TO:

COMPUWAVE 1833 KNOLL DRIVE VENTURA, CA 93003 (805)650-6600 EXT-1146 \*\* Invoice Sales Order \*\* \*\* SB04025502 \*\*

INVOICE TO: COUNTY HEALTH ADMIN DIV Ship to:

Job: (559)675-7893 Customer Number: 0596612895 Pg # 1
Store P.O. # 1202492 Apply to: SB157310
# # SB04025502 Date: 06/18/13 Time: 12:24:56 HP: KERRY MILLEN

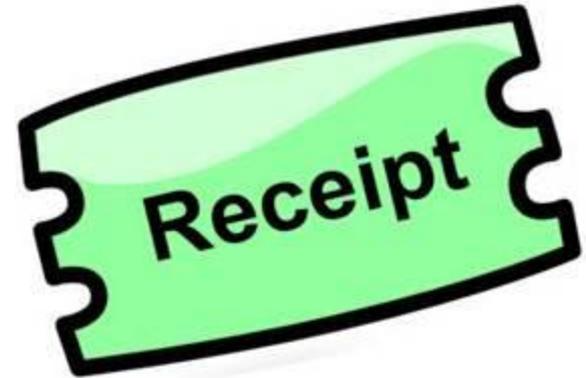
Table with 4 columns: Qty, Stock Number, Description, Price, Amount. Contains 4 rows of item details including HP Elite 8300 SFF and StarTech display adapters.

Summary table with 4 columns: Itemization, Amount, Reference Number, and Description. Totals include Sales Total, Tax Total, and Net Total.

Please note that effective January 1, 2013, we are required to assess a fee on the sale of all products covered by SB020

18/13 06/18/13
PLEASE PAY FROM THIS INVOICE • PAYABLE UPON RECEIPT
KEEP THIS INVOICE FOR WARRANTY SERVICE
Customer accepts Term & Conditions listed on reverse side of this invoice.

CUSTOMER SIGNATURE CUSTOMER COPY





RON CHAPMAN, MD, MPH  
Director & State Health Officer

State of California—Health and Human Services Agency  
California Department of Public Health



EDMUND G. BROWN JR.  
Governor

January 20, 2012

TO: PROJECT COORDINATORS  
*NETWORK FOR A HEALTHY CALIFORNIA (NETWORK)*

SUBJECT: PROGRAM LETTER #12-01  
STATE COMPUTER AND MOBILE DEVICE INFORMATION  
TECHNOLOGY SECURITY POLICY

This Program Letter (PL) #12-01 supersedes all PLs entitled State Computer and Mobile Device Information Technology (IT) Security Policy Update.

The California Department of Public Health (CDPH) requires that all information on computers and mobile IT devices, purchased by local agencies through CDPH contracts, be subject to State IT Security requirements. Adhering to State IT Security requirements will ensure that personal and confidential data remains secured. Security requirements are included in all State Contract Language. Please remember, it is the responsibility of the contractor to ensure that sub-contractors and consultants follow the required State Security requirements.

The CDPH no longer requires *Network* contractors to purchase a specific type of encryption software. However, all workstations and laptops that process and/or store CDPH Protected Confidential Information (PCI) must be encrypted using at the minimum of Advanced Encryption Standard (AES), with a 128bit key or higher. The encryption solution must be full disk, unless approved by the CDPH Information Security Office.

The CDPH no longer requires *Network* contractors to purchase a specific type of antivirus software. However, all workstations, laptops and other systems that process and/or store CDPH PCI must install and actively use a comprehensive anti-virus software solution with automatic updates scheduled at least daily.

The CDPH is no longer requiring *Network* contractors to purchase a specific type of computer hardware. However, all computers purchased with *Network* funds and used





RON CHAPMAN, MD, MPH  
Director

State of California—Health and Human Services Agency  
California Department of Public Health



EDMUND G. BROWN JR.  
Governor

August 9, 2011

TO PROJECT COORDINATORS  
*NETWORK FOR A HEALTHY CALIFORNIA (NETWORK)*

SUBJECT: PROGRAM LETTER #11-06  
INFORMATION TECHNOLOGY (IT) PROTOCOLS

This Program Letter (PL) 11-06 supersedes all previous PLs regarding Information Technology, PL 08-02 (State Computer Security Policy); PL 08-04 (State Computer and Mobile Device Information Technology (IT) Security Policy); PL 08-05 (State Computer and Mobile Device Information Technology (IT) Security Update); PL 10-06 (IT Standards for Desktop and Laptop Equipment); and a previous California Department of Public Health (CDPH) memorandum, dated June 10, 2009, *Network Encryption and Antivirus Reporting (NEAR)*. The *Network Guidelines Manual* will also be updated with the information in this PL 11-06.

This PL 11-06 is to explain the following State of California and CDPH IT Protocols: 1) Standards for Acquisition; 2) Encryption and Antivirus Reporting; 3) Inventory and Maintenance; 4) Security Requirements; 5) Security and Incident Reporting and 6) Disposition of Equipment.

CDPH requires that all information on computers and mobile IT devices purchased by local agencies through CDPH contracts be subject to State IT Security requirements, including encryption. Adhering to state software and hardware standards will ensure that personal and confidential data shall remain secured. Security software requirements are included in all State Contract Language. Please remember, it is the responsibility of the contractor to ensure that sub-contractors and consultants follow the required state security standards.

**1. Standards for Acquisition (These standards are updated throughout the year)**

Operating System:

Microsoft (MS) Windows 7 – 32 bit only (this is the only operating system allowed)

Hard Disk Encryption:

Guardian Edge Encryption Plus Hard Disk

Desktop:

*HP/Compaq DC8000 Elite* CMT 32 Bit, Intel Core Duo E8400, 3.0 GHz Processor, 2 GB PC3-10600 (DDR2-800) Memory, 160GB SATA 3.5 1<sup>st</sup> Hard Drive









**QUESTIONS??????**



# E. Travel and Per Diem

- All NEOPB-sponsored trainings, conferences, and meetings are 100% allowable for all staff on approved budget.
- All Non-NEOPB sponsored trainings, conferences, and meetings must have prior approval and all cost must be prorated based on the staff's approved FTE attending.
- Non-NEOPB sponsored trainings, conferences and meetings that are not on approved travel budget justification detail must be submitted to your CM and PO utilizing the Non-NEOPB Sponsored Travel Pre-Approval Form for prior approval. All cost must be prorated appropriately and based on staff's approved FTE attending.
- All Travel expenses must adhere to current CalHR rates. This applies to all Grantees and Subcontractors.



# Travel and Per Diem continued

## *Required Documentation:*



Travel logs/claims for each staff requesting reimbursement for travel expenses must include the following information:

- Name/title of person traveling on approved budget.
- Date(s) of travel
- Start and end time of trip
- Purpose and location of related trip
- Agenda, hotel receipt, parking receipt, paid airline/boarding pass, bus/train receipts, taxi fares, gas receipts, rental car receipts, toll receipts, mileage logs, Google maps, and any other receipts must accompany the travel logs/claims to support the claimed expenses.



- *Note: You may not request reimbursement for any travel expenses for staff that are not on the approved budget.*

# Travel and Per Diem continued



## Meals, Incidentals & Mileage

The following meal and incidental reimbursement rates are maximums, not allowances. Receipts should be maintained in case requested during a review or audit.

- Breakfast: \$7
- Lunch: \$11
- Dinner: \$23
- Incidentals: \$5



*Effective January 1, 2014 the new mileage rate is .56 cents per mile.*

Incidentals include, but are not limited to:

- Expenses for laundering and pressing of clothing.
- Tips for services such as porters and baggage handlers. Incidentals do not include taxicab fares, lodging taxes, or the costs of telegrams or telephone calls for business.
- It does, however, include personal telephone calls. An employee is allowed one incidental (for actual expenses) up to \$5 for each 24-hour period of travel. Partial incidentals for periods of travel less than 24 hours are not allowed.

# Travel and Per Diem continued



## Trips of Less than 24 Hours

- For travel lasting less than 24 hours, employees may claim breakfast and/or dinner based on the following timeframes:

### Fractional day of travel

- Trip begins at or before 6 am and ends at or after 9 am - Breakfast may be claimed
- Trip begins at or before 4 pm and ends at or after 7 pm - Dinner may be claimed

- Employees may not claim lunch or incidentals on one-day trips. When trips are less than 24 hours and there's no overnight stay, meals claimed are taxable.



- Employees may not claim meals provided by the State, meals included in hotel expenses or conference fees, meals included in transportation costs such as airline tickets, or meals that are otherwise provided. Snacks and continental breakfasts such as rolls, juice, and coffee are not considered to be meals.

- No meal or incidental expense may be claimed or reimbursed more than once in any given 24-hour period.



# Travel and Per Diem continued



## *Trips of 24 Hours or More*

- For travel lasting 24 hours or more, employees may claim meals (as noted above), based on the following timeframes:

### *First day of travel*

- Trip begins at or before 6 am - Breakfast may be claimed
- Trip begins at or before 11 am - Lunch may be claimed
- Trip begins at or before 5 pm - Dinner may be claimed

### *Continuing after 24 hours*

- Trip ends at or after 8 am - Breakfast may be claimed
- Trip ends at or after 2 pm - Lunch may be claimed
- Trip ends at or after 7 pm - Dinner may be claimed



# Travel and Per Diem continued



- **Employees who incur overnight lodging expenses at a commercial lodging establishment catering to short-term travelers, such as a hotel, motel, bed and breakfast, public campground, etc. must provide a receipt to claim reimbursement. No reimbursement will be paid without a receipt.**
- **If employees are required to share a room, expense may be split, but you are only allowed to claim up to the allowed lodging rate in the area per room and not per person. If hotel offers state rate and then it increases when you state double occupancy, you will need prior approval. If NEOPB notifies you of a sponsored meeting that they arranged at a particular hotel with a block room rate that was negotiated at a higher than the state rate in that area, print the notification as your backup documentation and also follow up with an email to your CM/PO to get confirmation that you will be reimbursed at the higher rate.**
- **All Counties/Cities located in California (except as noted below):**  
Actual lodging expense, supported by a receipt, up to \$90 per night, plus tax.
- **Napa, Riverside, and Sacramento Counties:**  
Actual lodging expense, supported by a receipt, up to \$95 per night, plus tax.
- **Los Angeles, Orange, and Ventura Counties and Edwards AFB, excluding the city of Santa Monica:**  
Actual lodging expense, supported by a receipt, up to \$120 per night, plus tax.
- **Alameda, Monterey, San Diego, San Mateo, Santa Clara Counties:**  
Actual lodging expense, supported by a receipt, up to \$125 per night, plus tax.
- **San Francisco County and the City of Santa Monica:**  
Actual lodging expense, supported by a receipt, up to \$150 per night, plus tax.
- **Support documentation for invoice: all invoices, bills, receipts, etc.**





HILTON SAN BERNARDINO  
 285 East Hospitality Lane | San Bernardino, CA | 9  
 T: 909 889 0133 | F: 909 381 4299  
 W: hilton.com



NAME AND ADDRESS:

US

Room: 545/K1  
 Arrival Date: 12/4/2012 9:41:00PM  
 Departure Date: 12/5/2012

Adult/Child: 1/0  
 Room Rate: 84.00

RATE PLAN L-G1

BONUS AL: CAR:

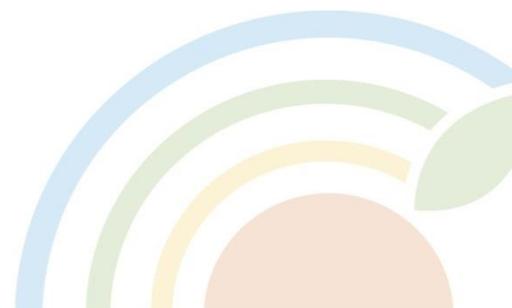
CONFIRMATION NUMBER : 3501593002

12/5/2012 PAGE 1

DATE	REFERENCE	DESCRIPTION	AMOUNT
12/4/2012	1760318	GUEST ROOM	\$84.00
12/4/2012	1760318	TRANSIENT OCCUPANCY TAX	\$8.40
12/5/2012	1760397	CASH	(\$92.40)
		** BALANCE **	\$0.00

EXPENSE REPORT SUMMARY

	12/04/12 00:00:00	STAY TOTAL	
ROOM & TAX	\$92.40	\$92.40	
DAILY TOTAL	\$92.40	\$92.40	



## Nutrition Education and Obesity Prevention Branch (NEOPB) Request Form for Non-NEOPB Sponsored Travel

*This form must be submitted and approved prior to expending Federal Grant funds for travel to non-NEOP sponsored events (in or outside California). Complete one form per event. Fax this form to your NEOP Program Officer and Contract Manager for approval (916-449-5414) and attach the agenda with session description(s). Please allow up to 4 weeks to process this request.*

**Part I. Grant Information**

Agency Name: \_\_\_\_\_ Grant #: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_

**Part II. Event Information**

Conference/Meeting/Training/Event Title: \_\_\_\_\_

Date(s) for Travel: \_\_\_\_\_ Location: \_\_\_\_\_

Attending as a:  Participant  Presenter  Other \_\_\_\_\_

List conference website if available \_\_\_\_\_

Agenda with session descriptions is attached  Yes  No

Please justify how the event supports/benefits Supplemental Nutrition Assistance Program Education (SNAP-Ed) clients and how it relates to your Program Deliverables:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Part III. Projected Travel Costs (Proration)**

Per USDA guidelines, all costs for non-NEOPB sponsored events must be prorated to the 1) nutrition education content (NE) of the agenda for low-income audiences; and 2) full-time equivalent (FTE) of attendee. Please use the worksheet below to project reimbursement costs. See attached sample worksheets.

Proration Worksheet		Attendee A	Attendee B	Attendee C
	Name and Title of Attendee Traveling			
A.	Total projected costs (non-prorated) (Include registration fees, mileage, hotel, parking, tolls, per diem, airfare, etc.)			
B.	Percentage of agenda applicable to NE			
C.	First Proration (multiply row A x row B)			
D.	Full-time equivalent (FTE) of attendee			
E.	Second Proration (multiply row C x row D)			
F.	<b>Total Projected Cost for Reimbursement</b> (sum of amounts in Row E)			

Note: These are projected costs only. Invoice must be based on actual costs and supported by receipts.

Are funds available in the Travel and Per Diem line item of your approved budget to cover these expenses?  
 Yes  No (If not, a Budget Revision (BR) may be needed prior to approval.)

**Program Director Signature\*** \_\_\_\_\_ **Date** \_\_\_\_\_

\*I certify that these funds will be used for employees serving a majority of FSNE clients.

<input type="checkbox"/> Approved as is <input type="checkbox"/> Approved with changes above <input type="checkbox"/> Denied: _____	
Contract Manager Signature _____	Date _____
Project Officer Signature _____	Date _____



**Non-NEOPB Sponsored Travel  
Proration Example**

The project director will be attending a non-NEOP sponsored event. NEOPB determines the event will consist of 50% nutrition education for low income audiences. The project director is funded by the NEOP at 60% FTE and is listed as such on the approved budget justification. The projected costs for the project director to attend the event are as follows:

<b>Registration:</b>	<b>\$ 100</b>
<b>Airfare:</b>	<b>\$ 216</b>
<b>Taxi:</b>	<b>\$ 35</b>
<b>Hotel:</b>	<b>\$ 89</b>
<b>Total Projected Cost:</b>	<b>\$ 440</b>

Below is how the proration worksheet would be filled out.

Proration Worksheet		Attendee A	Attendee B	Attendee C
	Name/Title of Attendee Traveling	Mike Brown, Project Director	N/A	N/A
A.	Total projected costs (non-prorated) (includes; registration fees, mileage, hotel, parking, tolls, per diem, airfare, etc.)	\$440		
B.	Percentage of agenda applicable to NE	50% or .50		
C.	First Proration (multiply row A x row B)	$\$440 \times .50 = \$220$		
D.	Full-time equivalent (FTE) of attendee	60% or .60		
E.	Second Proration (multiply row C x row D)	$\$220 \times .60 = \$132$		
F.	<b>Total Projected Cost for Reimbursement</b> (sum of amounts in Row E)	<b>\$132</b>		
<b>Note: These are projected costs only. Invoice must be based on actual costs and supported by receipts.</b>				



**Nutrition Education and Obesity Prevention Branch (NEOPB)  
OUT OF STATE TRAVEL APPROVAL**

**Instructions:** This form must be completed for all travel outside of California and for National conferences held in California. Complete one form for all local agency staff requesting to travel to the same event. Submit this form with a copy of the event announcement and agenda by email to your *NEOPB* Project Officer for approval.

Date Request Submitted: \_\_\_\_\_  
Agency Name: \_\_\_\_\_  
Grant #: \_\_\_\_\_  
Date(s) of Travel: \_\_\_\_\_  
Conference/Meeting/Training/Event Title: \_\_\_\_\_  
Location: \_\_\_\_\_  
Estimated Travel Costs: \_\_\_\_\_

Name(s) of Traveler(s) and Check Applicable Boxes

Name: \_\_\_\_\_  Abstract Approved  Presenter  Other  
Name: \_\_\_\_\_  Abstract Approved  Presenter  Other

Specify Other: \_\_\_\_\_

Please justify how Conference, Meeting, or Training supports/benefits Food Stamp Nutrition Education:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**EXCESS LODGING RATE REQUEST / APPROVAL**

STD. 255C (Rev. 10/2011)

**Advance Department of Personnel Administration (DPA) approval is required for lodging rates that exceed the delegated reimbursement rates. Submit APPROVED request with Travel Claim.**

CLAIMANT'S NAME <i>(Print or Type)</i>		PRIMARY RESIDENCE <i>(City, State and ZIP Code)</i>	WORK PHONE NUMBER <i>(include Area Code)</i>
DEPARTMENT		DIVISION / OFFICE	HEADQUARTERS CITY
<b>CURRENT STATE LODGING REIMBURSEMENT RATES:</b>			
All California counties not listed below		Actual expense up to \$84 per night, plus tax	
Los Angeles and San Diego counties		Actual expense up to \$110 per night, plus tax	
Alameda, San Francisco, Santa Clara, and San Mateo counties		Actual expense up to \$140 per night, plus tax	
<b>REGULAR TRAVEL ABOVE THE STATE RATE</b>		<b>ALL CONFERENCES AND CONVENTIONS</b>	
<input type="checkbox"/> Lodging Rate above State Rate, up to \$140.00: Advance Departmental approval only		<input type="checkbox"/> Conference / Convention Lodging Rate up to \$150.00: Advance Departmental approval only	
<input type="checkbox"/> Lodging Rate over \$140.00: Advance Departmental and DPA approval required		<input type="checkbox"/> Conference / Convention Lodging Rate over \$150.00: Advance Departmental and DPA approval required	
TRAVEL DATES	FROM <i>(Month, Day, Year)</i>	LODGING INFORMATION	LODGING NAME
	TO <i>(Month, Day, Year)</i>		ADDRESS
POINT OF ORIGIN			PHONE
DESTINATION - ADDRESS AND CITY			ROOM RATE \$
REASON FOR TRIP			

**REASON(S) FOR HIGHER LODGING RATE**

- |  |   |
|--|---|
| <input type="checkbox"/> Employee required to stay at lodging site.                                      | <input type="checkbox"/> Lack of transportation to alternative lodging. |
| <input type="checkbox"/> Employee is handicapped and requires "reasonable accommodation."                | <input type="checkbox"/> No alternative lodging available.              |
| <input type="checkbox"/> State business will be conducted in late night meetings.                        | <input type="checkbox"/> Emergency travel.                              |
| <input type="checkbox"/> Cost of transportation to alternative lodging equals cost of requested lodging. | <input type="checkbox"/> Other.   |

Explain why each of the above checked reasons apply. Document "Good Faith" effort to obtain lodging from 3 vendors at or below the state rate for the location of travel. Attach copies of agenda, lodging requirements, registration, etc. that help justify reasons checked above.

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**I request prior approval of a lodging rate in excess of the state maximum rate for this destination.**

CLAIMANT'S SIGNATURE <i>[Signature]</i>	CLAIMANT'S TITLE	CBID	DATE SIGNED
DEPARTMENT CONTACT <i>(Print or Type)</i>	DEPARTMENT CONTACT'S TITLE	DEPARTMENT CONTACT'S PHONE NUMBER	
DEPARTMENT APPROVAL <i>(Signature)</i> <i>[Signature]</i>	TITLE	DATE APPROVED BY DEPARTMENT	
DPA APPROVAL <i>(Signature)</i> <i>[Signature]</i>	TITLE	DATE APPROVED BY DPA	





**QUESTIONS??????**



# F. Subcontracts, Consultants & Mini Grants



## Requirements for Subcontracts, Consultants and/or Mini Grants :

- Prime Grantees must have a signed, executed “Subcontract Agreement” copy on file for all subcontractors for each grant term with all pertinent NEOPB required language/documentation. The Prime Grantee is solely responsible for any subcontracts entered into under this grant.

(Note: It is strongly recommended that you submit a draft subcontract to the NEOPB CM/PO for pre-reviewed/approval prior to use to ensure it meets County, State and USDA requirements. If you are a subcontractor who has subcontracts on your budget, please contact your local contact for instructions and requirements.)

- Receive prior written approval from NEOPB CM and PO for any subcontracts \$5,000 or more prior to submitting any invoices for reimbursement to the NEOPB or expense may be denied.
- Must include a Budget Justification Detail and SOW/description of services.
- Must ensure that subcontractors adhere to all USDA/CDPH-NEOPB/County guidelines and regulations.

# Subcontracts, Consultants & Mini Grants continued

- In addition to the required LHD subcontract requirements, the following are the minimum NEOPB key components required in your subcontracts:
  1. Identify all parties.
  2. Term of the agreement (start and end date).
  3. Maximum Amount Payable.
  4. Scope of Work.
  5. Budget Detail.
  6. Termination Clause
  7. Exhibit D – Federal Provisions
  8. Record Retention Clause:



*“(Subcontractor Name) agrees to maintain and preserve files relevant to agreement, for a minimum of three years after termination of (agreement number) and final payment is received from the NEOPB to the Grantee. In addition, permit the NEOPB representative or any duly authorized State or USDA representative, to have access to, examine or audit any pertinent books, documents, papers and fiscal records related to this subcontract and to allow interviews of any employees who might reasonably have information related to such records.”*

# Subcontracts, Consultants & Mini Grants continued



In addition, please incorporate in the subcontract the “Additional Provision” links to the following documents:

- **Fiscal and Administrative Guidelines Manual and any revisions thereto. (Revision March 2014)**

<http://www.cdph.ca.gov/programs/cpns/Pages/FiscalandAdministrativeGuidelinesManual.aspx>

- ***NEOPB Program Letters and any revisions thereto.***

<http://www.cdph.ca.gov/programs/cpns/Pages/ProgramLetters.aspx>

- **United States Department of Agriculture, Supplemental Nutrition Assistance Program Education (SNAP-Ed) Plan Guidance. (Revision Date FFY 2014)**

<http://snap.nal.usda.gov/snap/Guidance/FY2014SNAP-EdGuidance.pdf>

- **Support documentation for invoice: documentation that supports all expenses for each subcontractor’s invoice(s) must be submitted to the Prime for review and approval prior to the Prime including and submitting these expenses on the their invoice to NEOPB. Documentation must be maintained on file with Prime as part of the support documentation for their invoice expenses.**

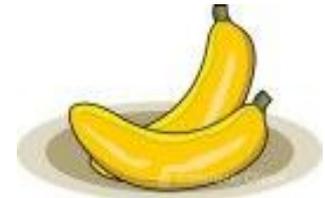
# G. Other Costs

- **Nutrition Education expenses that support nutrition education activities:**



- > **Nutrition Education publications/materials/videos**

- > **Food for demonstrations/taste testing's (Food and supplies should not exceed \$2.50 pp.)**



- **Must be itemized on the budget justification and show the basis for the costs.**
- **Recommended to also include with your documentation: NEOPB approved recipes, activity agenda, event flyers, sign-in sheet, etc., to help support expenses.**
- **Support documentation for invoice: vendor invoices, grocery store receipts, etc.**



# NOB HILL FOODS

TERM# 1 STORE# 607 OPERATOR# 911047

DOLCI FRUTTA CHOC	01	2.99	F
DOLCI FRUTTA CHOC	01	2.99	F
DOLCI FRUTTA CHOC	01	2.99	F
RFF RSTD SF PEANUT	01	3.69	F
BANANAS 40# (48)	01	5.04	F
6.381b @ 1 lb /		.79	
BANANAS 40# (48)	01	1.89	F
2.391b @ 1 lb /		.79	
PARTY PICKS	01	1.99	TD
STRAWBERRY 16 OZ.	01	2.99	F
STRAWBERRY 16 OZ.	01	2.99	F
STRAWBERRY 16 OZ.	01	2.99	F
SUBTOTAL		30.55	
TAX DUE		.15	
TOTAL		30.70	
MISC		30.70	
CASH	CHANGE	.00	

NUMBER OF ITEMS 10

Win \$500 gift card! Take survey monthly  
at [raleys.com/surveys](http://raleys.com/surveys) to enter  
Thank you for shopping at  
NOB HILL FOODS #607 (831)758-8481  
T1 X98 S607 10/14/08 15:02:15

**NOB HILL FOODS**  
Post Office Box 15818 / Sacramento, CA 95852  
248002

Store # 607 Date 10/14/08

ACCOUNT NUMBER 404395

ACCOUNT NAME MC HD

PO NUMBER

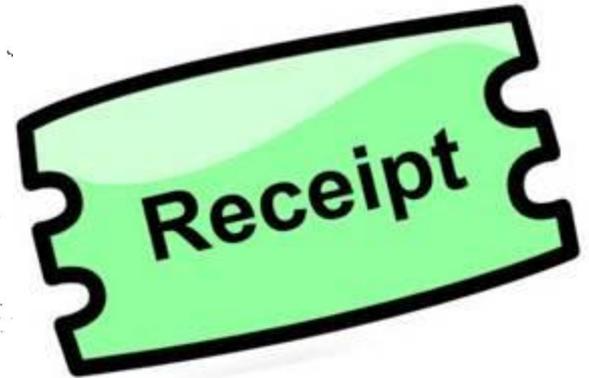
CHARGE	AMOUNT
1	30.70
2	
3	
4	
5	
6	
7	
8	
9	
10	
<b>TOTAL 30.70</b>	

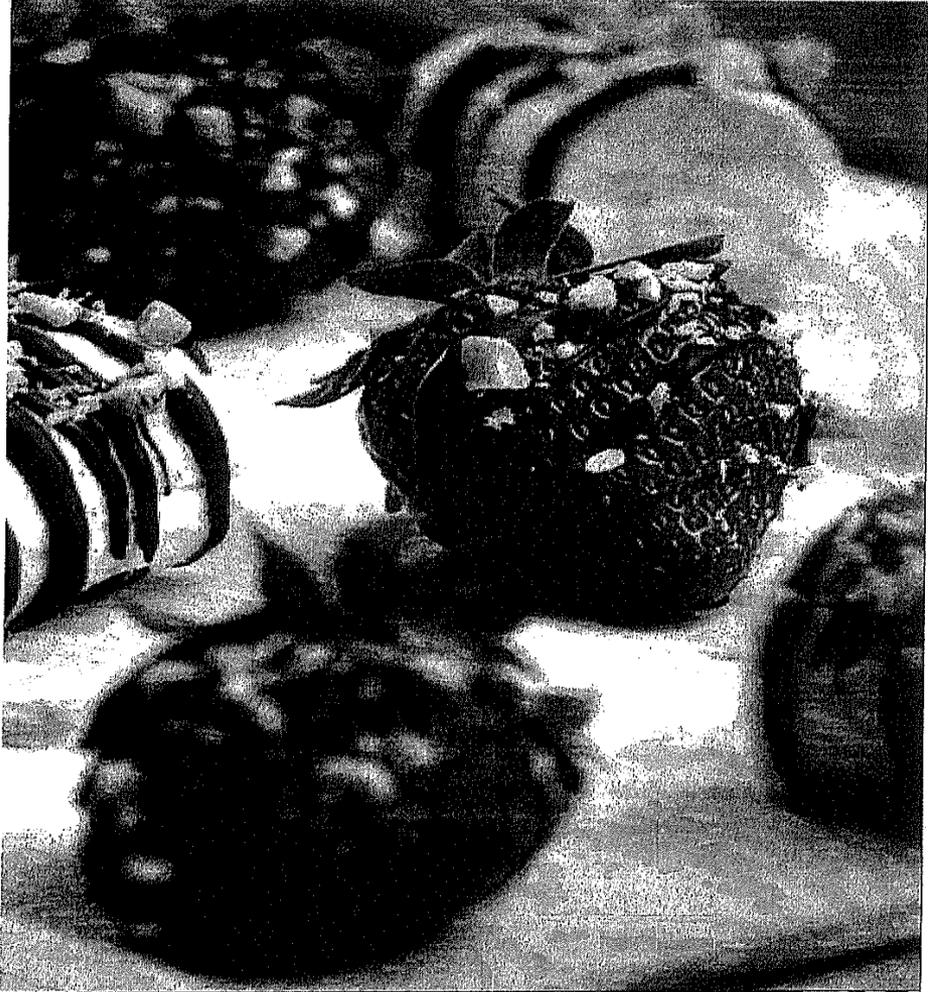
x Andrea Estrada  
PRINT NAME

x [Signature]  
SIGNATURE

10/14/08 15:02:15

WHITE - CORPORATE • YELLOW - STORE • PINK - CUSTOMER  
FORM 022NH (REVISED 08-2007)





*Nutrition information per serving:* Calories 151, Carbohydrate 24 g,  
Dietary Fiber 4 g, Protein 3 g, Total Fat 6 g, Saturated Fat 2 g,

## Fudgy Fruit

*Chocolate covered fruit is a great after-dinner treat!*

**Makes 4 servings.** *½ banana, 2 strawberries per serving.*

**Prep time:** 15 minutes **Cook time:** 30 seconds



### Ingredients

2 tablespoons semi-sweet chocolate chips	8 large strawberries
2 large bananas, peeled and cut into quarters	¼ cup chopped unsalted peanuts

### Preparation

1. Place chocolate chips in a small microwave safe bowl. Heat on high for 10 seconds and stir. Repeat until chocolate is melted, about 30 seconds.
2. Place fruit on a small tray covered with a piece of waxed paper. Use a spoon to drizzle the melted chocolate on top of the fruit.
3. Sprinkle the fruit with chopped nuts.
4. Cover the fruit and place in the refrigerator for 10 minutes or until the chocolate hardens. Serve chilled.



# Other Costs continued

## Rethink Your Drink

- The purchase of water for food demonstrations is unallowable, unless approved by the NEOPB. Please contact your CM/PO for questions regarding water or ice purchases as they may relate to “Rethink Your Drink” or Food Safety issues.

### Allowable Purchases:

- OK to buy 3 gallon refillable water bottles
- OK to fill with tap water
  - Nominal costs to fill at water refill stations is acceptable, but must submit a receipt
- OK to purchase water dispensers for taste testing ; <\$100 = small kitchenware items



# H. Indirect Costs



- Indirect costs are incurred for the benefit of an agencies multiple programs, functions, or other cost objectives and therefore cannot be specifically identified with a particular program or other cost objective.
- The ICR is a ratio of your organizations indirect cost to its direct costs.
- Indirect costs are necessary for the general operations of your agency and cost expenditures are billed through an allocation process.
- The indirect cost expenditures typically support administrative overhead functions such as accounting, payroll, facilities management, utilities, etc.
- Actual expenditures must be used and documented with a copy of organization's approved indirect cost rate.
- Note: The Federal rate cannot exceed 26 percent of the total Modified Direct Costs (Total Direct Costs less subcontractors and equipment) or the rate cannot exceed 25 percent of Total Personnel Costs (Personnel and Benefits).
- Support documentation for invoice: list of all items billed under this line item.



# Indirect Cost continued



**\*New Indirect Cost Rate Certification Effective July 1, 2014 for FFY15**

The California Department of Public Health (CDPH) announced in FFY14 the standardization of the Indirect Cost Rate (ICR) for the Local Health Departments (LHD) agreements with CDPH (Appendix 24). CDPH requires Local Health Departments and other county agencies to submit an ICR Annual Certification application (Appendix 25) prior to each January to obtain their ICR to be used for contracts during the next State fiscal year.

Agencies other than LHD's need to submit a NEOPB Indirect Cost Proposal form (Appendix 26).

## Indirect Cost Methodology

- The Indirect Cost Methodology provides a general and practical overview of how to develop and apply an indirect cost rate to ensure costs are allowable and properly classified as direct or indirect.
- Allowable costs, direct and indirect, must be identified in a consistent manner. Your organization must identify indirect costs by using the same methodology to allocate certain shared costs across the entire spectrum of its Federal programs. An organization generally participates in several Federal programs would need to determine how to allocate these indirect costs to the Federal programs.

# Indirect Cost continued



## For FFY2014

If you have provided CDPH-NEOPB with an approved federally negotiated ICR or have a certified ICR that is effective October 1, you may continue to use your approved rate until September 30, 2014.



COUNTY/CITY OF \_\_\_\_\_  
DEPARTMENT \_\_\_\_\_  
FISCAL YEAR \_\_\_\_/\_\_\_\_

**INTERNAL CERTIFICATION OF INDIRECT COST RATE PROPOSAL**

We hereby certify as the responsible officials of the City/County of \_\_\_\_\_ County Auditor-Controller Office and the \_\_\_\_\_ that the information contained in this Indirect Cost Rate Proposal for the Fiscal Year ended 06/30/\_\_\_\_\_, attached to this certification, is prepared in conformance with Office of Management and Budget Circular A-87.

We further certify that: (1) no costs other than those incurred by the Grantee/Contractor, or allocated to the Grantee/Contractor via an approved central service cost allocation plan, were included in its indirect cost pool as finally accepted, and that such incurred costs are legal obligations of the Grantee/Contractor and allowable under the governing cost principles; (2) the same costs that have been treated as indirect costs have not been claimed as direct costs; (3) similar types of costs have been accorded consistent accounting treatment; (4) the information provided by the Grantee/Contractor which was used as a basis for acceptance of the rate(s) agreed to herein is not subsequently found to be materially inaccurate; and (5) the Indirect Cost Rate conforms to the most recent Negotiated Agreement with the State Controller's Office.

The Indirect Cost Rate provided for signature approval is based on:

Total Allowable Direct Costs: \_\_\_\_\_%\*\* **or** \*\* Total Personnel Costs: \_\_\_\_\_%

**Note: Choose either "Total Allowable Direct Costs" or "Total Personnel Costs"**

**Auditor Controller (or Designee):**

**Agency/Department Official:**

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Title/Position*

\_\_\_\_\_  
*Title/Position*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*



## Local Health Department (LHD) Indirect Cost Rate (ICR) Proposal

---

**LHD: County/City of** \_\_\_\_\_

**Instructions:** Submit the following completed documents electronically to the California Department of Public Health (CDPH) Financial Management Branch at: [CDPH-ICR-mailbox@cdph.ca.gov](mailto:CDPH-ICR-mailbox@cdph.ca.gov):

1. LHD ICR Proposal (signed)
2. Attachment: Internal Certification of ICR Proposal (signed)
3. Attachment: ICR Checklist and Assessment
4. All Backup documentation: including, but not limited to, Countywide Cost Allocation Plan (CAP) documentation, ICR Summary Spreadsheet; etc.

**NOTE:**

- The above information must be received by CDPH by **November 29, 2013** and the reported ICR will be applied to contracts executed or amended in State Fiscal Year (FY) 2014/15
- If the above required documents are not received by CDPH by the due date, CDPH will cap the LHD ICR at 15% of Total Personnel Costs (Salaries, Wages and Fringe Benefits) for FY 2014-15. Additionally, if the documents are not submitted by the annual due date in 2014 (and subsequent years), the LHD ICR will be capped 10% of Total Personnel Costs in FY 2015-16 (and subsequent years).

---

1. Submitted for use in FY: 20\_\_\_\_ / \_\_\_\_

Approved as actual costs for FY: 20\_\_\_\_ / \_\_\_\_

**\*Note: This should be based on the most recent, complete FY actuals.**

---

2. LHD Contact for ICR: First & Last Name: \_\_\_\_\_  
Title/Position: \_\_\_\_\_

LHD Contact Email: \_\_\_\_\_@\_\_\_\_\_

LHD's Contact Phone: \_\_\_\_\_

---

3. Identify LHD ICR based on the **TWO** methods below (**BOTH A and B**):

- A. ICR calculated based on Salaries, Wages and Fringe Benefits: \_\_\_\_\_%
- B. ICR calculated based on Total Allowable Direct Costs: \_\_\_\_\_%

---

4. Identify the ICR methodology that the LHD will use for CDPH contracts, unless otherwise designated/ restricted by federal grant requirements. Select **ONE** method (**EITHER A or B**) from above:

A. Salaries, Wages & Fringe Benefits

**\*\* OR \*\***

B. Total Allowable Direct Costs:

---



5. LHD total ICR identified above (\_\_\_\_%) Includes:

- i. **Countywide Allocation Plan (CAP):**  Not included or \_\_\_\_%  
 *Exhibit attached: County Negotiated Agreement with the State Controller's Office (SCO), with applicable sections flagged, to confirm CAP approval/attestation by (Enter Entity Name)*
- ii. **Super Agency Indirect Costs (SAIC):**  Not included or \_\_\_\_%  
 *If included, attached is a completed "Internal Certification of ICR Proposal", including appropriate signatures. SAIC approval/attestation by: (Enter Entity Name)*
- iii. **Public Health Dept. Indirect Costs (HDIC):**  Not included or \_\_\_\_%  
 *If included, attached is a completed "Internal Certification of ICR Proposal", including appropriate signatures. HDIC approval/attestation by: (Enter Entity Name)*

.....  
TOTAL (A+B+C): \_\_\_\_%

**\*Note: TOTAL equals ICR rate/percentage identified in #4 above A (\_\_\_\_%) or B (\_\_\_\_%)**

**Attached ICR Summary Spreadsheet** shows how selected ICR was calculated.  
(DO NOT CHECK BOX if an ICR Summary Spreadsheet is not available.)

**Comments/Clarifications:**

**Certification of LHD ICR:**

I certify that the indirect and direct costs provided to CDPH are true, correct and based on total LHD expenditures. I also certify that:

- 1) Countywide CAP is prepared in accordance with cost principles and procedures outlined in the Office of Management and Budget (OMB) A-87 (May 10, 2004 version).
- 2) LHD ICR is prepared in accordance with cost principles and procedures outlined in the OMB A-87.
- 3) All expenditures reported here are in compliance with the OMB Circular A-87.

*To the extent that reporting is not governed by OMB Circular A-87, I certify that Generally Accepted Accounting Principles have been applied.*

By filing this certification I have noticed that this information will be used by CDPH programs in verifying the LHD's ICR. This rate will be used to approve the maximum allowed by CDPH policy (unless otherwise designated by State or Federal funding restrictions and/or requirements):

- 25% cap for ICR calculated based on Total Personnel (Salaries, Wages and Fringe Benefits)
- 15% cap for ICR calculated based on Total Allowable Direct Costs

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**NUTRITION EDUCATION AND OBESITY PREVENTION BRANCH  
INDIRECT COST RATE PROPOSAL**

Grant Name: \_\_\_\_\_

Grant Number: \_\_\_\_\_

This is to certify that I reviewed the indirect cost rate proposal methodology submitted herewith and to the best of my knowledge and belief:

- 1) All costs included in this proposal to establish billing or final indirect costs rates for *[identify period covered by rate]* are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A87, "Cost Principles for State, Local, and Indian Tribal Governments." Unallowable Costs have been adjusted for in allocating costs as indicated in the costs allocation plan.
  
- 2) All costs included in this proposal are properly allocable to Federal awards on the basis of a beneficial or causal relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. Similar types of costs have been accounted for consistently and the California Department of Public Health, Nutrition Education and Obesity Prevention Branch (NEOPB) will be notified of any accounting changes that would affect the predetermined rate.

I declare that the forgoing is true and correct.

Signature: \_\_\_\_\_

Name of Official: \_\_\_\_\_

Title: \_\_\_\_\_

Date of Submission: \_\_\_\_\_

I declare I have reviewed and approved the submitted Indirect Cost Rate Proposal.

NEOPB Signature: \_\_\_\_\_

Name of Official: \_\_\_\_\_

Title: \_\_\_\_\_

Date of Approval: \_\_\_\_\_



### Indirect Cost Rate Proposal Methodology

Grant Name: \_\_\_\_\_

Grant Number: \_\_\_\_\_

1. Separate your total costs for the past fiscal year as direct, unallowable, or indirect costs by line item associated with the agencies budget justification. See Fiscal Guidelines Manual Section 1300, Indirect Cost Rate for examples.
2. Both direct and indirect costs should exclude capital expenditures and unallowable costs.
3. Divide the total indirect costs by the total direct costs

Line Items	Direct	Unallowable	Indirect	Total Costs
Personnel	\$0,000	\$0,000	\$0,000	\$0,000
Fringe Benefit	\$0,000	\$0,000	\$0,000	\$0,000
Operating Expenses	\$0,000	\$0,000	\$0,000	\$0,000
Equipment	\$0,000	\$0,000	\$0,000	\$0,000
Travel and Per Diem	\$0,000	\$0,000	\$0,000	\$0,000
Subcontractor	\$0,000	\$0,000	\$0,000	\$0,000
Other Costs	\$0,000	\$0,000	\$0,000	\$0,000
<b>Total Expenses</b>	<b>\$00,000</b>	<b>\$00,000</b>	<b>\$00,000</b>	<b>\$00,000</b>

4. The resulting percentage is the Indirect Cost Rate proposed to be applied to the budget as your agencies share of the indirect costs.

<b>Indirect Costs</b>	<b>Divided</b>	<b>Total Costs</b>		<b>Indirect Cost Rate</b>
<b>\$00,000</b>	<b>by</b>	<b>\$00,000</b>	<b>Equals</b>	<b>.00000 or 0.000%</b>





QUESTIONS??????



# Invoice

- **Must be based on actual expenses incurred during the month/quarter—to the penny, no rounding.**
- **Correspond directly with the approved budget justification.**
- **Be substantiated by supporting documents.**
- **Email invoice to [NEOPBFiscalRequest@cdph.ca.gov](mailto:NEOPBFiscalRequest@cdph.ca.gov).**
- **PLEASE CHECK YOUR MATH**



# Invoice continued



- Invoice only for expenses that are on your approved budget justification, that has support documentation and are allowable expenses.
- If you have an expense for a quarter that you have already invoiced for, make a note on your documentation that it was omitted from the previous quarter, that you are billing it to the subsequent quarter and add it to the next quarter invoice for reimbursement.
- If you think you will not meet the deadline for submitting your invoice, please submit a written request to your CM for an extension with a justification of your situation 30 days prior to the due date.



# Contractor's Fiscal Schedule



## Invoices

- Federal Fiscal Year October 1 to September 30.
- Invoices paid in arrears, quarterly.
- Deadlines per USDA, contact CM for extension.

## Invoices (Quarterly)

<u>Quarter</u>	<u>Reporting Period</u>	<u>Due Date</u>
• 1st	October 1, 20xx through December 31, 20xx	March 1, 20xx
• 2nd	January 1, 20xx through March 31, 20xx	May 30, 20xx
• 3rd	April 1, 20xx through June 30, 20xx	August 31, 20xx
• 4th	July 1, 20xx through September 30, 20xx	November 30, 20xx

- All invoices are due 60 days after invoice period.



# Contractor's Fiscal Schedule



## Invoices

- Federal Fiscal Year October 1 to September 30.
- Invoices paid in arrears, monthly.
- Deadlines per USDA, contact CM for extension.

## Invoices (Monthly)

<u>Month</u>	<u>Reporting Period</u>	<u>Due Date</u>
• October	October 1, 20xx through October 31, 20xx	December 31, 20xx
• November	November 1, 20xx through November 30, 20xx	January 31, 20xx
• December	December 1, 20xx through December 31, 20xx	February 28, 20xx
• January	January 1, 20xx through January 31, 20xx	March 31, 20xx
• February	February 1, 20xx through February 28(29), 20xx	April 30, 20xx
• March	March 1, 20xx through March 31, 20xx	May 31, 20xx
• April	April 1, 20xx through April 30, 20xx	June 30, 20xx
• May	May 1, 20xx through May 31, 20xx	July 31, 20xx
• June	June 1, 20xx through June 30, 20xx	August 31, 20xx
• July	July 1, 20xx through July 31, 20xx	September 30, 20xx
• August	August 1, 20xx through August 31, 20xx	October 31, 20xx
• September	September 1, 20xx through September 30, 20xx	November 30, 20xx

- All invoices are due 60 days after invoice period.



## NUTRITION EDUCATION AND OBESITY PREVENTION BRANCH COSTS DOCUMENTATION CHECKLIST

### General Instructions:

Use the most recent Nutrition Education and Obesity Prevention Branch (NEOPB), Budget Workbook which contain the most recent United States Department of Agriculture (USDA) approved Budget Justification (BJ), **for comparison purpose only**. The approved BJ is used to corroborate the backup supporting documentation used to compile **actual expenditures** for invoicing. Check for items **not approved** in the BJ. **Ensure the line item total costs invoiced do not exceed the approved amounts in the BJ and/or are on track for the planned rate of spending.**

### A. PERSONNEL SALARIES

**Compare positions and salaries in the BJ against timekeeping documentation [Bi-Weekly Time Log (BWTL), Quarterly Time Study (QTS) and Semi-Annual Certificate of Activity forms] provided for the quarter being invoiced. Verify compliance of the required BWTL, QTS, and Semi-Annual Certificate of Activity forms with current standards. Requirements:**

1. The most current version of the BWTL, QTS or Semi-Annual Certificate of Activity form is being used. No obsolete versions are in use.
2. If the most current standardized BWTL or QTS is not used, a **prior-approved alternate version** can be used: an alternate BWTL approved by Network Contract Manager (CM) and Program Officer (PO) or an alternate QTS approved by USDA. Approval documentation needs to be available for review.
3. Computer/written ledgers/spreadsheets document **actual personnel costs** (actual hours multiplied by actual hourly rates) from the BWTL or QTS.
4. The total hours entered on the BWTL or QTS form equals the computer/written ledger/spreadsheet entries for each staff person.
5. Staff listed on ledgers/activity logs equal the personnel/positions listed on the BJ and closely match their projected full time equivalent (FTE) percentage dedicated to the project.
6. Hourly rates invoiced through Invoice are **actuals** and are backed up with proper documentation. **Example:** annual salary divided by 2080 hours (full time regular 12-month staff) or annual contract hours for teachers and similar school district staff.
7. BWTLs or QTSs for all staff budgeted less than 100% FTE for nutrition education and related activities are signed and dated by staff person **and** supervisor. A supervisor cannot sign their own form.
8. 100% FTE employees (per BJ) have signed Semi-Annual Certificate of Activity form and related Duty Statement, signed and dated by staff person **and** supervisor, on file and available for inspection. The forms must be on agency letterhead.
9. Staff salaries invoiced (e.g., physicians) are reasonable and necessary to the direct provision of SNAP-Ed services and reflect salaries consistent with the nutrition education or related activity they are performing. Supporting documentation is on file and available for any compliance review.
10. Salary expenses listed on general ledger/spreadsheet are within the invoice time frame.
11. BWTL or QTS and corresponding spreadsheets must contain only quarter-hour decimal time entries (e.g. .25, .50, and .75). **Not allowed:** fractions, minutes, non-standard decimals (1.2, 2.69, 3.58), check marks or X's. Do not use white-out or pencil on the forms.
12. Math entries on BWTL or QTS correctly add across rows and down columns.



## B. BENEFITS

**Review BJ to confirm the back-up documentation is invoiced correctly and actual benefit costs or percentages are used.**

1. **Actual** individual benefit costs associated with each staff are used.
2. A list of individual benefits making up the line item is available for a compliance review. **Example:** medical, vision, dental, long term disability, and legally mandated benefits, such as unemployment insurance, state disability insurance.
3. Personnel/positions listed on ledgers and activity logs match personnel/positions listed on the BJ and percentage of benefits charged is in line (approximates) with the projected amount in the BJ. Any variance should be supported.
4. Benefit expenses listed on general ledger, spreadsheet or invoice, are within the invoice time frame.

## C. OPERATING EXPENSES

**Expenses include routine (monthly, quarterly, and ongoing) items such as rent, utilities, office supplies, communications, postage, and duplicating.**

1. Operating expenses invoiced from supporting documents are also found in the approved BJ.
2. Calculate the receipts or general ledger entry dollar amounts to ensure the total amount invoiced equals the total amount reflected in the back-up receipts.
3. A list, such as an Excel worksheet or the itemized expenses, should be available for any compliance review.
4. If the expenses are higher or lower than projected per the BJ, adequate justification is provided.
5. Vendor invoices, bills, or receipts for all operating expenses are allowable and present in the supporting documentation.
6. If any expense is prorated, formulas, calculations or another acceptable basis for prorating can be provided. **Example:** rent, telephone, duplications, and copying.
7. If applicable, a current rental or lease agreement is available for any compliance review including the number of square feet and the cost per square foot.
8. Expenses listed on general ledger, invoice, or spreadsheets are within the invoice time frame and stated on the approved BJ.
9. The math and calculations for all expense documentation add up to the total invoiced amount for this line item.

## D. EQUIPMENT EXPENSES

**Equipment is defined as non-expendable property used to conduct eligible nutrition education and other allowable activities. If the BJ states any equipment is to be prorated (not used exclusively for eligible nutrition education activities or used by less than 100% FTEs), then supporting calculations for the prorating are required.**

1. The equipment expenses invoiced with back-up documents are also stated in the approved BJ.
2. If the equipment expenses are higher or significantly lower than projected in the BJ, adequate support can be provided.



3. Expenses listed on general ledger, invoice, or spreadsheets are within the invoice time frame and stated on the BJ.
4. If an expense is listed as prorated in the BJ, it is prorated in the supporting documentation as well, using the same calculation method.
5. The math and calculations for all expense documentation add up to the total invoiced amount for this line item.
6. An inventory list of equipment purchases is available for review.
7. A physical count or inventory of equipment is completed, documented, and submitted with the fourth quarter or 12<sup>th</sup>-month Invoice each fiscal year.

#### **E. TRAVEL AND PER DIEM**

**Travel and Per Diem can be expensed at 100% if the expenses are associated with a NEOPB-sponsored event. If, according to the BJ, travel and per diem are to be prorated by either the percentage of allowable Nutrition Education content and/or FTE, the completed worksheet titled, “Request form for Non-NEOPB Sponsored Travel,” is used and the back-up documentation for the expenses are prior-approved by the CM/PO staff.**

1. Travel and per diem expenses invoiced have supporting documentations matching the approved BJ: mileage logs, agendas, program flyers, and list of speakers.
2. If the expenses are higher or lower than projected on the approved BJ, adequate support needs to be provided.
3. For expenses, travel reimbursement rates are invoiced per California Department of Human Resources (CalHR) guidelines and are applied to all employees, subcontractors, consultants, advisory committee members, etc. City, school district and county mileage rates that vary from CalHR rates are not allowed.
4. Hotel rates are appropriate for the respective area per CalHR guidelines.
5. Per diem rates are consistent with and applicable to respective times traveled.
6. Travel expense claims reflect the traveler’s name and title or classification, start and end date, time of travel, and purpose of travel.
7. Non-NEOPB Sponsored Travel Request forms are completed, submitted, and approved prior to, and as appropriate for trips not already listed on the BJ.
8. Travel costs are prorated as appropriate based on CM/PO determination of nutrition education content of the conference/training and/or percent FTE of staff per “Request form for Non-NEOPB Sponsored Travel.”
9. Expenses listed on general ledger, invoice, or spreadsheets are within the invoice time frame and stated on the approved BJ.
10. The math and calculations for all expenses documentation add up to the total invoiced amount for this line item.

#### **F. SUBCONTRACTS**

**Signed, current contracts are on file for each subcontractor prior to invoicing. The Subcontractors are listed in the BJ. An invoice from each Subcontractor supports any claim. Supporting or back-up documentation supplied by each Subcontractor that invoiced during the period under review is available.**

1. Invoices, bills, or receipts for all subcontracted, consultant and mini-grant expenses support amounts invoiced.
2. For each invoice, bills or receipts for all subcontracts and back-up documentation supplied from the Subcontractor are available for review.



3. Backup or supporting documentation supplied by each Subcontractor meets all NEOPB requirements and was pre-approved in the BJ. **Review criteria:** allowability, billed in the correct quarter, totals to the amount invoiced by the contractor, etc.
4. Signed Subcontractor and Consultant Agreement(s) should include Scope of Work, Term, Budgeted Costs, Deliverables, etc. Subcontract agreement(s) are on file for any compliance review and are paid using NEOPB funding.
5. Expenses listed on general ledger, invoice, or spreadsheets are within the invoice time frame and stated on the approved BJ.
6. The math and calculations for all expenses documentation add up to the total invoiced amount for this line item.

#### **G. OTHER COSTS**

**Expenses include non-routine, occasional, or one-time expenses such as training, Nutrition Education Materials (not to exceed \$4 per item), advertising, etc.**

1. Vendor invoices, bills, receipts, or entries in the contractor's general ledger are for allowable costs and support actual items invoiced.
2. Expenses are allowable and are appropriate as determined by the CM/PO.
3. Formula, calculations or another acceptable basis for prorating can be provided by the contractor if any expense is being prorated.
4. Expenses listed on general ledger, invoice, or spreadsheets are within the invoice time frame and stated on the approved BJ.
5. The math and calculations for all expense documentation add up to the total invoiced amount for this line item.

#### **H. INDIRECT COSTS**

**Supporting documentation contains a description of items included in the indirect cost rate. Documentation is usually issued in a semi-annual or annual letter from federal departments, California Department of Public Health, California Department of Education, another California state department, city or county fiscal office or NEOPB Approved Indirect Cost Rate.**

1. Computation and records of expenditures of actual costs associated with Indirect Rates (including vendor purchase orders from outside services, county department or city agencies such as utilities, janitorial, payroll, bookkeeping, legal, etc.) are available for review.
2. A list of items billed under indirect costs is available for review.
3. The indirect cost rates should be actual approved rate and if being applied differently from the rate stated on the BJ, the contractor needs to provide an explanation at the review.
4. The math and calculations for all expenses documentation add up to the total invoiced amount for this line item.
5. Source documentation is provided and confirms the contractor's use of proper Standard Federal Indirect Cost Rate (federally negotiated rate) or other allowable formula. (This information should be readily available from the agency's fiscal department.)



Grantee Name \_\_\_\_\_

Fiscal Year \_\_\_\_\_ Quarter \_\_\_\_\_

BJ No.	Position Title	Name	School or Location	Hours for the Quarter			Total Grant Hours for the Quarter	Hourly Pay Rate	Grant Salary (Hours X Pay Rate)	Statutory Benefits by \$\$				Voluntary Benefits by \$\$				Total All Benefits %%	Total Fringe Benefits Cost
				Month	Month	Month				Social Security	Medicare	CA Disab. Ins.	Worker's Comp	Medical	Dental	Vision	Long Term Disab.		
1	Project Coordinator	Abe Carter	Main Office	20.00	22.25	25.00	67.25	42.3400	\$ 2,847.37	\$ 178.85	\$ 41.86	\$ 2.48	\$ 2.48	\$ 427.10	\$ 56.95	\$ -	\$ -	24.93%	\$ 709.72
2	Nutritionist	Lucy Ride	Main Office	52.00	40.50	45.25	137.75	28.5800	\$ 3,936.90	\$ 255.90	\$ 57.87	\$ 3.39	\$ 3.39	\$ 590.53	\$ 196.84	\$ -	\$ 1.26	28.17%	\$ 1,109.18
3	Accountant	Jim Van Duck	Fiscal Office	10.00	8.25	15.75	34.00	26.2200	\$ 891.48	\$ 57.95	\$ 13.10	\$ 1.41	\$ 1.41	\$ 133.72	\$ 44.57	\$ 2.00	\$ 1.32	28.66%	\$ 255.48
4	Admin Assistant	Valerie Gray	Main Office	5.00	12.00	10.50	27.50	12.7200	\$ 349.80	\$ 22.74	\$ 5.14	\$ 1.10	\$ 1.10	\$ 52.47	\$ 17.49	\$ 2.00	\$ -	29.17%	\$ 102.04
5	Health Educator	Daisy Duck	Health Office	24.00	38.50	32.75	95.25	30.0000	\$ 2,857.50	\$ 185.74	\$ 42.01	\$ 2.68	\$ 2.68	\$ 428.63	\$ 142.88	\$ 2.00	\$ 2.87	28.33%	\$ 809.49
6	Fiscal Analyst	Jan Smith	Fiscal Office	8.00	12.25	20.25	40.50	18.2300	\$ 738.32	\$ 47.99	\$ 10.85	\$ 1.03	\$ 1.03	\$ 110.75	\$ 36.92	\$ 4.00	\$ 7.38	29.79%	\$ 219.95
7	Community Outreach Worker	Sally Brown	Health Office	20.00	18.25	16.75	55.00	15.6400	\$ 860.20	\$ 55.91	\$ 12.64	\$ 2.02	\$ 2.02	\$ 129.03	\$ 17.20	\$ 2.00	\$ 8.60	26.67%	\$ 229.42
8				0.00	0.00	0.00	0.00	0.0000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9				0.00	0.00	0.00	0.00	0.0000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10				0.00	0.00	0.00	0.00	0.0000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11				0.00	0.00	0.00	0.00	0.0000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12				0.00	0.00	0.00	0.00	0.0000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13				0.00	0.00	0.00	0.00	0.0000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
14				0.00	0.00	0.00	0.00	0.0000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
15				0.00	0.00	0.00	0.00	0.0000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
16				0.00	0.00	0.00	0.00	0.0000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17				0.00	0.00	0.00	0.00	0.0000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
18				0.00	0.00	0.00	0.00	0.0000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
19				0.00	0.00	0.00	0.00	0.0000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
20				0.00	0.00	0.00	0.00	0.0000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
				139.00	152.00	166.25	457.25		\$12,481.56										\$3,435.28



Grant Name \_\_\_\_\_

Fiscal Year \_\_\_\_\_ Quarter \_\_\_\_\_

BJ No.	Position Title	Name	Location	Hours for the Quarter			Total Grant Hours for the Quarter	Hourly Pay Rate	Grant Salary (Hours X Pay Rate)	Statutory Benefits				Voluntary Benefits				Total All Benefits %	Total Fringe Benefits Cost
				Month	Month	Month				Social Security	Medicare	CA Disab. Ins.	Worker's Comp	Medical	Dental	Vision	Long Term Disab.		
1	Project Coordinator	Abe Carter	Main Office	20.00	22.25	25.00	67.25	42.3400	\$ 2,847.37	6.20%	1.45%	1.10%	1.10%	15.20%	4.20%	0.00%	0.41%	29.66%	\$ 844.53
2	Nutritionist	Lucy Ride	Main Office	52.00	40.50	45.25	137.75	28.5800	\$ 3,936.90	6.20%	1.45%	1.10%	1.10%	16.50%	3.80%	0.00%	0.31%	30.46%	\$ 1,199.18
3	Accountant	Jim Van Duc	Fiscal Office	10.00	8.25	15.75	34.00	26.2200	\$ 891.48	6.20%	1.45%	1.10%	1.10%	16.70%	3.20%	0.30%	0.30%	30.35%	\$ 270.56
4	Admin Assistant	Valerie Gray	Main Office	5.00	12.00	10.50	27.50	12.7200	\$ 349.80	6.20%	1.45%	1.10%	1.10%	17.56%	1.54%	0.60%	0.30%	29.85%	\$ 104.42
5	Health Educator	Daisy Duck	Health Office	24.00	38.50	32.75	95.25	30.0000	\$ 2,857.50	6.20%	1.45%	1.10%	1.10%	18.25%	1.41%	0.70%	0.25%	30.46%	\$ 870.39
6	Fiscal Analyst	Jan Smith	Fiscal Office	8.00	12.25	20.25	40.50	18.2300	\$ 738.32	6.20%	1.45%	1.10%	1.10%	18.65%	1.25%	0.80%	0.20%	30.75%	\$ 227.03
7	Community Outreach Worker	Sally Brown	Health Office	20.00	18.25	16.75	55.00	15.6400	\$ 860.20	6.20%	1.45%	1.10%	1.10%	18.75%	1.25%	0.92%	0.00%	30.77%	\$ 264.68
8				0.00	0.00	0.00	0.00	0.0000	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$ -
9				0.00	0.00	0.00	0.00	0.0000	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$ -
10				0.00	0.00	0.00	0.00	0.0000	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$ -
11				0.00	0.00	0.00	0.00	0.0000	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$ -
12				0.00	0.00	0.00	0.00	0.0000	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$ -
13				0.00	0.00	0.00	0.00	0.0000	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$ -
14				0.00	0.00	0.00	0.00	0.0000	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$ -
15				0.00	0.00	0.00	0.00	0.0000	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$ -
16				0.00	0.00	0.00	0.00	0.0000	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$ -
17				0.00	0.00	0.00	0.00	0.0000	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$ -
18				0.00	0.00	0.00	0.00	0.0000	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$ -
19				0.00	0.00	0.00	0.00	0.0000	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$ -
20				0.00	0.00	0.00	0.00	0.0000	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$ -
				139.00	152.00	166.25	457.25		\$12,481.56									\$3,780.80	















**INVOICE**  
(See Reverse for Instructions)

California Department of Public Health  
Network for A Healthy California  
Mail Station 7204  
P.O. Box 997377  
Sacramento, CA 95899-7377

Date: \_\_\_\_\_

**Contractor Name/Address (to send warrant)**  
[ ] Check if remittance address changed since last invoice

Check for Final Invoice Contract Term [ ]  
Check for Final Invoice Fiscal Year [ ]  
Check if you anticipate a Supplemental Invoice [ ]  
Contract Number: \_\_\_\_\_  
Contract Term: \_\_\_\_\_  
Invoice Period: \_\_\_\_\_

Telephone: \_\_\_\_\_

Budget Categories (1)	Approved Budget (2)	Actual Expenses This Period (3)	Cumulative Expenses to Date (4)	Unexpended Balance (5)
A. PERSONNEL SALARIES				-
B. FRINGE BENEFITS ___% of Personnel Salaries				-
C. OPERATING EXPENSES				-
D. EQUIPMENT EXPENSES				-
E. TRAVEL AND PER DIEM (at State DPA rates)				-
F. SUBCONTRACTS				-
G. OTHER COSTS				-
H. INDIRECT COSTS ___% of _____				-
TOTAL EXPENSES	-	-	-	-
<b>TOTAL PAYMENT REQUESTED</b>		-		

I certify that this claim is in all respects true, correct, supportable by available documentation, and in compliance with all terms/conditions, laws, and regulations governing its payment.

\_\_\_\_\_  
Signature of Authorized Accounting Representative      Date

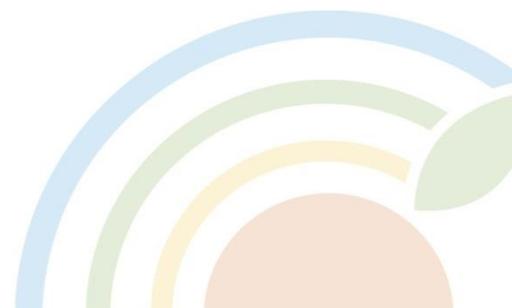
**FOR STATE USE ONLY**

I certify that this claim is in all respects true, correct, supportable by available documentation, and in compliance with all terms/conditions, laws, and regulations governing its payment.

\_\_\_\_\_  
Signature of Authorized Network Staff      Date

**CALSTARS CODING (FOR STATE USE ONLY)**

Fiscal Year	PCA					Index			Object Code	Agency Object	Project Number	Work Phase								
	5	1	1	0	5	5	3	1	2	7	0	2	0	3	R	5	1	1	0	3





TO: California Department of Public Health

### Invoice Detail

Invoice Date: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_ Email to Vendor

FROM: Vendor ID: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_ CDPH Edit

CDPH Email: \_\_\_\_\_

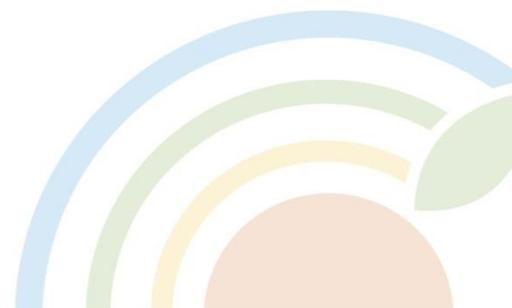
Vendor Email: \_\_\_\_\_

Agreement Number: \_\_\_\_\_ Amendment No. 0 Agreement Term: \_\_\_\_\_

Inv. Number: \_\_\_\_\_

Final Invoice

Budget Categories	Approved Year 2014 Budget	Actual Expenses Quarter 1	Actual Expenses Quarter 2	Actual Expenses Quarter 3	Actual Expenses Quarter 4	Cumulative Expenses to Date	Balance
<b>Salaries</b>	-	-	-	-	-	\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
<b>Materials</b>	-	-	-	-	-	\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
<b>Benefits</b>	-	-	-	-	-	\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
<b>Operating Expense</b>	-	-	-	-	-	\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
<b>Travel</b>	-	-	-	-	-	\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
<b>Sub Grants 2</b>	-	-	-	-	-	\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
<b>Other Costs</b>	-	-	-	-	-	\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
<b>Total</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -



STATE OF CALIFORNIA – DEPARTMENT OF FINANCE  
**INVOICE DISPUTE NOTIFICATION**  
 STD. 209 (REV. 7/2006)

(Mail in a window envelope.)  <div style="border: 1px solid black; width: 80%; margin: 0 auto; height: 60px;"></div>	DATE OF DISPUTE _____ INVOICE NUMBER _____ AMOUNT _____ INVOICE DATE _____ REFERENCE NUMBER(S) _____
--	--

(fold)

**The invoice referenced above is disputed for the following reasons:**

- |   |  |
|---|--|
| <input type="checkbox"/> Goods/Services not received<br><input type="checkbox"/> Noncompliance with contract<br><input type="checkbox"/> Incorrect billing/amount due<br><input type="checkbox"/> Partial shipment received<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> Duplicate billing<br><input type="checkbox"/> Invoice belongs to another department<br><input type="checkbox"/> Damaged goods<br><input type="checkbox"/> Invoice not properly executed |
|---|--|

**THIS NOTIFICATION IS A FOLLOWUP TO A PHONE CONVERSATION WITH THE PERSON FROM YOUR COMPANY WHOSE NAME APPEARS BELOW**

NAME	DATE OF CONVERSATION
------	----------------------

**IF YOU HAVE ANY QUESTIONS REGARDING THIS DISPUTE, CONTACT:**

NAME	TELEPHONE NUMBER
E-MAIL	

(fold)

FOR STATE AGENCY USE ONLY	
DATE DISPUTE RESOLVED	INITIAL
RESOLUTION	

**RETURN A COPY OF THIS NOTIFICATION WITH THE CORRECTED INVOICE (IF APPLICABLE)**

(For your convenience, the return address has been positioned for use in a window envelope.)

**RETURN TO:**

**DISTRIBUTION:**  
 Vendor — original and one copy  
 Purchasing — one copy  
 Accounting — one copy  
 File — one copy





# Contractor's Release Form

- **Completed, signed, and returned with final invoice at the end of the last grant term.**
- **Use CDPH 2352 form in your grant.**
- **Signatory of CDPH 2352 and grant must have same signature authority.**
- **Must include grant name, number, amount of final invoice, and final invoice date.**
- **Note: Prime Grantee will provide subcontractor with this form or the county version of this form and instructions on when to submit.**



## Contractor's Release

### Instructions to Contractor:

**With final invoice(s) submit one (1) original and one (1) copy.** The original must bear the original signature of a person authorized to bind the Contractor. The additional copy may bear photocopied signatures.

### Submission of Final Invoice

Pursuant to **contract number** \_\_\_\_\_ entered into between the California Department of Public Health (CDPH) and the Contractor (identified below), the Contractor does acknowledge that final payment has been requested via **invoice number(s)** \_\_\_\_\_, in the **amount(s) of \$** \_\_\_\_\_ and **dated** \_\_\_\_\_.  
If necessary, enter "See Attached" in the appropriate blocks and attach a list of invoice numbers, dollar amounts and invoice dates.

### Release of all Obligations

By signing this form, and upon receipt of the amount specified in the invoice number(s) referenced above, the Contractor does hereby release and discharge the State, its officers, agents and employees of and from any and all liabilities, obligations, claims, and demands whatsoever arising from the above referenced contract.

### Repayments Due to Audit Exceptions / Record Retention

By signing this form, Contractor acknowledges that expenses authorized for reimbursement does not guarantee final allowability of said expenses. Contractor agrees that the amount of any sustained audit exceptions resulting from any subsequent audit made after final payment will be refunded to the State.

All expense and accounting records related to the above referenced contract must be maintained for audit purposes for no less than three years beyond the date of final payment, unless a longer term is stated in said contract.

### Recycled Product Use Certification

By signing this form, Contractor certifies under penalty of perjury that a minimum of 0% unless otherwise specified in writing of post consumer material, as defined in the Public Contract Code Section 12200, in products, materials, goods, or supplies offered or sold to the State regardless of whether it meets the requirements of Public Contract Code Section 12209. Contractor specifies that printer or duplication cartridges offered or sold to the State comply with the requirements of Section 12156(e).

### Reminder to Return State Equipment/Property (If Applicable)

(Applies only if equipment was provided by CDPH or purchased with or reimbursed by contract funds)

Unless CDPH has approved the continued use and possession of State equipment (as defined in the above referenced contract) for use in connection with another CDPH agreement, Contractor agrees to promptly initiate arrangements to account for and return said equipment to CDPH, at CDPH's expense, if said equipment has not passed its useful life expectancy as defined in the above referenced contract.

### Patents / Other Issues

By signing this form, Contractor further agrees, in connection with patent matters and with any claims that are not specifically released as set forth above, that it will comply with all of the provisions contained in the above referenced contract, including, but not limited to, those provisions relating to notification to the State and related to the defense or prosecution of litigation.

**ONLY SIGN AND DATE THIS DOCUMENT WHEN ATTACHING IT TO THE FINAL INVOICE**

Contractor's Legal Name (as on contract): \_\_\_\_\_

Signature of Contractor or Official Designee: \_\_\_\_\_ Date: \_\_\_\_\_

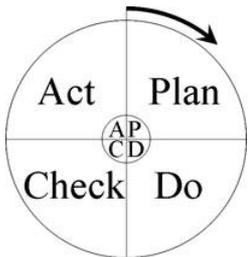
Printed Name/Title of Person Signing: \_\_\_\_\_

Distribution:      Accounting (Original)      Program



# CCMU Review

- **Notification Letter of review date, time and period being review. Review period is normally a period that has already been submitted for reimbursement.**
- **Agenda & Timeline**
- **Instruction Packet on what and how to prepare.**
- **Checklist and Spreadsheets**
- **Once review is completed, the following will take place:**
  1. **You will receive a letter and detailed report. If there are no priority findings, review will be closed.**
  2. **If there are any priority findings, you will receive in addition, a Corrective Action Plan (CAP). Once the CAP has been completed (Monetary Recovery, Internal Process Improvements, etc.) report/CAP will be closed.**



# Fiscal and Administrative Compliance



- Grantees must adhere to all fiscal and administrative compliance requirements of USDA and NEOPB grant exhibits, policies and guidelines. All SNAP-Ed activities and materials must be reasonable in cost and scope, necessary and targeted to the SNAP eligible participants.
- The NEOPB assigned CM will monitor each grant for submission of the fiscal and administrative deliverables. The grantees are required to notify their assigned CM of any changes or potential problems with meeting these deliverables.
- Grants are considered effective once the BJ is approved by USDA and the contractual documents are signed by CDPH, and if required, the California Department of General Services (DGS).
- In the event of delays in the procurement process, a grant may not begin on October 1<sup>st</sup> of the budget year. In this case, the local Agency's actual start date will be the date the grant is signed and approved by DGS and/or CDPH.



# Fiscal and Administrative Compliance continued



- Additionally, if there is a delay in the USDA approval of the NEOPB's State Plan, and/or in the event that Congress does not approve the United States/USDA Federal Budget on time may also cause delays to the grant October 1<sup>st</sup> start date.
- Services performed and expenditures incurred by grantees before the grant is fully executed will not be eligible for federal reimbursement.
- Grantees and subcontractors are expected to meet and stay within the boundaries of the contractual agreement when managing their approved budget. If a grantee does not adhere to the parameters of the budget and all efforts for remedy are ineffective, corrective action(s) will be taken by NEOPB to improve the agency's performance.

# Fiscal and Administrative Compliance continued



The following is a list of possible corrective actions NEOPB can impose on grantees that demonstrate a pattern of non-compliance, including but not limited to:

1. Develop and implement a corrective action plan.
2. Request refund of prior payment(s).
3. Withhold invoice payments or a percentage of the invoice amount.
4. Grant budget reduction (funds released may be used to fund growth for other grantees that have a record of good performance).
5. Placed on probation and invoices monitored/reviewed prior to payment.
6. Reduce a grant term.
7. Non-renewal of a grant.
8. Early termination of a grant.

**“IT’S ALL ABOUT COMMUNICATION!”**

We are all on the same team working together to accomplish the same goal.

Please communicate any problems or concerns you may have adhering to the fiscal requirements of the program to NEOPB.

# Fiscal Documentation and Record Keeping



- USDA and NEOPB requires all grantees and subcontractors to use the USDA/NEOPB approved forms, unless prior approval is provided by NEOPB for use of an alternative form.
- Must maintain accurate detailed records of *all* actual federal expenditures associated with the program for each fiscal year of the grant term.
- Periodic desk/onsite reviews of documentation may be conducted to ascertain a grantee's adherence to the fiscal documentation requirements of the grant.
- Documents *must* be made available upon request by grantees and subcontractors to NEOPB and USDA if they choose to conduct a review or audit.
- Must follow record retention requirements that the grantee/subcontractor retain all records pertaining to grant for a minimum of three years after the end of the grant term in case of a State or Federal review/audit.
- *“The goal of maintaining accurate, detailed documentation is that a reviewer could come in, review your documents with minimum to no questions!”*



**HAVE A  
QUESTION?**

**QUESTIONS, COMMENTS,  
CONCERNS??????**





# The End!!!!

Thank you for your participation in the NEOPB  
Fiscal and Administrative Orientation!

**Thank You** *Mahalo*  
*Kiitos*  
*Tack* *Toda*  
*Grazie* **Thanks**  
*Takk* **Gracias** **Merci**

