

AUDITED FISCAL REPORT
for CalWORKS, Alternative Payment or Family Child Care Home Programs

Agency Name: _____ Vendor No. _____
 Fiscal Year End: June 30, 2019 Contract No. CAPP 0018
 Multi-Year Contract? (Check "No" Box or Enter Contract Period): No: or Period: 07/01/18 -- 06/30/20
 Independent Auditor's Name: _____

	COLUMN A1	COLUMN A2	COLUMN B	COLUMN C
	PRIOR YEAR'S AUD 9500-AP ENDING BALANCE FOR THIS CONTRACT (Multi-Year Contract Only)	CUMULATIVE FISCAL YEAR PER FORM CDNFS 9500- AP	AUDIT ADJUSTMENT INCREASE OR (DECREASE)	CUMULATIVE FISCAL YEAR PER AUDIT
SECTION I - REVENUE				
RESTRICTED INCOME				
Child Nutrition Programs				\$0
County Maintenance of Effort (EC § 8279)				0
Uncashed Checks to Providers				0
Other (Specify):				0
Subtotal	\$0	\$0	\$0	\$0
TRANSFER FROM RESERVE (<i>Alternative Payment Only</i>)				0
FAMILY FEES FOR CERTIFIED CHILDREN				0
INTEREST EARNED ON APPORTIONMENTS				0
UNRESTRICTED INCOME				
Other (Specify):				0
TOTAL REVENUE	\$0	\$0	\$0	\$0

SECTION II - REIMBURSABLE EXPENSES				
<i>Direct Payments to Providers</i>		\$20,000		\$20,000
1000 Certificated Salaries		4,000		\$4,000
2000 Classified Salaries		4,000		\$4,000
3000 Employee Benefits		4,000		\$4,000
4000 Books and Supplies		4,000		\$4,000
5000 Services and Other Operating Expenses		4,000		\$4,000
6100/6200 Other Approved Capital Outlay				\$0
6400 New Equipment (<i>program-related</i>)				\$0
6500 Replacement Equipment (<i>program-related</i>)				\$0
Depreciation or Use Allowance				\$0
Indirect Costs Percentage:				\$0
NONREIMBURSABLE EXPENSES				
6100-6500 Nonreimbursable Capital Outlay				\$0
Other (Specify):				\$0
TOTAL EXPENSES CLAIMED FOR REIMBURSEMENT	\$0	\$40,000	\$0	\$40,000
TOTAL ADMINISTRATIVE COSTS (<i>included in Section II above</i>)				\$0
DAYS OF OPERATION				-
FOR CDE-A&I USE ONLY:				

COMMENTS - If necessary, attach additional sheets to explain adjustments:

NO SUPPLEMENTAL REVENUES OR EXPENSES - Check box & omit page 2 if there are no supplemental revenues or expenses to report.
 AUD 9500-AP, Page 1 of 2 (FY 2017-18)

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SECTION I - REVENUE				
RESTRICTED INCOME				
Child Nutrition Programs				\$0
County Maintenance of Effort (EC § 8279)				0
Uncashed Checks to Providers				0
Other (Specify):				0
Subtotal	\$0	\$0	\$0	\$0
TRANSFER FROM RESERVE (<i>Alternative Payment Only</i>)				0
FAMILY FEES FOR CERTIFIED CHILDREN				0
INTEREST EARNED ON APPORTIONMENTS				0
UNRESTRICTED INCOME				
Other (Specify):				0
TOTAL REVENUE	\$0	\$0	\$0	\$0

SECTION II - REIMBURSABLE EXPENSES				
<i>Direct Payments to Providers</i>	\$20,000	\$5,000		\$25,000
1000 Certificated Salaries	4,000	1,000		\$5,000
2000 Classified Salaries	4,000	1,000		\$5,000
3000 Employee Benefits	4,000	1,000		\$5,000
4000 Books and Supplies	4,000	1,000		\$5,000
5000 Services and Other Operating Expenses	4,000	1,000		\$5,000
6100/6200 Other Approved Capital Outlay				\$0
6400 New Equipment (<i>program-related</i>)				\$0
6500 Replacement Equipment (<i>program-related</i>)				\$0
Depreciation or Use Allowance				\$0
Indirect Costs Percentage:				\$0
NONREIMBURSABLE EXPENSES				
6100-6500 Nonreimbursable Capital Outlay				\$0
Other (Specify):				\$0
TOTAL EXPENSES CLAIMED FOR REIMBURSEMENT	\$40,000	\$10,000	\$0	\$50,000
TOTAL ADMINISTRATIVE COSTS (<i>included in Section II above</i>)				\$0
DAYS OF OPERATION				-
FOR CDE-A&I USE ONLY:				

COMMENTS - If necessary, attach additional sheets to explain adjustments:

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 AUD 9500-AP, Page 1 of 2 (FY 2017-18)