

Federal Fiscal Year (FFY) 16 Closeout Process

CA Department of Public Health WIC Program

Telephone # 1-877-402-9753
Attendee Access Code # 9537649



Agenda

- Deadlines
- Completing Report of Actual Expenditure (RAE)
- RAE Designee Letter
- Tips for Closing Out the Year
- Disputes
- What and Where to Submit
- Contacts

Closeout Deadlines

September 30th, 2016

- Procurements approved

November 15th, 2016 – ALL AGENCIES

- Final invoice is recommended to be submitted before Nov. 15th
- Final invoice approved (must be approved before working on the RAE)
- Report of Actual Expenditure (RAE) packet submitted

December 15th, 2016 – Agencies that previously submitted an RAE with Unliquidated Obligations

- Final revised invoice (must be approved before working on the revised RAE)
- Final revised RAE packet submitted

What are your questions about the Closeout process deadlines?

Press *6 to unmute



Closeout Process

Step 1: Complete and submit Final Invoice

1. Final Invoice
2. NSA Operating Worksheet
3. Master Summary

Step 2: Have Final Invoice approved

Step 3: Complete and submit RAE packet

1. List of Unliquidated Obligations (ULOs)
2. Expenditure Worksheet
3. NSA Operating Expenses Worksheet
4. Time Sheet Summary
5. Report of Actual Expenditures (RAE)



LIST OF UNLIQUIDATED OBLIGATIONS

Enter Local Agency Name and Contract Number here. Information will auto populate on the rest of the RAE worksheets

Local Agency Name: **Sample Local Agency**
 Contract Number.: **15-12345**

An Unliquidated Obligation (ULO) is a commitment to purchase tangible goods and/or services that have not yet been paid. Local Agencies must have on file approved procurements that have been signed and dated on or before September 30th to claim reimbursement for a budget period.

NOTE: ULOs not reported on this Worksheet cannot be claimed for reimbursement at a later date. The ULO section on the Final Worksheet must total zero (\$0) dollars.

VENDOR NAME	ITEM (S)	DOCUMENT NUMBER (Contract No, PO No, etc.)	ULO Amount
			\$ -
			\$ -
			\$ -
		TOTAL	\$ -

LIST OF UNLIQUIDATED OBLIGATIONS

...Completed

Local Agency Name:	Sample Local Agency		
Contract Number.:	15-12345		

An Unliquidated Obligation (ULO) is a commitment to purchase tangible goods and/or services that have not yet been paid. Local Agencies must have on file approved procurements that have been signed and dated on or before September 30th to claim reimbursement for a budget period.

NOTE: ULOs not reported on this Worksheet cannot be claimed for reimbursement at a later date. The ULO section on the Final Worksheet must total zero (\$0) dollars.

VENDOR NAME	ITEM (S)	DOCUMENT NUMBER (Contract No, PO No, etc.)	ULO Amount
Papa's Locksmith	Repair Lock	33494	\$ 170.00
J's Office Warehouse	Office Supplies	33870	\$ 1,154.00
NW Publications	Books	33886	\$ 1,200.00
			\$ -
		TOTAL	\$ 2,524.00

What are your questions about completing the List of Unliquidated Obligations (ULO)s?

Press *6 to unmute



Expenditure Worksheet

Local Agency Name: Sample Local Agency					Contract Number: 15-12345					
Step One	Section A Total Expenditure		Section B Non NSA Grants		Section C (A-B)		Section D		Section E (C+D)	
	Amount Invoiced		Breastfeeding Peer Counseling (PCA 53313)	Farmers' Market Nutrition Program (PCA 53300)	Total NSA Personnel Invoiced		Unliquidated Obligations (ULOs)		Total NSA Personnel & ULOs	
	PERSONNEL									
	Salaries & Wages	\$ -	\$ -	\$ -	\$ -	-	\$ -	-	\$ -	-
	Fringe Benefits	\$ -	\$ -	\$ -	\$ -	+	\$ -	-	\$ -	-
TOTAL	\$ -	\$ -	\$ -	\$ -	+	\$ -	-	\$ -	-	
Step Two	Section F		Section G		Section H		Section I		Section J	
	Amount Invoiced		Breastfeeding Peer Counseling (PCA 53313)	Farmers' Market Nutrition Program (PCA 53300)	Total NSA Direct Operating Invoiced		Unliquidated Obligations (ULOs)		Total NSA Direct Operating & ULOs	
	DIRECT OPERATING									
	Operating Expenses	\$ -	\$ -	\$ -	\$ -	+	\$ -	-	\$ -	-
Major Equipment	\$ -	\$ -	\$ -	\$ -	+	\$ -	-	\$ -	-	
Subcontracts	\$ -	\$ -	\$ -	\$ -	+	\$ -	-	\$ -	-	
TOTAL	\$ -	\$ -	\$ -	\$ -	+	\$ -	-	\$ -	-	
Step Three	Section K		Section L Non NSA Grants		Section M		Section N		Section O	
	Amount Invoiced		Breastfeeding Peer Counseling (PCA 53313)	Farmers' Market Nutrition Program (PCA 53300)	Total NSA Indirect Invoiced		Unliquidated Obligations (ULOs)		Total Indirect & ULOs	
	INDIRECT OPERATING									
	TOTAL	\$ -	\$ -	\$ -	\$ -	+	\$ -	-	\$ -	-
GRAND TOTALS	Section P		Section Q Total Non NSA Grants		Section R		Section S		Section T	
	Total Invoiced		Breastfeeding Peer Counseling (PCA 53313)	Farmers' Market Nutrition Program (PCA 53300)	Total NSA Invoiced		Total Unliquidated Obligations (ULOs)		Total NSA & ULOs	
	\$ -		\$ -	\$ -	\$ -		\$ -		\$ -	
Local Agency Completes										
Formula Driven										

Final Invoice

WIC PROGRAM INVOICE Budget Period 10/01/15 - 09/30/16

Contractor's Name: Sample Local Agency
Contractor's Address: 1234 WIC Road
Sacramento, CA 95834

Invoice Date: October 10, 2016
Invoice Number: #12
Contract Number: 15-12345
Vendor Number: 0000001234-00
Billing Period: Sept. 1-30, 2016

Budget Line Items	Budgeted Amount	Year to Date Previously Invoiced	Total Amount Requested	Year to Date Invoiced	Remaining Budgeted Amount
PERSONNEL	\$ 415,037				\$ 9,127
Total Salaries & Wages	\$ 275,195	\$ 231,637.55	\$ 36,513.54	\$ 268,151.09	\$ 7,043.91
Fringe Benefits	\$ 74,842	\$ 66,043.76	\$ 6,714.73	\$ 72,758.49	\$ 2,083.51
OPERATING EXPENSES	\$ 162,255	\$ 140,962.91	\$ 9,489.04	\$ 150,451.92	\$ 11,803.08
Minor Equipment	\$ 2,300	\$ -	\$ -	\$ -	\$ 2,300.00
General Office Expenses	\$ 70,850	\$ -	\$ 992.71	\$ 66,269.48	\$ 4,584.52
Training	\$ 6,230	\$ -	\$ -	\$ 4,892.00	\$ 1,338.00
Travel	\$ 6,000	\$ -	\$ 1,247.56	\$ 5,413.96	\$ 586.04
Professional Certifications	\$ 470	\$ -	\$ -	\$ 470.00	\$ -
Outreach	\$ 200	\$ -	\$ -	\$ 200.00	\$ -
Media/Promotion	\$ 617	\$ 600.00	\$ -	\$ 600.00	\$ 17.00
Program Materials	\$ 12,000	\$ 8,000.41	\$ 2,000.41	\$ 10,000.82	\$ 1,999.18
Vehicle Maintenance	\$ 500	\$ 500.00	\$ -	\$ 500.00	\$ -
Audit	\$ -	\$ -	\$ -	\$ -	\$ -
Facility Costs	\$ 63,084	\$ 56,857.33	\$ 5,248.33	\$ 62,105.66	\$ 978.34
MAJOR EQUIPMENT	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone System	\$ -	\$ -	\$ -	\$ -	\$ -
Information Technology Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Vehicle(s)	\$ -	\$ -	\$ -	\$ -	\$ -
Photocopy Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
SUBCONTRACTS	\$ -	\$ -	\$ -	\$ -	\$ -
INDIRECT COSTS (Maximum 14.3000% of Total Personnel Costs)	\$ 59,350	\$ 42,568.35	\$ 7,475.04	\$ 50,043.39	\$ 9,306.61
TOTALS	\$ 636,642	\$ 481,212.57	\$ 60,192.32	\$ 541,404.89	\$ 30,237.11
		Amount to be Paid	\$ 60,192.32		

Input [hard key]
these amounts
into Expenditure
Worksheet

Expenditure Worksheet

...Continued

Local Agency Name: Sample Local Agency	Contract Number: 15-12345
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Step One	Section A Total Expenditure		Section B Non NSA Grants			Section C (A-B)		Section D		Section E (C+D)
	Amount Invoiced		Breastfeeding Peer Counseling (PCA 53313)	Farmers' Market Nutrition Program (PCA 53300)		Total NSA Personnel Invoiced		Unliquidated Obligations (UOs)		Total NSA Personnel & UOs
PERSONNEL										
Salaries & Wages	\$ 268,151.09	-	\$ 48,399.70	\$ -	=	\$ 219,751.39	+	\$ -	=	\$ 219,751.39
Fringe Benefits	\$ 72,758.49	-	\$ 11,206.50	\$ -	=	\$ 61,551.99	+	\$ -	=	\$ 61,551.99
TOTAL	\$ 340,909.58	-	\$ 59,606.20	\$ -	=	\$ 281,303.38	+	\$ -	=	\$ 281,303.38

Step Two	Section F		Section G Non NSA Grants			Section H		Section I		Section J
	Amount Invoiced		Breastfeeding Peer Counseling (PCA 53313)	Farmers' Market Nutrition Program (PCA 53300)		Total NSA Direct Operating Invoiced		Unliquidated Obligations (UOs)		Total NSA Direct Operating & UOs
DIRECT OPERATING										
Operating Expenses	\$ 150,451.92	-	\$ 7,860.00	\$ -	=	\$ 142,591.92	+	\$ 2,524.00	=	\$ 145,115.92
Major Equipment	\$ -	-	\$ -	\$ -	=	\$ -	+	\$ -	=	\$ -
Subcontracts	\$ -	-	\$ -	\$ -	=	\$ -	+	\$ -	=	\$ -
TOTAL	\$ 150,451.92	-	\$ 7,860.00	\$ -	=	\$ 142,591.92	+	\$ 2,524.00	=	\$ 145,115.92

Reminder: Do not use formulas

Reminder: Do not Copy/Paste

Step Three	Section K		Section L Non NSA Grants			Section M		Section N		Section O
	Amount Invoiced		Breastfeeding Peer Counseling (PCA 53313)	Farmers' Market Nutrition Program (PCA 53300)		Total NSA Indirect Invoiced		Unliquidated Obligations (UOs)		Total Indirect & UOs
INDIRECT OPERATING										
TOTAL	\$ 50,043.39	-	\$ 8,664.64	\$ -	=	\$ 41,378.75	+	\$ -	=	\$ 41,378.75

	Section P		Section Q Total Non NSA Grants			Section R		Section S		Section T
	Total Invoiced		Breastfeeding Peer Counseling (PCA 53313)	Farmers' Market Nutrition Program (PCA 53300)		Total NSA Invoiced		Total Unliquidated Obligations (UOs)		Total NSA & UOs
GRAND TOTALS	\$ 541,404.89	-	\$ 76,130.84	\$ -	=	\$ 465,274.05	+	\$ 2,524.00	=	\$ 467,798.05

Local Agency Completes Formula Driven

Expenditure Worksheet

...Continued

Local Agency Name: Sample Local Agency				Contract Number: 15-12345							
Step One		Section B Non NSA Grants		Section C (A-B)		Section D		Section E (C+D)			
PERSONNEL		Breastfeeding Peer Counseling (PCA 53313)		Farmers' Market Nutrition Program (PCA 53300)		Total NSA Personnel Invoiced		Unliquidated Obligations (ULOs)		Total NSA Personnel & ULOs	
Amount Invoiced											
Salaries & Wages		\$ -		\$ -		\$ -		\$ -		\$ -	
Fringe Benefits		\$ -		\$ -		\$ -		\$ -		\$ -	
TOTAL		\$ -		\$ -		\$ -		\$ -		\$ -	
Step Two		Section G Non NSA Grants		Section H		Section I		Section J			
DIRECT OPERATING		Breastfeeding Peer Counseling (PCA 53313)		Farmers' Market Nutrition Program (PCA 53300)		Total NSA Direct Operating & ULOs		Total NSA Direct Operating & ULOs			
Amount Invoiced											
Operating Expenses		\$ -		\$ -		\$ -		\$ -			
Major Equipment		\$ -		\$ -		\$ -		\$ -			
Subcontracts		\$ -		\$ -		\$ -		\$ -			
TOTAL		\$ -		\$ -		\$ -		\$ -			
Step Three		Section L Non NSA Grants		Section M		Section N		Section O			
INDIRECT OPERATING		Breastfeeding Peer Counseling (PCA 53313)		Farmers' Market Nutrition Program (PCA 53300)		Total NSA Indirect Invoiced		Unliquidated Obligations (ULOs)		Total Indirect & ULOs	
Amount Invoiced											
TOTAL		\$ -		\$ -		\$ -		\$ -		\$ -	
GRAND TOTALS		\$ -		\$ -		\$ -		\$ -		\$ -	
Local Agency Completes		Formula Driven									

Hard key amounts from final Invoice

Final Invoice

...Continued

OTHER WIC SERVICES: Breastfeeding Peer Counseling Program [BFPC] (53313) - Optional					
Budget Line Items	Budgeted Amount	Year to Date Previously Invoiced	Amounts Requested	Year to Date Invoiced	Remaining Budgeted Amount
PERSONNEL	\$ 62,726.00				\$ 3,119.80
Salaries & Wages	\$ 49,806.00	\$ 43,218.71	\$ 5,180.99	\$ 48,399.70	\$ 1,406.30
Fringe Benefits	\$ 12,920.00	\$ 8,948.85	\$ 2,257.85	\$ 11,206.50	\$ 1,713.50
OPERATING EXPENSES	\$ 8,305.00			\$ 7,860.00	
Minor Equipment	\$ -			\$ -	\$ -
General Office Expenses	\$ 2,430.00		100.00	\$ 2,250.00	\$ 180.00
Training	\$ 230.00			\$ 210.00	\$ 20.00
Travel	\$ -			\$ -	\$ -
Professional Certifications	\$ -			\$ -	\$ -
Outreach	\$ -	\$ -	\$ -	\$ -	\$ -
Media/Promotion	\$ 245.00	\$ -	\$ -	\$ -	\$ 245.00
Program Materials	\$ -	\$ -	\$ -	\$ -	\$ -
Vehicle Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -
Audit	\$ -	\$ -	\$ -	\$ -	\$ -
Facility Costs	\$ 5,400.00	\$ 4,950.00	\$ 450.00	\$ 5,400.00	\$ -
MAJOR EQUIPMENT	\$ -				
Telephone System	\$ -	\$ -	\$ -	\$ -	\$ -
Information Technology Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Vehicle(s)	\$ -	\$ -	\$ -	\$ -	\$ -
Photocopy Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
SUBCONTRACTS	\$ -	\$ -	\$ -	\$ -	\$ -
INDIRECT COSTS (Maximum 14.3000% of Total Personnel Costs)	\$ 8,969.00	\$ 7,600.92	\$ 1,063.72	\$ 8,664.64	\$ 304.36
TOTALS	\$ 80,000.00	\$ 67,078.48	\$ 9,052.36	\$ 76,130.84	\$ 3,869.16

Input [hard key] these amounts into Expenditure Worksheet

Final Invoice

...Continued

OTHER WIC SERVICES:		Farmers' Market Nutrition Program [FMNP] (53300) - Optional			
Budget Line Items	Budgeted Amount	Year to Date Previously Invoiced	Amounts Requested	Year to Date Invoiced	Remaining Budgeted Amount
PERSONNEL					
Salaries & Wages		\$ 1,000.00	\$ 343.92	\$ 1,343.92	
Fringe Benefits		\$ 200.00	\$ 181.08	\$ 381.08	
OPERATING EXPENSES					
Minor Equipment		\$ -	\$ -	\$ -	
General Office Expenses		\$ -	\$ -	\$ -	
Training		\$ -	\$ -	\$ -	
Travel		\$ -	\$ -	\$ -	
Professional Certifications		\$ -	\$ -	\$ -	
Outreach		\$ -	\$ -	\$ -	
Media/Promotion		\$ -	\$ -	\$ -	
Program Materials		\$ -	\$ -	\$ -	
Vehicle Maintenance		\$ -	\$ -	\$ -	
Audit		\$ -	\$ -	\$ -	
Facility Costs		\$ -	\$ -	\$ -	
MAJOR EQUIPMENT					
Telephone System		\$ -	\$ -	\$ -	
Information Technology Equipment		\$ -	\$ -	\$ -	
Vehicle(s)		\$ -	\$ -	\$ -	
Photocopy Equipment		\$ -	\$ -	\$ -	
SUBCONTRACTS					
INDIRECT COSTS (Maximum 14.3000% of Total Personnel Costs)		\$ -	\$ -	\$ -	
TOTALS	\$ 1,725.00	\$ 1,200.00	\$ 525.00	\$ 1,725.00	\$ -

Input [hard key] these amounts into Expenditure Worksheet



Expenditure Worksheet

...Completed

Local Agency Name: **Sample Local Agency** Contract Number: **15-12345**

Step One	Section A	Section B		Section C	Section D	Section E
	Total Expenditure	Non NSA Grants		(A-B)	Unliquidated Obligations (ULOs)	(C+D)
PERSONNEL	Amount Invoiced	Breastfeeding Peer Counseling (PCA 53313)	Farmers' Market Nutrition Program (PCA 53300)	Total NSA Personnel Invoiced		Total NSA Personnel & ULOs
Salaries & Wages	\$ 268,151.09	\$ 48,399.70	\$ 1,343.92	\$ 218,407.47	\$ -	\$ 218,407.47
Fringe Benefits	\$ 72,758.49	\$ 11,206.50	\$ 381.08	\$ 61,170.91	\$ -	\$ 61,170.91
TOTAL	\$ 340,909.58	\$ 59,606.20	\$ 1,725.00	\$ 279,578.38	\$ -	\$ 279,578.38

Reminder: Do not use formulas

Section F	Section G		Section H	Section I	Section J	
	Non NSA Grants		Total NSA Direct Operating Invoiced	Unliquidated Obligations (ULOs)	Total NSA Direct Operating & ULOs	
DIRECT OPERATING	Breastfeeding Peer Counseling (PCA 53313)	Farmers' Market Nutrition Program (PCA 53300)	Amount Invoiced			
Operating Expenses	\$ 150,451.92	\$ 7,860.00	\$ -	\$ 142,591.92	\$ 2,524.00	\$ 145,115.92
Major Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subcontracts	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 150,451.92	\$ 7,860.00	\$ -	\$ 142,591.92	\$ 2,524.00	\$ 145,115.92

Reminder: Do not Copy/Paste

Step Three	Section K	Section L		Section M	Section N	Section O
	Amount Invoiced	Non NSA Grants		Total NSA Indirect Invoiced	Unliquidated Obligations (ULOs)	Total Indirect & ULOs
INDIRECT OPERATING	Breastfeeding Peer Counseling (PCA 53313)	Farmers' Market Nutrition Program (PCA 53300)				
TOTAL	\$ 50,043.39	\$ 8,664.64	\$ -	\$ 41,378.75	\$ -	\$ 41,378.75

Section P	Section Q		Section R	Section S	Section T
	Total Non NSA Grants		Total NSA Invoiced	Total Unliquidated Obligations (ULOs)	Total NSA & ULOs
GRAND TOTALS	Breastfeeding Peer Counseling (PCA 53313)	Farmers' Market Nutrition Program (PCA 53300)	Total Invoiced		
\$ 541,404.89	\$ 76,130.84	\$ 1,725.00	\$ 463,549.05	\$ 2,524.00	\$ 466,073.05

Local Agency Completes Formula Driven

What are your questions about completing the Expenditure Worksheet?

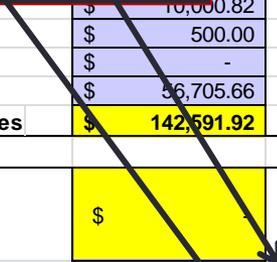


Press *6 to unmute

Master Summary

Local Agency Name: Sample Local Agency				Contract Number: 15-12345		
DIRECT OPERATING	Amount Invoiced	Non NSA Grants				Total NSA Direct Operating Invoiced
		Breastfeeding Peer Counseling (PCA 53313)	Farmers' Market Nutrition Program (PCA 53300)			
	Operating Expenses	\$ 150,451.92	\$ 7,860.00	\$ -	\$ -	\$ 142,591.92
	Major Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
	Subcontracts	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 150,451.92	\$ 7,860.00	\$ -	\$ -	\$ 142,591.92	
Total Operating Expenses		Direct Operating Expenses by Function Category				
	\$ 142,591.92	Nutrition Education	Breastfeeding Promotion & Support	Client Services	General Administration	Checks/Balance (should be zero)
Operating Expenses						
Minor Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00
General Office Expenses	\$ 64,019.48	\$ -	\$ -	\$ -	\$ 64,019.48	\$0.00
Training	\$ 2.00	\$ 1,199.65	\$ 1,144.06	\$ 1,303.64	\$ 1,034.65	\$0.00
Travel	\$ 3.96	\$ 1,581.00	\$ 1,258.00	\$ 1,446.96	\$ 1,128.00	\$0.00
Professional	\$ 0.00	\$ 200.00	\$ 270.00	\$ -	\$ -	\$0.00
Outreach	\$ 0.00	\$ 150.00	\$ 50.00	\$ -	\$ -	\$0.00
Media	\$ 0.00	\$ 200.00	\$ 200.00	\$ 200.00	\$ -	\$0.00
Program Materials	\$ 10,000.82	\$ 4,000.82	\$ 2,000.00	\$ 2,000.00	\$ 2,000.00	\$0.00
Vehicle Maintenance	\$ 500.00	\$ -	\$ -	\$ -	\$ 500.00	\$0.00
Audit	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00
Facility Costs	\$ 56,705.66	\$ -	\$ -	\$ -	\$ 56,705.66	\$0.00
Total Operating Expenses	\$ 142,591.92	\$ 7,331.47	\$ 4,922.06	\$ 4,950.60	\$ 125,387.79	\$0.00
	\$	Nutrition Education	Breastfeeding Promotion & Support	Client Services	General Administration	Checks/Balance (should be zero)
Major Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00
	\$	Nutrition Education	Breastfeeding Promotion & Support	Client Services	General Administration	Checks/Balance (should be zero)
Subcontracts	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00
GRAND TOTALS	\$ 142,591.92	\$ 7,331.47	\$ 4,922.06	\$ 4,950.60	\$ 125,387.79	\$0.00

Input [hard key] these amounts into NSA Operating Expenses Worksheet



NSA Operating Expenses Worksheet

...Completed

Local Agency Name: Sample Local Agency					Contract Number: 15-12345

Total Operating Expenses		Direct Operating Expenses by Function Category					Checks/Balance (should be zero)
Operating Expenses	\$	Nutrition Education	Breastfeeding Promotion & Support	Client Services	General Administration		
Minor Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00	
General Office Expenses	\$ 64,019.48	\$ -	\$ -	\$ -	\$ 64,019.48	\$0.00	
Training	\$ 4,682.00	\$ 1,199.65	\$ 1,144.06	\$ 1,303.64	\$ 1,034.65	\$0.00	
Travel	\$ 5,413.80	\$ -	\$ -	\$ 1,446.96	\$ 1,128.00	\$0.00	
Professional Certifications	\$ 470.00	\$ -	\$ -	\$ -	\$ -	\$0.00	
Outreach	\$ 200.00	\$ -	\$ -	\$ -	\$ -	\$0.00	
Media/Promotion	\$ 600.00	\$ -	\$ -	\$ 200.00	\$ -	\$0.00	
Program Materials	\$ 10,000.82	\$ 4,000.82	\$ 2,000.00	\$ 2,000.00	\$ 2,000.00	\$0.00	
Vehicle Maintenance	\$ 500.00	\$ -	\$ -	\$ -	\$ 500.00	\$0.00	
Audit	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00	
Facility Costs	\$ 56,705.66	\$ -	\$ -	\$ -	\$ 56,705.66	\$0.00	
Total Operating Expenses	\$ 142,591.92	\$ 7,331.47	\$ 4,922.06	\$ 4,950.60	\$ 125,387.79	\$0.00	
Major Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00	
Subcontracts	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00	
GRAND TOTALS	\$ 142,591.92	\$ 7,331.47	\$ 4,922.06	\$ 4,950.60	\$ 125,387.79	\$0.00	

Reminder: Do not use formulas

Reminder: Do not Copy/Paste

What are your questions about completing the NSA Operating Expenses Worksheet?



Press *6 to unmute

Agency Time Sheet Summary

AGENCY TIME SHEET SUMMARY

Budget Period: October 1, 2015 - September 30, 2016

Local Agency Name

Local Agency

Contract Number:

15-12345

Each employee name and corresponding hours shall be entered here

NON-NSA Grants

NSA COST OBJECTIVES

(3)

Employee Name

BFPC

FMNP

(4)

Nutrition Education

(5)

Breastfeeding Support

(6)

Client Services

(7)

Administrative Services

(8)

Subtotal NSA

0.00
0.00
0.00

(9) Total Hours

0.00 0.00

0.00 0.00 0.00 0.00

0.00

Percentage

--	--

#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!

(10) (11) (12) (13)

Prepared by

Input is not required and does not impact percentages used for the RAE

New Federal Regulations (2 CFR Part 200) require the Preparer to sign their name here

Formula Driven

These percentages are auto populated upon completion of Agency Time Sheet Summary form and will be transferred to the next form

Agency Time Sheet Summary

...Completed

AGENCY TIME SHEET SUMMARY

Budget Period: October 1, 2015 - September 30, 2016

Local Agency Name:		Sample Local Agency		Contract Number:			15-12345	
		NON-NSA Grants		NSA COST OBJECTIVES				
(3)	Employee Name	BFPC	FMNP	(4) Nutrition Education	(5) Breastfeeding Support	(6) Client Services	(7) Administrative Services	(8) Subtotal NSA
	Aaron Smith			4	4	4	28	40.00
	Kat Sample			4	16	16	4	40.00
								0.00
(9)	Total Hours	0.00	0.00	8.00	20.00	20.00	32.00	80.00
	Percentage			10.00%	25.00%	25.00%	40.00%	100.0000%
				(10)	(11)	(12)	(13)	
	Prepared by							
		Local Agency Completes						
		Formula Driven						

Percentages will be used to complete the RAE worksheet.

Make sure that the percentage in this cell is 100%

Agency Time Sheet Summary

...Continued

- Do not include Paid Time Off (PTO) on the Time Sheet Summary
 - Including PTO will lead to an audit finding
- Per Federal Regulation 2 CFR Part 200, the Preparer is required to sign (**in blue ink**) the Agency Time Sheet Summary
- Make sure that the sum of the four NSA Cost Objective percentages equal 100.00%



What are your questions about completing the Agency Timesheet Summary?



Press *6 to unmute

Report of Actual Expenditures (RAE)

Section A		Section B	
LOCAL AGENCY NAME:	0	<u>CHECK APPLICABLE</u>	
CONTRACT NUMBER:	0	LIST OF UNLIQUIDATED OBLIGATIONS ATTACHE	
DATE SUBMITTED:		ALL OBLIGATIONS LIQUIDATED	
DATE REVISED:		FINAL	

		Section C REPORTING CATEGORIES PERCENTAGES						
		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		
NSA EXPENSE CATEGORIES	Section D NSA EXPENSE TOTAL	NUTRITION EDUCATION	BREASTFEEDING PROMOTION & SUPPORT	CLIENT SERVICES	GENERAL ADMINISTRATION	Section E TOTALS	GRAND	
TOTAL PERSONNEL	\$ -	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
TOTAL INDIRECT OPERATING	\$ -	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
TOTAL DIRECT OPERATING	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
TOTAL ANNUAL EXPENDITURES	\$ -	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	

Section F	
I certify that this report contains only actual expenditures for allowable WIC program costs for the budget period and performed in accordance with WIC contract provisions.	
Agency Director:	DATE
SIGNATURE	
Print Name:	
Preparer:	DATE
SIGNATURE (in blue ink)	
Print Name:	

Once previous worksheets are filled out these yellow cells will be auto populated and the error codes will be replaced with numbers

Local Agency Completes
Formula Driven

Report of Actual Expenditures (RAE)

...Completed

Section A		Section B	
LOCAL AGENCY NAME:	Sample Local Agency	<input checked="" type="checkbox"/> CHECK APPLICABLE LIST OF UNLIQUIDATED OBLIGATIONS ATTACHED <input type="checkbox"/> ALL OBLIGATIONS LIQUIDATED <input type="checkbox"/> FINAL	
CONTRACT NUMBER:	15-12345		
DATE SUBMITTED:	11/4/2016		
DATE REVISED:			

		Section C REPORTING CATEGORIES PERCENTAGES						
		10.00%	25.00%	25.00%	40.00%	100.00%		
NSA EXPENSE CATEGORIES	Section D NSA EXPENSE TOTAL	NUTRITION EDUCATION	BREASTFEEDING PROMOTION & SUPPORT	CLIENT SERVICES	GENERAL ADMINISTRATION	Section E TOTALS	GRAND TOTALS	
TOTAL PERSONNEL	\$ 279,578.38	\$ 27,957.84	\$ 69,894.60	\$ 69,894.60	\$ 111,831.34	\$	\$ 279,578.38	
TOTAL INDIRECT OPERATING	\$ 41,378.75	\$ 4,137.88	\$ 10,344.69	\$ 10,344.69	\$ 16,551.49	\$	\$ 41,378.75	
TOTAL DIRECT OPERATING	\$ 145,115.92	\$ 7,331.47	\$ 4,922.06	\$ 4,950.60	\$ 125,387.79	\$	\$ 142,591.92	
TOTAL ANNUAL EXPENDITURES	\$ 466,073.05	\$ 39,427.19	\$ 85,161.35	\$ 85,189.89	\$ 253,770.62	\$	\$ 463,549.05	

Section F			
I certify that this report contains only actual expenditures for allowable WIC programs costs for the budget period and performed in accordance with WIC contract provisions.			
Agency Director:	_____	DATE	_____
	SIGNATURE (in blue ink)		
Print Name:	_____		
Preparer:	_____	DATE	_____
	SIGNATURE (in blue ink)		
Print Name:	_____		

	Local Agency Completes						
	Formula Driven						

Report of Actual Expenditures (RAE)

...Continued – Dates Explained

Section A

LOCAL AGENCY NAME: Sample Local Agency

CONTRACT NUMBER: 15-12345

DATE SUBMITTED:

DATE REVISED:

- **Date submitted:** Enter the date completed when submitting the RAE **on or before November 15th**
- **Date revised:** If submitting a final revised RAE **on or before December 15th**, then enter the date completed

Report of Actual Expenditures

...Continued – Section B Explained

Section B	
	<u>CHECK APPLICABLE</u>
X	LIST OF UNLIQUIDATED OBLIGATIONS ATTACHED
	ALL OBLIGATIONS LIQUIDATED
X	FINAL

When submitting the RAE packet on or before November 15th, 2016 with **no Unliquidated Obligations**

- Mark List of Unliquidated Obligations Attached
- Mark Final
- Include a blank List of Unliquidated Obligations worksheet in the RAE packet

Report of Actual Expenditures

...Continued – Section B Explained

Section B	
<input checked="" type="checkbox"/>	<u>CHECK APPLICABLE</u>
	LIST OF UNLIQUIDATED OBLIGATIONS ATTACHED
	ALL OBLIGATIONS LIQUIDATED
	FINAL

When submitting the RAE packet on or before November 15th, 2016 **with Unliquidated Obligations**

- Mark List of Unliquidated Obligations Attached

Report of Actual Expenditures

...Continued – Section B Explained

Section B	
	<u>CHECK APPLICABLE</u>
X	LIST OF UNLIQUIDATED OBLIGATIONS ATTACHED
X	ALL OBLIGATIONS LIQUIDATED
X	FINAL

When submitting the final revised RAE on or before December 15th, 2016 **all obligations should be liquidated**

- Mark List of Unliquidated Obligations Attached
- Mark All Obligations Liquidated
- Mark Final
- Include a blank List of Unliquidated Obligations worksheet in the RAE packet

What are your questions about completing the RAE?



Press *6 to unmute

RAE Designees

- A completed Report of Actual Expenditures (RAE) worksheet requires the signature of the Preparer and the Agency Director.
- Designees **are** allowed to sign the RAE worksheet. A designee letter must be included in the RAE packet, if the Agency Director is unable to sign the RAE worksheet.
- Designee letters are required to be **signed in blue ink** by the Agency Director.



Sample Designee Letter

November 01, 2016

Contract Manager
State WIC Program
Local Services Branch
3901 Lennane Drive
Sacramento, CA 95834

SUBMIT WITH RAE

RE: Agency Director Signature Designee

Dear Contract Manager:

Sample County Health and Human Services Agency is requesting that Adam Sample, Director of Fiscal Operations, be added as the Agency Director Designee signatory on the FFY 2016 Report of Actual Expenditures. If you have any questions, please contact Kat Sample at 916-555-1234 or kat.sample@cdph.ca.gov.

Sincerely,



Kat Sample
Agency Director



What are your questions about the Designee letter?



Press *6 to unmute

Tips for Closing Out The Year

1. * Please review all FFY 2016 expenditures and make year-end corrections now.
2. * Work with:
 - Staff to get any unclaimed travel expenditures
 - Vendors to close out pending/outstanding charges and credits
 - Internal fiscal section to reconcile all FFY 2016 expenditures and submit credits due back to the State

* To do before submission of final and/or final REVISED RAE packet

Disputes

- If the final invoice is disputed and it is submitted with the RAE, the RAE will also be disputed.
- The final invoice is suggested to be submitted and approved before November 15th, prior to working on the RAE
- Contract Managers will dispute final invoices and/or RAEs within 5 calendar days of receipt
- If your final invoice and/or RAE is disputed, you must submit the corrected final invoice and/or RAE within 5 calendar days from receipt of dispute email



What and When to Submit

On or before November 15th:

1. Final Invoice – approved before completion of RAE packet

November 15th:

1. List of Unliquidated Obligations (even if zero [0])
2. Expenditure Worksheet
3. NSA Operating Expense Worksheet
4. Time Sheet Summary
5. Report of Actual Expenditures (RAE)
6. Designee Letter (if applicable)

RAE
Packet

ALL LOCAL AGENICES



What and When to Submit

...Continued

On or before December 15th:

1. Final **REVISED** Invoice – approved before completion of Final REVISED RAE packet

December 15th:

1. List of Unliquidated Obligations (ULO) Worksheet
2. Expenditure Worksheet
3. NSA Operating Expense Worksheet
4. Time Sheet Summary
5. Report of Actual Expenditures (RAE)

Final
REVISED
RAE
Packet

Only applicable to Local Agencies who previously submitted a completed ULO Worksheet with pending obligations

Where to Submit

(1) Email the Excel workbook (not PDF) to:

Your CONTRACT MANAGER and cc their SUPERVISOR

and

(2) Mail the worksheets to:

Attn: CONTRACT MANAGER

CDPH/WIC Division

Local Services Branch

3901 Lennane Drive

Sacramento, CA 95834



What are your questions about disputes and the submission process?



Press *6 to unmute

Contacts

For any questions related to the final Invoice and RAE, your point of contacts include:

1. Contract Manager
2. Contract Manager's Supervisor



What are your questions about the FFY 2016 Closeout Process?



Press *6 to unmute