

CALIFORNIA DEPARTMENT OF CHILD SUPPORT SERVICES

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



December 7, 2015

LCSA LETTER: 15-14

ALL IV-D DIRECTORS

SUBJECT: STATE FISCAL YEAR 2015-16 MID-YEAR
REALLOCATION SURVEY

Reason for this Transmittal

- State Law, Regulation and/or Change
 Federal Law, Regulation and/or Change
 Court Order or Settlement Change
 Clarification requested by One or More Counties
 Initiated by DCSS

The Department of Child Support Services (DCSS) is conducting its annual mid-year review of local child support agency (LCSA) administrative allocations for State Fiscal Year (SFY) 2015-16. This year's survey information will be used to maximize available resources to the department. DCSS strongly encourages LCSAs to participate in the mid-year reallocation process.

If you are an LCSA that anticipates having surplus funds in SFY 2015-16, DCSS greatly appreciates your participation. Please complete Attachment A, "SFY 2015-16 Projected Funding Surplus Survey."

If you are an LCSA requesting additional funding in the current year for one or more of the following purposes: unanticipated one-time needs that cannot be absorbed within an LCSA's current allocation; the strategic investment in equipment, supplies or other purchases that will benefit the program administratively or programmatically; or short-term program performance improvement projects, please read the following instructions:

- If you are an LCSA that has a need for funds to address an unanticipated one-time need in the current year, please complete Attachment B, "SFY 2015-16 Unanticipated One-Time Funding Need Request." Please be sure to include the cost and description of the one-time need, as well as, how this need will be addressed in the budget year within the LCSA's existing budget allocation.
- If you are an LCSA requesting additional funds for strategic one-time purchases, please complete Attachment C, "SFY 2015-16 Strategic One-Time Purchase Request." Please be sure to include the cost of the items you intend to purchase as well as a quantifiable estimate of the benefits to the LCSA or the child support program in general.

- If you are an LCSA requesting one-time funds for short-term program initiatives, please complete Attachment D, "SFY 2015-16 Proposed Program Performance Improvement Project Request." Please be sure to include the estimated cost and description of the project and estimated benefits of the project to the child support program.

Please note that reallocated funds are provided on a **one-time basis only** and will not be available next fiscal year. Any reallocated funds must be spent in the current year, and cannot be rolled over into the next fiscal year. Unexpended funds must be returned for the approved intended purpose.

Please submit your completed survey and request forms to your assigned LCSA Budget Analyst no later than **January 22, 2016**. Upon receipt of the survey forms, DCSS will review the survey forms and determine how much funding is available to reallocate to one-time requests. DCSS will then contact you to let you know whether your request has been approved.

DCSS would like to thank you for your participation and 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/

IRENE BRIGGS
Deputy Director
Administrative Services Division

Attachments (4)

SFY 2015-16 Projected Funding Surplus Survey

LCSA:	Return to your LCSA Budget Analyst no later than January 22, 2016
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Projected Surplus

For SFY 2015-16, do you anticipate having a surplus in your administrative allocation that you would be willing to have redistributed on a one-time basis to other LCSAs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If you checked "Yes" above, what is the amount of your projected surplus that can be redistributed?	\$0
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Signature of LCSA IV-D Director:	Date:
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SFY 2015-16 Unanticipated One-Time Funding Need Request

LCSA:

Return to your LCSA Budget Analyst no later than
December 31, 2015

Projected Unanticipated One-Time Need

For SFY 2015-16, do you have any unanticipated one-time need(s)? Yes No

If you checked "Yes" above, what is the amount of the one-time need(s)?

\$0

Category	Amount of Request	Reason for Request
Moving Costs	\$0	
Remodel Costs	\$0	
Software	\$0	
Hardware	\$0	
Contracts	\$0	
Salaries and Benefits (i.e., one-time bonus, lump sum payouts, etc.)	\$0	
Other (please explain)	\$0	
Other (please explain)	\$0	
Total	\$0	

Please use the space below to provide any additional information regarding your SFY 15-16 one-time request(s) and how it will be mitigated in the budget year.

Signature of LCSA IV-D Director:

Date:

SFY 2015-16 Strategic One-Time Purchase Request

LCSA:

Return to your LCSA Budget Analyst no later than
December 31, 2015

Strategic One-Time Purchase Request

For SFY 2015-16, do you have any one-time strategic purchase requests?

Yes No

If you checked "Yes" above, what is the amount of the one-time need(s)?

\$0

Item	Amount of Request	Description of Purchase	Benefit(s) of Purchase (please quantify projected benefits whenever possible)
	\$0		
	\$0		
	\$0		
	\$0		
	\$0		
	\$0		
	\$0		
	\$0		
	\$0		
	\$0		
	\$0		
	\$0		
	\$0		
	\$0		
	\$0		
Total	\$0		

Signature of LCSA IV-D Director:

Date:

SFY 2015-16 Proposed Program Performance Improvement Project Request

LCSA:

Return to your LCSA Budget Analyst no later than
December 31, 2015

One-Time Short-Term Program Initiative

For SFY 2015-16, do you have any one-time short-term program initiative requests?

 Yes

 No

If you checked "Yes" above, what is the amount of the one-time need(s)?

\$0

Project	Amount of Request	Description of Project	Benefit(s) of Project (please quantify projected benefits whenever possible)
	\$0		
	\$0		
	\$0		
	\$0		
	\$0		
	\$0		
	\$0		
	\$0		
	\$0		
	\$0		
	\$0		
	\$0		
	\$0		
	\$0		
	\$0		
	\$0		
Total	\$0		

Signature of LCSA IV-D Director:
Date: