

CALIFORNIA DEPARTMENT OF CHILD SUPPORT SERVICES

P.O. Box 419064, Rancho Cordova, CA 95741-9064



January 6, 2015

LCSA LETTER: 14-12

ALL IV-D DIRECTORS

SUBJECT: STATE FISCAL YEAR 2014/15 ADDITIONAL FEDERAL FINANCIAL PARTICIPATION EXPENDITURE SURVEY

<p align="center"><u>Reason for this Transmittal</u></p> <p><input type="checkbox"/> State Law, Regulation and/or Change</p> <p><input type="checkbox"/> Federal Law, Regulation and/or Change</p> <p><input type="checkbox"/> Court Order or Settlement Change</p> <p><input type="checkbox"/> Clarification requested by One or More Counties</p> <p><input checked="" type="checkbox"/> Initiated by DCSS</p>
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The State Fiscal Year 2014/15 budget includes authority for an additional \$26.4 million Federal Financial Participation (FFP) for the local child support agencies (LCSAs) to use to fund their IV-D activities. FFP will cover 66 percent of the total amount that the LCSA over expends on these allowable IV-D activities, and county general funds will provide the 34 percent match.

The Department of Child Support Services (DCSS) is requesting that each LCSA complete the survey (Attachment II), whether or not additional funds are requested, to assist DCSS in identifying and planning for additional FFP expenditures. An electronic version of the survey is available upon request by contacting your budget analyst. Please refer to Attachment I for instructions on how to complete the survey.

Please be reminded that the child support program is governed by federal and state law, regulation, and policy directive which apply to any funds spent in operation of the child support program. The use of county funds does not relieve your agency from abiding by the respective requirements that currently govern the expenditure of federal and state monies.

Your completed FFP survey should be emailed to your budget analyst no later than **February 6, 2015**.

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DCSS would like to thank you for your assistance in this process. If you have any questions or concerns, please contact Donna Kruger at (916) 464-5015 or your LCSA budget analyst.

Sincerely,

/os/

JENNIFER YOUNGER
Branch Chief
Budget & Procurement Branch

Attachments (2)

Child Support Administrative Expenditure Survey for Additional FFP

Instructions

For local child support agencies (LCSAs) that **do not** intend to use county general funds to match Title IV-D funds in the child support program in SFY 2014/15, check the “No” box on the survey and skip to step 7 below (Line G). LCSAs that **do** intend to use county general funds to match Title IV-D funds in the child support program in SFY 2014/15, check the “Yes” box on the survey and follow the steps below.

This survey is for **Administrative** expenditures only.

1. On Line A, enter the SFY 2014/15 final administrative allocation for your LCSA.
2. On Line B, enter the projected SFY 2014/15 administrative expenditures.
3. On Line C, enter the difference between Line B and Line A. The electronic version automatically calculates the difference between Lines B and A. **Note:** (A positive amount would indicate your projected expenditures are larger than your administrative allocation.)
4. On Line D, enter the result of multiplying the amount of Line C by 66 percent. This amount represents the additional FFP requested by your LCSA in SFY 2014/15. The electronic version automatically calculates the 66 percent FFP.
5. On Line E, enter the result of subtracting the amount of Line D from Line C. This represents the county general funds needed to match Title IV-D funds projected to be expended by your LCSA in SFY 2014/15. The electronic version automatically calculates the county general fund share.
6. On Line F, choose one of the categories and enter the amount and reason for anticipating the need for additional FFP in SFY 2014/15.
7. On Line G, your LCSA IV-D Director must sign and date the survey prior to returning it to your LCSA Budget Analyst.

SFY 2014/15 Child Support Administrative Expenditure Survey for Additional FFP

LCSA Name:

Return to your LCSA Budget Analyst no later than
December xx, 2014

Do you intend to use county general funds?
If yes, please complete Lines A through G.

Yes No

Line A

SFY 2014/15 Final Administrative Allocation

\$0

Line B

Projected SFY 2014/15 Administrative Expenditures
DO NOT INCLUDE EDP EXPENDITURES

\$0

Line C

Difference between Lines A and B (subtract Line A from Line B)

\$0

Line D

Federal Share (Line C multiplied by 66%)

\$0

Line E

County General Fund Share (subtract Line D from Line C)

\$0

Line F

Reason for Request (total must equal Line C)

Category	Amount of Request	Reason for Additional FFP Request
Salaries and Benefits	\$0	
Lease Costs	\$0	
General Expenses	\$0	
Equipment/Furniture	\$0	
Software	\$0	
Contracts	\$0	
Countywide Overhead A-87	\$0	
Other (please explain)	\$0	
Total	\$0	

Line G

Signature of LCSA IV-D Director:

Date: