



LOS ANGELES COUNTY
Community & Senior Services
Employment & Training Branch
DIRECTIVE

NUMBER: YTH D-2-15
CalWrk 02-05

SUBJECT: Projected Operating Expenses

DATE: 11/13/02

EFFECTIVE DATE: October 1, 2002 PAGE 1 of 2

TO: ALL YOUTH PROVIDERS

Effective October 1, 2002, Los Angeles County Community and Senior Services (CSS) has revised its invoice forms for all youth programs. The revised forms allow service providers to include a request for projected operating expenses, which is subject to CSS approval. Any requests over the dollar amounts contained in the executed contract will be automatically denied.

This Directive is being issued in accordance with Sections 600, 700, and 800 of your agency's current contract(s), and **does not** supercede YHD D-02-08. According to the above mentioned Directive, the General Ledger (GL) is still required to be submitted as a required attachment to your financial reporting forms. Please keep in mind that the amount requested for projected operating expenses **must** show up for the following month in the GL, reflecting that the actual expenses were booked.

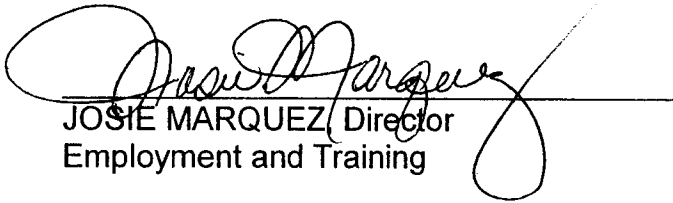
Required Financial Reporting documents now include: **Two sets (2)**, each with original signatures, of which the following documents are due no later than the 10th day of each month: Request for Cash, Invoice, Projected Operating Expenses Schedule, and General Ledger. Failure to submit any of these forms may result in the return of your submission. **We have attached revised forms dated 10-01-02. These new forms must be used.**

Please refer to the appropriate OMB Circulars and CFRs regarding documentation of allowable line item expenditures/budget maintenance for your records. Appropriate OMBs and CFRs consist of OMB A-21, A-87, A-102, A-110, A-122, A-133, 20 CFR Part 645, 29 CFR Part 95, 29 CFR Part 97, 41 CFR Part 31, 45 CFR Part 74, or 48 CFR Chap. 1-31. These OMB Circulars and CFRs may be accessed over the Internet.

Please submit the Financial Reporting forms to:

Community and Senior Services Department
3175 West Sixth Street, Box 12
Los Angeles, Ca 90020-1708
Attn: April Mitchell

If you have any questions regarding this Directive, please contact April Mitchell at (213) 738-4735.



JOSIE MARQUEZ, Director
Employment and Training

Enclosures

**COUNTY OF LOS ANGELES - COMMUNITY AND SENIOR SERVICES
WORKFORCE INVESTMENT ACT YOUTH**

REQUEST FOR CASH

AGENCY:		CSS STAFF USE ONLY	
ADDRESS		Reviewed By:	
CITY:	ZIP:	DATE APPROVED:	
CONTRACT NO.	YOUTH	APPROVED BY:	
REQUEST PERIOD:	REQ. NO.	AMOUNT PAID	ENC. NO

COST REIMBURSEMENT					
	Administration Costs	Program Costs			GRAND TOTAL
		In School	Out of School	Summer Youth	
Current Budget					
Cash Received to Date					
Cash Disbursed to Date					
Cash Balance					
Cash Requested					

I certify that the information in this statement is correct to the best of my knowledge and the expenditures reflected herein and made in accordance with conditions of the subcontract. I also certify that all required payroll tax and income tax monies have been withheld from wages of persons employed by this organization to this date, and such funds have been held in a reserve fund or transmitted to local, state or federal officials as required by appropriate laws. I, am the authorized representative for this agency, by submitting this document attest to the truth and authenticity of the claims made and support documents represented.

PREPARED BY : _____ TITLE _____
 DATE: _____ PHONE: _____
 AUTHORIZED SIGNATURE _____ DATE : _____
(SIGNATURE)

CSS STAFF USE ONLY	YOUTH PROGRAM STAFF: _____ <small>(AUTHORIZATION SIGNATURE)</small>
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COUNTY OF LOS ANGELES DEPARTMENT OF COMMUNITY AND SENIOR SERVICES
WIA YOUTH PROGRAMS INVOICE
FY 2002-2003

Lead Agency Name: _____ Contract # _____
Prepared By : _____ Invoice Period : _____
Phone Number : _____ Date : _____

□ WIA

CHARGES	RECAP OF COSTS				
	A Administration	B In-School (70%)	C Out-of-School (30%)	D Summer Employment Opportunities (20%)	TOTAL (A+B+C)
Current Budget					
Prior Period					
Current Period					
Cumulative					
Projected Operating Expenses*					
Totals					

*Projected operating expenses **must** show up for the following month in the General Ledger, reflecting that the expenses were booked.

Comments:

**COUNTY OF LOS ANGELES
LONG TERM FAMILY SELF SUFFICIENCY PLAN
CAL WORKS YOUTH JOBS
REQUEST FOR CASH**

LEAD AGENCY	DCSS STAFF USE ONLY	
ADDRESS	REVIEWED BY	
CITY ZIP	DATE APPROVED	
CONTRACT NO.	APPROVED BY	
REQUEST PERIOD: REQ.NO.	AMOUNT PAID	ENC. NO.

Program: _____	COST REIMBURSEMENT		
	Administration Costs	Program Costs	TOTAL
Current Budget			
Cash Received to Date			
Cash Disbursed to Date			
Cash Balance			
Cash Requested			

I certify that the information in this statement is correct to the best of my knowledge and the expenditures reflected herein are made in accordance with the conditions of the subcontract. I also certify that all required payroll tax and income tax monies have been withheld from wages of persons employed by this organization to this date, and such funds have been held in a reserve fund or transmitted to local, State, or Federal officials as required by appropriate laws. I, as the authorized representative for this agency, by submitting this document attest to the truth and authenticity of the claims made and support documents represented.

PREPARED BY: _____

TITLE: _____

DATE: _____

PHONE: _____

FISCAL OFFICER: _____

DATE: _____

(SIGNATURE)

CSS STAFF USE ONLY	YOUTH PROGRAM STAFF: _____ (AUTHORIZATION SIGNATURE)	DATE: _____
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**COUNTY OF LOS ANGELES – COMMUNITY AND SENIOR SERVICES
 WORKFORCE INVESTMENT ACT YOUTH
 15 % Discretionary Fund Project**

REQUEST FOR CASH

AGENCY:		CSS STAFF USE ONLY	
ADDRESS		Reviewed By:	
CITY: ZIP:		DATE APPROVED:	
CONTRACT NO	YOUTH	APPROVED BY:	
REQUEST PERIOD:	REQ NO.	AMOUNT PAID	ENC. NO

COST REIMBURSEMENT	
TOTAL PROGRAM COSTS	
Current Budget	\$
Cash Received to Date	\$
Cash Disbursed to Date	\$
Cash Balance	\$
Cash Requested	\$

I certify that the information in this statement is correct to the best of my knowledge and the expenditures reflected herein and made in accordance with conditions of the subcontract. I also certify that all required payroll tax and income tax monies have been withheld from wages of persons employed by this organization to this date, and such funds have been held in a reserve fund or transmitted to local, state or federal officials as required by appropriate laws. I, as the authorized representative for this agency, by submitting this document attest to the truth and authenticity of the claims made and support documents represented.

PREPARED BY _____ TITLE: _____
 DATE _____ PHONE _____
 AUTHORIZED SIGNATURE: _____ DATE: _____

CSS STAFF USE ONLY	YOUTH PROGRAM STAFF: _____ <i>(AUTHORIZATION SIGNATURE)</i>
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**COUNTY OF LOS ANGELES DEPARTMENT OF COMMUNITY AND SENIOR SERVICES
WIA YOUTH PROGRAMS INVOICE
15% Discretionary Fund Project**

2002-2003

Lead Agency Name: _____

CONTRACT #: _____

Prepared By: _____

Invoice Period: _____

Phone Number: _____

Date: _____

WIA 15% Discretionary Fund

CHARGES	RECAP OF COSTS
	TOTAL PROGRAM COSTS
<i>Current Budget</i>	\$
Prior Period	\$
Current Period	\$
Cumulative	\$
Projected Operating Expenses*	
TOTALS	\$

* Projected operating expenses **must** show up for the following month in the General Ledger, reflecting that the expenses were booked.

Comments:

COUNTY OF LOS ANGELES DEPARTMENT OF COMMUNITY AND SENIOR SERVICES
YOUTH INVOICE
 Shiff-Cardenas Crime Prevention Act

2002-2003

Lead Agency Name: _____

CONTRACT #: _____

Prepared By: _____

Invoice Period: _____

Phone Number: _____

Date: _____

Shiff-Cardenas Crime Prevention Act

CHARGES	RECAP OF COSTS
	TOTAL PROGRAM COSTS
<i>Current Budget</i>	\$
Prior Period	\$
Current Period	\$
Cumulative	\$
Projected Operating Expenses*	
TOTALS	\$

* Projected operating expenses **must** show up for the following month in the General Ledger, reflecting that the expenses were booked.

Comments:

JUSTIFICATION FORM FOR PROJECTED OPERATING EXPENSES

Please complete the following questions to justify your request for Projected Operating Expenses.

A. What is the total amount of funds needed? (Not to exceed 1 months allocation)

B. What is the plan to expend the Funds based upon the following line items included in your budget? (i.e., Salaries, Rent, Equipment, etc.)

Budget Category	Amount Requested
Salaries:	
Rent:	
Benefits:	
Other (list):	
Other (list):	

C. What is the plan to expend the Funds based upon Activities? (i.e., Administration, Program Activities) Estimate the expenditures requested in this advance.

TYPE OF EXPENDITURES	AMOUNT REQUESTED
Administration	
<i>Program Activities</i>	
Program - CalWORKs	
Program - WIA Youth 70%	
Program - WIA Youth 30%	
Program - 15% Discretionary	
Program - Schiff-Cardenas	

AGENCY

Authorized Signature

Date

APPROVED

CSS

Date