



OFFICE OF WOMEN'S HEALTH

DOMESTIC VIOLENCE SUPPORTIVE SERVICES FISCAL GUIDELINES

Guidance for Budgets, Budget
Modifications, Invoices, and
Cost Reports

LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH

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INTRODUCTION

The Domestic Violence Supportive Services Program (DVSS) is funded to provide services to CalWORKs eligible participants. Budgets, budget modifications, invoices, and financial closeout reports must adhere to the DVSS guidelines and regulations.

In order to ensure that the program is operating efficiently, and clients are receiving the services outlined in the contract, the Department will dedicate specific operations, fiscal and program evaluation staff to oversee all of the various aspects of the program, including programmatic, financial, program monitoring, and evaluation. The purpose of these instructions is to provide guidance and procedures on how to properly complete the DVSS budget, budget modification, invoice, and financial closeout report forms.

DVSS Budget, Budget Modification, Invoice, and Closeout Report forms are located at: <http://publichealth.lacounty.gov/owh/OWHContracts/InvoiceReportForms/OWHContracts-InvoicesReports.htm>

Direct Costs

Direct costs are “those costs that can be identified specifically with a particular sponsored project or that can be directly assigned to activities relatively easily with a high degree of accuracy” (Office of Management and Budget (OMB) Circular A-21, Section D.1). Some examples include:

- Salaries and the related employee benefits for staff who charge their actual time worked to the program, who provide direct services to clients;
- Consultants who are funded under this contract provide direct services to clients;
- Expenses related to directly charged staff, including mileage, travel expenses, and recruitment costs;
- Telephone expenses related to unique telephone numbers or extensions of directly charged staff for which the expenses can be determined and substantiated on an actual or allocated basis consistent with the Cost Allocation Plan;
- All allowable program supplies, as defined below, and;
- Other expenses that are both directly attributable to the program and consistently treated on an agency wide basis, as direct costs.

The salaries of administrative and clerical staff should normally be treated as indirect costs. Direct charging of these costs may be appropriate only if all of the following conditions are met:

- Administrative or clerical services are integral to a project or activity;
- Individuals involved can be specifically identified with the project or activity;
- Such costs are explicitly included in the budget; and
- The costs are not also recovered as indirect costs.

Indirect Costs

Indirect costs are overhead expenses that are not directly incurred in support of the program. Costs that cannot be assigned to one program. Indirect costs are defined as the administrative costs incurred for common or joint activities that cannot be identified specifically with a project or program (2 CFR 200.56 or 45 CFR 75.414). Indirect costs are generally administrative in nature. Some examples include:

- Salaries and the related employee benefits for staff who do not charge their actual time directly to specific individual programs and/or projects, either because of the nature of the position or because it is not realistic to allocate their salaries;
- Expenses related to staff who are indirectly charged, including mileage and recruitment costs;
- Space usage, telephone, and utility costs that are not designated solely to the program for which actual expense cannot be determined and/or substantiated, and;
- Other administrative expenses that are not specifically identified with the Office of Women's Health (OWH) funded program.

Indirect costs are normally pooled to create an indirect cost rate which is then applied to individual grant and contract-supported projects.

A Cost Allocation Plan (CAP) must accompany your budget/budget modification submission if your agency has shared or allocated costs. The CAP describes how an agency will allocate common or shared costs that support more than one program, and how those costs will be distributed to the different programs and payer sources in a consistent and uniform manner. Generally, any budgeted line items in the Operating Cost categories would require the submission of a CAP. If the budget/budget modification request does not include any shared or allocated costs, OWH may require the submission of additional documentation that supports the cost requested. Please note that failure to submit a CAP or requested documentation may delay approval of the budget/budget modification and/or reimbursement of the budgeted cost until OWH has received the supporting backup documentation. Formulas have been entered to rounded to the nearest whole dollar for all amounts requested for each line item.

UNALLOWABLE COSTS

To determine whether costs charged to the award are allowable, supported, and properly allocated in compliance with award requirements, please ask these questions when assigning a cost to the budget:

- Is it allowed under federal and OWH guidelines?
- Is it reasonable? Would a prudent person spend this amount on this item?
- Is it a program or an administrative cost?

Unpermitted Costs

The following costs are not permitted under DVSS grant.

- Purchase or improve land, buildings or other facilities (other than minor remodeling)
- Provide cash payments to service recipients
- Client needs (client clothing)
- Client food (already covered by CalFresh)
- Client gift certificates
- Outreach supplies (rental chairs, event space rentals, snacks and drinks, guest speaker charges, DVDs, books and rental desks)
- Program supplies (magazines, books, and DVDs) Exception: art supplies are allowed for art therapy sessions provided to CalWORKs clients
- Items or services covered by other third-party funding sources
- Entertainment costs (Including holiday parties)
- Fund raising and investment management costs
- Guest/Staff meals
- Tuition fees
- Out of State travel and training expenses
- Stipends
- Transportation Vouchers
- Alcoholic beverages
- Mortgage costs (not rent, but mortgage costs for property that your agency owns)

BUDGET DETAILS

Completion of the budget and justification forms is a contractual requirement of all agreements with the OWH. You must provide a clear and complete justification for all proposed costs at the level of detail requested in these instructions or the budget(s) and budget modifications will be returned to your agency for corrections and resubmission. It is highly recommended that you assess the validity and thoroughness of your overall budget prior to submission to OWH to avoid the back-and-forth resubmissions that would occur due to missing or incomplete information.

The DVSS Budget form (DVSS_Form08) is located at:

<http://publichealth.lacounty.gov/owh/OWHContracts/InvoiceReportForms/OWHcontracts-InvoicesReports.htm>

The following documents are required to submit with the budget form:

- Cost Allocation Plan: if the budget includes shared program expenditures such as rent, utilities, telephone, ...etc.
- Lease Agreement: if the budget includes rent.
- Approved Negotiated Indirect Costs Rate Agreement (NICRA): if the indirect cost rate is higher than 10% of direct cost.
- Agency's Internal Approved Mileage: if the budget includes mileage, please indicate your agency's mileage rate (the rate that your agency reimburses all employees for mileage). Please note that DPH cannot reimburse mileage more than the County's mileage reimbursement rate.

Please submit the budget form (includes justification) and required documents to the OWH Finance inbox at: OWHFinance@ph.lacounty.gov with the subject line: **[YOUR AGENCY NAME]** DVSS Budget Fiscal Year 20xx-xx.

Salaries

This includes Salaries, Wages, and Benefits paid to staff providing direct services to clients and administrative support for the project. Please ensure that there are no staff whose combined Full-Time Equivalents (FTE) percentages across all funding sources exceeds more than 100%. For example, DVSS, Domestic Violence Shelter Based Program (DVSBP) and other grants/contracts. The following must be included on the budget form for each position:

- First and last name of the individual filling the position
- Payroll title of the individual
- Number of months the individual is expected to work on the program

- Full-time monthly salary of the individual. If an employee is part-time, please convert the salary to full-time to ensure the consistency with the full-time equivalent salary.
- Percentage of time for the individual
- Budget request is auto calculated by multiplying number of months, monthly salary, and % time FTE
- Budget allocation by Supervisorial District (SD) of the individual

Example for salaries: Sara Smith (Client Specialist) Budget request amount – \$31,190 (12 mons x \$2,888/mon x 90% FTE). A formula has been entered onto Budget Form to automatically calculate the total amount requested for each position. Please input the amount in the SD columns and ensure total budget amount in these columns equals to the Budget Request amount.

If the contractor has budget items/employees more than the salary lines that are provided on the “Budget” tab, please use “Add'l Personnel” tab for additional line items. The total amounts on this tab will be linked to the “Budget” tab in “From next page” line as shown below in red.

Employee Name	Payroll Title	Number Of Months	Monthly Salary	% Time FTE	Budget Request	Budget Allocation by Supervisorial District					
						1	2	3	4	5	
Sara Smith	Client Specialist	12	\$ 2,888	90.00%	\$ 31,190	\$ 10,000	\$ 9,000	\$ 5,000	\$ 4,000	\$ 3,190	
Janice Smith	Mental Health Counselor	12	5,000	60.00%	36,000	9,000	8,000	8,600	4,000	6,400	
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From next page				150.00%	63,000	14,000	10,500	14,400	15,800	8,300	
TOTAL SALARIES					300.00%	\$ 130,190	\$ 33,000	\$ 27,500	\$ 28,000	\$ 23,800	\$ 17,890

Employee Benefits

Please submit a copy of the “Statement of Functional Expenses” from your agency’s most recent audited financial statement or a current approved Federal Negotiated Indirect Cost Rate Agreement (NICRA) to support the agency’s rate requested. The “Statement of Functional Expenses” should identify the agency’s audited actual salary expenditures, along with a separate listing of the total actual benefits costs. Dividing the total benefits costs (including payroll taxes), by the total salary costs will determine the agency’s final employee benefits rate for that year. Enter breakdown to make up the percentage requested in the budget tab. A formula has been entered to automatically calculate the amount requested for each component (i.e. Total salaries \$130,190 * FICA 7.65% = \$9,960). Please note that current FICA rate is 7.65% (social security contributions 6.20%, and Medicare contribution 1.45%).

EMPLOYEE BENEFITS(EB)	Allocated %	Budget Request	Budget				
			1	2	3	4	5
FICA	7.65%	\$ 9,960	\$ 2,525	\$ 2,104	\$ 2,142	\$ 1,821	\$ 1,368
Social Security	0.00%	-	-	-	-	-	-
Retirement	1.00%	1,302	330	275	280	238	179
SUI	0.00%	-	-	-	-	-	-
Health Plan	0.00%	-	-	-	-	-	-
Worker's Compensation	0.00%	-	-	-	-	-	-
Long-Term Disability	0.00%	-	-	-	-	-	-
Life Insurance	0.00%	-	-	-	-	-	-
	0.00%	-	-	-	-	-	-
EMPLOYEE BENEFITS(EB)	8.65%	\$ 11,262	\$ 2,855	\$ 2,379	\$ 2,422	\$ 2,059	\$ 1,547

Operating Costs

Operating Costs are the costs related to the operation of the organization and non-personnel expenses. The followings are some key points to remember when completing your budget.

Equipment: Equipment is defined as any single item with a useful life of more than one year and an acquisition cost that equals or exceeds the lesser of (a) the capitalization level established by your agency for financial statement purposes, or (b) \$5,000. The narrative justification for equipment requests should list each specific item of equipment with the number of units and purchase price, and list personnel who will use the equipment and provide justification for why equipment is needed for the project. A brief purchase vs. lease analysis must also be included for any single item with a unit cost of \$5,000 or more. If an equipment will also be used by other agency programs, only a prorated share of the total cost of the equipment may be included in the budget. This proration of shared costs must be consistent with your agency's CAP.

Example for equipment: Printer/Photocopy machine – Total purchase cost is \$6,000. Cost allocated to this program is 5.36% (3 FTE/56 agency staff = 5.36%). $\$6,000 \times 5.36\% = \322 . Used for direct client service delivery, such as printing and photocopying of client forms and client record documentation, printing of correspondence, program materials and other photocopying needs.

Travel (mileage): Mileage costs incurred for program staff to travel to sites that identified on the budget to provide direct services (e.g., driving to meet clients at the court, transporting clients to the counseling site). The local travel (mileage) justification must include estimated number of miles needed for the staff to drive, multiplied by the agency's current mileage rate and up to County's mileage reimbursement rate. **Agency must submit an internally approved mileage reimbursement rate for verification.**

Example for travel (mileage): 2 DVSS staff @ 30 miles round trip (30 miles x 2 staff x \$0.52/mile agency's approved rate x 12 months = \$374). For budgeted staff traveling between participating agency locations, courts, and program meetings.

Office Supplies: Office supplies that directly support DVSS program activities and client's needs, such as paper, files folders, pencils, pens, and envelopes for client charts or binders used to file client-related information. Sufficient information to clearly show how the supply costs were determined, including the methodology and calculations used to arrive at the requested

amounts along with a brief listing of the supply items and historical spending amounts. If historical spending amounts are used to support the requested costs, the actual dollar amounts of the historical costs must be included in the justification. OWH may request copies of the historical cost information (e.g., general ledgers, invoices, financial reports, etc.) for verification during the contract solicitation period. For supply requests that are considered shared program expenditures, the methodology and calculations used must be consistent with the agency's CAP.

Example for office supplies: Total agency historical cost of supplies is \$23,250. Cost allocated to this program is 5.36% (3 FTE/56 agency staff = 5.36%). Budget request amount is \$23,250 x 5.36% = \$1,246. Includes cost of office supplies allocation to this program such as pencils, pens, paper, client files needed to support client services.

Other: These include items such as office/facility rent or lease, utilities, facility maintenance, Liability & Other Insurance, postage, and telephone, etc. A detailed description indicating how the dollar amount was calculated for each line item identified in this section must be included.

A detailed narrative indicating (1) how the amount of space dedicated to the program was determined and (2) how the cost of that space was calculated must be provided and be consistent with the agency's CAP. Agency may also provide a copy of their current rent/lease agreement at the time of budget negotiations, month to month lease letter (if applicable).

Example for other costs: Facility Rent: \$2.00/sq.ft. x 1,075 sq.ft. x 12 mos. = \$25,800 or Total agency rent cost per year is \$481,343. Cost allocated to this program is 5.36% (3 FTE/56 agency staff = 5.36%). Budget request amount is \$481,343 x 5.36% = \$25,800. Space for direct client services at service delivery site address.

Please enter:

- Operating cost items (equipment, mileage, office supplies, postage, etc.) that directly support DVSS program activities.
- Amount requested for each line item.
- The amount of each line item in the SD column(s) based on your agency's allocation.

OPERATING COSTS Service Description	Budget Request	1	2	3	4	5
Equipment	\$ 322	\$ 82	\$ 68	\$ 69	\$ 59	\$ 44
Mileage	374	95	79	80	68	52
Office Supplies	1,246	316	263	268	228	171
Postage	450	114	95	97	82	62
Printing	757	192	160	163	138	104
Rent	25,800	6,540	5,450	5,549	4,716	3,545
Telephone	858	217	181	185	157	118
TOTAL OPERATING COSTS	\$ 29,807	\$ 7,556	\$ 6,296	\$ 6,411	\$ 5,448	\$ 4,096

Indirect Costs

Per OMB's revision on Guidance for Grants and Agreements (Title 2 CFR) on August 13, 2020, the OMB expands use of the de minimis rate of 10 percent of modified total direct costs to all non-federal entities (excluding those described in Appendix VII, State and Local Government

and Indian Tribe Indirect Cost Proposals). Previously, non-federal entities could utilize the 10% de minimis rate only if they had never had a Negotiated Indirect Cost Rate Agreement (NICRA). Effective November 12, 2020, all non-federal entities may use the de minimis rate, regardless of whether they previously had a NICRA.

BUDGET JUSTIFICATION NARRATIVE

In the justification section on each budget line item, please provide clear and complete descriptions that explain the purpose of each budget line item and how it is directly connected to the provision of a given service.

Personnel Justification

A justification must be included for all proposed budget line items within the budget category. A clear and complete description is needed for each position to be funded under DVSS contract.

The following must be included on the personnel justification for each position:

- First and last name of the individual filling the position
- Payroll title of the individual
- Narrative justification, which describe specific duties and responsibilities for each position to be funded under this contract
- Budget request

Examples for personnel justifications:

Mental Health Counselor: (Janice Smith, M.F.T.) Responsible for providing group counseling to CalWORKs clients.

Case Worker: (Irma Sanchez) Responsible for assessment of needs, safety plan development, referrals and follow-up activities for clients funded under this agreement.

NOTE: If the position is vacant, label it as TBH (“To Be Hired”) and include the date you expect the position to be filled.

Employee Name	Payroll Title	Narrative Justification Describe Staff's Role Related to Program Services	Budget Request
Sara Smith	Client Specialist	Maintaining CalWORKs client records, building client relationships, and answering to customer inquiries.	\$ 31,190
Janice Smith	Mental Health Counselor	Responsible for providing group counseling to CalWORKs clients.	36,000
			-
			-
			-
Below items are from "Add'l Personnel" tab.			
Irma Sanchez	Case Worker	Responsible for assessment of needs, safety plan development, referrals and follow-up activities for clients funded under this agreement.	29,400
Jose Sanchez	Case Worker	Responsible for assessment of needs, safety plan development, referrals and follow-up activities for clients funded under this agreement.	33,600
			-
			-
			-
Total Personnel Costs			\$ 130,190

Operating Costs Justification

The justification for “Operating Costs” should include individual budget line items such as space/lease rent costs, utilities, maintenance, postage, telephone, etc., along with a clear description of how the costs relate to the contract schedule and the methodology and calculations used to determine the dollar amount requested.

You must be able to determine and substantiate the requested amount on an actual or allocated basis consistent with the agency’s CAP.

Justification must include:

- Sufficient information to clearly show how the supply costs were determined, including the methodology and calculations used to arrive at the requested amounts along with a brief listing of the supply items and historical spending amounts. If historical spending amounts are used to support the requested costs, the actual dollar amounts of the historical costs must be included in the justification. OWH may request copies of the historical cost information (e.g. general ledgers, invoices, financial reports, etc.) for verification during the contract negotiation period. For supply requests that are considered shared program expenditures, the methodology and calculations used must be consistent with the agency’s CAP;
- Copy of the current CAP, if referenced in the calculations;
- Amount requested for each item

Examples for operating costs:

- **Printing/Duplication - \$757:** Total agency cost is \$14,125. Cost allocated to this program is 5.36% (3 FTE/56 agency staff = 5.36%). $\$14,125 \times 5.36\% = \757 . Covers the cost of duplication and printing needs of the OWH funded services. This includes forms for clients, client record documentation, printing of correspondence and other photocopying needs.
- **Office Supplies - \$1,246:** Total agency historical cost for supplies is \$23,250. Cost allocated to this program is 5.36% (3 FTE/56 agency staff = 5.36%). $\$23,250 \times 5.36\% = \$1,246$. Includes cost of office supplies allocated to this program such as pencils, pens, paper, client files, stationery, envelopes, and fax paper with agency letterhead needed to support client services.
- **Postage - \$450:** Total agency cost is \$8,398. Cost allocated to this program is 5.36% (3 FTE/56 agency staff = 5.36%). $\$8,398 \times 5.36\% = \450 . Covers cost of program correspondence with clients and other social service providers.
- **Facility Rent - \$25,800:** $\$2.00/\text{sq. ft.} \times 1,075 \text{ sq. ft.} \times 12 \text{ mos.} = \$25,800$. Program occupies 100% of the service space noted above for direct client services at service delivery site address.

- **Telephone - \$858:** Cost allocated to this program is 5.36% (3 FTE/56 agency staff = 5.36%). Total historical agency cost is \$16,000 x 5.36% = \$858 for program telephone service to contact clients.

Service Description	Detail Justification (Listed all items include in each budget line)	Budget Request
Equipment	Total purchase cost is \$6,000. Cost allocated to this program is 5.36% (3 FTE/56 agency staff = 5.36%). \$6,000 x 5.36% = \$322. Used for direct client service delivery, such as printing and photocopying of client forms and client record documentation, printing of correspondence, program materials and other photocopying needs.	322
Mileage	Conference/meeting/training for 2 staff @ 30 miles round trip (30 miles x 2 staff x \$0.52/mile agency's approved rate x 12 months = \$374). For budgeted staff traveling between participating agency locations, courts, and program meetings.	374
Office Supplies	Total agency historical cost of supplies is \$23,250. Cost allocated to this program is 5.36% (3 FTE/56 agency staff = 5.36%). Budget request amount is \$23,250 x 5.36% = \$1,246. Includes cost of office supplies allocation to this program such as pencils, pens, paper, client files needed to support client services.	1,246
Postage	Total agency cost is \$8,398. Cost allocated to this program is 5.36% (3 FTE/56 agency staff = 5.36%). \$8,398 x 5.36% = \$450. Covers cost of program correspondence with clients and other social service providers.	450
Printing	Total agency cost is \$14,125. Cost allocated to this program is 5.36% (3 FTE/56 agency staff = 5.36%). \$14,125 x 5.36% = \$757. Covers the cost of duplication and printing needs of the OWH funded services. This includes forms for clients, client record documentation, printing of correspondence and other photocopying needs.	757
Rent	Facility Rent: \$2.00/sq.ft. x 1,075 sq.ft. x 12 mos. = \$25,800 or Total agency rent cost per year is \$481,343. Cost allocated to this program is 5.36% (3 FTE/56 agency staff = 5.36%). Budget request amount is \$481,343 x 5.36% = \$25,800. Space for direct client services at service delivery site address.	25,800
Telephone	Cost allocated to this program is 5.36% (3 FTE/56 agency staff = 5.36%). Total historical agency cost is \$16,000 x 5.36% = \$858 for program telephone service to contact clients.	858
Total Operating Costs		\$ 29,807

For details in completing Budget form (DVSS_Form08), please refer to "Instructions" tab in this form.

BUDGET MODIFICATION

To request a modification to your contracted budget, contractors must submit a Budget Modification form (includes worksheet and justification) to: OWHFinance@ph.lacounty.gov with the subject line: [AGENCY NAME] DVSS Budget Modification Fiscal Year 20xx-xx.

The DVSS Budget Modification form (DVSS_Form09) is located at:

<http://publichealth.lacounty.gov/owh/OWHContracts/InvoiceReportForms/OWHcontracts-InvoicesReports.htm>

The following documents are required to submit with the budget modification form if it reflects shared costs, rent, mileage, and indirect cost higher than 10% of direct cost on the budget modification.

- Cost Allocation Plan: if the budget includes shared program expenditures such as rent, utilities, telephone, ...etc.
- Lease Agreement: if the budget includes rent.
- Approved Negotiated Indirect Costs Rate Agreement (NICRA): if the indirect cost rate is higher than 10% of direct cost.
- Agency's Internal Approved Mileage: if the budget includes mileage, please indicate your agency's mileage rate (the rate that your agency reimburses all employees for mileage). Please note that DPH cannot reimburse mileage more than the County's mileage reimbursement rate.

The budget modification allows contractors to move budgeted dollars from one-line item to another line item within maximum contract amount. Contractor may reallocate funds among each of the budget line item up to ten percent (10%) without County Contract Director's approval. For example, the budget for Office Supplies is \$1,000.00. As 10% of \$1,000.00 is \$100, based on this rule the program could incur additional costs of \$100 in this line item for a total of \$1,100.00 without requesting a budget modification. However, the 10% cannot exceed the total approved budget amount.

Contractors are allowed to submit budget modification requests once per quarter, and no later than **March 31st** of each fiscal year.

Budget Modification form includes budget worksheet and narrative justification that require contractor to list all funded items and provide detailed justification for the changes.

Salaries

The agency must list all budget lines as they appear in the most recent approved budget including staff left the agency to ensure the current budget amounts in the budget modification match with the most recent approved budget. If there are any changes to the personnel within the maximum contract amount under this contract including vacant items, staff replacement, and additional staff, please list all items in the budget modification worksheet, and provide detailed justification by describing specific duties and responsibilities for each position on the narrative page.

In the Budget tab, please enter:

- First and last name of the individual filling the position
- Payroll title of the individual
- Number of months the individual is expected to work on the program
- Full-time monthly salary of the individual. If an employee is part-time, please convert the salary to full-time to ensure the consistency with the full-time equivalent salary.
- Percentage of time for the individual
- The most recent approved budget in “Current Budget” column
- Budget Request and Budget Changes columns are auto calculated
- Budget allocation by SD of the individual

If the contractor has budget item/employee more than salary lines that are provided on the “Budget” tab, please use “Add'l Personnel” tab for additional line items. The total amounts on this tab will be linked to the “Budget” tab in “From next page” line as shown below in red.

Employee Name	Payroll Title	Number Of Months	Monthly Salary	% Time FTE	Current Budget	Budget Changes	Budget Request	Budget Allocation by Supervisorial District				
								1	2	3	4	5
Sara Smith	Client Specialist	12	\$ 2,888	80.00%	\$ 31,190	\$ (3,465)	\$ 27,725	\$ 8,364	\$ 7,267	\$ 6,210	\$ 4,117	\$ 1,767
Janice Smith	Mental Health Counselor	12	5,000	55.00%	36,000	(3,000)	33,000	9,000	7,000	6,000	4,000	7,000
						-	-					
						-	-					
						-	-					
						-	-					
<i>From next page</i>				150.00%	\$ 63,000	\$ -	\$ 63,000	\$ 14,000	\$ 11,868	\$ 14,400	\$ 14,500	\$ 8,232
TOTAL SALARIES				285.00%	\$ 130,190	\$ (6,465)	\$ 123,725	\$ 31,364	\$ 26,135	\$ 26,610	\$ 22,617	\$ 16,999

In the Personnel Justification tab, please provide detailed justification by describing specific duties and responsibilities for each position.

Employee Name	Payroll Title	Narrative Justification Describe Staff's Role Related to Program Services	Budget Request
Sara Smith	Client Specialist	Maintaining CalWORKs client records, building client relationships, and answering to customer inquiries.	\$ 27,725
Janice Smith	Mental Health Counselor	Responsible for providing group counseling to CalWORKs clients.	33,000
			-
			-
Below items are from "Budget Attachment" tab.			
Irma Sanchez	Case Worker	Responsible for assessment of needs, safety plan development, referrals and follow-up activities for clients funded under this agreement.	29,400
Jose Sanchez	Case Worker	Responsible for assessment of needs, safety plan development, referrals and follow-up activities for clients funded under this agreement.	33,600
			-
			-
Total Personnel Costs			\$ 123,725

Employee Benefits

Employee benefits section requires the followings:

- Employee Benefits (Federal Insurance Contribution Act (FICA), Dental Plan, Unemployment Insurance (UI), Workers' Compensation, Retirement, etc.) rates
- Current Budget: the most recent approved budget
- Budget Request, Budget Changes, and Budget Allocation by SD (1 to 5) columns are automatically calculated.

EMPLOYEE BENEFITS(EB)	Allocated %	Current Budget	Budget Changes	Budget Request	1	2	3	4	5
FICA	7.65%	9,960	(495)	9,465	2,399	1,999	2,036	1,730	1,301
Social Security	0.00%	-	-	-	-	-	-	-	-
Retirement	1.00%	1,302	(65)	1,237	313	261	266	226	171
SUI	0.00%	-	-	-	-	-	-	-	-
Health Plan	0.00%	-	-	-	-	-	-	-	-
Worker's Compensation	0.00%	-	-	-	-	-	-	-	-
Long-Term Disability	0.00%	-	-	-	-	-	-	-	-
Life Insurance	0.00%	-	-	-	-	-	-	-	-
	0.00%	-	-	-	-	-	-	-	-
EMPLOYEE BENEFITS(EB)	8.65%	\$ 11,262	\$ (560)	\$ 10,702	\$ 2,712	\$ 2,260	\$ 2,302	\$ 1,956	\$ 1,472

Operating Costs

The agency must list all budget line items (equipment, mileage, office supplies, postage, etc.) as they appear in the most recent approved budget to ensure the current budget amounts in the budget modification match with the most recent approved budget. Please provide budget request amount that the agency would like to make changes based on current fiscal year's expenditures. Budget changes will be automatically calculated.

In the Budget tab, please enter:

- Operating cost items (equipment, mileage, office supplies, postage, etc.) that directly support DVSS program activities.
- Current budget amounts as they appear in the most recent approved budget (Current Budget = The Most Recent Approved Budget)
- Amount requested for each line item in the Budget Request column

- Amount requested for each SD in columns (1,2,3,4,5) based on your agency's allocation, and the total amount of these columns should match Budget Request for each line item
- Budget Changes column will be automatically calculated

OPERATING COSTS Service Description	Current Budget	Budget Changes	Budget Request	1	2	3	4	5
Equipment	\$ 322	\$ (17)	\$ 305	\$ 77	\$ 64	\$ 66	\$ 56	\$ 42
Mileage	374	258	632	160	134	136	116	86
Office Supplies	1,246	281	1,527	387	323	328	279	210
Postage	450	(23)	427	108	90	92	78	59
Printing	757	(38)	719	182	152	155	131	99
Rent	25,800	(1,303)	24,497	6,210	5,175	5,269	4,478	3,365
Telephone/Communication	858	923	1,781	451	376	383	326	245
Utilities		6,944	6,944	1,760	1,467	1,493	1,269	955
TOTAL OPERATING COSTS	\$ 29,807	\$ 7,025	\$ 36,832	\$ 9,335	\$ 7,781	\$ 7,922	\$ 6,733	\$ 5,061

A concrete and reasonable justification for each budget line item explaining the necessity of the change and calculation of requested amount is needed in the narrative justification page. This will enable OWH's staff to analyze the financial data to determine if the proposed costs are allocable to the program, and allowable under County, State and Federal cost principles and sponsorship guidelines (whichever is applicable).

Service Description	Detailed Justification (List all items and provide detailed calculation in each budget line)	Budget Request
Equipment	Total purchase cost is \$6,000. Cost allocated to this program is 5.09% (2.85 FTE/56 agency staff = 5.09%). $\$6,000 \times 5.09\% = \305 . Used for direct client service delivery, such as printing and photocopying of client forms and client record documentation, printing of correspondence, program materials and other photocopying needs.	\$ 305
Mileage	Conference/meeting/training for 2 staff @ 45 miles round trip (45 miles x 2 staff x \$0.585/mile agency/County's current approved rate x 12 months = \$632). For budgeted staff traveling between participating agency locations, courts, and program meetings.	632
Office Supplies	Total agency's projected cost for supplies is \$30,000. Cost allocated to this program is 5.09% (2.85 FTE/56 agency staff = 5.09%). Budget request amount is $\$30,000 \times 5.09\% = \$1,527$. Includes cost of office supplies allocation to this program such as pencils, pens, paper, client files needed to support client services.	1,527
Postage	Total agency cost is \$8,398. Cost allocated to this program is 5.09% (2.85 FTE/56 agency staff = 5.09%). $\$8,398 \times 5.09\% = \427 . Covers cost of program correspondence with clients and other social service providers.	427
Printing	Total agency cost is \$14,125. Cost allocated to this program is 5.09% (2.85 FTE/56 agency staff = 5.09%). $\$14,125 \times 5.09\% = \719 . Covers the cost of duplication and printing needs of the OWH funded services. This includes forms for clients, client record documentation, printing of correspondence and other photocopying needs.	719
Rent	Total agency rent cost per year is \$481,343. Cost allocated to this program is 5.09% (2.85 FTE/56 agency staff = 5.09%). Budget request amount is $\$481,343 \times 5.09\% = \$24,497$. Space for direct client services at service delivery site address.	24,497
Telephone/Communication	The agency's projected cost is \$35,000. Cost allocated to this program is 5.09% (2.85 FTE/56 agency staff = 5.09%). $\$35,000 \times 5.09\% = \$1,781$ for program telephone and internet services to serve clients.	1,781
Utilities	The agency cost is \$136,444. Cost allocated to this program is 5.09% (2.85 FTE/56 agency staff = 5.09%). $\$136,444 \times 5.09\% = \$6,944$. Covers DVSS costs on gas, electricity, and sewage.	6,944
Total Operating Costs		\$ 36,832

Indirect Costs

Per OMB's revision on Guidance for Grants and Agreements (Title 2 CFR) on August 13, 2020, the OMB expands use of the de minimis rate of 10 percent of modified total direct costs to all non-federal entities (excluding those described in Appendix VII, State and Local Government and Indian Tribe Indirect Cost Proposals). Previously, non-federal entities could utilize the 10% de minimis rate only if they had never had a Negotiated Indirect Cost Rate Agreement (NICRA).

Effective November 12, 2020, all non-federal entities may use the de minimis rate, regardless of whether they previously had a NICRA.

After completing budget modification worksheet, **please ensure that total budget line in the “Budget Changes” column is net zero as shown below in red circle.** The budget modification allows contractors to move budgeted dollars from one-line item to another, and there is no impact to the total budgeted amount.

Employee Name	Payroll Title	Number Of Months	Monthly Salary	% Time FTE	Current Budget	Budget Changes	Budget Request	Budget Allocation by Supervisorial District				
								1	2	3	4	5
Rent					25,800	(1,303)	24,497	6,210	5,175	5,269	4,478	3,365
Telephone/Communication					858	923	1,781	451	376	383	326	245
Utilities					6,944	6,944	1,760	1,467	1,493	1,269	955	
TOTAL OPERATING COSTS					\$ 29,807	\$ 7,025	\$ 36,832	\$ 9,335	\$ 7,781	\$ 7,922	\$ 6,733	\$ 5,061
TOTAL DIRCT COSTS					\$ 171,259	\$ -	\$ 171,259	\$ 43,411	\$ 36,176	\$ 36,834	\$ 31,306	\$ 23,532
INDIRECT COSTS*				10.00%	\$ 17,126	\$ -	\$ 17,126	\$ 4,341	\$ 3,617	\$ 3,682	\$ 3,132	\$ 2,354
TOTAL BUDGET					\$ 188,385	\$ -	\$ 188,385	\$ 47,752	\$ 39,793	\$ 40,516	\$ 34,438	\$ 25,886

For details in completing Budget Modification form (DVSS_Form09), please refer to “Instructions” tab in this form.

- Enter the number of units of services provided in the corresponding column for that service (Service Assessment, Safety Plan, Licensed Therapy, etc.) and the sheet will automatically calculate the total amount billed for that participant.

For all outreach services and GAIN orientation presentations, enter the number of service units provided in the box on the bottom of the invoice form here and the totals will automatically calculate:

ENTER GAIN PRESENTATIONS AND OUTREACH SERVICES HERE			
GAIN ORIENTATION PRESENTATIONS AND OUTREACH SERVICES			
Service Description	Number of Units of Service Provided	Price per session/presentation	Total
Outreach Services	0	\$81.84	\$0.00
GAIN Orientation Presentations	0	\$81.84	\$0.00
Total	0		\$0.00

All totals for client services, GAIN presentations, and outreach services will automatically calculate, showing the invoice total for that service period.

	\$ -		\$ -		\$ -	\$ -	\$ -
	\$ -		\$ -		\$ -	\$ -	\$ -
	\$ -		\$ -		\$ -	\$ -	\$ -
	\$ -		\$ -		\$ -	\$ -	\$ -
	\$ -		\$ -		\$ -	\$ -	\$ -
	\$ -		\$ -		\$ -	\$ -	\$ -
-	\$ -	-	\$ -	-	\$ -	-	\$ -
CLIENT SERVICES TOTAL FOR THIS SERVICE PERIOD:							\$ -
GAIN PRESENTATIONS AND OUTREACH FOR THIS SERVICE PERIOD:							\$ -
INVOICE TOTAL FOR THIS SERVICE PERIOD:							\$ -

You will see totals automatically calculated at the bottom of the invoice sheet which depict the:

- 1) Total amount invoiced per SD and program (CalWORKs, GR, and GROW), which should match the SDs your agency is funded for, and
- 2) Number of participants served (should match number of participants reported on the Monthly Management Report).

Cost Summary*				
SD	CalWORKs	GR	GROW	Total
1	\$0.00	\$0.00	\$0.00	\$0.00
2	\$0.00	\$0.00	\$0.00	\$0.00
3	\$0.00	\$0.00	\$0.00	\$0.00
4	\$0.00	\$0.00	\$0.00	\$0.00
5	\$0.00	\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00	\$0.00

* The above cost is not automatically calculated if "Supervisorial District" or "DPSS Program" column is incomplete.

Number of Participants Served**			
CalWORKs	GR	GROW	Total
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0

** The number of participants is not automatically calculated if one of these columns "Contractor Case Number," "Supervisorial District," or "DPSS Program" is incomplete.

The table at the bottom of the Case Management Invoice is to capture the number of clients for each service (e.g., service assessment, service plan, safety plan, etc.).

Service	ASSESSMENT/ASSESSMENT	SERVICE PLAN	SAFETY PLAN	CASE MANAGEMENT	INDIVIDUAL COUNSELING	FAMILY COUNSELING	LICENSED THERAPY	SUPPORT GROUP	LIFE SKILLS/RENEWAL	LIFE SKILLS ED GROUP	CHILD FOCUSED ED SESSIONS	ED/ED CLASS	DV ED INDIVIDUAL SESSION	COURT SUPPORT/RESTRAINING ORDER	SHELTER BED/ROOF	SHELTER BED/ROOF ADDITIONAL FAMILY	HOTEL SHELTER BED/ROOF	HOTEL SHELTER BED/ROOF ADDITIONAL FAMILY	CHILDCARE/YOUTH ACTIVITY
Number of Clients	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Legal Services Invoicing

All invoice forms **must** have the same information listed for the Case Management Invoice heading in order to be processed, and enter the number of units of services provided in the corresponding column for that service (Family Law, Restraining Order, Assessment, etc.) and the sheet will automatically calculate the total amount billed for that participant.

DEPARTMENT OF PUBLIC HEALTH OFFICE OF WOMEN'S HEALTH
DOMESTIC VIOLENCE SUPPORTIVE SERVICES (DVSS)
LEGAL SERVICES INVOICE

CONTRACTOR NAME: _____ ADDRESS: _____ MONTHLY EXPENDITURES: \$ _____ CONTRACTOR'S AUTHORIZED REPRESENTATIVE'S SIGNATURE: _____
 SERVICE MONTH/YEAR: _____ NAME AND TITLE OF STAFF COMPLETING THIS FORM: _____
 CONTRACT NUMBER: _____ ANNUAL ALLOCATION: _____ PHONE NUMBER: _____
 DATE SUBMITTED: _____

DVSS CASE NUMBER	CONTRACTOR CASE NUMBER	SUPERVISOR/DISTRICT	DVSS PROGRAM	ASSESSMENT/SERVICE PLAN/SAFETY PLAN/PROTECTIVE ORDER (per participant)	FAMILY LAW BY ATTORNEY (per hour)	FAMILY LAW BY PARALEGAL (per hour)	RESTRAINING ORDER BY ATTORNEY (per hour)	RESTRAINING ORDER BY PARALEGAL (per hour)	IMMIGRATION AUTHORITY (per hour)	IMMIGRATION PROTECTIVE ORDER (per hour)	PERMITS/ACCESS BY ATTORNEY (per hour)	PERMITS/ACCESS BY PARALEGAL (per hour)	ATTORNEY SOCIAL ASSISTANCE BY ATTORNEY (per hour)	ATTORNEY SOCIAL ASSISTANCE BY PARALEGAL (per hour)	TRANSLATION SERVICES (per hour)	TRANSLATION SERVICES (per hour)	TOTAL INVOICE AMOUNT
				220.24	0	147.31	0	87.30	0	147.31	0	87.30	0	147.31	0	87.30	Actual Cost
1																	
2																	
3																	
4																	
5																	
6																	

For all legal workshops, enter the number of service units provided in the box on the bottom of the invoice form here and the totals will automatically calculate:

Enter billings for number of workshops in the box below and total cost billed will calculate.

Service Description	# of Hours	Price per Hour	Total
Legal Services Workshops	0	\$54.56	\$0.00
Total	0		\$0.00

All totals for client services and legal workshops will automatically calculate, showing the invoice total for that service period.

	\$	-	\$	-	\$	-
	\$	-	\$	-	\$	-
	\$	-	\$	-	\$	-
0.00	\$	-	0.00	\$	-	\$
CLIENT SERVICES TOTAL FOR THIS SERVICE PERIOD:						\$
LEGAL WORKSHOP TOTAL FOR THIS SERVICE PERIOD:						\$
INVOICE TOTAL FOR THIS SERVICE PERIOD:						\$

You will see totals automatically calculated at the bottom of the invoice sheet which depict the:

- 1) Total amount invoiced per supervisor district (SD) and program (CaWORKs, GR, and GROW), which should match the SDs your agency is funded for, and

2) Number of Participants served (should match number of participants reported on the Monthly Management Report).

Cost Summary*				
SD	CalWORKs	GR	GROW	Total
1	\$0.00	\$0.00	\$0.00	\$0.00
2	\$0.00	\$0.00	\$0.00	\$0.00
3	\$0.00	\$0.00	\$0.00	\$0.00
4	\$0.00	\$0.00	\$0.00	\$0.00
5	\$0.00	\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00	\$0.00

* The above cost is not automatically calculated if "Supervisory District" or "DPSS Program" column is incomplete.

Number of Participants Served**			
CalWORKs	GR	GROW	Total
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0

** The number of participants is not automatically calculated if one of these columns "Contractor Case Number," "Supervisory District," or "DPSS Program" is incomplete.

The table at the bottom of the Legal Services Invoice is to capture the number of clients for each service (e.g., service assessment and service plan, family law, restraining order, etc.).

Service	ASSESSMENT & DEVT OF SERVICE PLAN ATTORNEY OR PARA PROFESSIONAL	FAMILY LAW BY ATTORNEY	FAMILY LAW BY PARA PROFESSIONAL	RESTRAINING ORDER BY ATTORNEY	RESTRAINING ORDER BY PARA PROFESSIONAL	IMMIGRATION LAW BY ATTORNEY	IMMIGRATION LAW BY PARA PROFESSIONAL	BENEFITS ACCESS / ADVOCACY BY ATTORNEY	BENEFITS ACCESS / ADVOCACY BY PARA PROFESSIONAL	OTHER LEGAL ASSISTANCE BY ATTORNEY	OTHER LEGAL SERVICES BY PARA PROFESSIONAL
Number of Clients	0	0	0	0	0	0	0	0	0	0	0

Supplemental Invoicing

Providers are required to submit supplemental invoices no later than 60 days following the month of service provision with the exception of May and June. **Supplemental invoices submitted beyond the 60-days will not be reimbursable. Due to year-end closing requirements, supplemental invoices will not be allowed for May and June.**

If the supplemental costs are for new clients that were not billed on the original invoice for that month, provider shall input the case number in the "Contractor Case Number (New Client)" column.

If the supplemental costs are additional billings to the clients that were billed on the original invoice for that month, provider shall input the case number in the "Contractor Case Number (Existing Client)" column.

CONTRACTOR NAME: _____											
ADDRESS: _____											
CONTRACT NUMBER: _____											
DATE SUBMITTED: _____											
DPSS CASE NUMBER	CONTRACTOR CASE NUMBER (Existing Client)	CONTRACTOR CASE NUMBER (New Client)	SUPERVISORIAL DISTRICT	DPSS PROGRAM	ASSESSMENT/ REASSESSMENT (per assessment)	SERVICE PLAN (per plan)					
					# \$ 120.03	# \$ 87.30					

If there are numbers in the “Number of New Participants Served” table, providers shall update the MMR to reflect the new participants. If there are no new participants, there is no need to update the MMR.

Cost Summary*				
SD	CaIWORKs	GR	GROW	Total
1	\$0.00	\$0.00	\$0.00	\$0.00
2	\$0.00	\$0.00	\$0.00	\$0.00
3	\$0.00	\$0.00	\$0.00	\$0.00
4	\$0.00	\$0.00	\$0.00	\$0.00
5	\$0.00	\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00	\$0.00

* The above cost is not automatically calculated if "Supervisorial District" or "DPSS Program" column is incomplete.

Number of New Participants Served**			
CaIWORKs	GR	GROW	Total
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0

** The number of participants is not automatically calculated if one of these columns "Contractor Case Number (Additional Client)," "Supervisorial District," or "DPSS Program" is incomplete.

Zero Invoices/Exhausting Funds

For all services provided (Case Management and Legal Services), please reflect the actual services provided on your monthly invoices. If you have no services provided that month, a zero invoice must be submitted. If you run out of contract funds, still submit an invoice showing the number of participants served and the number of services provided to those participants. OWH can only reimburse up to the contract allocation, but we will have a record of what is the actual cost of the program for each contractor. By reporting the actual expenses, this may also help us in the future to request increase funding for needed services.

FINANCIAL CLOSEOUT REPORT

The Financial Closeout Report is used to determine whether an agency's costs reconcile to their accounting records.

The agency should ensure that their financial records (Income Statement and General Ledger) reflect the actual costs related DVSS contract that incurred during the reporting period. Amounts that merely reflect a prorated portion of the approved budget and not the actual cost will be disallowed. All accruals must be pre-approved and supported by a purchase order to secure funds for that budget period if there are funds available. Please bear in mind that stockpiling items to be used in a subsequent period is not allowed.

Please note OWH will be reviewing and matching expenditures found on the Financial Closeout Report against its corresponding approved budget line. Expenditures that are not in the budget or exceed the approved budget line by more than 10% will not be reimbursed. If your agency deems it necessary to reallocate the budget to accommodate significant shifts in expenditures incurred during the year, please submit your budget modification request no later than March 31st.

The DVSS Financial Closeout Report form (DVSS_Form10) is located at:

<http://publichealth.lacounty.gov/owh/OWHContracts/InvoiceReportForms/OWHcontracts-InvoicesReports.htm>

The annual closeout report is due by **July 30th** for each fiscal year and the following items must be submitted to: OWHFinance@ph.lacounty.gov with the subject line: **[AGENCY NAME]** DVSS Financial Closeout Report Fiscal Year 20xx-xx.

- Financial Closeout Report (pdf version) – must be signed by authorized agency representative
- Final Property Inventory Certification (pdf version) – must be signed by authorized agency representative
- Closeout Report Worksheet (Excel version)
- Agency's Income Statement (Excel version) breakdown by service type (case management & legal services), SD (1,2,3,4, and 5), and program (CalWORKs, GR, and GROW)
- Agency's General Ledger (Excel version) breakdown by service type (case management & legal services), SD (1,2,3,4, and 5), and program (CalWORKs, GR, and GROW)

Please ensure that the expenditures reported on the financial closeout report are broken down by service type, program, and SD as budgeted. The revenues and expenditures on the Income Statement and General Ledger must match the Closeout Report Worksheet and Financial

Closeout Report. The agency may be asked to submit further information or documents by OWH's staff for financial closeout analysis.

Current year payments may be withheld until receipt of the prior year Financial Closeout Report and supporting documentation are submitted.

Please ensure that all required fields (blue areas) on the Financial Closeout Report form are completed including the name of the preparer, title, and telephone number, and name of authorized agency representative and title. The authorized agency representative who is identified in the Contract Contact Verification Form (Agency Head or Chief Financial Officer/Fiscal Manager) must sign this form.

Salaries & Employee Benefits

The agency should report the actual amounts of salaries and employee benefits based on actual staff times spent on this project (not based solely on the approved budget percentages). Please include only those individuals on your organization's payroll. Do not list individuals paid as consultants or individuals on the payroll of an organization with which you subcontract.

Please note that only budgeted employees and associated employee benefits are reimbursed.

Operating Costs

Enter actual expenditure on each budget line item that has been reported through the last invoice submitted to OWH. Please enter \$0 on those budget line items that there were no funds spent for that period.

Indirect Costs

Enter the actual expenditures of indirect costs incurred during the contract period for your agency.

If you have any questions regarding financial related assignment or how to complete these forms, please contact OWH's Finance Unit at: OWHFinance@ph.lacounty.gov.

The images of updated Financial Closeout Report form (4 tabs: Instructions, Closeout Report Worksheet, Financial Closeout Report, and Final Property Inventory) are provided below for reference.

Financial Closeout Report

**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
OFFICE OF WOMEN'S HEALTH
DOMESTIC VIOLENCE SUPPORTIVE SERVICES (DVSS)
FINANCIAL CLOSEOUT REPORT**

Contractor: ENTER AGENCY NAME		Contract Period:
Contract Agreement No.: PH-00XXXX	Service Type:	Program:

Supervisory District	Approved Budget	Payment Received	Year-End Expenditure	Amount Due to DPH
1	\$ -		\$ -	\$ -
2	-		-	-
3	-		-	-
4	-		-	-
5	-		-	-
Total	\$ -	\$ -	\$ -	\$ -

CERTIFICATION

I hereby certify to the best of my knowledge and belief that this Financial Closeout Report is a true and accurate presentation of actual expenditures made during the reporting period and that these expenditures were made in accordance with the purpose and conditions of the Contract Agreement referenced above.

Name of Preparer	Title	Telephone Number
Name of Authorized Agency Representative	Title	
Signature	Date	

Final Property Inventory Certification Form

LOS ANGELES COUNTY- DEPARTMENT OF PUBLIC HEALTH

OFFICE OF WOMEN'S HEALTH

FINAL PROPERTY INVENTORY CERTIFICATION

(Property Acquired With Program Funding Only)

Contractor: ENTER AGENCY NAME	Contract Type: DOMESTIC VIOLENCE SUPPORTIVE SERVICES (DVSS)
Contract Agreement No: PH-00XXXX	Contract Period:

I. ACQUISITION OF PROPERTY

Please mark the applicable selection.

- Contract Agreement **Without** Property
I hereby certify that no property/equipment was furnished or acquired according to the terms and conditions of this Master Agreement.
- Contract Agreement **With** Property
I hereby certify that the inventory listing detailed below is complete, and that it correctly reflects all property/equipment furnished or purchased under the terms and conditions of this award. (Attach additional pages

Page 1

Property/Equipment Details	ID# (e.g., stock no., serial no., property tag no., etc.)	Location of Property/Equip.	Acquisition Date	Acquisition Cost	Current Value	Condition

 Name of Authorized Agency Representative

 Signature

 Title

 Date