

**Substance Abuse Prevention and Control (SAPC)
Cost Report Submission**

**DRIVING UNDER THE INFLUENCE
PROGRAM (DUI)
Fiscal Year 2019-20**



Substance Abuse Prevention and Control
www.publichealth.lacounty.gov/sapc

1000 S. Fremont Avenue
Building A-9 East, 3rd Floor Unit 34
Alhambra, CA 91803



COST REPORTING UNIT

COST REPORTING UNIT:

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DUI PROGRAM UNIT:

Any questions/issues related to DUI program, please contact:

- Glenda Pinney (626) 299-3571 Gpinney@ph.lacounty.gov



Cost Report Forms and Instructions can be downloaded from Substance Abuse Prevention and Control website:

- www.publichealth.lacounty.gov/sapc
- Click “**NETWORK PROVIDERS**” (3rd box)
- Click “**PROVIDER MANUAL AND FORMS**” (1st box)
- Click “**COST REPORT FORMS AND INSTRUCTIONS**” (bottom of the page – “Finance Related Forms and Documents”)
- Click Green Highlighted for DUI forms

Topics of Discussion

1. Objectives
2. Instructions for completing the form:
3. Summary Page
 - Schedule 1: Personnel Services – Salary & Employee Benefits
 - Schedule 2: Operating Expenses
 - Schedule 3: Participants Fees
 - Schedule 4: Equipment/Facility Depreciation
4. Deadline
5. Notes



Cost Report Certification Form

This form is part of your cost report package and it certifies:

- 1) That your cost report is true, accurate and complete and was prepared in accordance with applicable County, State and Federal laws, regulations and guidelines.
- 2) That you agree to keep such records for a period of three years.
- 3) That you understand that anyone who misrepresents falsifies, omits essential information, or conceals material facts may be prosecuted under applicable County, State, and/or Federal laws.



DUI Form Instructions

PROGRAM EXPENSES

Schedule 1

Personnel Services

1. Salary: Complete columns A-D
2. Employee Benefits: Complete column B
3. Contract Services: Complete columns A-B

NOTE: Information is automatically linked to Summary page



DUI Form Instructions

Schedule 2

Operating Expenses

1. Complete column B
 - Expenditures for building mortgages are not allowed.
 - If space rental is shared, show the prorated amounts and explain the basis of the allocation of costs on a separate sheet.



DUI Form Instructions

Schedule 2 (cont.)

Operating Expenses

- Staff Education/Training includes reimbursement for local mileage, tuition, etc. You may break this out into separate categories.
- Interest Expenses: Loan expenses that are taken out to cover operating costs or meet payrolls may be charged off as operating expenses under Interest Expenses



DUI Form Instructions

Schedule 3

Participants Fees – Gross Revenue

Providers must enter fees collected for each of these classifications as applicable.



DUI Form Instructions

Schedule 4

Equipment/Facility Depreciation

1. Equipment Depreciation: Complete columns A-H
 - Equipment is a non-expendable property which has a useful life in excess of three years and a cost in excess of \$5,000.



DUI Form Instructions

Schedule 4 (cont.)

Equipment/Facility Depreciation

2. Facility Depreciation: Complete columns A-G
 - Facility depreciation is an allowable expense (expenditures for remodeling are capitalized and depreciated).



DUI Form Instructions

Summary Page

Number of Participants:

Enter total number of clients you served during the year.

Program Revenue

1. Gross Revenue



DUI Form Instructions

Summary Page (cont.)

Program Expenses

2. Personnel Services (Schedule 1)
3. Operating Expenses (Schedule 2)
4. Equipment/Facility Depreciation (Schedule 4)
5. Gross Cost
6. Profit/Surplus



DUI Form Instructions

Notes:

A. Excess Fees:

Complete the Excess Fees calculation to determine the amount of excess fees.

B. Agency may retain up to 10% of total program revenue.



DUI Form Instructions

E. Excess Fees

Total Program Revenue generated in FY 2019-20 minus Program Expenses (in excess of 10% of total program revenue). Provider may keep this 10% excess fee and return the remaining to clients or use for program operations.



Deadline

SUBMIT FY 2019-20 COST REPORT BY

AUGUST 31, 2020

PLEASE:

- ✓ **MAIL ORIGINAL COST REPORT**
- ✓ **ATTACHED COST REPORT WITH WET SIGNED CERTIFICATION**
- ✓ **Email Cost Report in Excel Format to**
- ✓ Jeremy Cheng Chcheng@ph.lacounty.gov and
- ✓ Vella Louie vlouie@ph.lacounty.gov

TO:

COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC HEALTH
SUBSTANCE ABUSE PREVENTION AND CONTROL
1000 S. FREMONT AVE. BUILDING A-9 EAST
3rd FLOOR, NORTH WING, UNIT 34
ALHAMBRA, CA 91803

Attention: COST REPORTING UNIT, Finance Division

