

## EXHIBIT A

### STATEMENT OF WORK

#### **I. INTRODUCTION**

Santa Barbara County Sheriff's Department (SBCSD) has agreed to provide the California Department of Corrections and Rehabilitation (CDCR), Division of Adult Parole Operations (DAPO) an array of evidence-based services targeted to address the criminogenic needs of the participating offenders that contribute to re-offending behaviors. The services include, but are not limited to, criminal thinking, anger and aggression, education & vocational needs, substance abuse, and pro-social relationships. These services shall be provided in an effort to assist the parolees' successful reintegration into their communities upon release from prison. The goal is to reduce recidivism through effective community reintegration, thereby increasing public safety.

The services shall be provided in two satellite Day Reporting Center (DRC) environments located within Santa Barbara County. One satellite office shall be located in the Santa Barbara area, and one in the Santa Maria area. The DRCs shall serve only those parolees residing within the County of Santa Barbara.

A minimum of 300 male and female parolees are to be served annually through this program. Each satellite facility shall serve a minimum of 150 parolees annually, and each site shall have the ability to accommodate 50 parolees at any given time. Approximately 15 percent of program participants will be in need of transitional housing assistance in sober living environments during the treatment episode.

SBCSD has determined that the most efficient way to institute this program effectively, and offer these services in a timely manner, is to subcontract with a private vendor or organization to operate this program.

#### **II. SBCSD RESPONSIBILITIES**

1. Assign a Sheriff's Custody Lieutenant to the DRCs and as the SBCSD primary point of contact for the CONTRACTOR and for CDCR. The Custody Lieutenant shall be the direct designee for SBCSD requirements related to the DRCs and this contract.
2. Assign an oversight committee, The Santa Barbara County Sheriff's Reentry Steering Committee (STEERING COMMITTEE) to provide general direction and oversight of the DRC program and CONTRACTOR.
3. Coordinate, plan, and attend meetings with the STEERING COMMITTEE.
4. Review the acceptance or denial by the Program Director of sex offenders into the DRCs.
5. Make periodic reports to the STEERING COMMITTEE of sex offenders accepted for admission or denied entry into the DRCs.
6. Provide timely processing of CONTRACTOR's monthly invoices for reimbursement of services rendered, and make payments consistent with CDCR reimbursement requirements.
7. Balance CONTRACTOR's monthly invoices to CDCR Quarterly payments to SBCSD, and coordinate corrective action between CONTRACTOR and CDCR to insure complete reimbursement of SBCSD by CDCR for any expenses incurred by the CONTRACTOR.

## EXHIBIT A

### STATEMENT OF WORK

#### **CONTRACTOR RESPONSIBILITIES**

1. Maintain two facility sites within Santa Barbara County to operate the DRC and provide services to a minimum of 300 parolees annually. Each facility shall have the ability to accommodate 50 parolees at any given time and serve a minimum of 150 parolees annually. The facility sites shall be easily accessible to public transportation and shall be in compliance with Americans with Disability Act.
2. Document evidence that demonstrates the DRCs are in compliance with applicable use ordinance as well as applicable building sanitation, health, safety and fire codes.
3. Have in effect at all times during the term of the contract an approved Conditional Use Permit (where necessary) for at least the maximum of the contracted transitional housing beds.
4. Acquire and maintain throughout the term of the contract an approved zoning letter issued from the city/county where services will take place. The zoning letter must be signed by an official of the city or county indicating that the facility location is not in violation of any zoning requirements or that the city/county does not object to the services being provided at the specified address.
5. Ensure the DRC facilities are secure by providing adequate supervision during hours of operation. The CONTRACTOR shall ensure that there are a minimum of two journey level staff present at each facility during all hours of operation, and that the parolee to staff participant ratio is a minimum of 18:1 in compliance with Section VII., Personnel Policies and Procedures.
6. Provide and schedule on-site classes between the hours of 9:00 a.m. – 9:00 p.m. The operating hours for the DRCs shall be no less than ten hours a day, six days a week. Holiday schedule must be approved by the Program Manager at the start of the contract and upon request. The DRCs shall be open on Holidays with a limited holiday program schedule which shall be a minimum of four hours.
7. Oversee facility(s) in the community surrounding that will provide clean transitional sober living environments for those parolees in need of immediate temporary housing assistance as detailed in Section VI, Program and Service Requirements, Transitional Housing/Sober Living Environment.
8. Provide wholesome refreshments for program parolees during the course of the day. However, if parolees are housed in a transitional living environment, the CONTRACTOR shall provide enough provisions for three (3) meals per day as outlined in Section VI, Program and Service Requirements, Food Service and Dining Area. Parolees that are to receive housing that prepares them to live on their own may be provided with food access cards or with food stuffs from local food distribution programs.
9. Provide transportation for program-parolees through the use of public transportation (i.e., bus passes/tokens) or by private transportation. Public transportation must be located within four blocks of the facility(s). Under no circumstances will the CONTRACTOR provide monetary funds for transportation purposes. If the CONTRACTOR provides transportation via a private vehicle, the staff shall possess a valid driver's license and the vehicle shall be fully insured.
10. Ensure that assigned parolees are continuously engaged throughout each program day in program-related activities and services as outlined in Section VI. Program and Service Requirements.
11. Have a positive relationship established with the local law enforcement agency in addition to the relationship with SBCSD, CDCR, DAPO staff, and the STEERING COMMITTEE.

## EXHIBIT A

### STATEMENT OF WORK

12. Use the database provided by CDCR to collect all required data specified in the program data collection forms in Attachment A-1. Coordinate data collection and evaluation efforts and provide data and information, as requested and defined by, CDCR. The CONTRACTOR may be required to work cooperatively with an outside evaluator to be chosen by CDCR.
13. Update the database to reflect the current status of program participants every Friday. After the update, a management report shall be produced from the database and submitted to the Program Manager at DAPO Headquarters by close of business (COB) each Friday. A sample of the weekly management report is shown in Attachment A-2.
14. Return all data collected upon termination of the contract. Necessary computer equipment will be provided through program costs.
15. Make staff available for initial orientation and ongoing training as provided by the CDCR pursuant to laws, rules, policies and procedures.
16. Meet with the DAPO Program Manager as often as necessary, but not less than monthly, to review progress and performance. The reviews shall include, but not be limited to, assisting in implementation, quality assurance, problem solving and determining future performance objectives.
17. Meet with SBCSD Assigned Lieutenant and/or financial designee to monitor, balance, clarify, audit, or correct invoices and financial practices to insure accurate and complete reimbursement of CONTRACTOR expenses to SBCSD from CDCR.
18. Attend as necessary STEERING COMMITTEE meetings. This may include the necessity to make presentations on the progress and results of the DRCs, explain acceptance or rejection of sex offenders, and request or accept feedback and recommendations for improvement or modification of the operation of the DRCs.
19. Maintain communication between the AOR and parolee on a regular basis in order to share information regarding parole-related activities and solicit participation in the progress of the treatment plan.
20. Ensure any and all sub-contractors employed pursuant to this contract adhere to all requirements of the contract, or as required by CDCR.
21. Submit monthly invoices to SBCSD consistent with CDCR requirements under the Line Item Budget Guide for Cost Reimbursement Contracts (March 28, 2007) Attachment A-3, and charges for services as noted in vendors approved budget, Attachment A-4.

### **III. CDCR RESPONSIBILITIES (Under contract between CDCR and SBCSD-Included for clarity of responsibilities)**

1. Refer an adequate amount of eligible parolees to the DRC in order to ensure program goals and hours are achieved. Referrals shall be made on a CDCR 1502. Referrals for sex offenders shall be on a case-by-case basis. SBCSD shall have final approval of acceptance of any sex offenders into the program.
2. Communicate between the Agent of Record (AOR), parole unit, and parolee in an effort to share information regarding parolee-related activities and progress of the treatment plan.

## EXHIBIT A

### STATEMENT OF WORK

3. Provide initial orientation and ongoing training to SBCSD and contractor staff pursuant to CDCR laws, rules, policies and procedures. CDCR shall provide orientation to staff at the appropriate satellite facility within 30 days of request.
4. AOR or CDCR designee may participate in the parolee's progress through the program services and in development of the discharge plan for aftercare through case conference with the SBCSD and the CONTRACTOR's program manager.
5. The DAPO Program Manager will meet as often as necessary, but not less than monthly, with the SBCSD to review progress and performance. The reviews shall include, but not be limited to, assisting the SBCSD in implementation, problem solving, quality assurance and determining future performance objectives.
6. Meet quarterly, if necessary, with all contractors for training purposes.
7. Maintain responsibility for supervision of parolees.
8. Evaluate the program and provide quality assurance.

#### **IV. ADMINISTRATIVE REQUIREMENTS**

##### 1. Organizational Structure

The CONTRACTOR shall submit with the contract, a written description and organizational chart that shall outline the structure of authority, responsibility and accountability within the DRCs and their parent organization.

This organizational chart will be incorporated into the contract and shall be updated periodically with the SBCSD and CDCR approval as changes occur without amendment to the contract.

##### 2. Records System

The CONTRACTOR shall maintain complete files on all parolees. The files shall be located in a secure file storage area in the office. The CONTRACTOR shall ensure that parolees other than the subject of the file do not access the files. The CONTRACTOR shall fully adhere to all other confidentiality requirements of alcohol and drug use client data, in accordance with the Federal Regulations governing "Confidentiality of Alcohol and Drug Abuse Patient Records" (42 CFR, Part 2).

##### 3. Parolee Data

The CONTRACTOR shall maintain automated assessment, participant and program data. The CONTRACTOR is required to utilize a database provided by and approved by the CDCR to ensure compatibility and validity of the program data. All data elements specified in the data collection forms must be completed accurately.

The CONTRACTOR shall have procedures in place to ensure the validity of the data and to protect the data from unauthorized access and/or destruction due to negligence, malice, or disaster.

Data shall be submitted to SBCSD and DAPO on a monthly basis. It must be delivered on or before the 15<sup>th</sup> calendar day of the following month. The data shall be made available upon request to DAPO and designated evaluators. In addition, the CONTRACTOR shall cooperate in the evaluation of the program and assist CDCR and any designated evaluators in any additional data collection efforts, program fidelity, and program analysis. The CONTRACTOR shall ensure program implementation takes into consideration the results of data collected and ongoing evaluation efforts.

## EXHIBIT A

### STATEMENT OF WORK

#### 4. Program Reports

The CONTRACTOR shall submit a weekly report produced from the updated database to the DAPO Program Manager by COB each Friday. The CONTRACTOR shall submit monthly progress reports of program activity during the previous month to the DAPO Program Manager on or before the 15<sup>th</sup> of the following month. The data file shall be electronically submitted to the CDCR before the 15<sup>th</sup> of the month following the month in which it was collected.

## VI. PROGRAM AND SERVICE REQUIREMENTS

### 1. PROGRAM COMPONENTS:

The CONTRACTOR agrees to provide an array of evidence-based services targeted to address the criminogenic needs of parolees determined to be of moderate or high risk to re-offend. These services are projected to assist individuals to successfully reintegrate into their communities upon release from prison. The goal is to reduce recidivism and thereby increase public safety through effective community reintegration.

The following is a brief description and expectations of the components and services that are required for each program:

#### • **INTAKE/ORIENTATION/ASSESSMENTS**

The CONTRACTOR shall provide an initial intake assessment to the parolees referred to the DRC. The intake process shall include gathering contract information, housing and job status. The parolees enrolled to participate at the DRC will be given a date to return for orientation. The orientation date shall be within three days of initial intake. CONTRACTOR shall inform the parolees of the general concept of a DRC and provide the parolees with an overview of all the resources and opportunities available at the Center. CONTRACTOR shall track all parolees who are enrolled at the DRC on a daily basis.

CONTRACTOR shall conduct a risk and needs assessment utilizing an assessment tool, approved by CDCR, which tests for problems typically associated with the criminal justice population. Once the assessment is completed, the caseworker, parole representative and/or other appropriate program staff shall complete and Individual Treatment Plan (ITP) addressing the risks and needs identified. Initial programming should address the highest risks and needs first.

#### • **INDIVIDUAL TREATMENT PLAN**

CONTRACTOR shall provide an ITP for each program participant based on the criminogenic needs assessment. The ITP will be used to match assessed needs. The ITP will target multiple needs related to re-offending and provide services, including:

- Criminal thinking, behavioral skills, and associations
- Aggression, hostility, anger, and violence
- Academic and vocational
- Family, marital, and relationships
- Substance abuse

These programs shall utilize evidence-based practices that have demonstrated effectiveness. CONTRACTOR shall avoid utilizing treatments and practices that are not classified as evidence-based or have been shown to have negative effects on re-offending behavior.

#### • **INDIVIDUAL AND GROUP COUNSELING/PROGRAMMING**

Based on the initial Risk and Needs assessment and ITP, the parolee shall attend and participate in programming addressing their identified risks and needs.

## EXHIBIT A

### STATEMENT OF WORK

- **TRANSITIONAL HOUSING/SOBER LIVING ENVIRONMENT**

Transitional housing shall be made available to those parolees who have no existing housing arrangement, or are living in an environment which is not conducive to maintaining a drug, alcohol, and crime free lifestyle. Parolee housing may be dormitory style or individual rooms. The transitional living environment must be clean, and must be conducive to alcohol and drug-free living.

The CONTRACTOR may subcontract with providers in the community who have such beds available or maintain transitional housing of their own. The cost of the transitional housing shall not exceed \$35.00 per day, per parolee. Approximately 15 percent of program parolees will be in need of such living arrangements. It is anticipated that the average length of stay in transitional housing will be 150 days.

- **BREATHALYZER/URINALYSIS TESTING**

CONTRACTOR may use a breathalyzer to test parolees at any time. The CONTRACTOR shall test parolees on a random basis and for probable cause if behavior is exhibited consistent with being under the influence. The CONTRACTOR may utilize Instant Test Urinalysis (UA) Test Strips. All participants who test positive shall be reported to the AOR that day. Any parolee refusing to test shall be reported to the AOR/Officer of the Day/Unit Supervisor immediately, by making telephone contact and speaking with either party.

- **HIV/SEXUALLY TRANSMITTED DISEASE AWARENESS**

CONTRACTOR shall develop a course that provides parolees with information concerning blood borne pathogens. Parolees should be introduced to different types of blood borne pathogens, transmission routes and preventative strategies, and procedures to follow in cases of exposure.

The following are pathogens that must be covered in the curriculum:

- Human Immunodeficiency Virus (HIV)
- Hepatitis B (HBV)
- Hepatitis C (HBC)
- Non A, Non B Hepatitis
- Syphilis
- Malaria

- **SUBSTANCE ABUSE EDUCATION**

Based upon their Risk and Needs assessment, parolees requiring substance abuse education shall complete an educational group focusing on substance abuse.

The curriculum shall emphasize relapse prevention. Those parolees needing this program shall participate in the required curriculum as a condition of continued placement in the DRC. The CONTRACTOR shall document the parolee's progress in the substance abuse education program in the parolee's case file on a weekly basis.

- **ANGER MANAGEMENT**

CONTRACTOR shall develop curriculum to assist in reducing and redirecting stress and tension which result in aggressive behaviors. The focus shall be on the causes of anger and providing alternatives to violent outbursts and abusive behavior through educational lessons that challenge inappropriate ways of expressing anger, and techniques to dissipate that anger before it gets out of control.

- **DOMESTIC VIOLENCE PROGRAM (52-WEEKS)**

For parolees with a special condition of parole to attend a domestic violence program, the CONTRACTOR shall either provide a domestic violence program either on site or through an off

## EXHIBIT A

### STATEMENT OF WORK

site provider. In either case, the provisions of the domestic violence program shall be pursuant to Penal Code (PC) Section 1203.097.

- **COGNITIVE AND LIFE SKILLS TRAINING**

CONTRACTOR shall incorporate into the DRC program curriculum designed to encourage parolees to adopt a positive, law-abiding lifestyle. The training shall be based on cognitive-behavioral techniques and focus on defects in thought processes that lead to self-defeating decisions.

- **PARENTING AND FAMILY REINTEGRATION**

CONTRACTOR shall promote the positive overall growth of family reintegration through an educational and group process. In this class participants shall learn to:

- Develop family rules and guidelines
- Express anger without violence
- Give and receive positive recognition
- Use gentle and appropriate touch
- Discipline without spanking, hitting or yelling
- Communicate needs
- Develop quality "time in"
- Develop nurturing routines and activities of daily living
- Play and have fun as a family

- **COMMUNITY SERVICE**

Off-site community service work shall be approved in advance by CDCR and SBCSD to help assure that public safety issues are thoroughly addressed and that the proposed work site and working conditions present no unreasonable safety risk to the participating parolees. Community Service work shall be for public agencies or private non profit agencies in the performance of work that would otherwise not be done by paid public or contracted employees.

- **EDUCATIONS/GED PREPARATION**

CONTRACTOR shall provide every parolee at the DRC the opportunity to engage in educational programs. The focus of the educational component shall be to increase the parolees' functional literacy and employment skills. It shall include basic education in reading and math and may include GED preparation, if necessary. There shall be an on-site computer lab that will be utilized as a resource center for clients and as a classroom for many courses.

- **BUDGETING AND MONEY MANAGEMENT TRAINING**

CONTRACTOR shall provide parolees with training on how to budget and manage their money. Skills to be taught shall include, but not be limited to:

- Establishing and maintaining bank accounts
- Writing checks and utilizing debit cards
- Balancing bank accounts
- Interest rates
- Responsible bill paying
- Responsible use of credit
- Finance charges, late fees and over-the-limit fees
- Living within financial means

- **JOB READINESS AND JOB SEARCH**

CONTRACTOR shall employ a variety of resources in order to transition program participants into long-term sustainable work. Parolees will be assigned to a Job Developer who will work with them for the duration of their time in the program. Training will include, but not be limited to, employment

## EXHIBIT A

### STATEMENT OF WORK

preparation, resume writing, skill development, and job placement. Parolees will be instructed in the following:

- Parolees' general presentation and demeanor
- Level of motivation to job search
- Effective communication
- Job search strategies such as networking, interviews, resume writing, etc.
- Understanding workplace culture and selling yourself
- Learning appropriate interview language and how to explain time incarcerated

#### • **REFERRAL SERVICES**

CONTRACTOR case managers shall coordinate transportation and meetings with specified contracts when they make referrals outside of the DRC. They shall follow up with partner agencies to insure seamless delivery. The CONTRACTOR shall refer clients to community partners equipped to meet the specific needs of the parolee. Some of the resource referrals may include, but are not limited to, outstanding legal and medical issues, suicide prevention, work clothing and tools, childcare, mental health services, obtaining personal identification, social security card assistance or other identified individual needs. The CONTRACTOR staff shall foster ongoing partnerships with other community agencies and providers in their area to better serve their clients.

## **2. TREATMENT PHASES:**

### **PHASE I**

Phase I will focus on orientation, assessment and treatment planning. This phase will also focus on deciding whether an individual parolee should be placed directly into the Aftercare Phase from Phase I. This determination shall be made based on the risk and needs assessment and the ITP. All participants will complete Phase I. Length of stay in this phase shall not exceed 30 days. Parolees shall report to the program five days a week. Parolees shall be engaged in programming for a minimum of four hours per day.

A risk and needs assessment shall be performed. This assessment identifies those factors that have led to criminal behavior and the propensity for re-offending, as well as those barriers to the parolee's ability to successfully reintegrate back into society. This assessment shall be utilized to determine what program services will be included in the ITP.

The ITP shall be the outline for the goals to be achieved by the parolee and the program services necessary for each participant to successfully achieve those goals. This becomes the treatment plan that staff utilize to track the progress of the participant. The treatment plan will be regularly updated with staff notes to reflect the progress of the participant.

Parolees that are identified to proceed immediately to the Aftercare Phase are intended to remain in the Aftercare Phase for up to a year. Parolees that participate in Phases II and III will participate in the Aftercare Phase for a period of 30 days, not to exceed 90 days.

### **PHASE II**

Phase II will focus on the delivery of services identified in the treatment plan. Parolees will report to the program a minimum of five days a week. Parolees actively engaged in educational, vocational, job training, employment, etc. shall be engaged in programming as determined by the ITP and approved by the CDCR representative. Length of stay in this phase of the program shall not exceed 120 days. Parolees shall be engaged in programming for a minimum of twenty hours per week.



## EXHIBIT A

### STATEMENT OF WORK

Group activities, which actively engage parolees in confronting the individual values and behaviors contributing to their substance abuse and criminality, shall be small enough to promote participation and provide for the safety and security of the parolees. Participation is recorded on group activity rosters. The parolee to staff ratio will not exceed 18:1. Groups organized to provide rehabilitative services, substance abuse education, and social and recreational activities may be of any size but shall be small enough to promote learning and allow for positive interaction among the parolees. Participation is recorded on group activity rosters.

It is during this phase that the participant will be introduced to community service commitments; i.e., graffiti clean-up in the neighborhood, speaking at schools regarding the consequences of drug use, assisting in activities at a local community center.

Preparing for and obtaining employment will be an element of this portion of the program. If the participant shall become gainfully employed, the number of hours of participation may be reduced as determined by the ITP and approved by the CDCR representative to facilitate long term success.

### **PHASE III**

Phase III will focus on employment and discharge planning. Program parolees will enter this phase only after significant accomplishments have been achieved in the completion of the ITP. The discharge summary developed during this phase will include the parolee's aftercare plan. Entering Phase III will require agreement of both the CONTRACTOR and the CDCR representative. Parolees shall be engaged in programming as determined by the ITP and approved by the CDCR representative. Length of stay in this phase shall not exceed 60 days.

It is during this phase that the participant shall become gainfully employed or be a full-time student. An exception to this shall be those individuals who are eligible to receive SSI, mentally or physically challenged, or have other special needs as determined by the CONTRACTOR and the CDCR representative.

### **AFTERCARE PHASE**

The CONTRACTOR shall ensure that each parolee receives maintenance and support in areas where they still need encouragement and guidance. These areas include, but are not limited to: community substance abuse relapse prevention classes, weekly meetings with case managers for encouragement/advice, and/or continued participation in an alumni group, or any other combination of activities that keep the parolees engaged in positive and affirming activities. The aftercare shall be tailored to the specific needs of each parolee. The Aftercare Phase of the program may be for a period of 30 days, not to exceed one year from date of placement into the DRC.

Some participants will proceed to the Aftercare Phase immediately following Phase 1 orientation, assessment and treatment planning, as determined by the risk and needs assessment and the ITP.

### **3. SERVICE REQUIREMENTS**

#### **Food Service and Dining area:**

The dining room and food service areas shall include a room that contains tables and benches or chairs sufficient in size to allow parolees to dine at one or two settings per meal. This room may be used for multiple purposes when not in use for dining. The facility kitchen, dining room, food storage area, equipment, appliances, furnishings and cabinetry, as well as all food service and preparation areas must meet all applicable health and sanitation code standards. Accommodations shall be made for parolees with disabilities.

## EXHIBIT A

### STATEMENT OF WORK

Parolees housed at transitional living facilities shall be provided with enough provisions to prepare three (3) nutritionally balanced meals per day, seven days per week. Parolees may be provided with food access cards, or food from disbursement programs. Each menu or food item containing pork or prepared in or seasoned with a pork derivative (including use of shortening containing a pork product) shall be clearly identified. Upon written request and with adequate justification and verifiable support from a representative of an established and recognized religion, parolees shall be provided provisions for special diets related to their religious preferences and practices. With a doctor's or acceptable medical practitioner's written directions, parolees shall be provided provisions for special diets for medical reasons.

#### Smoke-free environment

Indoor smoking at the facility shall be prohibited in accordance with CDCR policy and State law. The CONTRACTOR shall post "**NO-SMOKING**" signs in all sleeping areas, designated visiting areas, and in the main office of the facility in full view of parolees, staff and visitors.

#### Office Space for the CDCR Assigned Staff

The facility shall have a minimum of 110 square feet designated for one CDCR staff permanently assigned to the facility. Square footage may be modified if deemed appropriate by the CDCR. The CONTRACTOR shall furnish the office space with a desk, chair, secure locking file cabinet(s), telephone, Local Area Network (LAN) or wireless internet and other pertinent office needs.

#### Mutual Aid Agreements

In consultation and dual development with CDCR on-site staff, the SBCSD shall have written mutual aid agreements with local law enforcement agencies and related public agencies to be activated in emergencies, including situations requiring the immediate closure of the facility.

#### Fire Prevention and Safety, and Evacuation/Emergency Procedures

The CONTRACTOR shall have written procedures pertaining to fire prevention and safety requirements. Additionally, the CONTRACTOR shall have written evacuation and emergency procedures that include instructions for the following:

- Immediate notification of the fire department (inclusive of the designated fire department's address and telephone number);
- Alert notification and/or evacuation of all occupants;
- Notification of authorities;
- Control and the extinguishing of fires; and
- Evacuation routes and procedures.

#### Emergency Evacuation Training

All personnel shall be trained in the implementation of emergency procedures within 24 hours of their initial employment. In addition, emergency training is to be included in annual refresher training provided to all personnel. All training is to be documented for compliance and maintained in employee files

#### Posting of Emergency Evacuation Floor Plans

Clear, concise and site-specific emergency evacuation floor plans shall be posted at every occupied floor location throughout the facility. The evacuation diagram plans shall be placed in tamper-proof frames and include the following:

- Evacuation diagram plan that identify the "You Are Here", location that are compatible with the building floor plan.
- Evacuation plans, which include the location of building exits, fire extinguishers, pull-stations, fire hose cabinets, and first aid supplies.

## EXHIBIT A

### STATEMENT OF WORK

- Emergency and evacuation procedures, including diagrammed evacuation routes, shall be communicated to each new participant upon arrival.

#### Smoke Detectors and Fire Extinguishers

Provide operable and regularly tested smoke detectors and fire extinguishers in key locations including the kitchen, sleeping areas, laundry, and maintenance shop and control room. All tests shall be documented and maintained at the facility site.

#### Performance Measures

The CONTRACTOR shall maintain and have available to DAPO an accurate and detailed documentation of case information, along with a formal and valid mechanism for measuring outcomes. The CONTRACTOR shall report monthly on the enrollees at the beginning of the month, those admitted during the month, those that exited during the month, the treatment received by the individuals, and exit status. The CONTRACTOR shall routinely assess changes in parolees' cognitive and skill development and evaluate parolee recidivism, including, but not limited to:

- The percentage of parolees gainfully employed or enrolled in schools such as a trade school, community college, or adult school to become more employment ready upon program completion
- Employment retention among participants
- Parolees in stable housing
- Avoidance of illegal substances
- Successful completion rate for program parolees

Successful completion shall be evaluated on an individual basis by the CONTRACTOR, SBCSD, and appropriate DAPO staff based on progress toward completion of the goals contained in the ITP.

#### Measurement Feedback

Parolee outcome data must be collected and tracked at set intervals.

### **VII. PERSONNEL POLICES AND PROCEDURES**

Position descriptions and minimum qualifications shall conform to the requirements listed below; however, actual classification titles may vary. During all hours of operation, a minimum of two journey level staff will be present at the facility. The CONTRACTOR will ensure that the staff on site can adequately ensure the security of all staff and program parolees. The parolee to staff participant ratio will be a minimum of 18:1.

#### Staff Training

CONTRACTOR shall employ Motivational Interviewing (MI) techniques to initiate and maintain parolees' behavior changes. Staff must be trained in MI techniques by a qualified MI trainer. CONTRACTOR must describe a plan for on-going MI training and periodic assessment for staff. The CONTRACTOR shall ensure the cognitive-behavioral strategies in the ITP are delivered by well trained staff.

#### **A. Key Staff Positions**

The following positions are designed as key staff positions and shall be filled by permanent, full-time employees at all times throughout the term of this agreement. Key staff positions must be identified and meet the minimum qualifications.

## EXHIBIT A

### STATEMENT OF WORK

#### 1. Program Director/Center Manager

The Program Director/Center Manager (Management position) must equal at least one full-time equivalency and the individual(s) shall: possess either 1) a Bachelor of Arts (BA) degree from a granting institution accredited by the Western Association of Schools and Colleges or equivalent and three (3) years experience working with offenders. Additional experience may be substituted for education on a year for year basis, or 2) five (5) cumulative years of documented experience demonstrating a history of administrative or program responsibility in services for offenders may be substituted for the educational and work experience;

Responsibilities shall include but not be limited to the following:

- Maintain the overall administrative responsibility for the delivery of services;
- Responsible for the planning, directing and coordinating of all program activities and the hiring and training of staff;
- Review and all referrals to the DRC of sex offenders by CDCR. Evaluate the parolee referral for acceptance into or exclusion from the DRC based upon the Sex Offender Policy and criteria, and make recommendations to the SBCSD assigned Custody Lieutenant.
- Oversee the budget to ensure that operational costs do not exceed the funding allowed and work with the DAPO Program Manager and SBCSD designee when it is determined funding between line items needs to be adjusted in accordance with the Line Item Budget Guide (LIBG).
- Attend and make presentations to the STEERING COMMITTEE as necessary.

#### 2. Casework Supervisor

The Casework Supervisor position shall either possess either BA Degree from a granting institution accredited by the Western Association of Schools and Colleges or equivalent in the Social Sciences, or a related field; or two years experience supervising casework staff and a high school diploma or its equivalent; or six cumulative years of full-time experience at a responsibility no less than a journey level counselor in a program with the criminal justice population and a high school diploma or its equivalent.

Responsibilities shall include but not be limited to the following:

- Responsible for the efficient management of casework functions and supervision of casework staff;
- Monitor the treatment methodology, procedures governing counselor documentation and ensuring program parolees are working toward goals outlined in the ITPs;
- Participate in case conferences.

#### 3. Journey/Entry Level Caseworker

The Journey/Entry Level Caseworker position(s) shall possess a high school diploma or its equivalent and six months experience working with like populations. All other minimum competencies for this classification will be developed by the CONTRACTOR in cooperation with SBCSD.

Responsibilities shall include but not be limited to the following:

- Provide face-to-face services to the DRC parolees;
- Develop case plans;
- Develop and monitor the parolee's progress with their ITP through all phases of the program;

## EXHIBIT A

### STATEMENT OF WORK

- Make appropriate referrals to outside agencies as necessary;
- Maintain progress notes in client files;
- Keep the AOR apprised of parolee's progress and work in conjunction to develop discharge and aftercare plans.

The CONTRACTOR personnel policies shall include staff development plans to bring all entry-level staff up to journey-level competencies within two (2) years of hire and to continually upgrade their competencies.

#### 4. Job Developer

The Job Developer staff position shall possess a high school diploma and six months experience as a Job Developer or like position. All other minimum competencies for this classification will be developed by the -CONTRACTOR in cooperation with SBCSD.

Responsibilities shall include but not be limited to the following:

- Assess parolees to determine employment, training and vocational needs;
- Provide services that include resume writing, mock interviews, punctuality; how to get along with others in a work environment, how to take and follow instruction, job readiness; and job search;
- Assist participant in securing and locating appropriate employment or vocational training.

#### B. Security Clearances

The CONTRACTOR shall ensure all current and potential staff undergo a thorough security clearance, which must include a Live Scan background check. The SBCSD shall review the Live Scan reports to ensure the -CONTRACTOR staff meets all CDCR mandates and requirements. CDCR reserves the right to approve or deny all security clearances. In addition, CDCR has the authority to immediately terminate the contract should a threat to security be identified. CDCR shall grant provisional clearances for hire until such time as the formal security clearance is completed. Staff providing administrative management oversight and monitor staff shall be a minimum of 18 years of age. Criteria for approval or denial of security clearances is detailed in Exhibit D, CDCR Special Terms and Conditions, Section 13 – Employment of Ex-Offenders.

#### C. Employment Practices:

The CONTRACTOR shall develop and maintain policies related to employment practices in the areas of:

- Work Hours
- Staff Benefits (i.e., vacation, sick leave, insurance, retirement, etc.)
- Promotions
- Pay increases
- Hiring and termination conditions.

#### D. Employee Performance Evaluations:

All employees must be placed on a probationary period no less than 180 days (6 months). The probationary period for employees shall be followed by an annual work performance evaluation by the immediate supervisor. Performance evaluations shall include personnel training objectives that define employee expectations during the probationary period.

#### E. Discrimination Clause and Sexual Harassment Policy

The CONTRACTOR shall have a written sexual harassment policy in compliance with CDCR policy and procedures and state/federal laws. The CONTRACTOR(s) shall not discriminate against any

## EXHIBIT A

### STATEMENT OF WORK

employee or job applicant because of race, religion, color, national origin, ancestry, physical or mental disability, medical condition, marital status, age, gender or sexual orientation.

#### F. Nepotism Policy

The CONTRACTOR shall have a written policy on nepotism in compliance with CDCR regulations, policy, and procedures that prohibits direct supervision and work performance evaluations of immediate family members. Exceptions to this policy shall require written approval by the CDCR Program Manager and SBCSD based on the CONTRACTOR written request with supporting justification(s).

#### G. Fraternization Policy

The CONTRACTOR shall establish written policy and procedures in compliance with CDCR policy and procedures, which prohibit employees from fraternizing with parolees and their families.

#### H. Job Action Contingency Plan

The CONTRACTOR shall establish a written contingency plan to be implemented in the event of employee job actions, which may disrupt the facility's daily operation (e.g., strikes, sick-outs, and sit-ins.).

#### I. Employee Grievance and Appeals Procedures

The CONTRACTOR shall establish or utilize its existing employee grievance procedure to address unresolved labor issues.

#### J. Vacancies

Staff vacancies shall be brought to the immediate attention of the DAPO Program Manager. The SBCSD and CONTRACTOR may fill temporary vacancies internally by a temporary reassignment of existing qualified staff. A temporary vacancy is defined as a vacancy of less than 60 days. Vacancies in excess of 60 days require the immediate recruitment of new, qualified staff and must be filled within 90 days from the original vacancy date.

**EXHIBIT B**  
**FINANCIAL PROVISIONS**

**PAYMENT ARRANGEMENTS**  
**Periodic Compensation**

- A. For CONTRACTOR services to be rendered under this contract, CONTRACTOR shall be paid a total contract amount, including cost reimbursements, not to exceed \$ 1,499,960 annually contingent on CDCR funding.
- B. Payment for services and /or reimbursement of costs shall be made upon CONTRACTOR's satisfactory performance, based upon the scope and methodology contained in **EXHIBIT A** as determined by COUNTY.
- C. Monthly CONTRACTOR shall submit to the COUNTY DESIGNATED REPRESENTATIVE an invoice or certified claim on the County Treasury for the service performed over the period specified. These invoices or certified claims must cite the assigned Board Contract Number. COUNTY REPRESENTATIVE shall evaluate the quality of the service performed and if found to be satisfactory shall initiate payment processing. COUNTY shall pay invoices or claims for satisfactory work within 30 days of presentation.
- D. CONTRACTOR is prohibited from double billing COUNTY for any shared costs that are divided between any other current or future subcontracts that may share on site services, equipment, consumables, staffing or facility space. All shared costs must be divided equitably between the involved subcontracts in the manner mutually agreed upon between the COUNTY, the CONTRACTOR, and the SUBCONTRACTOR(s).
- E. COUNTY's failure to discover or object to any unsatisfactory work or billings prior to payment will not constitute a waiver of COUNTY's right to require CONTRACTOR to correct such work or billings or seek any other legal remedy.
- F. Contract Term: The term of this contract shall be for one year commencing on July 1, 2012 and concluding on June 30, 2013.

## EXHIBIT C

### STANDARD INDEMNIFICATION AND INSURANCE PROVISIONS for contracts Requiring professional liability insurance

#### I. INDEMNIFICATION

##### Indemnification pertaining to other than Professional Services:

CONTRACTOR shall defend, indemnify and save harmless the COUNTY, its officers, agents and employees from any and all claims, demands, damages, costs, expenses (including attorney's fees), judgments or liabilities arising out of this Agreement or occasioned by the performance or attempted performance of the provisions hereof; including, but not limited to, any act or omission to act on the part of the CONTRACTOR or his agents or employees or other independent contractors directly responsible to him; except those claims, demands, damages, costs, expenses (including attorney's fees), judgments or liabilities resulting from the sole negligence or willful misconduct of the COUNTY.

CONTRACTOR shall notify the COUNTY immediately in the event of any accident or injury arising out of or in connection with this Agreement.

##### Indemnification pertaining to Professional Services:

CONTRACTOR shall defend, indemnify and save harmless the COUNTY, its officers, agents and employees from any and all claims, demands, damages, costs, expenses (including attorney's fees), judgments or liabilities arising out of the negligent performance or attempted performance of the provisions hereof; including any willful or negligent act or omission to act on the part of the CONTRACTOR or his agents or employees or other independent contractors directly responsible to him to the fullest extent allowable by law.

CONTRACTOR shall notify the COUNTY immediately in the event of any accident or injury arising out of or in connection with this Agreement.

Without limiting the CONTRACTOR's indemnification of the COUNTY, CONTRACTOR shall procure the following required insurance coverages at its sole cost and expense. All insurance coverages are to be placed with insurers which (1) have a Best's rating of no less than A: VII, and (2) are admitted insurance companies in the State of California. All other insurers require the prior approval of the COUNTY. Such insurance coverage shall be maintained during the term of this Agreement. Failure to comply with the insurance requirements shall place CONTRACTOR in default. Upon request by the COUNTY, CONTRACTOR shall provide a certified copy of any insurance policy to the COUNTY within ten (10) working days.

1. Workers' Compensation Insurance: Statutory Workers' Compensation and Employers Liability Insurance shall cover all CONTRACTOR's staff while performing any work incidental to the performance of this Agreement. The policy shall provide that no cancellation, or expiration or reduction of coverage shall be effective or occur until at least thirty (30) days after receipt of such notice by the COUNTY. In the event CONTRACTOR is self-insured, it shall furnish a copy of Certificate of Consent to Self-Insure issued by the Department of Industrial Relations for the State of California. This provision does not apply if CONTRACTOR has no employees as defined in Labor Code Section 3350 et seq. during the entire period of this Agreement and CONTRACTOR submits a written statement to the COUNTY stating that fact.
2. General and Automobile Liability Insurance: The general liability insurance shall include bodily injury, property damage and personal injury liability coverage, shall afford coverage for all premises, operations, products and completed operations of CONTRACTOR and shall include contractual liability coverage sufficiently broad so as to include the insurable liability assumed by the CONTRACTOR in the indemnity and hold harmless provisions [above] of the Indemnification Section of this Agreement between COUNTY and CONTRACTOR. The automobile liability insurance shall cover all owned, non-owned and hired motor vehicles that are operated on behalf of CONTRACTOR pursuant to CONTRACTOR's activities hereunder. CONTRACTORS shall require all subcontractors to be included under its policies or furnish separate certificates and endorsements to meet the standards of these provisions by each subcontractor. COUNTY, its officers, agents, and employees shall be Additional Insured status on any policy. A cross liability clause, or



## EXHIBIT C

equivalent wording, stating that coverage will apply separately to each named or additional insured as if separate policies had been issued to each shall be included in the policies. A copy of the endorsement evidencing that the policy has been changed to reflect the Additional Insured status must be attached to the certificate of insurance. The limit of liability of said policy or policies for general and automobile liability insurance shall not be less than \$1,000,000 per occurrence and \$2,000,000 in the aggregate. Any deductible or Self-Insured Retention {SIR} over \$10,000 requires approval by the COUNTY.

Said policy or policies shall include a severability of interest or cross liability clause or equivalent wording. Said policy or policies shall contain a provision of the following form:

"Such insurance as is afforded by this policy shall be primary and if the COUNTY has other valid and collectible insurance, that other insurance shall be excess and non-contributory."

If the policy providing liability coverage is on a 'claims-made' form, the CONTRACTOR is required to maintain such coverage for a minimum of three years following completion of the performance or attempted performance of the provisions of this agreement. Said policy or policies shall provide that the COUNTY shall be given thirty (30) days written notice prior to cancellation or expiration of the policy or reduction in coverage.

3. Professional Liability Insurance. Professional liability insurance shall include coverage for the activities of CONTRACTOR's professional staff with a combined single limit of not less than \$1,000,000 per occurrence or claim and \$2,000,000 in the aggregate. Said policy or policies shall provide that COUNTY shall be given thirty (30) days written notice prior to cancellation, expiration of the policy, or reduction in coverage. If the policy providing professional liability coverage is a on 'claims-made' form, the CONTRACTOR is required to maintain such coverage for a minimum of three (3) years (ten years [10] for Construction Defect Claims) following completion of the performance or attempted performance of the provisions of this agreement.

CONTRACTOR shall submit to the office of the designated COUNTY representative certificate(s) of insurance documenting the required insurance as specified above prior to this Agreement becoming effective. COUNTY shall maintain current certificate(s) of insurance at all times in the office of the designated County representative as a condition precedent to any payment under this Agreement. Approval of insurance by COUNTY or acceptance of the certificate of insurance by COUNTY shall not relieve or decrease the extent to which the CONTRACTOR may be held responsible for payment of damages resulting from CONTRACTOR'S services of operation pursuant to the contract, nor shall it be deemed a waiver of COUNTY'S rights to insurance coverage hereunder.

In the event the CONTRACTOR is not able to comply with the COUNTY'S insurance requirements, COUNTY may, at their sole discretion and at the CONTRACTOR'S expense, provide compliant coverage.

The above insurance requirements are subject to periodic review by the COUNTY. The COUNTY's Risk Program Administrator is authorized to change the above insurance requirements, with the concurrence of County Counsel, to include additional types of insurance coverage or higher coverage limits, provided that such change is reasonable based on changed risk of loss or in light of past claims against the COUNTY or inflation. This option may be exercised during any amendment of this Agreement that results in an increase in the nature of COUNTY's risk and such change of provisions will be in effect for the term of the amended Agreement. Such change pertaining to types of insurance coverage or higher coverage limits must be made by written amendment to this Agreement. CONTRACTOR agrees to execute any such amendment within thirty (30) days of acceptance of the amendment or modification.

# Appendix A

## DIVISION OF ADULT PAROLE OPERATIONS

### Community Based Coalition



## Data Collection and Submittal Guidelines

December 2008

**Prepared By:**  
California Department of Corrections and Rehabilitation  
Division of Adult Parole Operations, Program Development Unit

# TABLE OF CONTENTS

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|  |    |
|--|----|
| <b>Data Collection Form</b> .....      | 3  |
| <b>Program Field Formats</b> .....     | 15 |
| <b>Data Submittal Procedures</b> ..... | 23 |
| Data Transmission .....                | 23 |
| <b>Historical Data Upkeep</b> .....    | 23 |
| <b>Sample Data Table Design</b> .....  | 24 |
| <b>Appendix</b> .....                  | 25 |
| <b>Questions and Contact</b> .....     | 29 |

# DATA COLLECTION FORM

## DEMOGRAPHIC DATA

1. Program Site: \_\_\_\_\_ 2. CDCNO: \_\_\_\_\_
3. Last Name: \_\_\_\_\_ 4. First Name: \_\_\_\_\_
5. Date of Birth: [mm/dd/yyyy] \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 6. SSN: [###-##-####] \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
7. 1502 Date: [mm/dd/yyyy] \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 8. Remedial Sanction? Yes / No (Please circle one)
9. Admission Date: [mm/dd/yyyy] \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 10. Parole Agent: \_\_\_\_\_
11. Parole Unit: [Parole Unit code] \_\_\_\_\_

| Identification |                   |  |     |                          |                       |
|----------------|-------------------|--|-----|--------------------------|-----------------------|
| 12.            | Drivers License # |  | 13. | License State            |                       |
| 14.            | License Status    | <input type="checkbox"/> Valid<br><input type="checkbox"/> Revoked<br><input type="checkbox"/> Suspended<br><input type="checkbox"/> Not Applicable  | 15. | License Expiration Date  | _____ / _____ / _____ |
| 16.            | Other ID Type     | <input type="checkbox"/> Green Card<br><input type="checkbox"/> Military<br><input type="checkbox"/> Passport<br><input type="checkbox"/> State ID<br><input type="checkbox"/> Other _____ | 17. | Other ID #               |                       |
| 18.            | Other ID          | <input type="checkbox"/> Valid<br><input type="checkbox"/> Revoked<br><input type="checkbox"/> Suspended<br><input type="checkbox"/> Not Applicable  | 19. | Other ID Expiration Date | _____ / _____ / _____ |

### 20. Children:

Number of Children: \_\_\_\_\_

Child Support Status:  None  Current  Delinquent  Unknown

Delinquent Amount \$ \_\_\_\_\_

### 21. Marital Status: (Please check one)

- Never Married (1)  Currently Married (2)  
 Divorced (3)  Separated (4)  
 Widowed (5)  Living with Significant Other (6)

### 22. Living Situation at Program Entry: (Please check one)

- Sober Living Center (0)  Own/Rent House/Apartment (1)  Staying with Friend/Relative (2)  
 County Drug/Alcohol Program (3)  Hospital Treatment Center (4)  Shelter (5)  
 Hotel/Motel (6)  Prison/Jail (7)  Parole housing (8)  
 Homeless (9)  Other (99) Please List: \_\_\_\_\_

### 23. Employment Status at Program Entry: (Please check one)

- Employed Full Time (+ 35 hours weekly) (1)  Employed Part Time (2)  
 Unemployed, but looking for work (3)  Unemployed, not looking for work (4)  
 Other (99) Please List: \_\_\_\_\_

**24. Education Status at Program Entry:** *(Please check one and list grade level where necessary)*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> No Formal Schooling (0)                            | <input type="checkbox"/> Completed Grade ____ (1-11) | <input type="checkbox"/> Completed High School/GED (12)        |
| <input type="checkbox"/> Completed some college but obtained no degree (13) | <input type="checkbox"/> AA Degree (14)              | <input type="checkbox"/> Bachelor's Degree (15)                |
| <input type="checkbox"/> Master's Degree (16)                               | <input type="checkbox"/> Ph.D. or beyond (17)        | <input type="checkbox"/> Attended School in Other Country (99) |

|     | Background Information                                   | Enter                         | Response |
|-----|--|-------------------------------|----------|
| 25. | Age at First Arrest                                      | Age in years                  |          |
| 26. | Number of Prior Arrests                                  | 0 = none                      |          |
| 27. | Previous time served in jail for a probation violation   | 0 = none or Enter # of Months |          |
| 28. | Number of times expelled from school                     | 0 = none                      |          |
| 29. | Number of times fired for terminated from a job          | 0 = none                      |          |
| 30. | Number of times employed for a full six months or longer | 0 = none                      |          |

**SUBSTANCE ABUSE HISTORY**

31. Age at First Drug Use: \_\_\_\_\_ 32. Number of Years of Problem Use: \_\_\_\_\_

33. Age at First Alcohol Use: \_\_\_\_\_ 34. Number of Years of Problem Use: \_\_\_\_\_

**35. Primary Drug of Choice:** *(Please check one)*

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Heroin (1)          | <input type="checkbox"/> Alcohol (2)                    | <input type="checkbox"/> Cocaine/Crack (3) |
| <input type="checkbox"/> Methamphetamine (4) | <input type="checkbox"/> Hallucinogenic (LSD, etc.) (5) | <input type="checkbox"/> Marijuana (6)     |
| <input type="checkbox"/> Not applicable (7)  | <input type="checkbox"/> Other (99)                     |  |
- Please Indicate: \_\_\_\_\_

**36. Secondary Drug of Choice:** *(Please check one)*

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Heroin (1)          | <input type="checkbox"/> Alcohol (2)                    | <input type="checkbox"/> Cocaine/Crack (3) |
| <input type="checkbox"/> Methamphetamine (4) | <input type="checkbox"/> Hallucinogenic (LSD, etc.) (5) | <input type="checkbox"/> Marijuana (6)     |
| <input type="checkbox"/> Not applicable (7)  | <input type="checkbox"/> Other (99)                     |  |
- Please Indicate: \_\_\_\_\_

## IN-PRISON PROGRAM PARTICIPATION

**In-Prison Programs:** *(Please check which in-prison programs/services were attended during the participant's most recent incarceration period, and when available, the estimated start and completion date of the service/program.)*

| Program  | Yes                      | No                       | Start Date<br>[mm/dd/yyyy]                               | Number of<br>Sessions<br>Attended | Date Completed<br>[mm/dd/yyyy] |
|--|--------------------------|--------------------------|--|-----------------------------------|--------------------------------|
| 1. Pre-Release Class   | <input type="checkbox"/> | <input type="checkbox"/> | ___/___/___  |                                   | ___/___/___                    |
| 2. Cognitive Behavioral Therapy or other<br>Therapeutic Counseling | <input type="checkbox"/> | <input type="checkbox"/> | ___/___/___  |                                   | ___/___/___                    |
| 3. Cognitive and Life Skills Development                           | <input type="checkbox"/> | <input type="checkbox"/> | ___/___/___  |                                   | ___/___/___                    |
| 4. Employment Preparation  | <input type="checkbox"/> | <input type="checkbox"/> | ___/___/___  |                                   | ___/___/___                    |
| 5. Mental Health Treatment   | <input type="checkbox"/> | <input type="checkbox"/> | ___/___/___  |                                   | ___/___/___                    |
| 6. Family Reintegration and Parenting                              | <input type="checkbox"/> | <input type="checkbox"/> | ___/___/___  |                                   | ___/___/___                    |
| 7. Anger Management  | <input type="checkbox"/> | <input type="checkbox"/> | ___/___/___  |                                   | ___/___/___                    |
| 8. Mentoring   | <input type="checkbox"/> | <input type="checkbox"/> | ___/___/___  |                                   | ___/___/___                    |
| 9. Faith-based Services  | <input type="checkbox"/> | <input type="checkbox"/> | ___/___/___  |                                   | ___/___/___                    |
| 10. Academic/Education Class                                       | <input type="checkbox"/> | <input type="checkbox"/> | ___/___/___  |                                   | ___/___/___                    |
| 11. Prison Industry Authority                                      | <input type="checkbox"/> | <input type="checkbox"/> | ___/___/___  |                                   | ___/___/___                    |
| 12. Joint Venture  | <input type="checkbox"/> | <input type="checkbox"/> | ___/___/___  |                                   | ___/___/___                    |
| 13. Vocational Education Class                                     | <input type="checkbox"/> | <input type="checkbox"/> | ___/___/___  |                                   | ___/___/___                    |
| 14. In-Prison Substance Abuse Program                              | <input type="checkbox"/> | <input type="checkbox"/> | ___/___/___  |                                   | ___/___/___                    |
| 15. Discharge Planning   | <input type="checkbox"/> | <input type="checkbox"/> | ___/___/___  |                                   | ___/___/___                    |
| 16. Domestic Violence  | <input type="checkbox"/> | <input type="checkbox"/> | ___/___/___  |                                   | ___/___/___                    |
| 17. List any Other Program(s)                                      | <input type="checkbox"/> | <input type="checkbox"/> | (If "Yes", then list other programs and relevant dates.) |                                   |                                |
|  |                          |                          | ___/___/___  |                                   | ___/___/___                    |
|  |                          |                          | ___/___/___  |                                   | ___/___/___                    |
|  |                          |                          | ___/___/___  |                                   | ___/___/___                    |
|  |                          |                          | ___/___/___  |                                   | ___/___/___                    |
|  |                          |                          | ___/___/___  |                                   | ___/___/___                    |

## PARTICIPANT ASSESSMENT

In the space below, please list all assessment instruments, if they were completed for this participant, and the date completed:

| Assessment Instrument    | Completed  | Completion Date [mm/dd/yyyy] |
|--------------------------|--|------------------------------|
| COMPAS                   | <input type="checkbox"/> Yes <input type="checkbox"/> No | ____/____/____               |
| TABE                     | <input type="checkbox"/> Yes <input type="checkbox"/> No | ____/____/____               |
| CASAS                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | ____/____/____               |
| <i>Other Instrument:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | ____/____/____               |
| <i>Other Instrument:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | ____/____/____               |
| <i>Other Instrument:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | ____/____/____               |

## SERVICE PLAN (I.E., INDIVIDUAL TREATMENT AND REHABILITATION PLAN)

Was a Service Plan developed for this participant?  Yes  No

Service Plan Completion Date: [mm/dd/yyyy] \_\_\_\_/\_\_\_\_/\_\_\_\_

**Services:** (Please indicate if each of the services below will be part of the participant's Service Plan.)

| Services |  | Yes                      | No                       |
|----------|--|--------------------------|--------------------------|
| 1        | Life Skills Training   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2        | Mentoring  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3        | Substance Abuse Program                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 4        | Physical Health Treatment                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 5        | Anger Management   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6        | Domestic Violence  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7        | Family Reunification   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8        | Parenting Skills Training                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 9        | Residential Services (Housing)                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 10       | Literacy Training Program                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 11       | Academic/Education Class                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 12       | Vocational/Employment Training Program                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 13       | Job Readiness  | <input type="checkbox"/> | <input type="checkbox"/> |
| 99       | Other Program(s) (If "Yes", then list other services below.) | <input type="checkbox"/> | <input type="checkbox"/> |
|          | _____  |                          |                          |
|          | _____  |                          |                          |
|          | _____  |                          |                          |
|          | _____  |                          |                          |

## CASE REVIEW

**Parolee Case Review:** The information below should be completed at the end of each monthly case review. Dates should be entered in 30-day intervals. *Please print a new copy of this page if additional space is needed.*

| Review Period | Case Review Date<br>[mm/dd/yyyy] | Review Status  |
|---------------|----------------------------------|--|
| 30 Day        | ____/____/____                   | <input type="checkbox"/> Participating in case plan activities<br><input type="checkbox"/> Not participating in case plan activities<br><input type="checkbox"/> Other, specify: _____ |
| 60 Day        | ____/____/____                   | <input type="checkbox"/> Participating in case plan activities<br><input type="checkbox"/> Not participating in case plan activities<br><input type="checkbox"/> Other, specify: _____ |
| 90 Day        | ____/____/____                   | <input type="checkbox"/> Participating in case plan activities<br><input type="checkbox"/> Not participating in case plan activities<br><input type="checkbox"/> Other, specify: _____ |
| 120 Day       | ____/____/____                   | <input type="checkbox"/> Participating in case plan activities<br><input type="checkbox"/> Not participating in case plan activities<br><input type="checkbox"/> Other, specify: _____ |
| 150 Day       | ____/____/____                   | <input type="checkbox"/> Participating in case plan activities<br><input type="checkbox"/> Not participating in case plan activities<br><input type="checkbox"/> Other, specify: _____ |
| 180 Day       | ____/____/____                   | <input type="checkbox"/> Participating in case plan activities<br><input type="checkbox"/> Not participating in case plan activities<br><input type="checkbox"/> Other, specify: _____ |
| 210 Day       | ____/____/____                   | <input type="checkbox"/> Participating in case plan activities<br><input type="checkbox"/> Not participating in case plan activities<br><input type="checkbox"/> Other, specify: _____ |
| 240 Day       | ____/____/____                   | <input type="checkbox"/> Participating in case plan activities<br><input type="checkbox"/> Not participating in case plan activities<br><input type="checkbox"/> Other, specify: _____ |

**Treatment Phase Completion:** *(Please provide the dates that each treatment phase was completed.)*

| Phase        | Date Started<br>[mm/dd/yyyy] | Date Completed<br>[mm/dd/yyyy] |
|--------------|------------------------------|--------------------------------|
| 1. Phase I   | ____/____/____               | ____/____/____                 |
| 2. Phase II  | ____/____/____               | ____/____/____                 |
| 3. Phase III | ____/____/____               | ____/____/____                 |
| 4. Aftercare | ____/____/____               | ____/____/____                 |



## BREATHALYZER/UA-DRUG TESTING RESULTS

Please print a new copy of this page if additional space is needed.

Enter Test Date, and Test Results as indicated by the codes below. If Test Results are POSITIVE, mark the drug(s) which returned positive, otherwise leave the *Positively-Tested Drugs* section blank.

- P** = Positive
- N** = Negative
- T** = Sample was Tampered
- U** = Sample is Un-Testable
- Q** = Quantity Not Sufficient to Confirm

| Test Type  | Test Date | Test Results | Positively-Tested Drugs |                    |               |  |  |  |  |
|--|-----------|--------------|-------------------------|--------------------|---------------|--|--|--|--|
| <input type="checkbox"/> UA<br><input type="checkbox"/> Breathalyzer |           |              | Amphetamine _____       | Morphine _____     | PCP _____     |  |  |  |  |
|  |           |              | Methamphetamine _____   | Codeine _____      | Alcohol _____ |  |  |  |  |
|  |           |              | Cocaine _____           | Barbiturates _____ | THC _____     |  |  |  |  |
| <input type="checkbox"/> UA<br><input type="checkbox"/> Breathalyzer |           |              | Amphetamine _____       | Morphine _____     | PCP _____     |  |  |  |  |
|  |           |              | Methamphetamine _____   | Codeine _____      | Alcohol _____ |  |  |  |  |
|  |           |              | Cocaine _____           | Barbiturates _____ | THC _____     |  |  |  |  |
| <input type="checkbox"/> UA<br><input type="checkbox"/> Breathalyzer |           |              | Amphetamine _____       | Morphine _____     | PCP _____     |  |  |  |  |
|  |           |              | Methamphetamine _____   | Codeine _____      | Alcohol _____ |  |  |  |  |
|  |           |              | Cocaine _____           | Barbiturates _____ | THC _____     |  |  |  |  |
| <input type="checkbox"/> UA<br><input type="checkbox"/> Breathalyzer |           |              | Amphetamine _____       | Morphine _____     | PCP _____     |  |  |  |  |
|  |           |              | Methamphetamine _____   | Codeine _____      | Alcohol _____ |  |  |  |  |
|  |           |              | Cocaine _____           | Barbiturates _____ | THC _____     |  |  |  |  |
| <input type="checkbox"/> UA<br><input type="checkbox"/> Breathalyzer |           |              | Amphetamine _____       | Morphine _____     | PCP _____     |  |  |  |  |
|  |           |              | Methamphetamine _____   | Codeine _____      | Alcohol _____ |  |  |  |  |
|  |           |              | Cocaine _____           | Barbiturates _____ | THC _____     |  |  |  |  |
| <input type="checkbox"/> UA<br><input type="checkbox"/> Breathalyzer |           |              | Amphetamine _____       | Morphine _____     | PCP _____     |  |  |  |  |
|  |           |              | Methamphetamine _____   | Codeine _____      | Alcohol _____ |  |  |  |  |
|  |           |              | Cocaine _____           | Barbiturates _____ | THC _____     |  |  |  |  |
| <input type="checkbox"/> UA<br><input type="checkbox"/> Breathalyzer |           |              | Amphetamine _____       | Morphine _____     | PCP _____     |  |  |  |  |
|  |           |              | Methamphetamine _____   | Codeine _____      | Alcohol _____ |  |  |  |  |
|  |           |              | Cocaine _____           | Barbiturates _____ | THC _____     |  |  |  |  |

## SERVICE REFERRALS

Complete the referral information listed below for all service referrals made. *Please print a new copy of this page if additional space is needed.*

| Referral Date<br>[mm/dd/yyyy] | Referral Type<br>(Check one for each Referral date)   |   |
|-------------------------------|---|---|
| ____/____/____                | <input type="checkbox"/> Education (1)<br><input type="checkbox"/> Housing (3)<br><input type="checkbox"/> Mental Health Services (5)<br><input type="checkbox"/> Literacy Services (7) | <input type="checkbox"/> Employment Services (2)<br><input type="checkbox"/> Substance Abuse Services (4)<br><input type="checkbox"/> Physical Health Services (6)<br><input type="checkbox"/> Other (99), Specify: _____ |
| ____/____/____                | <input type="checkbox"/> Education (1)<br><input type="checkbox"/> Housing (3)<br><input type="checkbox"/> Mental Health Services (5)<br><input type="checkbox"/> Literacy Services (7) | <input type="checkbox"/> Employment Services (2)<br><input type="checkbox"/> Substance Abuse Services (4)<br><input type="checkbox"/> Physical Health Services (6)<br><input type="checkbox"/> Other (99), Specify: _____ |
| ____/____/____                | <input type="checkbox"/> Education (1)<br><input type="checkbox"/> Housing (3)<br><input type="checkbox"/> Mental Health Services (5)<br><input type="checkbox"/> Literacy Services (7) | <input type="checkbox"/> Employment Services (2)<br><input type="checkbox"/> Substance Abuse Services (4)<br><input type="checkbox"/> Physical Health Services (6)<br><input type="checkbox"/> Other (99), Specify: _____ |
| ____/____/____                | <input type="checkbox"/> Education (1)<br><input type="checkbox"/> Housing (3)<br><input type="checkbox"/> Mental Health Services (5)<br><input type="checkbox"/> Literacy Services (7) | <input type="checkbox"/> Employment Services (2)<br><input type="checkbox"/> Substance Abuse Services (4)<br><input type="checkbox"/> Physical Health Services (6)<br><input type="checkbox"/> Other (99), Specify: _____ |
| ____/____/____                | <input type="checkbox"/> Education (1)<br><input type="checkbox"/> Housing (3)<br><input type="checkbox"/> Mental Health Services (5)<br><input type="checkbox"/> Literacy Services (7) | <input type="checkbox"/> Employment Services (2)<br><input type="checkbox"/> Substance Abuse Services (4)<br><input type="checkbox"/> Physical Health Services (6)<br><input type="checkbox"/> Other (99), Specify: _____ |
| ____/____/____                | <input type="checkbox"/> Education (1)<br><input type="checkbox"/> Housing (3)<br><input type="checkbox"/> Mental Health Services (5)<br><input type="checkbox"/> Literacy Services (7) | <input type="checkbox"/> Employment Services (2)<br><input type="checkbox"/> Substance Abuse Services (4)<br><input type="checkbox"/> Physical Health Services (6)<br><input type="checkbox"/> Other (99), Specify: _____ |
| ____/____/____                | <input type="checkbox"/> Education (1)<br><input type="checkbox"/> Housing (3)<br><input type="checkbox"/> Mental Health Services (5)<br><input type="checkbox"/> Literacy Services (7) | <input type="checkbox"/> Employment Services (2)<br><input type="checkbox"/> Substance Abuse Services (4)<br><input type="checkbox"/> Physical Health Services (6)<br><input type="checkbox"/> Other (99), Specify: _____ |

## PROGRAM SERVICES

If a participant received more than one of the services listed below, it should be reflected in the participant record. *Please print a new copy of this page if additional space is needed.*

Use the numbers in the table below to indicate the service type the participant received.

| Service Type |                                |    |  |
|--------------|--------------------------------|----|--|
| 1            | Life Skills Training           | 2  | Mentoring                              |
| 3            | Substance Abuse Program        | 4  | Physical Health Treatment              |
| 5            | Anger Management               | 6  | Domestic Violence                      |
| 7            | Family Reunification           | 8  | Parenting Skills Training              |
| 9            | Residential Services (Housing) | 10 | Literacy Training Program              |
| 11           | Academic/Education Class       | 12 | Vocational Employment Training Program |
| 13           | Job Readiness                  | 99 | Other                                  |

|   |
|---|
| <p><b>Service Type #:</b> _____ <b>Program Name:</b> _____</p> <p><b>Entry Date:</b> ____ / ____ / ____ [mm/dd/yyyy]    <b>Exit Date:</b> ____ / ____ / ____ [mm/dd/yyyy]</p> <p><b>Exit Reason:</b> (Please check one)</p> <p><input type="checkbox"/> Completed program (1)</p> <p><input type="checkbox"/> Completed maximum length of stay before completing program (2)</p> <p><input type="checkbox"/> Arrested or incarcerated before completion (3)</p> <p><input type="checkbox"/> Terminated by program for non-compliance (4)</p> <p><input type="checkbox"/> Left program before completion for unknown reason (5)</p> <p><input type="checkbox"/> Other specific reason (99) (explain) _____</p> |
| <p><b>Service Type #:</b> _____ <b>Program Name:</b> _____</p> <p><b>Entry Date:</b> ____ / ____ / ____ [mm/dd/yyyy]    <b>Exit Date:</b> ____ / ____ / ____ [mm/dd/yyyy]</p> <p><b>Exit Reason:</b> (Please check one)</p> <p><input type="checkbox"/> Completed program (1)</p> <p><input type="checkbox"/> Completed maximum length of stay before completing program (2)</p> <p><input type="checkbox"/> Arrested or incarcerated before completion (3)</p> <p><input type="checkbox"/> Terminated by program for non-compliance (4)</p> <p><input type="checkbox"/> Left program before completion for unknown reason (5)</p> <p><input type="checkbox"/> Other specific reason (99) (explain) _____</p> |
| <p><b>Service Type #:</b> _____ <b>Program Name:</b> _____</p> <p><b>Entry Date:</b> ____ / ____ / ____ [mm/dd/yyyy]    <b>Exit Date:</b> ____ / ____ / ____ [mm/dd/yyyy]</p> <p><b>Exit Reason:</b> (Please check one)</p> <p><input type="checkbox"/> Completed program (1)</p> <p><input type="checkbox"/> Completed maximum length of stay before completing program (2)</p> <p><input type="checkbox"/> Arrested or incarcerated before completion (3)</p> <p><input type="checkbox"/> Terminated by program for non-compliance (4)</p> <p><input type="checkbox"/> Left program before completion for unknown reason (5)</p> <p><input type="checkbox"/> Other specific reason (99) (explain) _____</p> |

## MENTAL HEALTH (GROUP, FAMILY, INDIVIDUAL COUNSELING)

Did the participant receive counseling services?  Yes  No

If Yes, indicate the counseling service received and the number of counseling sessions attended by the participant.

| Name of Counseling Service Received | Number of counseling sessions attended |
|-------------------------------------|--|
| 1.                                  |  |
| 2.                                  |  |
| 3.                                  |  |
| 4.                                  |  |
| 5.                                  |  |
| 6.                                  |  |
| 7.                                  |  |
| 8.                                  |  |

## IN-PROGRAM EMPLOYMENT

The information below should be completed for ALL jobs obtained while in the CBC Program.

*Note: If participant obtains more than one job while in the CBC program, make a copy of this blank form and complete it with the required information for each additional job. Please indicate the corresponding job number (2nd, 3rd, 4th, etc.) at the top of the form.*

1. Job Title \_\_\_\_\_

2. Job Start Date: [mm/dd/yyyy] \_\_\_\_ / \_\_\_\_ / \_\_\_\_

3. DOL Summary Code: (Please check one)

- |  |  |
|--|--|
| <input type="checkbox"/> Professional, Technical, and Managerial             | <input type="checkbox"/> Processing      |
| <input type="checkbox"/> Clerical and Sales                                  | <input type="checkbox"/> Machine Trades  |
| <input type="checkbox"/> Service   | <input type="checkbox"/> Bench work      |
| <input type="checkbox"/> Agricultural, Fishery, Forestry, and related fields | <input type="checkbox"/> Structural Work |
| <input type="checkbox"/> Miscellaneous                                       |  |

4. Job Hourly Wage: \_\_\_\_\_

5. Job was:  Regular Full-Time  Regular Part-Time  Temporary  As Needed or On-Call

6. Job End Date: [mm/dd/yyyy] \_\_\_\_\_

7. Job End Reason: (Please check one)

- Still employed upon completing CBC Program
- Arrested or incarcerated while employed
- Terminated by employer for non-compliance
- Left employment for unknown reason
- Lay off or lack of work
- Temporary job ended
- Other specific reason

## PROGRAM EXIT

1. **Program exit date:** [mm/dd/yyyy ] \_\_\_\_ / \_\_\_\_ / \_\_\_\_
2. **Did this participant obtain a state ID while in the program?**  Yes  No
3. **Did this participant obtain a state Drivers License while in the program?**  Yes  No
4. **Did this participant obtain a Social Security Card while in the program?**  Yes  No
5. **Did this participant perform any community service while in the program?**  Yes  No  
If yes, how many hours? \_\_\_\_\_

**6. Living Situation at Program Exit:** (Please check one)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Sober Living Center (0)         | <input type="checkbox"/> Own/Rent House/Apartment (1)  | <input type="checkbox"/> Staying with Friend/Relative (2) |
| <input type="checkbox"/> County Drug/Alcohol Program (3) | <input type="checkbox"/> Hospital Treatment Center (4) | <input type="checkbox"/> Shelter (5)                      |
| <input type="checkbox"/> Hotel/Motel (6)                 | <input type="checkbox"/> Prison/Jail (7)               | <input type="checkbox"/> Parole housing (8)               |
| <input type="checkbox"/> Homeless (9)                    | <input type="checkbox"/> Other (99) Please List: _____ |   |

**7. Employment Status at Program Exit:** (Please check one)

- |   |   |
|---|---|
| <input type="checkbox"/> Employed Full Time (+ 35 hours weekly) (1) | <input type="checkbox"/> Employed Part Time (2)               |
| <input type="checkbox"/> Unemployed, but looking for work (3)       | <input type="checkbox"/> Unemployed, not looking for work (4) |
| <input type="checkbox"/> Other (99) Please List: _____              |   |

**8. Education at Program Exit:** (Please check one and list grade level where necessary)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> No Formal Schooling (0)                            | <input type="checkbox"/> Completed Grade ____ (1-11) | <input type="checkbox"/> Completed High School/GED (12)        |
| <input type="checkbox"/> Completed some college but obtained no degree (13) | <input type="checkbox"/> AA Degree (14)              | <input type="checkbox"/> Bachelor's Degree (15)                |
| <input type="checkbox"/> Master's Degree (16)                               | <input type="checkbox"/> Ph.D. or beyond (17)        | <input type="checkbox"/> Attended School in Other Country (99) |

**9. Program Exit Reason:** (Please check one)

- Abscond.** Use this status when the client does not appear and his or her whereabouts are unknown.
- Agency ordered Termination.** Use this status when the agency orders the client's participation to be terminated, but does not specify a reason.
- Authorized Leave.** Use this status when clients are authorized to the referring agency to temporarily withdraw from reporting to the CBC.
- Completion.** Use this status when the client's parole term date is reached before the client completed the CBC program.
- Deceased.** When a clients is verified as deceased.
- Prison/Jail-Terminated.** Use this status if a client is sent to jail/prison and will not be returning the CBC for services.
- Successful.** Use this status when a client has completed the CBC program and Aftercare program
- Trans-External.** Use this status when a client has been transferred to another CBC
- Unsuccessful.** Use this status for clients who do not report as required to the CBC or who are terminated due to on-going program non-compliance.
- Other specific reason:** \_\_\_\_\_

## AFTERCARE FOLLOW-UP

Complete the requested information for each aftercare follow-up period listed below. This information will be used to track participant progress.

| Follow Up Period | Follow Up Date<br>[mm/dd/yyyy] | Living Situation                                     |  |   | Employment Status  |   |  |
|------------------|--------------------------------|--|--|---|--|---|--|
| <b>30 Day</b>    | ____/____/____                 | <input type="checkbox"/> Sober Living Center         | <input type="checkbox"/> Own/Rent a House /Apartment | <input type="checkbox"/> Staying with a Friend/Relative | <input type="checkbox"/> Employed Full Time (35+ hours weekly) | <input type="checkbox"/> Employed Part Time               |  |
|                  |                                | <input type="checkbox"/> County Drug / Alcohol Prog. | <input type="checkbox"/> Hospital Treatment Center   | <input type="checkbox"/> Shelter                        | <input type="checkbox"/> Unemployed, but looking for work      | <input type="checkbox"/> Unemployed, not looking for work |  |
|                  |                                | <input type="checkbox"/> Hotel / Motel               | <input type="checkbox"/> Prison / Jail               | <input type="checkbox"/> Parole Housing                 | <input type="checkbox"/> Other _____                           |   |  |
|                  |                                | <input type="checkbox"/> Homeless                    | <input type="checkbox"/> Other _____                 |   |  |   |  |
| <b>60 Day</b>    | ____/____/____                 | <input type="checkbox"/> Sober Living Center         | <input type="checkbox"/> Own/Rent a House /Apartment | <input type="checkbox"/> Staying with a Friend/Relative | <input type="checkbox"/> Employed Full Time (35+ hours weekly) | <input type="checkbox"/> Employed Part Time               |  |
|                  |                                | <input type="checkbox"/> County Drug / Alcohol Prog. | <input type="checkbox"/> Hospital Treatment Center   | <input type="checkbox"/> Shelter                        | <input type="checkbox"/> Unemployed, but looking for work      | <input type="checkbox"/> Unemployed, not looking for work |  |
|                  |                                | <input type="checkbox"/> Hotel / Motel               | <input type="checkbox"/> Prison / Jail               | <input type="checkbox"/> Parole Housing                 | <input type="checkbox"/> Other _____                           |   |  |
|                  |                                | <input type="checkbox"/> Homeless                    | <input type="checkbox"/> Other _____                 |   |  |   |  |
| <b>90 Day</b>    | ____/____/____                 | <input type="checkbox"/> Sober Living Center         | <input type="checkbox"/> Own/Rent a House /Apartment | <input type="checkbox"/> Staying with a Friend/Relative | <input type="checkbox"/> Employed Full Time (35+ hours weekly) | <input type="checkbox"/> Employed Part Time               |  |
|                  |                                | <input type="checkbox"/> County Drug / Alcohol Prog. | <input type="checkbox"/> Hospital Treatment Center   | <input type="checkbox"/> Shelter                        | <input type="checkbox"/> Unemployed, but looking for work      | <input type="checkbox"/> Unemployed, not looking for work |  |
|                  |                                | <input type="checkbox"/> Hotel / Motel               | <input type="checkbox"/> Prison / Jail               | <input type="checkbox"/> Parole Housing                 | <input type="checkbox"/> Other _____                           |   |  |
|                  |                                | <input type="checkbox"/> Homeless                    | <input type="checkbox"/> Other _____                 |   |  |   |  |

## AFTERCARE FOLLOW-UP (continued)

Complete the requested information for each aftercare follow-up period listed below. This information will be used to track participant progress.

| Follow Up Period | Follow Up Date<br>[mm/dd/yyyy] | Living Situation                                     |  |   | Employment Status  |   |  |
|------------------|--------------------------------|--|--|---|--|---|--|
| 120 Day          | ____/____/____                 | <input type="checkbox"/> Sober Living Center         | <input type="checkbox"/> Own/Rent a House /Apartment | <input type="checkbox"/> Staying with a Friend/Relative | <input type="checkbox"/> Employed Full Time (35+ hours weekly) | <input type="checkbox"/> Employed Part Time               |  |
|                  |                                | <input type="checkbox"/> County Drug / Alcohol Prog. | <input type="checkbox"/> Hospital Treatment Center   | <input type="checkbox"/> Shelter                        | <input type="checkbox"/> Unemployed, but looking for work      | <input type="checkbox"/> Unemployed, not looking for work |  |
|                  |                                | <input type="checkbox"/> Hotel / Motel               | <input type="checkbox"/> Prison / Jail               | <input type="checkbox"/> Parole Housing                 | <input type="checkbox"/> Other _____                           |   |  |
|                  |                                | <input type="checkbox"/> Homeless                    | <input type="checkbox"/> Other _____                 |   |  |   |  |
| 150 Day          | ____/____/____                 | <input type="checkbox"/> Sober Living Center         | <input type="checkbox"/> Own/Rent a House /Apartment | <input type="checkbox"/> Staying with a Friend/Relative | <input type="checkbox"/> Employed Full Time (35+ hours weekly) | <input type="checkbox"/> Employed Part Time               |  |
|                  |                                | <input type="checkbox"/> County Drug / Alcohol Prog. | <input type="checkbox"/> Hospital Treatment Center   | <input type="checkbox"/> Shelter                        | <input type="checkbox"/> Unemployed, but looking for work      | <input type="checkbox"/> Unemployed, not looking for work |  |
|                  |                                | <input type="checkbox"/> Hotel / Motel               | <input type="checkbox"/> Prison / Jail               | <input type="checkbox"/> Parole Housing                 | <input type="checkbox"/> Other _____                           |   |  |
|                  |                                | <input type="checkbox"/> Homeless                    | <input type="checkbox"/> Other _____                 |   |  |   |  |
| 180 Day          | ____/____/____                 | <input type="checkbox"/> Sober Living Center         | <input type="checkbox"/> Own/Rent a House /Apartment | <input type="checkbox"/> Staying with a Friend/Relative | <input type="checkbox"/> Employed Full Time (35+ hours weekly) | <input type="checkbox"/> Employed Part Time               |  |
|                  |                                | <input type="checkbox"/> County Drug / Alcohol Prog. | <input type="checkbox"/> Hospital Treatment Center   | <input type="checkbox"/> Shelter                        | <input type="checkbox"/> Unemployed, but looking for work      | <input type="checkbox"/> Unemployed, not looking for work |  |
|                  |                                | <input type="checkbox"/> Hotel / Motel               | <input type="checkbox"/> Prison / Jail               | <input type="checkbox"/> Parole Housing                 | <input type="checkbox"/> Other _____                           |   |  |
|                  |                                | <input type="checkbox"/> Homeless                    | <input type="checkbox"/> Other _____                 |   |  |   |  |

## PROGRAM FIELD FORMATS

### Intake Information

| FIELD NAME        | FIELD DESCRIPTION   | FIELD TYPE | VALUES/COMMENTS  | Length |
|-------------------|---|------------|--|--------|
| ProgramSite       | Program Site  | Text       |  | 50     |
| CDCNO             | Participant CDC Number                                    | Text       |  | 6      |
| LastName          | Last Name of Participant                                  | Text       |  | 50     |
| FirstName         | First Name of Participant                                 | Text       |  | 50     |
| DOB               | Date of Birth of Participant                              | Date       | mm/dd/yyyy   | -      |
| SSNUM             | SSN of Participant  | Text       | 999-99-9999  | 11     |
| ActivityRptDate   | 1502 Referral Activity Date                               | Date       | mm/dd/yyyy   | -      |
| RemedialSanction  | Remedial Sanction   | Text       | Y/N  | 1      |
| Admitdate         | Admission Date  | Date       | mm/dd/yyyy   | -      |
| ParoleAgent_Name  | Parole Agent Name   | Text       |  | 50     |
| ParoleUnitCode    | Parole Unit Code  | Text       | See Attachment (Use Parole Unit Code)  | 15     |
| DriverLicNumber   | Drivers License Number                                    | Text       |  | 15     |
| DriverLicState    | Drivers License State<br>(Please use state abbreviations) | Text       | Alabama<br>Alaska<br>Arizona<br>Arkansas<br>California<br>Colorado<br>Connecticut<br>Delaware<br>Florida<br>Georgia<br>Hawaii<br>Idaho<br>Illinois<br>Indiana<br>Iowa<br>Kansas<br>Kentucky<br>Louisiana<br>Maine<br>Maryland<br>Massachusetts<br>Michigan<br>Minnesota<br>Mississippi<br>Missouri<br>Montana<br>Nebraska<br>Nevada<br>New<br>Hampshire<br>New Jersey<br>New Mexico<br>New York<br>North Carolina<br>North Dakota<br>Ohio<br>Oklahoma<br>Oregon<br>Pennsylvania<br>Rhode Island<br>South<br>Carolina<br>South Dakota<br>Tennessee<br>Texas<br>Utah<br>Vermont<br>Virginia<br>Washington<br>West Virginia<br>Wisconsin<br>Wyoming | 2      |
| DriverLicStat     | Drivers License Status                                    | Numeric    | 1: Valid<br>2: Revoked<br>3: Suspended<br>4: Not Applicable  | -      |
| DriverLicExpDate  | Drivers License Expiration Date                           | Date       | mm/dd/yyyy   | -      |
| OtherIDType       | Other ID Type   | Numeric    | 1: Green Card<br>2: Military<br>3: Passport<br>4: State ID<br>5: Other   | -      |
| OtherIDOther      | Other ID "Other" Type                                     | Text       |  | 50     |
| OtherIDNumber     | Other ID Number   | Text       | Alpha Numeric  | 25     |
| OtherIDStat       | Other ID Status   | Numeric    | 1: Valid<br>2: Revoked<br>3: Suspended<br>4: Not Applicable  | -      |
| OtherIDExp        | Other ID Expiration Date                                  | Date       | mm/dd/yyyy   | -      |
| NumChild          | No. Of Children   | Numeric    |  | -      |
| ChildSuppStat     | Child Support Status                                      | Numeric    | 1: None<br>2: Current<br>3: Delinquent<br>4: Unknown   | -      |
| CSS_DelinquentAmt | Delinquent Amount   | Currency   |  | 10     |
| Marital           | Marital Status of Participant                             | Numeric    | 1: Never Married<br>2: Currently Married<br>3: Divorced<br>4: Separated<br>5: Widowed<br>6: Living with Significant Other  | -      |



| FIELD NAME            | FIELD DESCRIPTION                                     | FIELD TYPE | VALUES/COMMENTS   | Length |
|-----------------------|---|------------|---|--------|
| EntryLivingStat       | Living Situation at Entry                             | Numeric    | 0: Sober Living Center<br>1: Own/Rent House/Apartment<br>2: Staying with Friend or Relative<br>3: County Drug/Alcohol Program<br>4: Hospital Treatment Center<br>5: Shelter<br>6: Hotel/Motel<br>7: Prison/Jail<br>8: Parole Housing<br>9: Homeless<br>99: Other  | -      |
| EntryLivingStat_Other | Other Living Status at Entry                          | Text       | Other Living Status not listed  | 50     |
| EntryEmpStat          | Employment Status at Entry                            | Numeric    | 1: Employed Full Time (+35 hours weekly)<br>2: Employed Part Time<br>3: Unemployed; Looking for work<br>4: Unemployed; Not looking for work<br>99: Other  | -      |
| EntryEmpStat_Other    | Other Employment Status at Entry                      | Text       | Other Employment Status not listed  | 50     |
| EntryEduStat          | Education Status at Entry                             | Numeric    | 0= No Formal<br>1= 1 <sup>st</sup> Grade<br>2= 2 <sup>nd</sup> Grade<br>3= 3 <sup>rd</sup> Grade<br>4= 4 <sup>th</sup> Grade<br>5= 5 <sup>th</sup> Grade<br>6= 6 <sup>th</sup> Grade<br>7= 7 <sup>th</sup> Grade<br>8= 8 <sup>th</sup> Grade<br>9= 9 <sup>th</sup> Grade<br>10= 10 <sup>th</sup> Grade<br>11= 11 <sup>th</sup> Grade<br>12= Completed High School/GED<br>13= Completed some college but no degree<br>14= AA Degree<br>15= Bachelor's Degree<br>16= Master's Degree<br>17= Ph.D. or beyond<br>99= Attended school in other country | -      |
| AgeFirstArrest        | Age at First Arrest                                   | Numeric    |   | -      |
| Arrests               | No. of Prior Arrests                                  | Numeric    | Enter 0 if none   | -      |
| JailProbViol          | Previous time served in jail for probation violation  | Numeric    | Time served represented as # of months only   | -      |
| ExpellSchool          | No. of times expelled from School                     | Numeric    | Enter 0 if none   | -      |
| FiredJob              | No. of times fired or terminated from a job           | Numeric    | Enter 0 if none   | -      |
| WorkFT                | No. of times employed for a full six months or longer | Numeric    | Enter 0 if none   | -      |

*Note: Please combine Intake Information, Substance Abuse History, Participant Assessment, Service Plan, and Program Exit sections into one table for the database design and/or the extract to CDCR. Page 24 may be used as an example.*

**Substance Abuse History (Add to: Intake Information table)**

| FIELD NAME      | FIELD DESCRIPTION                | FIELD TYPE | VALUES/COMMENTS   | Length |
|-----------------|----------------------------------|------------|---|--------|
| AgeFirstDrugUse | Age at First Drug Use            | Numeric    |   | -      |
| YrsProblemUseD  | No. Years of Problem Use Drugs   | Numeric    |   | -      |
| AgeFirstAlcUse  | Age at First Alcohol Use         | Numeric    |   | -      |
| YrsProblemUseA  | No. Years of Problem Use Alcohol | Numeric    |   | -      |
| PrimaryDrug     | Primary Drug of Choice           | Numeric    | 1: Heroin<br>2: Alcohol<br>3: Cocaine/Crack<br>4: Methamphetamine<br>5: Hallucinogenic (LSD, etc.)<br>6: Marijuana<br>7: N/A<br>99: Other | -      |
| PrimDrugOther   | Other Primary Drug               | Text       |   | 50     |
| SecondDrug      | Secondary Drug of Choice         | Numeric    | 1: Heroin<br>2: Alcohol<br>3: Cocaine/Crack<br>4: Methamphetamine<br>5: Hallucinogenic (LSD, etc.)<br>6: Marijuana<br>7: N/A<br>99: Other | -      |
| SecDrugOther    | Other Secondary Drug             | Text       |   | 50     |

**Participant Assessment (Add to: Intake Information table)**

| FIELD NAME        | FIELD DESCRIPTION                                 | FIELD TYPE | VALUES/COMMENTS | Length |
|-------------------|---|------------|-----------------|--------|
| COMPAS            | COMPAS assessment completed for participant       | Text       | Y/N             | 1      |
| COMPAS_DT         | Date COMPAS was completed                         | Date       | mm/dd/yyyy      | -      |
| TABE              | TABE assessment completed for participant         | Text       | Y/N             | 1      |
| TABE_DT           | Date TABE was completed                           | Date       | mm/dd/yyyy      | -      |
| CASAS             | CASAS assessment completed for participant        | Text       | Y/N             | 1      |
| CASAS_DT          | Date CASAS was completed                          | Date       | mm/dd/yyyy      | -      |
| OtherAssess1_Name | Name of first other Assessment Instrument         | Text       |                 | 50     |
| OtherAssess1      | First other assessment completed for participant  | Text       | Y/N             | 1      |
| OtherAssess1_DT   | Date first other assessment was completed         | Date       | mm/dd/yyyy      | -      |
| OtherAssess2_Name | Name of second other Assessment Instrument        | Text       |                 | 50     |
| OtherAssess2      | Second other assessment completed for participant | Text       | Y/N             | 1      |
| OtherAssess2_DT   | Date second other assessment was completed        | Date       | mm/dd/yyyy      | -      |
| OtherAssess3_Name | Name of third other Assessment Instrument         | Text       |                 | 50     |
| OtherAssess3      | Third other assessment completed for participant  | Text       | Y/N             | 1      |
| OtherAssess3_DT   | Date third other assessment was completed         | Date       | mm/dd/yyyy      | -      |

**Service Plan (Add to: Intake Information table)**

| FIELD NAME         | FIELD DESCRIPTION                       | FIELD TYPE | VALUES/COMMENTS | Length |
|--------------------|---|------------|-----------------|--------|
| ServicePlanDev     | Service plan developed for participant? | Text       | Y/N             | 1      |
| ServicePlanComp_DT | Date service plan was completed         | Date       | mm/dd/yyyy      | -      |
| LifeSkills         | Life Skills Training                    | Text       | Y/N             | 1      |
| Mentoring          | Mentoring                               | Text       | Y/N             | 1      |
| SubstanceAbuse     | Substance Abuse Program                 | Text       | Y/N             | 1      |
| PhysHealth         | Physical Health Treatment               | Text       | Y/N             | 1      |
| AngerMgmt          | Anger Management                        | Text       | Y/N             | 1      |
| DomesticViolence   | Domestic Violence                       | Text       | Y/N             | 1      |
| FamilyReunify      | Family Reunification                    | Text       | Y/N             | 1      |
| ParentingSkills    | Parenting Skills Training               | Text       | Y/N             | 1      |
| ResidentialScvs    | Residential Services                    | Text       | Y/N             | 1      |
| LiteracyTraining   | Literacy Training Program               | Text       | Y/N             | 1      |
| AcadEduClass       | Academic/Education Class                | Text       | Y/N             | 1      |
| VocEmpTraining     | Vocational/Employment Training Program  | Text       | Y/N             | 1      |
| JobReadiness       | Job Readiness                           | Text       | Y/N             | 1      |
| OtherProg          | Other Programs?                         | Text       | Y/N             | 1      |
| OtherProg1_Name    | Name of First Other Program             | Text       |                 | 50     |
| OtherProg2_Name    | Name of Second Other Program            | Text       |                 | 50     |
| OtherProg3_Name    | Name of Third Other Program             | Text       |                 | 50     |

**In-Prison Program Participation**

| FIELD NAME   | FIELD DESCRIPTION           | FIELD TYPE | VALUES/COMMENTS  | Length |
|--------------|-----------------------------|------------|--|--------|
| InPrisonPro  | Type of Program/class       | Numeric    | 1: Prerelease Class<br>2: Cognitive Behavior Therapy<br>3: Cognitive & Life Skills Dev<br>4: Employment Prep<br>5: Mental Health Treatment<br>6: Family Reintegration and Parenting<br>7: Anger Management<br>8: Mentoring<br>9: Faith Based Services<br>10: Academic/Education Class<br>11: Prison Industry Authority<br>12: joint Venture<br>13: Vocational Education Class<br>14: In-Prison Substance Abuse Pro<br>15: Discharge Planning<br>16: Domestic Violence<br>99: List Any other Program(s) | -      |
| StartDate    | Date Program Commence       | Date       | mm/dd/yyyy   | -      |
| NumSession   | Number of sessions attended | Numeric    | Total count of Sessions  | -      |
| EndDate      | Completion Date             | Date       | mm/dd/yyyy   | -      |
| OtherProgram | Name of other program       | Text       | Description of program   | 50     |

## Case Review

| FIELD NAME        | FIELD DESCRIPTION   | FIELD TYPE | VALUES/COMMENTS   | Length |
|-------------------|---------------------|------------|---|--------|
| ReviewPeriod      | Review Period       | Numeric    | 1: 30 Day<br>2: 60 Day<br>3: 90 Day<br>4: 120 Day<br>5: 150 Day<br>6: 180 Day<br>7: 210 Day<br>8: 240 Day | -      |
| ReviewDate        | Case Review Date    | Date       | mm/dd/yyyy  | -      |
| ReviewStatus      | Review Status       | Numeric    | 1: Participating in case plan activities<br>2: Not participating in case plan activities<br>3: Other      | -      |
| ReviewStatusOther | Other Review Status | Text       |   | 255    |

## Treatment Phase Completion

| FIELD NAME     | FIELD DESCRIPTION         | FIELD TYPE | VALUES/COMMENTS  | Length |
|----------------|---------------------------|------------|--|--------|
| Phase          | Treatment phase           | Numeric    | 1: Phase 1<br>2: Phase 2<br>3: Phase 3<br>4: Aftercare | -      |
| StartDate      | Treatment Start Date      | Date       | mm/dd/yyyy   | -      |
| CompletionDate | Treatment Completion Date | Date       | mm/dd/yyyy   | -      |

## Breathalyzer/UA-Drug Testing Results

| FIELD NAME      | FIELD DESCRIPTION | FIELD TYPE | VALUES/COMMENTS   | Length |
|-----------------|-------------------|------------|---|--------|
| TestType        | Type of Drug Test | Numeric    | 1::UA<br>2: Breathalyzer  | -      |
| TestDate        | Date of Drug Test | Date       | mm/dd/yyyy  | -      |
| TestResult      | Drug Test Result  | Text       | P: Positive<br>N: Negative<br>T: Sample was Tampered<br>U: Sample is Un-Testable<br>Q: Quantity Not Sufficient to Confirm | 1      |
| Amphetamine     | Name of Drug      | Text       | "P" if positive   | 1      |
| Methamphetamine | Name of Drug      | Text       | "P" if positive   | 1      |
| Cocaine         | Name of Drug      | Text       | "P" if positive   | 1      |
| Morphine        | Name of Drug      | Text       | "P" if positive   | 1      |
| Codeine         | Name of Drug      | Text       | "P" if positive   | 1      |
| Barbiturates    | Name of Drug      | Text       | "P" if positive   | 1      |
| PCP             | Name of Drug      | Text       | "P" if positive   | 1      |
| Alcohol         | Name of Drug      | Text       | "P" if positive   | 1      |
| THC             | Name of Drug      | Text       | "P" if positive   | 1      |

## Service Referrals

| FIELD NAME        | FIELD DESCRIPTION      | FIELD TYPE | VALUES/COMMENTS  | Length |
|-------------------|------------------------|------------|--|--------|
| ReferralDate      | Date referral was made | Date       | mm/dd/yyyy   | -      |
| ReferralType      | Referral Type made     | Numeric    | 1: Education<br>2: Employment Services<br>3: Housing<br>4: Substance Abuse Services<br>5: Mental Health Services<br>6: Physical Health Services<br>7: Literacy Services<br>99: Other | -      |
| ReferralTypeOther | Other Referral Type    | Text       |  | 50     |

## Program Services

| FIELD NAME      | FIELD DESCRIPTION  | FIELD TYPE | VALUES/COMMENTS   | Length |
|-----------------|--|------------|---|--------|
| ServiceType     | Type of service participant received that is specific to the grant | Numeric    | 1: Life Skills Training<br>2: Mentoring<br>3: Substance Abuse Program<br>4: Physical Health Treatment<br>5: Anger Management<br>6: Domestic Violence<br>7: Family Reunification<br>8: Parenting Skills Training<br>9: Residential Services<br>10: Literacy Training Program<br>11: Academic/Education Class<br>12: Employment Training Program<br>13: Vocational/Job Readiness<br>99: Other | -      |
| ProgramName     | Name of service program  | Text       |   | 50     |
| EntryDate       | Date participant entered service program                           | Numeric    | mm/dd/yyyy  | -      |
| ExitDate        | Date participant exited service program                            | Numeric    | mm/dd/yyyy  | -      |
| ExitReason      | Reason why participant exited the service program                  | Numeric    | 1: Completed program<br>2: Completed maximum length of stay before completing program<br>3: Arrested or incarcerated before completion<br>4: Terminated by program for non-compliance<br>5: Left program before completion for unknown reason<br>99: Other specific reason  | -      |
| ExitReasonOther | Specific reason why participant exited the service program         | Text       |   | 50     |

## Mental Health (Group, Family, Individual Counseling)

| FIELD NAME         | FIELD DESCRIPTION                                | FIELD TYPE | VALUES/COMMENTS | Length |
|--------------------|--|------------|-----------------|--------|
| CounselingServices | Did the participant receive counseling services? | Text       | Y/N             | 1      |
| ServiceName        | Name of the counseling service                   | Text       |                 | 50     |
| NumSessions        | Number of sessions attended by the participant   | Numeric    |                 | -      |

## In-Program Employment

| FIELD NAME     | FIELD DESCRIPTION                    | FIELD TYPE | VALUES/COMMENTS   | Length |
|----------------|--------------------------------------|------------|---|--------|
| JobTitle       | Participant's job title              | Text       |   | 50     |
| StartDate      | Participant's job start date         | Date       | mm/dd/yyyy  | -      |
| SummaryCode    | DOL Job Summary Code                 | Numeric    | 1: Professional, Technical, and Managerial<br>2: Clerical and Sales<br>3: Service<br>4: Agricultural, Fishery, Forestry, and related fields<br>5: Processing<br>6: Machine Trades<br>7: Bench work<br>8: Structural Work<br>9: Miscellaneous                          | -      |
| HourlyWage     | Job hourly wage                      | Currency   |   | -      |
| Timebase       | Participant's time base              | Numeric    | 1: Regular Full-Time<br>2: Regular Part-Time<br>3: Temporary<br>4: As Needed or On-Call   | -      |
| EndDate        | Participant job end date             | Date       | mm/dd/yyyy  | -      |
| EndReason      | Job end reason                       | Numeric    | 1: Still employed upon completing program<br>2: Arrested or incarcerated while employed<br>3: Terminated by employer for non-compliance<br>4: Left employment for unknown reason<br>5: Lay off or lack of work<br>6: Temporary job ended<br>99: Other specific reason | -      |
| EndReasonOther | Other specific reason for job ending | Text       |   | 50     |

## Program Exit (Add to: Intake Information table)

| FIELD NAME          | FIELD DESCRIPTION              | FIELD TYPE | VALUES/COMMENTS   | Length |
|---------------------|--------------------------------|------------|---|--------|
| ExitDate            | Program Exit Date              | Date       | mm/dd/yyyy  | -      |
| ExitStateID         | Obtain State ID                | Text       | Y/N   | 1      |
| ExitDriverLic       | Obtain Driver License          | Text       | Y/N   | 1      |
| ExitSSNUM           | Obtain Social Security Card    | Text       | Y/N   | 1      |
| ExitComServ         | Perform Any Community Service? | Text       | Y/N   | 1      |
| ExitComServHrs      | Hours Community Service        | Numeric    | Value represented in "hours" only   | -      |
| ExitLivingStat      | Living status at program exit  | Numeric    | 0: Sober Living Center<br>1: Own/Rent House Apartment<br>2: Staying with a Friend/Relative<br>3: County Drug/Alcohol Program<br>4: Hospital Treatment Center<br>5: Shelter<br>6: Hotel/Motel<br>7: Prison/Jail<br>8: Parole Housing<br>9: Homeless<br>99: Other | -      |
| ExitLivingStatOther | Other Living Situation         | Text       |   | 50     |
| ExitEmpStat         | Exit Employment Status         | Numeric    | 1: Employed Full Time (+35 hours weekly)<br>2: Employed Part Time<br>3: Unemployed; Looking for work<br>4: Unemployed; Not looking for work<br>99: Other  | -      |

| FIELD NAME      | FIELD DESCRIPTION           | FIELD TYPE | VALUES/COMMENTS   | Length |
|-----------------|-----------------------------|------------|---|--------|
| ExitEduStat     | Education completed at exit | Numeric    | 0= No Formal<br>1= 1 <sup>st</sup> Grade<br>2= 2 <sup>nd</sup> Grade<br>3= 3 <sup>rd</sup> Grade<br>4= 4 <sup>th</sup> Grade<br>5= 5 <sup>th</sup> Grade<br>6= 6 <sup>th</sup> Grade<br>7= 7 <sup>th</sup> Grade<br>8= 8 <sup>th</sup> Grade<br>9= 9 <sup>th</sup> Grade<br>10= 10 <sup>th</sup> Grade<br>11= 11 <sup>th</sup> Grade<br>12= Completed High School/GED<br>13= Completed some college but no degree<br>14= AA Degree<br>15= Bachelor's Degree<br>16= Master's Degree<br>17= Ph.D. or beyond<br>99= Attended school in other country | -      |
| ExitReason      | Exit reason from program    | Numeric    | 1: Abscond<br>2: Agency Ordered Termination<br>3: Authorized Leave<br>4: Completion<br>5: Deceased<br>6: Prison/Jail-Terminated<br>7: Successful<br>8: Transfer-External<br>9: Unsuccessful<br>99: Other  | -      |
| ExitReasonOther | Other specific exit reason  | Text       |   | 50     |

### Aftercare Follow Up

| FIELD NAME              | FIELD DESCRIPTION              | FIELD TYPE | VALUES/COMMENTS  | Length |
|-------------------------|--------------------------------|------------|--|--------|
| FollowUpPeriod          | Follow up Period               | Numeric    | 30 : 30 Day<br>60 : 60 Day<br>90 : 90 Day<br>120 : 120 Day<br>150 : 150 Day<br>180 : 180 Day   | -      |
| FollowUpDate            | Follow up Date                 | Date       | mm/dd/yyyy   | -      |
| FollowUpLivingStat      | Living Situation at Follow up  | Numeric    | 0: Sober Living Center<br>1: Own/Rent House/Apartment<br>2: Staying with Friend or Relative<br>3: County Drug/Alcohol Program<br>4: Hospital Treatment Center<br>5: Shelter<br>6: Hotel/Motel<br>7: Prison/Jail<br>8: Parole Housing<br>9: Homeless<br>99: Other | -      |
| FollowUpLivingStatOther | Other Living Situation         | Text       |  | 50     |
| FollowUpEmpStat         | Employment Status at Follow up | Numeric    | 1: Employed Full Time<br>(+35 hours weekly)<br>2: Employed Part Time<br>3: Unemployed; Looking for work<br>4: Unemployed; Not looking for work<br>99: Other  | -      |

## **DATA SUBMITTAL PROCEDURES**

Data files must be submitted to CDCR DAPO/PDU on a monthly basis; by the 15<sup>th</sup> day of the month. The file should be cumulative and contain all participant data collected since program implementation. Each contractor is responsible for the quality and completeness of the data that is submitted. Below are the guidelines that must be followed when transmitting data to CDCR. The method of transmittal must be agreed upon prior to any data being submitted.

### ***Data Transmission***

Adequate steps must be taken to ensure the confidentiality of data transmission. Data transmitted over public networks must be encrypted using non-proprietary, secure, generally available encryption software. 128-bit AES is the minimum encryption level that can be used.

Additionally, all confidential data transferred from contractor and/or subcontractor machines are to be encrypted; there are no exceptions.

There are various methods to transfer confidential data that contain personal identifiers between CDCR and contractors/subcontractors. Confidential data contains information such as name, address, social security number, and administrative case number. Methods for data transfer include transfer on CD, via File Transfer Protocol (FTP) or e-mail. The following describes the methods of data transfer and preferred standards to ensure confidentiality of the data.

#### **Data transferred on CD**

CDCR requires that confidential data containing personal identifiers that are transferred on CD be encrypted. Additionally, CDs should be delivered via a secure mail service such as Federal Express or registered U.S. Mail.

#### **Data transferred electronically**

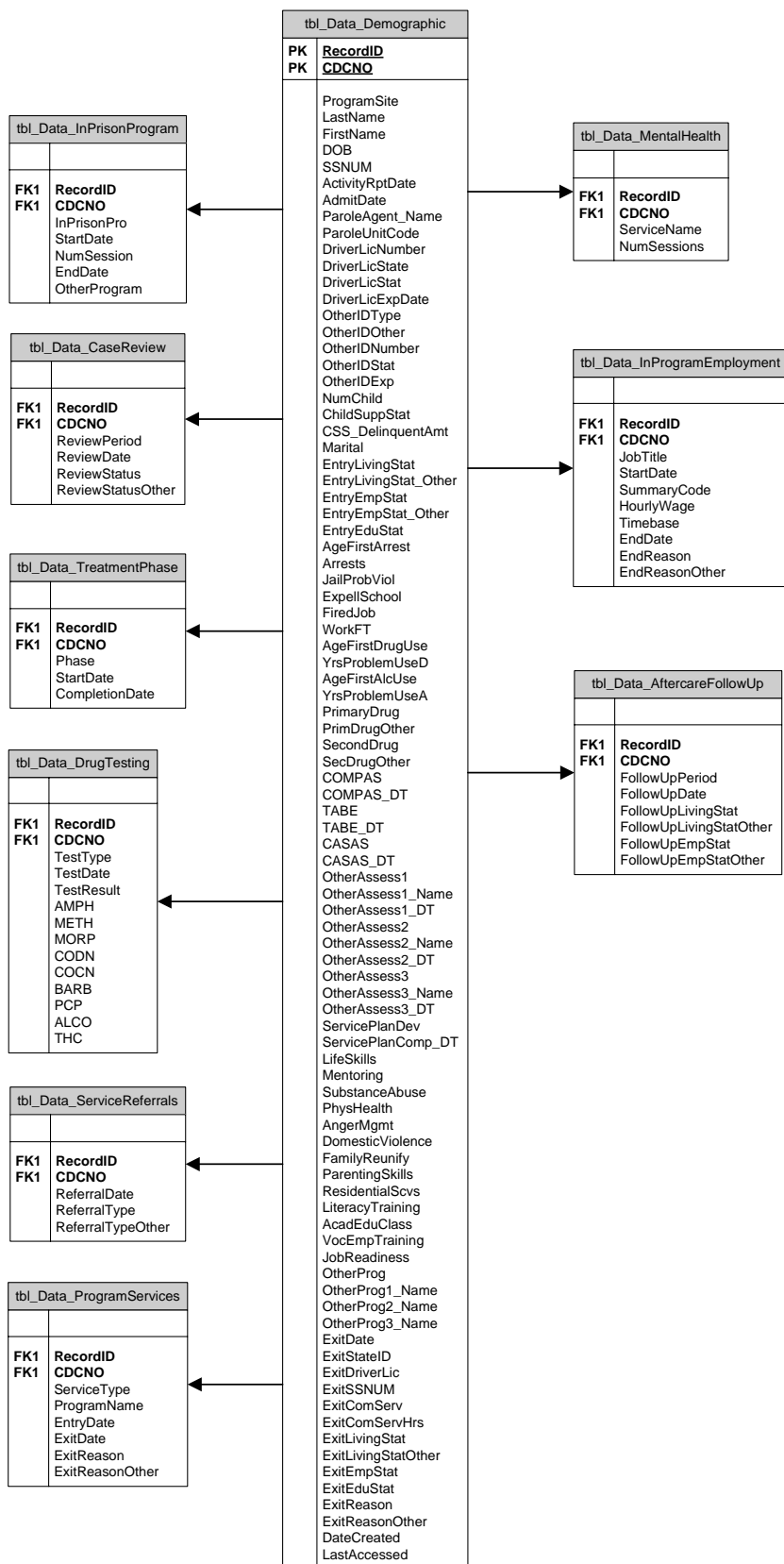
Any files transferred via e-mail must be encrypted.

## **HISTORICAL DATA UPKEEP**

Participant data shall be kept in an episodic manner. Participants who exit and later return to the program must generate a new record (episode) in the database. Documenting records using this method will preserve prior program activity, and assist program evaluators in determining program effectiveness.



# SAMPLE DATA TABLE DESIGN



## APPENDIX

### DATA FIELD DESCRIPTIONS

| INTAKE INFORMATION    |   |
|-----------------------|---|
| FIELD                 | PROGRAM DESCRIPTION   |
| ProgramSite           | Enter the name of the organization site name that received the DCP grant  |
| CDCNO                 | The California Department of Corrections Number (CDCNO) contains six digits starting with a capitalized leading alphabet character followed by five numbers, e.g. A12345. (NOTE: Each parolee must have a CDCNO.) |
| LastName              | Enter the last name of the participant (plus any suffix: Jr., Sr., I, II, III, etc.).   |
| FirstName             | Enter the first name of the participant (Do not use nicknames or abbreviations).  |
| DOB                   | Enter the participant's Date of Birth, e.g. 09/25/1975.   |
| SSNUM                 | The Social Security Number including dashes e.g. 111-22-3333.   |
| ActivityRptDate       | Enter the date of the 1502 Referral as mm/dd/yyyy   |
| RemedialSanction      | Selected Yes or No to whether the participant's referral was a Remedial Sanction.   |
| Admitdate             | The date of participant's first visit to and initial intake at the Service Provider's site, e.g. 09/25/2001.  |
| ParoleAgent_Name      | Enter the name of the participant's parole agent  |
| ParoleUnitCode        | Enter the parole unit code that represents the parole unit the participant is assigned to.  |
| DriverLicNumber       | Enter the participant's drivers license number, if applicable.  |
| DriverLicState        | Enter the state for which the participant has a valid drivers license.  |
| DriverLicStat         | Select the option that best describes the participant's driver license status.  |
| DriverLicExpDate      | Enter the date the license expires as mm/dd/yyyy.   |
| OtherIDType           | Select the type of ID that serves as the participant's form of identification.  |
| OtherIDOther          | Enter a specific ID type if the available choices do not represent the form of identification held by the participant.  |
| OtherIDNumber         | Enter the ID number of the Other ID.  |
| OtherIDStat           | Select the status of the Other ID.  |
| OtherIDExp            | Enter the expiration date of the Other ID as mm/dd/yyyy.  |
| NumChild              | Enter the number of children for which the participant is responsible for: e.g. 01, 05, 10, etc.  |
| ChildSuppStat         | Select the participant's child support status.  |
| CSS_DelinquentAmt     | Enter the amount of child support the participant is delinquent, if any.  |
| Marital               | Select the option that best describes the participant's marital status.   |
| EntryLivingStat       | Select the option that best describes the location where the participant was living at the time of program entry.   |
| EntryLivingStat_Other | Enter the other living situation, if the participant was living somewhere other than the options provided.  |
| EntryEmpStat          | Select the option that best describes the participant's employment status at the time of program entry.   |
| EntryEmpStat_Other    | Enter the other employment status, if the options provided do not describe the participant's status correctly.  |
| EntryEduStat          | Select the option that best describes the highest education level completed by the participant.   |
| AgeFirstArrest        | Enter the age (in years) when the participant's first arrest occurred, e.g. 18, 21, 37, etc.  |
| Arrests               | Enter the number of previous arrests.   |
| JailProbViol          | Enter (in months) the amount of time the participant served for violating probation.  |
| ExpellSchool          | Enter the number of times the participant was expelled from school.   |
| FiredJob              | Enter the number of times the participant was fired from his/her job.   |
| WorkFT                | Enter the number of times the participant retained employment for six months or longer.   |

| <b>SUBSTANCE ABUSE HISTORY</b> |  |
|--------------------------------|--|
| <b>FIELD</b>                   | <b>PROGRAM DESCRIPTION</b>   |
| AgeFirstDrugUse                | Enter the age (in years) when the participant used drugs for the first time, e.g. 18, 25, 37, etc.     |
| YrsProblemUseD                 | Enter the number of years that the participant has had a problem with drug use.                        |
| AgeFirstAlcUse                 | Enter the age (in years) when the participant used alcohol for the first time, e.g. 18, 25, 37, etc.   |
| YrsProblemUseA                 | Enter the number of years that the participant has had a problem with alcohol use.                     |
| PrimaryDrug                    | Enter the primary drug of choice for the participant. If participant has not used drugs, select "N/A". |
| PrimDrugOther                  | Enter the other primary drug choice if primary drug choice is not listed.                              |
| SecondDrug                     | Enter the secondary drug of choice for the participant.  |
| SecDrugOther                   | Enter the other secondary drug choice if primary drug choice is not listed.                            |

| <b>PARTICIPANT ASSESSMENT</b> |  |
|-------------------------------|--|
| <b>FIELD</b>                  | <b>PROGRAM DESCRIPTION</b>   |
| COMPAS                        | Select Yes or No to whether the participant completed COMPAS assessment        |
| COMPAS_DT                     | Enter the date the participant completed the COMPASS assessment as mm/dd/yyyy. |
| TABE                          | Select Yes or No to whether the participant completed TABE assessment          |
| TABE_DT                       | Enter the date the participant completed the TABE assessment as mm/dd/yyyy     |
| CASAS                         | Select Yes or No to whether the participant completed CASA assessment          |
| CASAS_DT                      | Enter the date the participant completed the CASA assessment as mm/dd/yyyy     |
| OtherAssess1_Name             | Enter name of any other Assessment Instrument                                  |
| OtherAssess1                  | Select Yes or No to whether the participant completed assessment               |
| OtherAssess1_DT               | Enter the date the participant completed the assessment as mm/dd/yyyy          |
| OtherAssess2_Name             | Enter name of any other Assessment Instrument                                  |
| OtherAssess2                  | Select Yes or No to whether the participant completed assessment               |
| OtherAssess2_DT               | Enter the date the participant completed the assessment as mm/dd/yyyy          |
| OtherAssess3_Name             | Enter name of any other Assessment Instrument                                  |
| OtherAssess3                  | Select Yes or No to whether the participant completed assessment               |
| OtherAssess3_DT               | Enter the date the participant completed the assessment as mm/dd/yyyy          |

| <b>SERVICE PLAN</b> |  |
|---------------------|--|
| <b>FIELD</b>        | <b>PROGRAM DESCRIPTION</b>   |
| ServicePlanDev      | Select Yes or No to whether a Service Plan was developed for the participant.                                  |
| ServicePlanComp_DT  | Enter the date the Service Plan was completed, e.g. 09/25/2001.  |
| LifeSkills          | Select Yes or No to whether Life Skills Training was part of the participants Service Plan.                    |
| Mentoring           | Select Yes or No to whether Mentoring was part of the participants Service Plan.                               |
| SubstanceAbuse      | Select Yes or No to whether Substance Abuse Program was part of the participants Service Plan.                 |
| PhysHealth          | Select Yes or No to whether Physical Health Treatment was part of the participants Service Plan.               |
| AngerMgmt           | Select Yes or No to whether Anger Management was part of the participants Service Plan.                        |
| DomesticViol        | Select Yes or No to whether Domestic Violence was part of the participants Service Plan.                       |
| FamilyReunify       | Select Yes or No to whether Family Reunification was part of the participants Service Plan.                    |
| ParentingSkills     | Select Yes or No to whether Parenting Skills Training was part of the participants Service Plan.               |
| ResidentialScvs     | Select Yes or No to whether Residential Services was part of the participants Service Plan.                    |
| LiteracyTraining    | Select Yes or No to whether Literacy Training Program was part of the participants Service Plan.               |
| AcadEduClass        | Select Yes or No to whether Academic/Education Class was part of the participants Service Plan.                |
| VocEmpTraining      | Select Yes or No to whether Vocational/Employment Training Program was part of the participant's Service Plan. |
| JobReadiness        | Select Yes or No to whether Vocational/Job Readiness was part of the participants Service Plan.                |
| OtherProg           | Select Yes or No to whether Other Programs were part of the participants Service Plan.                         |
| OtherProg1_Name     | Enter the name of the other program that was part of the participant's service plan.                           |
| OtherProg2_Name     | Enter the name of the other program that was part of the participant's service plan.                           |
| OtherProg3_Name     | Enter the name of the other program that was part of the participant's service plan.                           |

| <b>IN-PRISON PROGRAM PARTICIPATION</b> |  |
|--|--|
| <b>FIELD</b>                           | <b>PROGRAM DESCRIPTION</b>   |
| InPrisonPro                            | Type of In-Prison program.   |
| StartDate                              | Enter the date when the participant started the program as mm/dd/yyyy. |
| NumSession                             | Enter the number of sessions attended by the participant.              |
| EndDate                                | Enter the date when the participant ended the program as mm/dd/yyyy.   |
| OtherProgram                           | Name of other program.   |

| <b>CASE REVIEW</b> |   |
|--------------------|---|
| <b>FIELD</b>       | <b>PROGRAM DESCRIPTION</b>  |
| ReviewPeriod       | Select the period for which the review was completed.                         |
| ReviewDate         | Enter the date of the review as mm/dd/yyyy.                                   |
| ReviewStatus       | Select the status of the participant at the time of review.                   |
| ReviewStatusOther  | Enter a description of the review if "Other" was chosen as the review status. |

| <b>TREATMENT PHASE COMPLETION</b> |   |
|-----------------------------------|---|
| <b>FIELD</b>                      | <b>PROGRAM DESCRIPTION</b>                              |
| Phase                             | Select the treatment phase i.e., Phase 1, Phase 2, etc. |
| StartDate                         | Enter the date the treatment phase began as mm/dd/yyyy. |
| CompletionDate                    | Enter the date the treatment phase ended as mm/dd/yyyy. |

| <b>BREATHALYZER/UA-DRUG TESTING RESULTS</b> |   |
|---|---|
| <b>FIELD</b>                                | <b>PROGRAM DESCRIPTION</b>  |
| TestType                                    | Select the type of drug test conducted - Urinalysis or Breathalyzer   |
| TestDate                                    | Enter the date the test was conducted as mm/dd/yyyy.                  |
| TestResult                                  | Enter the result of the drug test.                                    |
| Amphetamine                                 | Enter "P" if the participant was tested positive for amphetamine.     |
| Methamphetamine                             | Enter "P" if the participant was tested positive for methamphetamine. |
| Cocaine                                     | Enter "P" if the participant was tested positive for cocaine.         |
| Morphine                                    | Enter "P" if the participant was tested positive for morphine.        |
| Codeine                                     | Enter "P" if the participant was tested positive for codeine.         |
| Barbiturates                                | Enter "P" if the participant was tested positive for barbiturates.    |
| PCP   | Enter "P" if the participant was tested positive for PCP.             |
| Alcohol                                     | Enter "P" if the participant was tested positive for alcohol.         |
| THC   | Enter "P" if the participant was tested positive for THC.             |

| <b>SERVICE REFERRALS</b> |   |
|--------------------------|---|
| <b>FIELD</b>             | <b>PROGRAM DESCRIPTION</b>  |
| ReferralDate             | Enter the date the referral was made as mm/dd/yyyy.   |
| ReferralType             | Select the type of referral made.   |
| ReferralTypeOther        | Enter a description of the type of referral made if the options provided are not appropriate. |

| <b>PROGRAM SERVICES</b> |   |
|-------------------------|---|
| <b>FIELD</b>            | <b>PROGRAM DESCRIPTION</b>  |
| ServiceType             | Enter the number of the service type that corresponds with the service the participant received as it is specific to the grant. |
| ProgramName             | Enter the name of the program that provided services to the participant.  |
| EntryDate               | Enter the date the participant entered the program as mm/dd/yyyy.   |
| ExitDate                | Enter the date the participant exited the program as mm/dd/yyyy.  |
| ExitReason              | Select the reason why the participant exited the program.   |
| ExitReasonOther         | Enter a description of why the participant exited the program if the options provided are not appropriate.                      |

| <b>MENTAL HEALTH (GROUP, FAMILY, INDIVIDUAL COUNSELING)</b> |   |
|---|---|
| <b>FIELD</b>  | <b>PROGRAM DESCRIPTION</b>  |
| CounselingServices  | Select Yes or No to whether the participant received counseling services.                   |
| ServiceName   | If the participant did receive counseling services, enter the name of the service received. |
| NumSessions   | If the participant did receive counseling services, enter the number of sessions attended.  |

| <b>IN-PROGRAM EMPLOYMENT</b> |   |
|------------------------------|---|
| <b>FIELD</b>                 | <b>PROGRAM DESCRIPTION</b>  |
| JobTitle                     | Enter the job title of the participant.   |
| StartDate                    | Enter the date the participant began employment as mm/dd/yyyy.                                |
| SummaryCode                  | Select the job summary code that best describes the participant's type of work.               |
| HourlyWage                   | Enter the hourly wage the participant earns from their job, e.g. 6.75.                        |
| Timebase                     | Select the time-base for the participant's job.   |
| EndDate                      | Enter the date the participant terminated employment as mm/dd/yyyy.                           |
| EndReason                    | Select the reason why employment was terminated.  |
| EndReasonOther               | Enter a description for termination of employment if the options provided are not appropriate |

| <b>PROGRAM EXIT</b> |  |
|---------------------|--|
| <b>FIELD</b>        | <b>PROGRAM DESCRIPTION</b>   |
| ExitDate            | Enter the date the participant left the program as mm/dd/yyyy.   |
| ExitStateID         | Select Yes or No to whether the participant obtained a state ID while in the program.                                  |
| ExitDriverLic       | Select Yes or No to whether the participant obtained a drivers license while in the program.                           |
| ExitSSNUM           | Select Yes or No to whether the participant obtained Social Security Card while in the program.                        |
| ExitComServ         | Select Yes or No to whether the participant performed any community service while in the program.                      |
| ExitComServHrs      | If community service was performed, enter the number of hours.   |
| ExitLivingStat      | Select the participant's living situation at the time of program exit.   |
| ExitLivingStatOther | Enter a description of the participant's living situation at program exit if the options provided are not appropriate. |
| ExitEmpStat         | Enter the participant's employment status at the time of program exit.   |
| ExitEduStat         | Select the option that best describes the highest education level completed by the participant at program exit.        |
| ExitReason          | Select the reason why the participant exited the program.  |
| ExitReasonOther     | Enter a description for why the participant exited the program if the options provided are not appropriate.            |

| <b>AFTERCARE FOLLOW-UP</b> |   |
|----------------------------|---|
| <b>FIELD</b>               | <b>PROGRAM DESCRIPTION</b>  |
| FollowUpPeriod             | Select the period for which the follow up was completed. i.e. 30 days, 60 days, etc.  |
| FollowUpDate               | Enter the date the follow up was performed as mm/dd/yyyy.   |
| FollowUpLivingStat         | Enter the participant's living situation at the time of follow up.  |
| FollowUpLivingStatOther    | Enter a description of the participant's living situation at the time of follow up of the options provided are not appropriate. |
| FollowUpEmpStat            | Select the participant's employment status at the time of follow up.  |

## QUESTIONS AND CONTACT

Questions or comments regarding the material in this document should be directed to:

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**COMBINED SANTA BARBARA COUNTY DAY REPORTING CENTERS (CSI)  
MONTH OF MAY (WEEK SHOWN ON TAB AT BOTTOM)**

| <b>DRC Weekly Count</b>  |                                       |                |                  |             |           |           |           |           |           |           |           |          |                |                    |              |                |          |   |                 |           |  |           |                 |          |                |           |
|--|---------------------------------------|----------------|------------------|-------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|----------|----------------|--------------------|--------------|----------------|----------|---|-----------------|-----------|--|-----------|-----------------|----------|----------------|-----------|
| <b>REGION I</b>  |                                       |                |                  |             |           |           |           |           |           |           |           |          |                |                    |              |                |          |   |                 |           |  |           |                 |          |                |           |
| CONTRACT #   | FACILITY                              | COUNTY         | TOTAL IN PROGRAM |             |           |           |           |           |           |           |           |          |                | REMEDIAL SANCTIONS |              |                |          | NON-REVOCABLE PAROLE                      |                 |           | TOTAL                                      |           |                 |          |                |           |
|  |                                       |                | Beg Count *      | End Count * | Fri       | Sat       | Sun       | Mon       | Tue       | Wed       | Thur      | Week Avg | Male **        | Female **          | RS Referrals | RS Enrollments | RS Exits | Total Number of RS Parolees in Program ** | NRP Enrollments | NRP Exits | Total Number of NRP Parolees in Program ** | Referrals | Enrollments *** | Exits    | Numbers Served |           |
| 5600001656   | Westcare Behavioral Intervention Inc. | Fresno         |                  |             |           |           |           |           |           |           |           |          |                | #DIV/0!            |              |                |          |   |                 |           |  |           |                 |          | 0              |           |
| 5600001038   |                                       | San Joaquin    |                  |             |           |           |           |           |           |           |           |          |                | #DIV/0!            |              |                |          |   |                 |           |  |           |                 |          | 0              |           |
| <b>Sub-Total</b>   |                                       |                | <b>0</b>         | <b>0</b>    | <b>0</b>  | <b>0</b>  | <b>0</b>  | <b>0</b>  | <b>0</b>  | <b>0</b>  | <b>0</b>  | <b>0</b> | <b>0</b>       | <b>#DIV/0!</b>     | <b>0</b>     | <b>0</b>       | <b>0</b> | <b>0</b>                                  | <b>0</b>        | <b>0</b>  | <b>0</b>                                   | <b>0</b>  | <b>0</b>        | <b>0</b> | <b>0</b>       |           |
| <b>REGION II</b>   |                                       |                |                  |             |           |           |           |           |           |           |           |          |                |                    |              |                |          |   |                 |           |  |           |                 |          |                |           |
| CONTRACT #   | FACILITY                              | COUNTY         | TOTAL IN PROGRAM |             |           |           |           |           |           |           |           |          |                | REMEDIAL SANCTIONS |              |                |          | NON-REVOCABLE PAROLE                      |                 |           | TOTAL                                      |           |                 |          |                |           |
|  |                                       |                | Beg Count *      | End Count * | Fri       | Sat       | Sun       | Mon       | Tue       | Wed       | Thur      | Week Avg | Male **        | Female **          | RS Referrals | RS Enrollments | RS Exits | Total Number of RS Parolees in Program ** | NRP Enrollments | NRP Exits | Total Number of NRP Parolees in Program ** | Referrals | Enrollments *** | Exits    | Numbers Served |           |
| 5600001039   | Walden House                          | San Francisco  |                  |             |           |           |           |           |           |           |           |          |                | #DIV/0!            |              |                |          |   |                 |           |  |           |                 |          | 0              |           |
| 5600000807   | SB Sheriff's Dept.                    | Santa Barbara  | 82               | 94          | 90        | 90        | 90        | 90        | 92        | 92        | 94        |          | 91             | 82                 | 12           | 4              | 5        | 2   | 93              | 0         | 0  | 1         | 4               | 5        | 2              | 95        |
| 5600000963   | Center Point, Inc.                    | Alameda        |                  |             |           |           |           |           |           |           |           |          |                | #DIV/0!            |              |                |          |   |                 |           |  |           |                 |          | 0              |           |
| <b>Sub-Total</b>   |                                       |                | <b>82</b>        | <b>94</b>   | <b>90</b> | <b>90</b> | <b>90</b> | <b>90</b> | <b>92</b> | <b>92</b> | <b>94</b> |          | <b>#DIV/0!</b> | <b>82</b>          | <b>12</b>    | <b>4</b>       | <b>5</b> | <b>2</b>                                  | <b>93</b>       | <b>0</b>  | <b>0</b>                                   | <b>1</b>  | <b>4</b>        | <b>5</b> | <b>2</b>       | <b>95</b> |
| <b>REGION III</b>  |                                       |                |                  |             |           |           |           |           |           |           |           |          |                |                    |              |                |          |   |                 |           |  |           |                 |          |                |           |
| CONTRACT #   | FACILITY                              | COUNTY         | TOTAL IN PROGRAM |             |           |           |           |           |           |           |           |          |                | REMEDIAL SANCTIONS |              |                |          | NON-REVOCABLE PAROLE                      |                 |           | TOTAL                                      |           |                 |          |                |           |
|  |                                       |                | Beg Count *      | End Count * | Fri       | Sat       | Sun       | Mon       | Tue       | Wed       | Thur      | Week Avg | Male **        | Female **          | RS Referrals | RS Enrollments | RS Exits | Total Number of RS Parolees in Program ** | NRP Enrollments | NRP Exits | Total Number of NRP Parolees in Program ** | Referrals | Enrollments *** | Exits    | Numbers Served |           |
| 5600001600   | Behavioral Systems Southwest          | Los Angeles    |                  |             |           |           |           |           |           |           |           |          |                | #DIV/0!            |              |                |          |   |                 |           |  |           |                 |          | 0              |           |
| 5600001726   | Behavioral Intervention Inc.          | Los Angeles    |                  |             |           |           |           |           |           |           |           |          |                | #DIV/0!            |              |                |          |   |                 |           |  |           |                 |          | 0              |           |
| <b>Sub-Total</b>   |                                       |                | <b>0</b>         | <b>0</b>    | <b>0</b>  | <b>0</b>  | <b>0</b>  | <b>0</b>  | <b>0</b>  | <b>0</b>  | <b>0</b>  | <b>0</b> | <b>0</b>       | <b>#DIV/0!</b>     | <b>0</b>     | <b>0</b>       | <b>0</b> | <b>0</b>                                  | <b>0</b>        | <b>0</b>  | <b>0</b>                                   | <b>0</b>  | <b>0</b>        | <b>0</b> | <b>0</b>       | <b>0</b>  |
| <b>REGION IV</b>   |                                       |                |                  |             |           |           |           |           |           |           |           |          |                |                    |              |                |          |   |                 |           |  |           |                 |          |                |           |
| CONTRACT #   | FACILITY                              | COUNTY         | TOTAL IN PROGRAM |             |           |           |           |           |           |           |           |          |                | REMEDIAL SANCTIONS |              |                |          | NON-REVOCABLE PAROLE                      |                 |           | TOTAL                                      |           |                 |          |                |           |
|  |                                       |                | Beg Count *      | End Count * | Fri       | Sat       | Sun       | Mon       | Tue       | Wed       | Thur      | Week Avg | Male **        | Female **          | RS Referrals | RS Enrollments | RS Exits | Total Number of RS Parolees in Program ** | NRP Enrollments | NRP Exits | Total Number of NRP Parolees in Program ** | Referrals | Enrollments *** | Exits    | Numbers Served |           |
| 5600001006   | Behavioral Intervention Inc.          | San Diego      |                  |             |           |           |           |           |           |           |           |          |                | #DIV/0!            |              |                |          |   |                 |           |  |           |                 |          | 0              |           |
| 5600001363   | Foundation CSUSB                      | San Bernardino |                  |             |           |           |           |           |           |           |           |          |                | #DIV/0!            |              |                |          |   |                 |           |  |           |                 |          | 0              |           |
| <b>Sub-Total</b>   |                                       |                | <b>0</b>         | <b>0</b>    | <b>0</b>  | <b>0</b>  | <b>0</b>  | <b>0</b>  | <b>0</b>  | <b>0</b>  | <b>0</b>  | <b>0</b> | <b>0</b>       | <b>#DIV/0!</b>     | <b>0</b>     | <b>0</b>       | <b>0</b> | <b>0</b>                                  | <b>0</b>        | <b>0</b>  | <b>0</b>                                   | <b>0</b>  | <b>0</b>        | <b>0</b> | <b>0</b>       | <b>0</b>  |
| <b>Statewide Totals</b>  |                                       |                | <b>82</b>        | <b>94</b>   | <b>90</b> | <b>90</b> | <b>90</b> | <b>90</b> | <b>92</b> | <b>92</b> | <b>94</b> |          | <b>#DIV/0!</b> | <b>82</b>          | <b>12</b>    | <b>4</b>       | <b>5</b> | <b>2</b>                                  | <b>93</b>       | <b>0</b>  | <b>0</b>                                   | <b>1</b>  | <b>4</b>        | <b>5</b> | <b>2</b>       | <b>95</b> |
| * Beginning Count will be the count of the total active participants on the first day of the month. End Count will be the count of the total active participants on the last day of the month. |                                       |                |                  |             |           |           |           |           |           |           |           |          |                |                    |              |                |          |   |                 |           |  |           |                 |          |                |           |
| **Male and Female Count, the Remedial Sanction program totals, and the NRP program totals are a snapshot of the Thursday count.  |                                       |                |                  |             |           |           |           |           |           |           |           |          |                |                    |              |                |          |   |                 |           |  |           |                 |          |                |           |
| *** Total Enrollments are all R/S, NRP, and Voluntary parolees in the program  |                                       |                |                  |             |           |           |           |           |           |           |           |          |                |                    |              |                |          |   |                 |           |  |           |                 |          |                |           |

**LINE ITEM BUDGET GUIDE**  
**For Cost Reimbursement Budgets**

*Developed for:*

**Bidders**  
**and**  
**Contractors**

*MARCH 28, 2007*

*Prepared by:*

**California Department of Corrections and**  
**Rehabilitation**  
*Office of Business Services*  
*Service Contracts Section*



# LINE ITEM BUDGET GUIDE for Cost Reimbursement Budgets

|  |    |
|--|----|
| Introduction (Responsibilities of Bidders, Contractors, Program/Contract Managers and Definitions) ..... | 1  |
| Actual and Allowable Costs .....   | 2  |
| Personnel Costs (Staff Salaries and Staff Benefits).....   | 2  |
| Sub-Contractors/Consultant Costs.....  | 4  |
| Operating Costs .....  | 4  |
| Travel .....   | 4  |
| Facility Lease/Rent and Facility Owned .....   | 5  |
| Maintenance/Repair .....   | 5  |
| Communications .....   | 5  |
| Utilities.....   | 5  |
| Insurance .....  | 5  |
| Supplies/Expendable Equipment .....  | 5  |
| Non-Expendable Equipment .....   | 6  |
| Training and Education .....   | 7  |
| Food Costs.....  | 7  |
| Household Supplies .....   | 7  |
| Program Supplies.....  | 7  |
| Linen Services.....  | 7  |
| Interest.....  | 7  |
| Line Item Additions.....   | 7  |
| Indirect Costs (Cost Allocation Plan).....   | 7  |
| Profit/Service Fee.....  | 8  |
| <u>Allowable</u> Indirect Costs.....   | 8  |
| <u>Unallowable</u> Costs .....   | 10 |
| Fiscal Audits.....   | 11 |
| SAMPLE Project Budget Proposal (Budget Categories and Line Items Displayed) .....                        | 12 |
| Establishing Monthly Salary Rates .....  | 13 |
| Establishing a Monthly Salary Range .....  | 13 |
| Position's Time Base (Project Time indicated by % or Hours).....   | 14 |
| Personnel Positions .....  | 15 |
| Costs Displayed for Budget Categories and Line Items .....   | 15 |

|                                |
|--------------------------------|
| <b>Guidance to Contractors</b> |
|--------------------------------|

|   |    |
|---|----|
| Amendment Defined .....                     | 16 |
| Amendment Required .....                    | 16 |
| Budget Transfer Requests .....              | 17 |
| BTR Approval Process.....                   | 18 |
| Use of Salary Savings.....                  | 19 |
| Duties Performed for a Vacant Position..... | 19 |
| Salary Rate Increases.....                  | 19 |
| Budgeted Positions .....                    | 20 |
| New Budget Line Items.....                  | 20 |
| Monthly Invoices .....                      | 20 |

|   |
|---|
| <b>Sample Project Budgets and Forms</b> |
|---|

- Attachment 1: SAMPLE Project Budget Proposal for FY 07/08
- Exhibit AA (Sample): Non-Expendable Equipment
- Attachment 1-A: SAMPLE Amended Project Budget for FY 02/03 (Amendment 1)
- Attachment 1-B: SAMPLE Amended Project Budget for FY 02/03 (Amendment 2)
- Attachment 1-C (4 pages): Indirect Cost Allocation Plan Instructions/Sample
- Attachment 1-D (3 pages): Budget Transfer Request Instructions and Sample Budget Transfer Request Form
- Monthly Invoice for Cost Reimbursement Budget

# **LINE ITEM BUDGET GUIDE for Cost Reimbursement Budgets**

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## **Introduction**

The Line Item Budget Guide for Cost Reimbursement Budgets (LIBG) was written to assist Bidders and Contractors in the following respective areas of responsibility for a cost reimbursement budget:

### **Bidders are responsible for:**

- ◆ indicating the actual and allowable costs associated in performing contracted services for a cost reimbursement budget (*for each fiscal year if applicable*) for competitive bidding purposes.

### **Contractors are responsible for:**

- ◆ ensuring that all expenditures claimed (including all subcontractor expenditures) are allowable costs as specified in this LIBG;
- ◆ ensuring all costs are associated in performing contracted services for auditing purposes and program review;
- ◆ ensuring that all subcontractors performing services have a written agreement stating the contracted services shall be performed in accordance with all contractual responsibilities of the prime contractor;
- ◆ ensuring that budget transfer costs can be supported (justified) to reflect actual expenses; and
- ◆ ensuring that a budget amendment can be supported (justified) for actual expenses associated in performing contracted services.

### **Program and Contract Managers are responsible for:**

- ◆ ensuring that budget transfers/amendments are in accordance with Line Item Budget Guide policies; and
- ◆ ensuring that budget transfers/amendments do not compromise the competitive bidding process (i.e., changes would not have affected the original award of the contract).

### **Definitions:**

CDCR Program Manager – CDCR staff person who is responsible for administering the program aspects of the contract. The CDCR Program Manager is the primary contact person.

# **LINE ITEM BUDGET GUIDE for Cost Reimbursement Budgets**

CDCR Section Chief of the Program – CDCR staff person who has overall responsibility of a Program within CDCR and oversees the responsibilities of the CDCR Program Manager.

## **Actual and Allowable Costs**

Actual costs incurred by the Contractor, which are allowable costs shall be substantiated with appropriate source documentation and applicable receipts, such as invoices and receipts for any cost contained in the budget proposal. Receipts and other support documentation need not be submitted with the monthly invoices for contract expenditures, with the exception of travel expenses and subcontractor/consultant costs.

However, the Contractor must retain files in the Contractor's headquarters office based in California or at the program service location where services are being provided. All support documentation must be retained for actual expenses incurred for auditing purposes and for program review, as required in the fiscal audit provision on page 11 of this guide.

Allowable costs for a contract shall be limited to those expenditures which are: (1) in conformance with the approved contract budget and have specific prior approval when required; and (2) for goods and services necessary to the project's operation at the time the costs are incurred. Any expenses not meeting these criteria may be disallowed.

**Competitive Bid Consideration:** Contractors shall ensure that all costs are considered when developing a budget for a competitive bid process. The addition of any costs that should have been considered at the time of bid will not be allowed under a budget transfer process, even if the costs are defined as allowable, if the addition would reduce the compliance with bid proposal requirements or would have negatively impacted the scoring of the proposal.

For instance, changes to the requirements of the project in the Scope of Work, (i.e., the addition/removal of key personnel, or the addition/deletion of tasks or responsibilities) which have precluded potential bidders from bidding, resulted in fewer/additional points in the evaluation process, or resulted in a lower bid.

For this reason, careful competitive bid consideration will be made to determine whether or not the consequences of an amendment or a budget transfer request have compromised the integrity and fairness of the bidding process.

Listed below are allowable costs:

### **1. Personnel Costs**

- a. **Staff Salaries** - Personnel salary and wage costs (salary equals compensation for staff who are paid based on a fixed rate for a given amount of time [i.e., weekly, monthly, etc.]; and wage equals compensation for personnel who are paid based on an hourly rate should be commensurate with the level of responsibility and experience necessary to perform contracted project obligations.

Salaries of personnel who are providing services for more than one contract must be charged to each contract on a proportional basis and are only allowable for the time the employee is assigned to **this** contract.

## **LINE ITEM BUDGET GUIDE for Cost Reimbursement Budgets**

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Salaries must be adequately documented by time sheets signed by the employee and the immediate supervisor, payroll register, payroll warrant, employee personnel file and general ledger accounts. All reported salary costs shall be based on actual expenditures. The time sheets must show on a daily basis how much time each employee spent on each program and salaries must be prorated accordingly. Salaries are only allowable for the time the employee is assigned to the contracted project.

Bidders shall take into consideration cost of living, merit or anniversary increases when budgeting each position's monthly or hourly rates for each fiscal year of the contract. It is recommended that bidders establish a salary range (e.g., \$2,450 - \$2,800). The range must be realistic and conform to industry standards for each position. If salary increases are to be granted, they must be included in the budget when submitting a bid for a single or multiple year contract. Salary increases not included in the budget at the time of bid will not be allowed at any time during the performance of the contract unless:

- ◆ the CDCR Program Manager increases contract responsibilities which in turn results in increased responsibilities of the established budgeted positions; or
- ◆ the Contractor increases the responsibilities of a budgeted position; or
- ◆ the project is legislatively approved for cost of living adjustments; or
- ◆ Contractor experiences documented recruitment or retention problems.

***Refer to the Salary Rate Increases section of these guidelines.***

- b. **Staff Benefits** - Actual costs for staff benefits will be provided based on a percentage of total staff salaries. A CDCR audit will be performed on actual costs. The CDCR has determined a percentage for staff benefits of 28% for industrial non-represented employees, however, this percentage is strictly a guide to follow; there is no established limit.

It is recommended that bidders establish a benefits percentage range in which they will not exceed during any given fiscal year. For example: if workers compensation is paid quarterly, the percentage for staff benefits would fluctuate on a monthly basis; therefore, the bidder should establish a percentage range to ensure their benefits do not exceed this each fiscal year.

Staff benefits may include: regular compensation paid to employees for vacation, sick leave, jury duty, military training, and employer contributions for payroll taxes, employee health and unemployment insurance, social security, workers compensation, and a retirement plan.

The Contractor is responsible for maintaining in reserve a portion of the percentage determined for staff benefits to allow for leave accrual pay-off at the end of the contract/employment. Vacation leave accrual pay-off shall not exceed two (2) weeks per year per staff person. Contractor shall maintain documentation to support leave earnings, usage and balances. *(CDCR will not be liable for payment of accrued vacation time off at contract/employment termination in excess of the amount maintained in reserve.*

## **LINE ITEM BUDGET GUIDE for Cost Reimbursement Budgets**

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The Contractor shall deposit reserve funds in an interest bearing account insured by a government agency. Interest earnings are the property of the State and may not be used for any purpose. Such interest earnings must be reported and the interest remitted to the State by the Contractor by July 30<sup>th</sup> following each preceding fiscal year. In the event the contract ends before the close of the fiscal year, payment must be received by the last business day of the month immediately succeeding the end of the contract. The Contractor will remit any interest income to the CDCR's Chief Accounting Officer for placement in the General Fund.

- 2. Sub-Contractor/Consultant Costs** - A sub-contractor or consultant is defined as an individual or a firm, which the Contractor contracts with for professional service. For the definition of an employee or a contract worker, refer to the Internal Revenue Service Publication 15A. If the Contractor intends to use a sub-contractor(s) and/or consultant(s), the need must be documented, including an estimated total dollar amount, when the bid proposal is submitted to CDCR.

During the term of the contract, if there are any subcontracting activities other than those listed on the bid, the Contractor shall attempt to obtain at least three written bids for sub-contracts of \$5,000 or more. (Documentation shall include advertisements, bids received, etc., and shall be kept with the Contractor and available upon request or for audit purposes). Contractors shall ensure at least three informal bids are obtained for sub-contracts less than \$5,000. An informal bid can be a documented verbal quote. If three informal bids are unattainable, the Contractor shall document why they were unattainable. All subcontracts shall be awarded to the lowest bidder, unless the Contractor obtains prior written approval from the CDCR Section Chief of the Program to award based on specific evaluation criteria. If specific evaluation criteria is utilized, a minimum of 30 percent of the points shall be allocated to cost. Subcontracts of \$15,000 or more shall be awarded to the lowest responsible bidder or under an approved evaluation criteria making all efforts to comply with the DVBE participation program. Adequate justification must be submitted to the CDCR Section Chief of the Program if the Contractor selects a consultant/subcontractor based on sole source or specific evaluation criteria. If during an audit it is discovered that the Contractor did not attempt to obtain three written bids or prior CDCR approval for sole source or specific evaluation criteria was not received, consultant/subcontractor fees will be disallowed.

- 3. Operating Costs** - Allowable operating costs are defined as necessary program expenditures, which are based on actual costs substantiated by source documentation. Operating costs can include expendable equipment costs but are exclusive of personal service costs, sub-contractor/consultant service costs and indirect costs. For auditing purposes, the Contractor shall retain source documentation for these expenses such as purchase orders, requisitions, bills of lading, stock received reports, invoices and issued warrants. Only documented direct costs needed to provide services for this contract are allowable and should not be based on the overall organizational expenses. Operating costs can include the following:
  - a. Travel:** Only those costs for travel directly related to the project can be included in the budget. All travel costs and requirements shall be in accordance with the Department of Personnel Administration Rules for Excluded Employees, Sections 599.615.1 - 599.638.1 (incorporated by reference). Travel of non-contract staff: Persons who are not included as part of the contract (i.e., corporate officers, Board of Directors, etc.), but are required to travel for business strictly related to the project, may be reimbursed for travel costs as a direct expense from the

## **LINE ITEM BUDGET GUIDE for Cost Reimbursement Budgets**

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travel line item. However, if the purpose of the travel is for the combined purpose of several contracts or corporate business, travel costs will be considered as an indirect cost. Travel costs must be supported by travel expense vouchers, which clearly indicate the purpose, location (to and from destinations), dates, time of travel, rates claimed, mileage and any applicable receipts. Supporting documentation for travel costs claimed must be submitted with the monthly invoices, and be retained for audit purposes in the Contractor's headquarters or at the program service location where services are being provided. Contractors shall use the State's Travel Expense Claim (STD Form 262) to expedite processing of invoices.

- b. **Facility Lease/Rent:** Reasonable rent or lease costs applicable to the occupied space(s) for the project may be charged in the budget proposal. Space costs cannot exceed comparable rental space(s) for the surrounding area. If the Contractor occupies space(s), which will only be partially used for this project, the allowable space costs must be based on the percentage of space used for the project.

**Facility Owned:** If the Contractor owns the facility, they may be compensated for the use of buildings through depreciation and current interest expense related to the purchase of the facility. The computation of depreciation will be based on total facility acquisition cost, less land cost. Adequate property records must be maintained and a straight-line method of computing depreciation must be used, in accordance with the Internal Revenue Code. The method of computing depreciation must be consistently applied.

If a Contractor-owned facility is fully amortized and fully depreciated, a rental fee equal to Fair Market Value is allowable.

- c. **Maintenance/Repair:** Allowable maintenance and repair costs are those that are necessary for the upkeep of the facility and non-expendable equipment.
- d. **Communications:** These costs can include, but are not limited to, telephone, messenger services, cellular telephones, pagers, postage costs, internet services, and printing for job postings.
- e. **Utilities:** These costs can include, but are not limited to, gas, electricity, water and trash collection.
- f. **Insurance:** Reimbursement for required insurance will be based on actual costs incurred. State reimbursement in this area is contingent upon receipt of an actual invoice from the insurance carrier detailing that the costs are specifically for this contract. Additional costs beyond these required levels will be incurred by the Contractor.
- g. **Supplies/Expendable Equipment:** Supplies are defined as expendable items which change with use and are limited to supplies necessary to meet the project's scope of work. The cost of items purchased should be comparable to the prevailing price for similar items in the surrounding areas. Title to any expendable supplies and/or equipment purchased or built with State funds as part of the agreement will vest in the State. *Expendable equipment is defined as having a unit acquisition cost of less than \$5,000 per unit.* The Contractor **must** retain a listing of expendable equipment purchases that are considered "theft-sensitive" items, such as cameras, calculators, two-way radios, computer printers, etc., for audit purposes. Upon termination of the agreement,

## LINE ITEM BUDGET GUIDE for Cost Reimbursement Budgets

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Contractors are required to leave all expendable equipment and/or unused supplies for use by subsequent contractors or for the State to dispose of according to its needs. The State may:

- Request such equipment and/or supplies be returned to the State, with costs incurred by the Contractor for such return being reimbursed by the State.
- Authorize the continued use of such equipment and/or supplies for work to be performed under a different agreement or contract.

h. **Non-Expendable Equipment:** Non-expendable equipment shall be identified as movable articles which have all of the following characteristics:

- ✓ Have a normal useful life of at least one year.
- ✓ Have a unit acquisition cost of at least \$5,000.
- ✓ Be used to conduct State business.
- ◆ **Purchase:** The CDCR **will not provide funding** to purchase non-expendable equipment for CDCR contracts.
- ◆ **Rent/Lease:** Contractors **will be allowed** to rent/lease equipment to be used in the performance of the contract.
- ◆ **Depreciation Method:** Contractors **will be allowed** to be compensated for the use of non-expendable equipment through depreciation. The computation of depreciation shall be based on the acquisition cost and the useful life of the non-expendable equipment.

The period of useful life established for each class of non-expendable equipment must take into consideration such factors as type of non-expendable equipment, nature of the non-expendable equipment used, historical and usage patterns (refer to the Internal Revenue Service Publication 946). In the absence of clear evidence indicating that the expected consumption of the non-expendable equipment will be significantly greater in the early portions than in the later portions of its useful life, the straight line method of depreciation shall be used. *If straight line method is not used, support justification indicating the depreciation method used must be submitted with the bidder's Budget Proposal.*

If the acquisition of non-expendable equipment is proposed, the bidder shall:

- ◆ list all proposed non-expendable equipment items on the "Non-Expendable Equipment" form (Exhibit AA);
- ◆ indicate the method of charge (rent/lease or depreciation); and
- ◆ include Exhibit AA with the bidder's Budget Proposal.

The CDCR reserves the right to disallow any type of non-expendable equipment not deemed to be needed or applicable to the project. The cost for any disallowed non-expendable equipment will be deducted from the bidder's Budget Proposal.

## **LINE ITEM BUDGET GUIDE for Cost Reimbursement Budgets**

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- i. **Training and Education:** The cost of customarily-provided training for employee development which directly or indirectly benefits contract programs.
  - j. **Food Costs:** Food products used in the preparation of meals (does not include non-food products, e.g., eating utensils, pots, pans, cleaning detergents, etc.) Whenever feasible, CDCR recommends purchasing food items in bulk at wholesale prices. If Contractor is required to maintain a stock of food items, an inventory control system must be established to ensure appropriate use of items.
  - k. **Household Supplies:** Household supplies are those items necessary for the operation of the program and include, but are not limited to: linens, kitchen utensils, hygiene items, and cleaning supplies.
  - l. **Program Supplies:** Program supplies include items which directly benefit the participants of the program. Program supplies include, but are not limited to: newspapers, brochures, magazines, books and other related publications.
  - m. **Linen Services:** Linen services consist of outside services obtained to provide clean linen for use in the program (common for residential facilities contracts).
  - n. **Interest:** The Contractor may use allocated funds for interest in such cases where as the State's annual budget is delayed and payments cannot be made to the Contractor, resulting in the inability for continued services unless the Contractor borrows funds. Any other situation for interest payments will be handled on a case-by-case basis and must be approved by the Assistant Director or Deputy Director of the Program.
  - o. **Line Item Additions:** These are blank areas on the Budget Proposal in which the Contractor has identified additional expense areas that CDCR concurs are necessary to provide contracted services.
4. **Indirect Costs:** Indirect costs are those costs incurred for a common or joint purpose benefiting more than one objective. The term "indirect costs" as used herein applies to costs incurred in the Contractor's administrative department, as well as those incurred in other departments in carrying out the functions and the objectives of the contract.

**Indirect cost rates are based on annual direct expenses. An indirect cost rate is only applied to a bidder's Budget Proposal if servicing more than one program (e.g., bidder is presently providing a program service to another State agency, local entity or organization).**

Bidder's that have established indirect cost rates with the Federal Government, may use their approved Federal CAP for State purposes. However, the State may disallow items that are allowable under their Federal plan (see below section on Allowable Indirect Costs).

Accounting records shall include documentation of all costs supporting the expenses used to compute the indirect cost rate. Contractors may adjust the indirect cost rate annually during the term of the contract. However, if the adjustment results in an increase over the original indirect cost rate, a revised CAP must be submitted to the CDCR Program Manager and approved by the Fiscal Business Management Audits Unit (FBMAU) prior to receiving the higher rate. It is the responsibility of the CDCR Program Manager to forward a copy of any revised CAP to FBMAU. (Refer to Attachment 1-C, Sample Indirect Cost Allocation Plan Instructions and CAP).



## **LINE ITEM BUDGET GUIDE for Cost Reimbursement Budgets**

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**Cost Allocation Plan:** The purpose of the Cost Allocation Plan (CAP) is to ensure that there is equitable distribution of indirect costs to all the Contractor's programs or operations. The associated expenses require the bidder to submit documentation, at bid time, in the form of a Cost Allocation Plan (CAP). The FBMAU will review the CAP for accuracy before a contract award is made and may audit the Contractor's CAP thereafter to determine whether the indirect cost rate is supported, whether charges to the indirect cost are allowable, and whether the method of allocation is acceptable (i.e., based on total direct costs). If the indirect cost rate is determined to be inaccurate, the indirect cost rate will be recalculated to reflect the Contractor's supportable rate. In addition, previous payments made by the State in excess of the supported indirect cost rate will be withheld from future payments to the Contractor or claimed during cost recovery in the close out audit. (Refer to Attachment 1-C, Sample Indirect Cost Allocation Plan Instructions and CAP.)

5. **Profit or Service Fee:** A one time maximum profit or service fee of up to 5 percent (5%) of the cost of operating the program, exclusive of indirect costs, is allowed per FY. (For Office of Substance Abuse Program contracts, this would include the in-prison portion of the budget **only**.) Profit or Service fee costs will be added to the other proposed costs and become part of the total bid. If a budget amendment occurs due to an increase or decrease in fiscal year funding levels, the Contractor shall adjust the budgeted profit or service fee costs accordingly. At no time shall the profit or service fee percentage be greater than that of the original bid. Any unallowable costs from an audit may result in a recalculation of profit or service fee costs and recovery by CDCR of the difference.

### **Allowable Indirect Costs**

The following costs are typically considered indirect. However, if these costs can be easily allocated to a final cost objective, they may be identified on the line item budget as a direct cost.

- A. **Accounting:** The cost of establishing and maintaining accounting and other information systems required for the management of contracted programs. This includes costs incurred by central service agencies for these purposes.
- B. **Advertising:** Advertising media includes newspapers, magazines, radio and television programs, direct mail, trade papers and the like. Allowable advertising costs are those, which are solely for:
- Recruitment of personnel required for the contracted program.
  - Solicitation of bids for the procurement of required goods and services.
  - Other purposes specifically provided for in the contract.
- C. **Audit Service:** The cost of audits necessary for the administration and management of functions related to contracted program.
- D. **Bonding:** The cost of fidelity, surety and performance bond premiums.
- E. **Budgeting:** Costs incurred for the development, preparation, presentation and execution of budgets.

## **LINE ITEM BUDGET GUIDE for Cost Reimbursement Budgets**

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- F. **Central Stores:** The cost of maintaining and operating a central stores organization for supplies and materials used either directly or indirectly for contracted programs.
- G. **Disbursing Service:** The cost of disbursing contract program funds by the Contractor's treasurer or other designated officer. Disbursing services cover the processing of checks or warrants from necessary records of accountability and reconciliation of such records with related cash accounts.
- H. **Electronic Data Processing:** The cost of data processing services to contracted program.
- I. **Employee Morale, Health and Welfare Costs:** The cost of health or first aid clinics and/or infirmaries, recreational facilities, employees' counseling services, employee information publications and any related expenses incurred in accordance with general State policy. Income generated from any of these activities will be offset against expenses.
- J. **Legal Expenses (Contract Administration):** The cost of legal expenses required in the administration of contract programs. NOTE: Three (3) bids are not required for legal services.
- K. **Management Studies:** The cost of management studies to improve the effectiveness and efficiency of management for ongoing programs subject to such prior authorization as may be required by the State.
- L. **Meetings and Conferences:** Costs when the primary purpose of the meeting is the dissemination of technical information relating to the contract program and are consistent with regular practices followed for the other activities of the Contractor.
- M. **Memberships, Subscriptions and Professional Activities:** The cost of membership in civic, business, technical and professional organizations provided the: (a) benefit from the membership is related to the contract program; (b) expenditure is for Contractor's membership; (c) cost of the membership is reasonably related to the value of the services or benefits received; (d) expenditure is not for the membership in an organization which devotes a substantial part of its activities to influencing legislation; and (e) single membership cost does not exceed \$100.00.
- N. **Payroll Preparation:** The cost of preparing payrolls and maintaining necessary related wage records.
- O. **Permits:** Licenses, permits and local government use fees are allowable.
- P. **Personnel Administration:** Costs for the recruitment, examination, certification, classification, training, establishment of pay standards and related activities for contract programs.

## **LINE ITEM BUDGET GUIDE for Cost Reimbursement Budgets**

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- Q. **Printing and Reproduction:** Costs for printing and reproduction services necessary for program administration including, but not limited to: forms, reports, manuals, information literature and such services which are in support of CDCR's contracted program.
- R. **Procurement Service:** The cost of procurement services including solicitation of bids, preparation and award of contracts and all phases of contract administration in providing goods and services for contract programs.
- S. **Taxes:** In general, taxes or payment in lieu of taxes which the Contractor is legally required to pay are allowable. In lieu taxes only relate to contracts with other governmental entities and then only if the governmental entity can show documentation (law or resolution) legally entitling the collection of in lieu tax. In lieu taxes do not apply to private profit and nonprofit organizations. *Payment of any type of income tax (federal, State or local) is not allowable.*
- T. **Transportation:** Costs incurred for freight, cartage, express, postage and other transportation costs relating either to goods purchased, delivered or moved from one location to another. When such allowable transportation costs occur in moving items from one of the Contractor's CDCR contracted facilities to another, the cost shall be charged against the receiving facility's contract.
- U. **Central Management Staff:** Costs associated for central management staff that are necessary and/or related to their management or corporation.

### **Unallowable Costs**

The following are unallowable costs that cannot be considered in the Budget Proposal:

- A. **Bad Debts** - Any losses arising from uncollectable accounts and related costs.
- B. **Contributions, Donations and Fundraisers** Contributions, Donations, and fundraisers, including any interest earned from fundraising, are allowable in nonprofit programs however, they are not allowable if they supplant program costs.
- C. **Entertainment** - Costs of amusements, social activities and incidental such as meals, beverages, lodgings, rentals, transportation and gratuities are not allowable, unless such activity is specifically required as part of the project scope.
- D. **Fines and Penalties** - Costs resulting from violations of or failure to comply with Federal, State and local laws and regulations.
- E. **Capital Expenditures** - The construction, remodel, renovation, alteration, improvement or repair costs of privately-owned property which would enhance the value of such property to the benefit of the owner unless requested by the State. If requested by the State, the capital expenditures must be detailed in the scope of work and the contractor or subcontractor must provide copies of invoices, receipts,

## **LINE ITEM BUDGET GUIDE for Cost Reimbursement Budgets**

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etc. to substantiate the cost of the improvements and to ensure the funds budgeted for the improvements are not a gift or misuse of State funds.

F. **Legal Expenses (Claims Against the State)** - The cost of legal expenses for the prosecution of claims against the State.

G. **Legislative Lobbying Costs** - Costs associated with lobbying activities.

H. **Bonus/Gift** - Costs associated with bonuses and/or other gifts.

|  |
|--|
| <b>DISCLAIMER</b>  |
| The California Department of Corrections and Rehabilitation acknowledges that there may be other allowable and unallowable project costs which are not listed in the Line Item Budget Guide. |
| All associated project costs incurred and claimed are subject to a fiscal audit.   |

### **Fiscal Audits**

CDCR or any duly authorized representative shall have access and the right to examine, audit, review, excerpt and transcribe any books, documents, papers or records of the Contractor and/or sub-contractor which in the opinion of the State may be related or pertinent to this agreement. Such material for each year of the contract must be retained for a period of three years after the termination of the contract or until an audit is completed by the State and all questions arising there from are resolved. An exception to the three-year status is when a contract audit is in dispute or litigation. In those instances, the time records are to be retained is extended.

Audits and reviews may be conducted at any time during the performance of the contract or during the three years following the completion of the contracting period. Actual costs incurred by the Contractor for expenses should be substantiated with appropriate source documentation. It is the Contractors responsibility to ensure that all expenditures claimed, including all subcontractor expenditures, are allowable costs associated in performing the contracted services as specified in the LIBG.

If expenditures are found to be unallowable, the Contractor's/subcontractors reimbursements may be recalculated and adjusted accordingly. Noncompliance with financial management guidelines set forth herein, may result in a disallowance of reported costs. A misappropriation of funds shall result in a disallowance of costs.

If the Contractor/subcontractor received payments that are determined to be unallowable, in addition to any other remedies the State may have, the State may withhold payments from the Contractor to recover these costs. In addition to any other remedies the State may have, the State reserves the option to collect any unallowable costs from the Contractor in monthly installments.

## **LINE ITEM BUDGET GUIDE for Cost Reimbursement Budgets**

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If disallowed or questionable costs are found, a draft report will be issued to the Contractor for review and comment. The Contractor will have 30 days to submit written comments and/or supply additional source documentation to the State for consideration in preparing the final report. The parties hereto mutually agree that the resolution of any issues pertaining to audits shall be resolved pursuant to Section 22090.7 of CDCR's Operations Manual.

### **SAMPLE Project Budget Proposal**

Attached is a SAMPLE Project Budget Proposal (**SAMPLE - Attachment 1**) which displays some of the allowable costs for a cost reimbursement budget. The project budget proposal displays five (5) separate budget categories (**A, B, C, D and E**) and indicates the line items within the budget category as shown below. The CDCR Accounting Office will pay invoices based on monies available in the overall category and not by line item amount.

- A. Total Personnel Costs**
  - Total Staff Salaries*
  - Total Staff Benefits*
- B. Sub-Contractors/Consultants Costs**
  - (identified by Bidder)*
- C. Total Operating Costs** 1/
  - Travel*
  - Facility Lease/Rent*
  - Maintenance/Repair*
  - Communications*
  - Utilities*
  - Insurance*
  - Supplies/Expendable Equipment*
  - Non-Expendable Equipment (per Exhibit AA)*
  - Household Supplies*
  - Food Costs*
  - Linen Services*
  - Interest*
  - Line Item Additions*
- D. Total Indirect Costs**
- E. Profit or Service Fee**

## LINE ITEM BUDGET GUIDE for Cost Reimbursement Budgets

### C. Total Operating Costs

*Any other associated operating cost applicable to the project is an allowable cost and may be added to the budget proposal as an additional expenditure under Total Operating Costs budget category.*

**Refer to paragraph entitled “Actual and Allowable Costs”, Paragraph 3, Operating Costs, subparagraph “n”, Line Item Additions**

### Establishing Monthly Salary Rates

A bidder may need to establish different monthly salary rates for personnel positions for a multi-year contract to reflect salary increases for the second and third fiscal year (FY) of the contract, as indicated below:

**Monthly Salary Rates:**    \$2510 (1st FY)        \$2625 (2nd FY)        \$2756 (3rd FY)

Considerations for a monthly salary increase should include:

- 4 cost of living adjustments (COLAs)
- 4 merit salary adjustments
- 4 anniversary increase

### Establishing a “Monthly Salary Range”

A bidder may establish a monthly salary range for:

- 4 a single staff position
- 4 multiple staff positions (with the same position title)

By establishing a monthly salary range, this allows personnel to have varying monthly salaries and the established rates shall be *inclusive* of any salary increases during a fiscal year. For a multi-year contract, a bidder may also establish different monthly salary ranges for each fiscal year. Establishing salary ranges will allow the Contractor to make salary adjustments *within the established range* during the contract term to accommodate unexpected personnel changes. The range must be realistic and conform to industry standards for each position.

The following displays a “**Monthly Salary Range**” by FY:

### Single Staff Position

## LINE ITEM BUDGET GUIDE for Cost Reimbursement Budgets

|                               |                          |
|-------------------------------|--------------------------|
| <b>Supervising Caseworker</b> | \$3125 - \$3280 (1st FY) |
|                               | \$3280 - \$3445 (2nd FY) |
|                               | \$3445 - \$3615 (3rd FY) |

| <b>Multiple Staff Positions</b> |                          |
|---------------------------------|--------------------------|
| <b>23 Caseworkers</b>           | \$2550 - \$2675 (1st FY) |
|                                 | \$2675 - \$2800 (2nd FY) |
|                                 | \$2800 - \$2940 (3rd FY) |

| <b>Invoicing for a Position's Budgeted Monthly Salary</b>  |
|--|
| Monthly salary increases over 15% of the high range, must have prior amendment approval before making commitment to staff. |

### Position's Time Base (Project Time indicated by % or Hours)

The CDCR Program Manager may determine a position's time base when developing a project budget proposal requirements for a competitive bid or may allow a bidder to indicate a position's time base. A position's time base is the project time (indicated by a % or hours) associated in performing contracted services.

**Project Time by a Percentage Range for Multiple Staff Positions:** The percentage of project time may be established by a bidder as a percentage range for multiple staff positions (as shown below) and the percentage range would indicate that one or more staff positions are providing services at a less than full-time basis:

**8 Counselors:** \$2450-\$2575 monthly salary @ 50%-100% = \$219,150 budget amount

|   |
|---|
| To compute the budgeted amount for the 8 Counselors, each position's monthly salary rate and time base vary for the FY:<br>1 @ \$2450 @ 50% = \$14,700<br>1 @ \$2450 @ 75% = \$22,050<br>2 @ \$2450 @ 100% = \$58,800<br>4 @ \$2575 @ 100% = \$123,600<br>A bidder would <u>not</u> need to display this application on the project budget proposal. However for invoicing purposes, the monthly salary paid to each staff person cannot be more than the established monthly salary rates and time base. |
|---|

**Project Time by Hours:** A bidder may indicate a position's project time base by the "number of hours" dedicated to the project during a fiscal year, however, this application would require the position's salary to be indicated as a "hourly salary rate" in order to compute the position's budgeted amount, as shown below:

## **LINE ITEM BUDGET GUIDE for Cost Reimbursement Budgets**

**Supervising Counselor:** \$18.50 hourly rate @ 2016 total hours = \$37,296

For multiple staff positions, the hourly rate may also be established as an hourly range, for example, 8 Counselors @ \$15.50 - \$17.25 hourly rate @ 11,400 total hours = budget amount (budget amount is based on each position's hourly rate and the number of hours projected for the project).

| <b>Invoicing for a Position's Budgeted Hourly Rate</b>  |
|---|
| Hourly rate increases over 15% of the high range, must have prior amendment approval before making commitment to staff. |

### **Personnel Positions**

CDCR Program Manager determines the "key staff" positions for a project budget proposal. Personnel positions identified in the project budget proposal are direct costs associated in performing the services required in the scope of the project.

A bidder may identify other staff positions necessary to fulfill the requirements of the contract.

**Temporary Help and Overtime Displayed:** A bidder may include separate position lines for temporary help and overtime as displayed below and also on the SAMPLE Project Budget Proposal (refer to Attachment 1).

Please note that the budgeted salary and project time base may be indicated as "**various**" since these are unknown factors during the development of a project budget proposal. Overtime may reflect any of the personnel positions listed.

| <b>A. PERSONNEL</b> | <b>No. of Positions</b> | <b>Monthly Salary</b> | <b>% of Project Time</b> | <b>No. of Months</b> |
|---------------------|-------------------------|-----------------------|--------------------------|----------------------|
| Overtime            | N/A                     | Various               | Various                  | N/A                  |
| Temporary Help      | N/A                     | Various               | Various                  | N/A                  |

### **Costs Displayed for Budget Categories and Line Items**

- ◆ Budget category budgeted amounts must be displayed in "dollars".
- ◆ Monthly salary rates must be displayed in "dollars".
- ◆ Hourly rates may be displayed in dollars and cents. If hourly rates are displayed, the project time base must indicate the total "number of hours" (*not indicated by percentage of time*) for the fiscal year for calculation purposes. Example: Position @ \$25.75 hourly @ 1920 hours = \$49,440 budget amount.
- ◆ Non-expendable equipment items must be listed and the method of charge identified as indicated on the SAMPLE Project Budget Proposal (**Attachment 1, Exhibit AA**).



# LINE ITEM BUDGET GUIDE for Cost Reimbursement Budgets

|                                    |
|------------------------------------|
| <b>Guidance to Contractors</b>     |
| <b>Budget Amendment Guidelines</b> |
| <b>Budget Transfer Requests</b>    |

The following pages provide guidance to Contractors in the areas of:

- ◆ definition of an amendment
- ◆ when a formal amendment is required
- ◆ budget transfer request process
- ◆ use of salary savings
- ◆ duties performed for a vacant position
- ◆ salary rate increases
- ◆ budgeted positions
- ◆ new budget line items
- ◆ monthly invoice for contract expenditures
- ◆ **Two Amended Project Budgets for FY 02/03**  
Refer to **SAMPLES:**     **Attachment 1-A (first budget amendment)**  
                                  **Attachment 1-B (second budget amendment)**

|                          |
|--------------------------|
| <b>Amendment Defined</b> |
|--------------------------|

An amendment is a formal modification to an executed contract.

|                           |
|---------------------------|
| <b>Amendment Required</b> |
|---------------------------|

An amendment **is required** for any **one** of the following changes to an executed contract:

- ◆ change in the scope of work ;
- ◆ change in contract term;
- ◆ increase or decrease in total funding for any one fiscal year;
- ◆ Salary increases over 15% of the budgeted high salary range;
- ◆ Increase in the total Personnel category greater than 15%;
- ◆ addition of new budgeted positions that have a significant impact on contracted services or contract deliverables and require duties and/or qualifications to be identified in the scope of the project;
- ◆ change in budgeted positions duties or qualifications (if duties are, or should be, identified in the scope of the project).

## LINE ITEM BUDGET GUIDE for Cost Reimbursement Budgets

### **Budget Transfer Requests**

A Budget Transfer Request (BTR) is an informal document used by the Contractor to indicate budget transfer costs of existing project funds without the need to process a formal amendment. The BTR is only used when there is no increase in the funding level or no change in the scope of the project. The BTR enables the Contractor to adjust the line item budget to reflect actual expenditures. The Line Item Budget Guide includes a copy of the BTR form and instructions for completing the form (Attachment 1-D, 3 pages). Additional copies may be requested from the CDCR Program Manager.

The following identifies the types of budget transfers that are allowable under the BTR process. If necessary, allowable transfers may be accomplished by transferring funds across the established categories. Transfers either within or across categories, and up to 15% of original bid per fiscal year, will be allowed each fiscal year without submitting an immediate BTR. For audit purposes, the Contractor shall maintain documentation.

Each fiscal year, at the end of each quarter, the Contractor will reconcile their budgets with CDCR. The 15% is cumulative for each fiscal year budget. All transfers, which exceed 15%, excluding personnel, must be documented on the BTR form and must be approved by the CDCR Section Chief of the Program. The CDCR Accounting Office will pay invoices based on monies available in the overall category and not by line item amount.

Transfers moving funds into the Indirect Cost category require a revised CAP showing the increased indirect cost rate. At no time shall funds be transferred into the Profit or Service Fee category if it exceeds the fee percentage established at bid time.

#### THE FOLLOWING ACTIONS REQUIRE AN IMMEDIATE BTR AND PRIOR APPROVAL FROM CDCR'S SECTION CHIEF OF THE PROGRAM:

- adjusting budgeted costs across the established budget categories greater than 15% of original total for that category. (e.g., operating costs; subcontractor/consultant costs, etc., but excluding Personnel category).
- addition of new line item(s) in any one of the budget categories.
- benefit increases for the following **documented** circumstances **only**: 1) increase in employee health care or workers' compensation costs; 2) increase in social security or unemployment insurance costs; or 3) increase in employee payroll taxes. Documentation showing proof of increased costs must be provided (i.e., tax documents, invoices, etc.);
- addition of new budgeted positions that do not have a significant impact on contracted services or contract deliverables and do not require duties and/or qualifications to be identified in the scope of the project;
- increase in a budgeted position's time base (e.g., from 50% to 75%, etc.).

## **LINE ITEM BUDGET GUIDE for Cost Reimbursement Budgets**

Prior written approval for any type of transfer or change not identified above must be requested from the Deputy Director or Assistant Director of the Program. If the request is approved, the Contractor will be given notification to process a BTR or amendment for the requested transfer or change.

### **BTR Approval Process**

**Cost Reimbursement Budgets:** The Contractor shall submit a BTR, once each quarter to reconcile any movement of funds, which did not require the submittal of an immediate BTR. Within 15 business days after the end of each quarter, the Contractor will submit their quarterly BTR to the Program Manager, reflecting budget transfer costs of existing project funds, provide justification and supporting documentation (if applicable) for each budget transfer, and submit a revised budget for the affected fiscal years. The justification/documentation memorandum must accompany the BTR and be signed by the Contractor's Director. All BTRs are subject to approval by the Section Chief of the program administering the contract. **If no movement of funds occurred during any quarter, the Contractor will indicate this on their last monthly invoice for that quarter.**

**Office of Business Services (OBS) and CDCR's Accounting Office Process:** CDCR Program Managers must submit a copy of all approved BTRs, along with a revised budget, to the CDCR Accounting Office and OBS. OBS will review all BTRs and revised budgets to ensure that they are in accordance with the guidelines. Any BTR approved that is determined inappropriate will be noted and directed to the Fiscal and Business Management Audits Unit (FBMAU) for audit exceptions. For any BTRs approved that should have been processed as a formal amendment, OBS will notify the CDCR Accounting Office to stop payment until an amendment has been processed and approved. OBS will notify the CDCR Program Manager of any BTR that has been forwarded to the FBMAU or when Accounting has been notified to stop payment. The Accounting Office will not pay invoices exceeding the budgeted category amounts until an approved BTR and revised budget have been received from the CDCR Program Manager. The Accounting Office will only pay invoices for categories that are reflected in the current approved line item budget that have sufficient funds. All BTRs and revised budgets will be maintained in the contract file.

BTRs are effective for the entire fiscal year of request. BTRs for the last quarter of any given fiscal year, or upon term end of contract, must be received by CDCR's Accounting Office and OBS (after program review and approval) no later than 90 days after the fiscal year end. BTRs received after 90 days of the fiscal year end must be accompanied by a late justification memorandum approved by the Deputy Director or Assistant Director of the Program.

### **Use of Salary Savings**

Salary savings may be transferred from the personnel costs budget category or be utilized within personnel costs.

## LINE ITEM BUDGET GUIDE for Cost Reimbursement Budgets

### Monthly Invoices

Monthly invoices for salary costs of vacant positions cannot be reimbursed, or claimed, for personnel services not rendered during the “vacancy period”.

### Audit Finding

If the use of salary savings is determined as an audit finding, the associated costs claimed will be disallowed.

**CDCR will recover costs claimed.**

### Duties Performed for a Vacant Position

A vacant position’s duties may be temporarily performed:

- ◆ by an existing position whose time base is currently less than 100% (*e.g., time base of 75% increased to 100% and the existing position’s budgeted amount would also increase by transferring costs from the vacant position*); or
- ◆ by allowing existing staff to work overtime; or
- ◆ by employing temporary help.

### Salary Rate Increases

Salary increases ***not included in the budget at the time of bid*** will only be allowed during the term of the contract under the following conditions:

- ◆ the CDCR Program Manager increases contract responsibilities which in turn results in increased responsibilities of the established budgeted positions; or
- ◆ the Contractor increases the responsibilities of a budgeted position; or
- ◆ the project is legislatively approved for cost of living adjustments; or
- ◆ Contractor experiences documented recruitment or retention problems.

Salary increases over 15% of the high range, other than those included in the budget at the time of bid, must have ***prior*** amendment approval before making commitments to staff.

### Budgeted Positions

- An employee’s percentage of time worked may increase (e.g., from 75% to 100%) when performing additional duties.

## LINE ITEM BUDGET GUIDE for Cost Reimbursement Budgets

- The number of established budgeted positions may increase (e.g., from 3.5 to 5 full time employee positions) due to an increase in the quantity of services.

### New Budget Line Items

- New positions, excluding temporary help, may be added to a project budget during the contract amendment process due to a change in the scope of work. A new position's salary range, percentage of time and number of months must be shown on the project budget. Example: Position at 100% time for 7 months with a monthly salary range of \$1,800 - \$2,000. A new position's salary range must be in line with the established salaries identified in the project budget.
- Additional budget line items and associated costs may be added by an amendment to reflect the actual increased costs associated with providing services.
- Contractor is allowed to add new line items by utilizing existing fund within each FY budget with out the need to process an amendment.

### Monthly Invoices

**Cost Reimbursement Budget** - The Contractor may use the CDCR's monthly invoice form entitled "**Monthly Invoice for Contract Expenditures**" *or may develop a similar monthly invoice form*. If a Contractor elects to develop their own monthly invoice, the monthly invoice **must include** the same data information and associated costs as indicated on CDCR's monthly invoice. The CDCR Accounting Office will pay invoices based on monies available in the overall category and not by line item amount.

The Line Item Budget Guide includes a copy of CDCR's monthly invoice for a cost reimbursement budget, including instructions for completion.

3/98 Revision removed M/WBE and CAMB refs  
1/99 Revision delegated approval process to Program  
2/00 Revision added back the service fee for non-profits/misc. clarifications  
2/00 Revision included Mgr Review revisions  
4/00 Recreate document, system lost  
9/00 Revision to reflect payment by budget category amount rather than by line item amount.

(SEE END OF FULL DOCUMENT)

**CONTRACTOR:**

California Department of Corrections and Rehabilitation (CDCR)

Exhibit B-2

BUDGET PROPOSAL  
2007/2008  
July 1, 2007 through June 30, 2008

| A. PERSONNEL   | No. of Positions | Monthly Salary Range               | Monthly Salary | % of Project Time | No. of Months | Total |
|--|------------------|------------------------------------|----------------|-------------------|---------------|-------|
| Program Director/Center Manager                                    |                  | \$ - \$                            |                |                   | 12 months     | \$ -  |
| Supervising Counselor  |                  | \$ - \$                            |                |                   | 12 months     | \$ -  |
| Journey Level Counselor  |                  | \$ - \$                            |                |                   | 12 months     | \$ -  |
| Entry Level Counselor  |                  | \$ - \$                            |                |                   | 12 months     | \$ -  |
| Job Developer  |                  | \$ - \$                            |                |                   | 12 months     | \$ -  |
| Secretary/Admin. Asst.   |                  | \$ - \$                            |                |                   | 12 months     | \$ -  |
|  |                  | \$ - \$                            |                |                   | 12 months     | \$ -  |
|  |                  | \$ - \$                            |                |                   | 12 months     | \$ -  |
|  |                  | \$ - \$                            |                |                   | 12 months     | \$ -  |
|  |                  | \$ - \$                            |                |                   | 12 months     | \$ -  |
|  |                  | \$ - \$                            |                |                   | 12 months     | \$ -  |
|  |                  | \$ - \$                            |                |                   | 12 months     | \$ -  |
|  |                  | \$ - \$                            |                |                   | 12 months     | \$ -  |
| <b>TEMPORARY HELP</b>  | N/A              | Various                            | Various        | Various           | N/A           | \$    |
| <b>OVERTIME</b>  | N/A              | Various                            | Various        | Various           | N/A           | \$    |
| <b>Total Staff Salaries</b>  |                  |                                    |                |                   |               | \$ -  |
| <b>Average Total Staff Benefits as a percentage</b>                |                  |                                    |                |                   |               | \$ -  |
| <b>TOTAL PERSONNEL COSTS (A)</b>                                   |                  |                                    |                |                   |               | \$ -  |
| <b>B. SUB-CONTRACTORS/CONSULTANTS COSTS (list firms and costs)</b> |                  |                                    |                |                   |               |       |
|  | (enter amt)      |                                    |                |                   |               | \$ -  |
|  | (enter amt)      |                                    |                |                   |               | \$ -  |
|  | (enter amt)      |                                    |                |                   |               | \$ -  |
|  | (enter amt)      |                                    |                |                   |               | \$ -  |
|  | (enter amt)      |                                    |                |                   |               | \$ -  |
| <b>TOTAL SUB-CONTRACTORS/CONSULTANT COSTS (B)</b>                  |                  |                                    |                |                   |               | \$ -  |
| <b>C. OPERATING COSTS</b>  |                  |                                    |                |                   |               |       |
| Facility Lease/Rent  |                  |                                    |                |                   |               | \$    |
| Food Costs   |                  |                                    |                |                   |               | \$    |
| Communications   |                  |                                    |                |                   |               | \$    |
| Utilities  |                  |                                    |                |                   |               | \$    |
| Travel   |                  |                                    |                |                   |               | \$    |
| Training   |                  |                                    |                |                   |               | \$    |
| Insurance  |                  |                                    |                |                   |               | \$    |
| Office, Program & Household Supplies                               |                  |                                    |                |                   |               | \$    |
| Non-Expendable Equipment (per Exhibit B3)                          |                  |                                    |                |                   |               | \$    |
| Client Needs   |                  |                                    |                |                   |               | \$    |
| <b>Line Item Additions:</b>  |                  |                                    |                |                   |               | \$    |
|  |                  |                                    |                |                   |               | \$    |
|  |                  |                                    |                |                   |               | \$    |
|  |                  |                                    |                |                   |               | \$    |
|  |                  |                                    |                |                   |               | \$    |
|  |                  |                                    |                |                   |               | \$    |
|  |                  |                                    |                |                   |               | \$    |
| <b>TOTAL OPERATING COSTS (C)</b>                                   |                  |                                    |                |                   |               | \$ -  |
| <b>SUBTOTAL ANNUAL DIRECT EXPENSES (A+B+C)</b>                     |                  |                                    |                |                   |               | \$ -  |
| <b>D. TOTAL INDIRECT COSTS</b>                                     |                  | of Subtotal Annual Direct Expenses |                |                   |               | \$ -  |
| <b>E. PROFIT/SERVICE FEE</b>                                       |                  | of Subtotal Annual Direct Expenses |                |                   |               | \$ -  |
| <b>TOTAL BUDGET FOR FISCAL YEAR 2007/08 (A+B+C+D+E)</b>            |                  |                                    |                |                   |               | \$ -  |

### NON-EXPENDABLE EQUIPMENT

List all types of non-expendable equipment to be utilized with this project. Budgeted costs for non-expendable equipment reflect payment made per month during the term of the contract. Attach additional sheets if necessary.

| EQUIPMENT ITEM<br>and<br>SERIAL NUMBER              | RENT COST<br>or<br>LEASE COST<br><br>(indicate monthly cost<br>paid per month)  | DEPRECIATION<br><br>(if straight line method is not used,<br>support justification indicating the<br>depreciation method used<br>must be submitted) |
|---|---|---|
| <p>3 computers<br/>#56388<br/>#32511<br/>#70233</p> | <p>Rent Cost:<br/>\$ _____ per month<br/><br/>Lease Cost:<br/>\$125.00 per month<br/>(\$125 x 36 months = \$4500)</p> | <p>Acquisition Cost: \$ _____<br/>Useful Life: ____ years<br/>Depreciation Cost:<br/>\$ _____ per month</p>   |
| <p>laserwriter (printer)<br/>#8390482</p>           | <p>Rent Cost:<br/>\$ _____ per month<br/><br/>Lease Cost:<br/>\$ _____ per month</p>                                  | <p>Acquisition Cost: \$1,500<br/>Useful Life: 6 years<br/>Depreciation Cost:<br/>\$21.00 per month<br/>(\$21 x 36 months = \$756)</p>               |
| <p>facsimile<br/>#4245</p>                          | <p>Rent Cost:<br/>\$35.00 per month<br/>(\$35 x 36 months = \$1260)<br/><br/>Lease Cost:<br/>\$ _____ per month</p>   | <p>Acquisition Cost: \$ _____<br/>Useful Life: ____ years<br/>Depreciation Cost:<br/>\$ _____ per month</p>   |
| <p>photocopier<br/>#1965912</p>                     | <p>Rent Cost:<br/>\$ _____ per month<br/><br/>Lease Cost:<br/>\$ _____ per month</p>                                  | <p>Acquisition Cost: \$6,500<br/>Useful Life: 6 years<br/>Depreciation Cost:<br/>\$90.00 per month<br/>(\$90 x 36 months = \$3240)</p>              |
|   | <p>Rent Cost:<br/>\$ _____ per month<br/><br/>Lease Cost:<br/>\$ _____ per month</p>                                  | <p>Acquisition Cost: \$ _____<br/>Useful Life: ____ years<br/>Depreciation Cost:<br/>\$ _____ per month</p>   |

**SAMPLE - ATTACHMENT 1-A**

**Contractors Name**  
March 28, 2007 (REV)

**AMENDED PROJECT BUDGET  
Residential Service Center  
Fiscal Year 02/03 (effective September 1, 2002)**

**Exhibit A.1  
P02.2007  
Amendment 1**

| <b>A. PERSONNEL</b>   | <b>No. of Positions</b> | <b>Monthly Salary</b> | <b>% of Project Time</b> | <b>No. of Months</b> | <b>Original Amount</b> | <b>Adjustment</b> | <b>Total Amount</b> |
|---|-------------------------|-----------------------|--------------------------|----------------------|------------------------|-------------------|---------------------|
| Facility Director   | 1                       | \$4375                | 100%                     | 12 months            |                        |                   |                     |
| Secretary   | 1                       | \$1725                | 80%                      | 12 months            |                        |                   |                     |
| Casework Supervisor   | 1                       | \$2040-2100           | 100%                     | 12 months            |                        |                   |                     |
| Caseworkers   | 3.5                     | \$1880-1950           | 50-100%                  | 12 months            |                        |                   |                     |
|   | .5                      | \$1950                | 100%                     | 9 months             |                        |                   |                     |
| Monitors  | 5.5                     | \$1425-1495           | 50-100%                  | 12 months            |                        |                   |                     |
| Job Developer   | 1                       | \$1945                | 100%                     | 12 months            |                        |                   |                     |
| Cook  | 1                       | \$1340                | 50%                      | 12 months            |                        |                   |                     |
| Overtime  | N/A                     | Various               | Various                  | N/A                  |                        |                   |                     |
| Temporary Help  | N/A                     | Various               | Various                  | N/A                  |                        |                   |                     |
| <b>Total Staff Salaries</b>   |                         |                       |                          |                      | \$309,870              | \$ 8,775          | \$318,645           |
| <b>Total Staff Benefits (25% of Total Staff Salaries)</b>               |                         |                       |                          |                      | \$ 77,467              | \$ 2,194          | \$ 79,661           |
| <b>TOTAL PERSONNEL COSTS (A)</b>  |                         |                       |                          |                      | \$387,337              | \$ 10,969         | \$398,306           |
| <b>B. SUB-CONTRACTORS/CONSULTANTS COSTS</b>                             |                         |                       |                          |                      |                        |                   |                     |
| Intern Medical Group \$950 per month                                    |                         |                       |                          |                      | \$ 11,400              |                   | \$ 11,400           |
| Davis Associates \$640 per month  |                         |                       |                          |                      | \$ 7,680               |                   | \$ 7,680            |
| <b>TOTAL SUB-CONTRACTORS/CONSULTANTS COSTS (B)</b>                      |                         |                       |                          |                      | \$ 19,080              |                   | \$ 19,080           |
| <b>C. OPERATING COSTS</b>   |                         |                       |                          |                      |                        |                   |                     |
| Travel  |                         |                       |                          |                      | \$ 2,500               | \$ 1,000          | \$ 3,500            |
| Facility Lease/Rent   |                         |                       |                          |                      | \$118,000              |                   | \$118,000           |
| Maintenance/Repair  |                         |                       |                          |                      | \$ 6,800               | \$ 1,200          | \$ 8,000            |
| Communications  |                         |                       |                          |                      | \$ 2,800               | \$ 950            | \$ 3,750            |
| Utilities   |                         |                       |                          |                      | \$ 13,950              | \$ (500)          | \$ 13,450           |
| Insurance   |                         |                       |                          |                      | \$ 9,600               | \$ (600)          | \$ 9,000            |
| Supplies/Expendable Equipment   |                         |                       |                          |                      | \$ 5,000               | \$ 2,500          | \$ 7,500            |
| Non-Expendable Equipment (per Exhibit AA)                               |                         |                       |                          |                      | \$ 3,250               |                   | \$ 3,250            |
| Household Supplies  |                         |                       |                          |                      | \$ 3,100               | \$ 1,500          | \$ 4,600            |
| Food Costs  |                         |                       |                          |                      | \$129,000              | \$ 30,000         | \$159,000           |
| Linen Services  |                         |                       |                          |                      | \$ 5,000               | \$ 1,500          | \$ 6,500            |
| <b>TOTAL OPERATING COSTS (C)</b>  |                         |                       |                          |                      | \$299,000              | \$ 37,550         | \$336,550           |
| <b>SUBTOTAL ANNUAL DIRECT EXPENSES (A+B+C)</b>                          |                         |                       |                          |                      | \$705,417              | \$ 48,519         | \$753,936           |
| <b>D. TOTAL INDIRECT COSTS (15% of Subtotal Annual Direct Expenses)</b> |                         |                       |                          |                      | \$105,813              | \$ 7,278          | \$113,091           |
| <b>E. PROFIT or SERVICE FEE (2% of Subtotal Annual Direct Expenses)</b> |                         |                       |                          |                      | \$ 14,108              | \$ 970            | \$ 15,078           |
| <b>TOTAL BUDGET FOR FISCAL YEAR 02/03 (A+B+C+D+E)</b>                   |                         |                       |                          |                      | <b>\$825,338</b>       | <b>\$ 56,767</b>  | <b>\$882,105</b>    |
| <b>TOTAL BUDGET AMOUNTS:</b>  |                         |                       |                          |                      |                        |                   |                     |
|   |                         |                       |                          |                      | FY 02/03 = \$ 782,090  |                   |                     |
|   |                         |                       |                          |                      | FY 03/04 = \$ 806,339  |                   |                     |
|   |                         |                       |                          |                      | FY 04/05 = \$ 882,105  |                   |                     |
| <b>TOTAL BUDGET FOR ALL FISCAL YEAR TOTALS = \$2,470,534</b>            |                         |                       |                          |                      |                        |                   |                     |



**SAMPLE - ATTACHMENT 1-B**

**Contractors Name**  
March 28, 2007 (REV)

**AMENDED PROJECT BUDGET**  
**Residential Service Center**  
**Fiscal Year 02/03 (effective December 1, 2002)**

**Exhibit A.1**  
**P02.2007**  
**Amendment 2**

| <b>A. PERSONNEL</b>   | <b>No. of Positions</b> | <b>Monthly Salary</b> | <b>% of Project Time</b> | <b>No. of Months</b> | <b>Prior Amendment Amount</b> | <b>Adjustment</b> | <b>Total Amount</b> |
|---|-------------------------|-----------------------|--------------------------|----------------------|-------------------------------|-------------------|---------------------|
| Facility Director   | 1                       | \$4375                | 100%                     | 12 months            |                               |                   |                     |
| Secretary   | 1                       | \$1725                | 80%                      | 12 months            |                               |                   |                     |
| Casework Supervisor   | 1                       | \$2040-2100           | 100%                     | 12 months            |                               |                   |                     |
| Caseworkers   | 3.5                     | \$1880-1950           | 50-100%                  | 12 months            |                               |                   |                     |
|   | .5                      | \$1950                | 100%                     | 9 months             |                               |                   |                     |
| Monitors  | 5.5                     | \$1425-1495           | 50-100%                  | 12 months            |                               |                   |                     |
| Job Developer   | 1                       | \$1945                | 100%                     | 12 months            |                               |                   |                     |
| Counselor   | 1                       | \$45 hrly             | 560hrs                   | N/A                  |                               |                   |                     |
| Cook  | 1                       | \$1340                | 50%                      | 12 months            |                               |                   |                     |
| Overtime  | N/A                     | Various               | Various                  | N/A                  |                               |                   |                     |
| Temporary Help  | N/A                     | Various               | Various                  | N/A                  |                               |                   |                     |
| <b>Total Staff Salaries</b>   |                         |                       |                          |                      | \$318,645                     | \$ 25,200         | \$343,845           |
| <b>Total Staff Benefits (25% of Total Staff Salaries)</b>               |                         |                       |                          |                      | \$ 79,661                     | \$ 6,300          | \$ 85,961           |
| <b>TOTAL PERSONNEL COSTS (A)</b>  |                         |                       |                          |                      | \$398,306                     | \$ 31,500         | \$429,806           |
| <b>B. SUB-CONTRACTORS/CONSULTANTS COSTS</b>                             |                         |                       |                          |                      |                               |                   |                     |
| Intern Medical Group \$950 per month                                    |                         |                       |                          |                      | \$ 11,400                     |                   | \$ 11,400           |
| Davis Associates \$640 per month  |                         |                       |                          |                      | \$ 7,680                      |                   | \$ 7,680            |
| <b>TOTAL SUB-CONTRACTORS/CONSULTANTS COSTS (B)</b>                      |                         |                       |                          |                      | \$ 19,080                     |                   | \$ 19,080           |
| <b>C. OPERATING COSTS</b>   |                         |                       |                          |                      |                               |                   |                     |
| Travel  |                         |                       |                          |                      | \$ 3,500                      |                   | \$ 3,500            |
| Facility Lease/Rent   |                         |                       |                          |                      | \$118,000                     |                   | \$118,000           |
| Maintenance/Repair  |                         |                       |                          |                      | \$ 8,000                      |                   | \$ 8,000            |
| Communications  |                         |                       |                          |                      | \$ 3,750                      | \$ 500            | \$ 4,250            |
| Utilities   |                         |                       |                          |                      | \$ 13,450                     |                   | \$ 13,450           |
| Insurance   |                         |                       |                          |                      | \$ 9,000                      |                   | \$ 9,000            |
| Supplies/Expendable Equipment   |                         |                       |                          |                      | \$ 7,500                      | \$ 1,000          | \$ 8,500            |
| Non-Expendable Equipment (per Exhibit AA)                               |                         |                       |                          |                      | \$ 3,250                      |                   | \$ 3,250            |
| Household Supplies  |                         |                       |                          |                      | \$ 4,600                      | \$ 1,500          | \$ 6,100            |
| Food Costs  |                         |                       |                          |                      | \$159,000                     |                   | \$159,000           |
| Linen Services  |                         |                       |                          |                      | \$ 6,500                      |                   | \$ 6,500            |
| <b>TOTAL OPERATING COSTS (C)</b>  |                         |                       |                          |                      | \$336,550                     | \$ 3,000          | \$339,550           |
| <b>SUBTOTAL ANNUAL DIRECT EXPENSES (A+B+C)</b>                          |                         |                       |                          |                      | \$753,936                     | \$ 34,500         | \$788,436           |
| <b>D. TOTAL INDIRECT COSTS (15% of Subtotal Annual Direct Expenses)</b> |                         |                       |                          |                      | \$113,091                     | \$ 5,175          | \$118,266           |
| <b>E. PROFIT/SERVICE FEE (2% of Subtotal Annual Direct Expenses)</b>    |                         |                       |                          |                      | \$ 15,078                     | \$ 690            | \$ 15,768           |
| <b>TOTAL BUDGET FOR FISCAL YEAR 02/03 (A+B+C+D+E)</b>                   |                         |                       |                          |                      | <b>\$882,105</b>              | <b>\$ 40,365</b>  | <b>\$922,470</b>    |
| <b>TOTAL BUDGET AMOUNTS:</b>  |                         |                       |                          |                      |                               |                   |                     |
|   |                         |                       |                          |                      | FY 02/03 = \$ 782,090         |                   |                     |
|   |                         |                       |                          |                      | FY 03/04 = \$ 806,339         |                   |                     |
|   |                         |                       |                          |                      | FY 04/05 = \$ 922,470         |                   |                     |
| <b>TOTAL BUDGET FOR ALL FISCAL YEAR TOTALS = \$2,510,899</b>            |                         |                       |                          |                      |                               |                   |                     |



## **DIRECT AND INDIRECT COSTS**

### **INTRODUCTION**

In an organization with multiple programs and contracts, all costs can be divided into two different types: direct and indirect. Direct costs are those, which are clearly and easily attributable to a specific program. Adding up most of your direct costs is easy. If you have a child and family counseling program, for instance, the salaries and benefits paid to your counselors are direct expenses. No one will argue with that allocation decision.

But what about rent and utility costs for the counseling office?

If the space is used solely for counseling – not shared with another program – you probably have a good argument that these costs are direct expenses. You can calculate the square footage of the counseling offices, divide that number by the total square footage of all the office space needed by your organization – space used by management, accounting and other programs - and get a percentage of your total rent and utility costs that can be allocated to the direct cost of the counseling program.

But if the space is shared with other programs or used for other functions some of the time, a straight percentage may not be possible to derive.

### **SO WHAT ARE INDIRECT COSTS?**

Sometimes called overhead, indirect expenses are general costs that cannot be easily assigned or allocated to a program based on some formula or timekeeping effort.

Simply put, if you add up all the expenses that can be directly attributed to programs and subtract that figure from your total expenses, what you have left over are your indirect expenses.

If the organization provides only one program, it's a simple matter. All your indirect costs will be allocated to that program. But if you provide more than one service, you'll need to determine how to assign indirect expenses to each program. In other words, you'll need to calculate your indirect cost rate.

### **HOW DO I CALCULATE AN INDIRECT COST RATE?**

The indirect cost rate is calculated by adding up your total direct program costs and dividing that figure by your total organization's direct costs. Multiply this figure against total indirect costs to arrive at the program's share of indirect costs.

Another way to illustrate this is through the following algebraic formula (Direct Program Costs/Total Organizational Direct Costs X Total Indirect Costs = Program's Share of Indirect Costs).

There are several measures used to determine the proportion of indirect costs to allocate/charge/apply to each program. Two of the more familiar and generally accepted methods for developing the cost allocation are:

1. The ratio of the program's or contract's total direct costs to the contractor's organization-wide total direct costs (Total Direct Program Costs/Total Direct Organizational Costs X 100 = Percentage of Indirect Costs to Allocate to the Program).
2. The ratio of the program's or contract's direct charged salaries and wages to the Contractor's organization-wide salaries and wages, excluding the administrative salaries and wages (Total Direct Program Salaries and Wages/Total Direct Organizational Salaries and Wages X 100 = Percentage of Indirect Costs to Allocate to the Program).

This can be best explained through an example of an Indirect Cost Allocation Plan submitted by a contractor with multiple programs (refer to Attachment 1-C).

The contractor may develop an allocation plan based on another operational or statistical basis. However, the method must be approved by the California Department of Corrections and Rehabilitation (CDCR), Policy and Evaluation Division (PED), Fiscal and Business Management Audits Unit (FBMAU).

### **WHY IS THIS IMPORTANT?**

It is to the contractor's advantage, of course, to allocate every expense possible as a direct program cost. Although indirect costs are necessary and unavoidable, many contractors are reluctant to include indirect costs in their budget cost allocation plans. At all times, the contractor must be able to explain their rationale for assigning any indirect expenses to a program or contract.

### **FEDERAL INDIRECT COST**

Bidder's that have established indirect cost rates with the Federal Government, may use their approved Federal CAP for State purposes. However, the State may disallow items that are allowable under their Federal plan.

**EXPLANATION OF ATTACHMENT 1-C**  
**SAMPLE INDIRECT COST ALLOCATION PLAN FOR MULTIPLE PROGRAMS**

In this example, the contractor has contracts with five separate programs. The contractor operates two state programs, one of which are the CDCR contract, two county programs and a federal program.

**\$10,000,000 in direct costs can be directly attributed to the five programs. An additional \$800,000 of direct costs can not be directly attributed to any specific program; however, the costs are necessary for the general operation and activities of the organization. In other words, \$800,000 of direct costs are indirectly related to the operation of the five programs; hence, the term “indirect costs.”**

How should the \$800,000 be allocated? One generally accepted method for allocating indirect costs is to determine the ratio of the programs or contract’s total direct costs to the contractor’s organization-wide total of direct costs. The \$800,000 would be allocated as follows for the 5 programs:

|                    |  |             |                  |
|--------------------|--|-------------|------------------|
| 1. CDCR Contract:  | $(1,600,000/10,000,000 * \$800,000) = (.16 * \$800,000) = \$128,000$ |             |                  |
| 2. State Program   | $(1,800,000/10,000,000 * \$800,000) = (.18 * \$800,000) = \$144,000$ |             |                  |
| 3. County Program  | $(2,000,000/10,000,000 * \$800,000) = (.20 * \$800,000) = \$160,000$ |             |                  |
| 4. County Program  | $(2,400,000/10,000,000 * \$800,000) = (.24 * \$800,000) = \$192,000$ |             |                  |
| 5. Federal Program | $(2,200,000/10,000,000 * \$800,000) = (.22 * \$800,000) = \$176,000$ |             |                  |
| Totals             | <u>\$10,000,000</u>  | <u>100%</u> | <u>\$800,000</u> |

The above example shows the CDCR contract being charged \$128,000 (16 percent) of the total \$800,000 in indirect costs, based upon the direct cost allocation method.

The contractor may develop an indirect cost allocation plan based upon another operational or statistical basis. Another common method for developing the indirect cost allocation ratio is to take the ratio of the programs or contract’s direct salaries and wages to the contractors total direct organization wide salaries and wages. Total direct salaries and wages for the five programs equals \$5,000,000. The \$800,000 of indirect costs would be allocated as follows for the 5 programs using the direct salaries and wages allocation method:

|                    |  |             |                  |
|--------------------|--|-------------|------------------|
| 1. CDCR Contract:  | $( 900,000/5,000,000 * \$800,000) = (.18 * \$800,000) = \$144,000$ |             |                  |
| 2. State Program   | $( 950,000/5,000,000 * \$800,000) = (.19 * \$800,000) = $152,000$  |             |                  |
| 3. County Program  | $(1,000,000/5,000,000 * \$800,000) = (.20 * \$800,000) = $160,000$ |             |                  |
| 4. County Program  | $(1,100,000/5,000,000 * \$800,000) = (.22 * \$800,000) = $176,000$ |             |                  |
| 5. Federal Program | $(1,050,000/5,000,000 * \$800,000) = (.21 * \$800,000) = $168,000$ |             |                  |
| Totals             | <u>\$5,000,000</u>   | <u>100%</u> | <u>\$800,000</u> |

The above example shows the CDCR contract being charged \$144,000 (18 percent) of the total \$800,000 in indirect costs, based upon the direct salaries and wages allocation method.

**SAMPLE INDIRECT COST ALLOCATION PLAN - FOR MULTIPLE PROGRAMS**

| Elements of Cost  | Total Contractor Costs   |                         |                         |                          |                          |                           |  |
|---|--------------------------|-------------------------|-------------------------|--------------------------|--------------------------|---------------------------|--|
|   | Indirect Cost            | Direct Cost             |                         |                          |                          |                           | Total Direct Contractor Operational Cost (G) |
|   | General Admin. Costs (A) | CDCR Contract Costs (B) | State Program Costs (C) | County Program Costs (D) | County Program Costs (E) | Federal Program Costs (F) |  |
| Salaries and Wages  | \$ 400,000               | \$ 900,000              | \$ 950,000              | \$ 1,000,000             | \$ 1,100,000             | \$ 1,050,000              | \$ 5,000,000                                 |
| <u>Benefits</u>   |                          |                         |                         |                          |                          |                           |  |
| Federal Income Tax  |                          |                         |                         |                          |                          |                           |  |
| State Income Tax  |                          |                         |                         |                          |                          |                           |  |
| Unemployment Insurance  |                          |                         |                         |                          |                          |                           |  |
| Worker's Compensation Insurance   |                          |                         |                         |                          |                          |                           |  |
| Retirement Plan Contribution  |                          |                         |                         |                          |                          |                           |  |
| Medical Insurance   |                          |                         |                         |                          |                          |                           |  |
| Total Benefits  | \$ 100,000               | \$ 252,000              | \$ 266,000              | \$ 280,000               | \$ 308,000               | \$ 294,000                | \$ 1,400,000                                 |
| Travel  |                          |                         |                         |                          |                          |                           |  |
| Consulting Fees   |                          |                         |                         |                          |                          |                           |  |
| Communications  |                          |                         |                         |                          |                          |                           |  |
| Utilities   |                          |                         |                         |                          |                          |                           |  |
| Facility Rent   |                          |                         |                         |                          |                          |                           |  |
| Insurance   |                          |                         |                         |                          |                          |                           |  |
| Property Taxes (Owned Facilities)   |                          |                         |                         |                          |                          |                           |  |
| Miscellaneous Supplies  |                          |                         |                         |                          |                          |                           |  |
| Depreciation  |                          |                         |                         |                          |                          |                           |  |
| Total Operating Costs   | \$ 300,000               | \$ 448,000              | \$ 584,000              | \$ 720,000               | \$ 992,000               | \$ 856,000                | \$ 3,600,000                                 |
| Total General Administrative Costs  | \$800,000                |                         |                         |                          |                          |                           |  |
| Total Direct Costs  |                          | \$ 1,600,000            | \$ 1,800,000            | \$ 2,000,000             | \$ 2,400,000             | \$ 2,200,000              | \$ 10,000,000                                |
| Percentage of Program Costs to Total Direct Cost                            |                          | 16%                     | 18%                     | 20%                      | 24%                      | 22%                       | 100%   |
|   |                          | B/G                     | C/G                     | D/G                      | E/G                      | F/G                       |  |
| Allocation of General Administrative Costs<br>(using the Direct Cost Basis) |                          | \$128,000               | \$144,000               | \$160,000                | \$192,000                | \$176,000                 | \$800,000                                    |
|   |                          | A*(B/G)                 | A*(C/G)                 | A*(D/G)                  | A*(E/G)                  | A*(F/G)                   |  |

**Instructions for Completing the  
Budget Transfer Request (BTR) Form  
(Cost Reimbursement Budgets)**

**AREA 1**

Contractor completes all requested information:

- Name of CDCR Program administering the contract (i.e., OSAP, P&CSD, OCR etc.)
- Mailing address (City, State and Zip)
- Name and phone number of Program Manager
- Contractor's name (as written on Contract)
- Contractor's contact person and phone number
- Contractor's address (City, State and Zip)
- Contract and BTR number  
(The BTR number will be assigned by the CDCR Program Manager approving the BTR. BTR numbers will be assigned in sequential order, regardless of fiscal year. For example, if the contract is two years old and this is the third BTR request, then the BTR is assigned as #3.)
- Identify which fiscal years are affected by the proposed BTR

**AREA 2**

Contractor indicates type of budget transfer. Check one or more boxes as appropriate.

**AREA 3**

CDCR's Section Chief of the program administering the contract approves or disapproves BTR. Printed name, signature, date and phone number of approving authority are required.

**ALL BTRs MUST BE ACCOMPANIED BY JUSTIFICATION/DOCUMENTATION AND A REVISED LINE ITEM BUDGET FOR EACH FISCAL YEAR AFFECTED BY THE BTR. REVISED BUDGETS MUST BE SUBMITTED IN THE FORMAT AS DISPLAYED ON PAGE 3 OF ATTACHMENT 1-D.**

A blank BTR is also attached for use by Contractors.

**DISTRIBUTION**

**The Section Chief of the program will forward copies of the approved BTRs to the CDCR Accounting Office and the Office of Business Services (OBS).**

March 28, 2007

|   |                                  |
|---|----------------------------------|
| <b>BUDGET TRANSFER REQUEST<br/>(Cost Reimbursement Budgets)</b> | DATE SUBMITTED (from Contractor) |
|---|----------------------------------|

|  |   |
|--|---|
| Office of Business Services (OBS)  |   |
| TO:<br><b>California Department of Corrections and Rehabilitation</b>                          | FROM: (CONTRACTOR'S OFFICIAL NAME AS WRITTEN ON CONTRACT) |
| CDCR DIVISION OR PROGRAM (MANAGING CONTRACT)   | PREPARED BY ( <i>PLEASE PRINT NAME LEGIBLY</i> )          |
| MAILING ADDRESS  | TELEPHONE NUMBER<br>(     )                               |
| CITY, STATE, ZIP CODE  | MAILING ADDRESS   |
| ATTENTION: (PROJECT/PROGRAM MANAGER)/ PHONE NUMBER<br><br>( <i>PLEASE PRINT NAME LEGIBLY</i> ) | CITY, STATE, ZIP CODE                                     |
|  | CONTRACT #/ AMENDMENT #/BTR #                             |
|  | FISCAL YEAR(S)  |

**BUDGET TRANSFER REQUEST (BTR) PROCESS**

A Budget Transfer Request (BTR) is an informal document used by the Contractor to indicate allowable budget transfers of existing project funds without the need to process a formal amendment. The BTR is only used when there is no increase in the total funding level. The BTR enables the Contractor to adjust the line item budget to reflect actual expenditures. The Contractor shall submit a BTR to the CDCR Program Manager reflecting budget transfer costs of existing project funds, provide justification/documentation for each budget transfer, and submit a revised budget for the affected fiscal years. The justification/documentation must accompany the BTR and be signed by the Contractor's Director. Budget Transfer Requests must be approved by the Section Chief of the program administering the contract. CDCR Program Managers must submit a copy of all approved BTRs, along with a revised budget, to the CDCR Accounting Office and OBS. The Accounting Office will not pay invoices exceeding the budgeted category amounts until an approved BTR and revised budget have been received from the CDCR Program Manager. The Accounting Office will only pay invoices for categories that are reflected in the current approved line item budget that have sufficient funds.

**TYPE OF BUDGET TRANSFER REQUEST (CHECK ONE OR MORE BOXES AS APPROPRIATE)**

Contractor indicates type of budget transfer request:  
THE FOLLOWING ACTIONS REQUIRE AN IMMEDIATE BTR AND PRIOR APPROVAL FROM CDCR'S SECTION CHIEF OF THE PROGRAM:

- adjusting budgeted costs across the established budget categories greater than 15% of original total for that category (e.g., operating costs; subcontractor/consultant costs, etc., but excluding Personnel category.)
- addition of new line item(s) in any one of the budget categories.
- benefit increases for the following documented circumstances only: 1) increase in employee health care or workers' compensation costs; 2) increase in social security or unemployment insurance costs; or 3) increase in employee payroll taxes. Documentation showing proof of increased costs must be provided (i.e., tax documents, invoices, etc.);
- addition of new budgeted positions that do not have a significant impact on contracted services or contract deliverables and do not require duties and/or qualifications to be identified in the scope of the project;
- increase in a budgeted position's time base (e.g., from 50% to 75%, etc.).

Prior written approval for any type of transfer or change not identified above must be requested from the Deputy Director or Assistant Director of the Program. If the request is approved, the Contractor will be given notification to process a BTR or amendment for the requested transfer or change.

**SECTION CHIEF OF PROGRAM APPROVAL/CERTIFICATION**

|   |              |              |
|---|--------------|--------------|
| <input type="checkbox"/> <b>Approved</b>  |              |              |
| I hereby certify that this BTR is in compliance with Line Item Budget Guide policies and that the transfer of funds is consistent with the services requested in this contract. |              |              |
| <input type="checkbox"/> <b>Disapproved</b>   | Date         |              |
| Signature   | Printed Name | Phone Number |

**REVISED LINE ITEM BUDGET**

**Attach a revised line-item budget.** All pages of the revised budget must include the contract and BTR number. If subsequent fiscal year budgets are affected, one must be completed for each year.

DISTRIBUTION: [ ] Program / Contractor [ ] OBS, Contract Analyst [ ] Accounting (original)

(Rev. March 28, 2007)



Contractor's Name

**Quarterly Budget Transfer Request  
(Cost Reimbursement Budget)  
Residential Service Center  
Fiscal Year 2002/2003**

Exhibit A.1  
P02.2007  
BTR No. \_\_\_\_\_

| A. PERSONNEL  | Number of Positions | Monthly Salary * | % of Project Time * | No. of Months * | Original Total   | 1 <sup>st</sup> QTR BTR | 2 <sup>nd</sup> QTR BTR | 3 <sup>rd</sup> QTR BTR | 4 <sup>th</sup> QTR BTR | New Total        |
|---|---------------------|------------------|---------------------|-----------------|------------------|-------------------------|-------------------------|-------------------------|-------------------------|------------------|
| Facility Director   | 1                   | \$3500-\$4375    | 100%                | 12              |                  |                         | \$3500-4813             |                         | \$3500-4988             |                  |
| Secretary   | 1                   | \$1500-\$1725    | 80%                 | 12              |                  |                         |                         |                         |                         |                  |
| Casework Supervisor   | 1                   | \$1785-\$2100    | 100%                | 12              |                  |                         |                         |                         |                         |                  |
| Caseworkers   | 3.5                 | \$1657-1950      | 50-100%             | 12              |                  |                         |                         |                         |                         |                  |
| Monitors  | 5.5                 | \$1425-1495      | 50-100%             | 12              |                  |                         |                         |                         |                         |                  |
| Job Developer   | 1                   | \$1945           | 100%                | 12              |                  |                         |                         |                         |                         |                  |
| Cook  | 1                   | \$1340           | 50%                 | 12              |                  |                         |                         |                         |                         |                  |
| Overtime  | N/A                 | Various          | Various             | N/A             |                  |                         |                         |                         |                         |                  |
| Temporary Help  | N/A                 | Various          | Various             | N/A             |                  |                         |                         |                         |                         |                  |
| <b>Total Staff Salaries</b>   |                     |                  |                     |                 | \$309,870        | (\$14,000)              |                         |                         |                         | \$295,870        |
| <b>Total Staff Benefits (25-30% of Total Staff Salaries)</b>            |                     |                  |                     |                 | \$77,467         | (\$1,000)               |                         |                         |                         | \$76,467         |
| <b>TOTAL PERSONNEL COSTS (A)</b>  |                     |                  |                     |                 | \$387,337        | (\$15,000)              |                         |                         |                         | \$372,337        |
| <b>B. SUB-CONTRACTORS/CONSULTANTS COSTS</b>                             |                     |                  |                     |                 |                  |                         |                         |                         |                         |                  |
| Intern Medical Group \$950 per month                                    |                     |                  |                     |                 | \$11,400         | (\$1,000)               |                         |                         |                         | \$10,400         |
| Davis Associates \$640 per month  |                     |                  |                     |                 | \$7,680          |                         |                         |                         |                         | \$7,680          |
| <b>TOTAL SUB-CONTRACTORS/CONSULTANTS COSTS (B)</b>                      |                     |                  |                     |                 | \$ 19,080        | (\$1,000)               |                         |                         |                         | \$18,080         |
| <b>C. OPERATING COSTS</b>   |                     |                  |                     |                 |                  |                         |                         |                         |                         |                  |
| Travel  |                     |                  |                     |                 | \$2,500          | \$5,000                 |                         |                         |                         | \$7,500          |
| Facility Lease/Rent   |                     |                  |                     |                 | \$118,000        |                         |                         |                         |                         | \$118,000        |
| Maintenance/Repair  |                     |                  |                     |                 | \$6,800          |                         |                         |                         |                         | \$6,800          |
| Communications  |                     |                  |                     |                 | \$2,800          |                         |                         |                         |                         | \$2,800          |
| Utilities   |                     |                  |                     |                 | \$13,950         | \$5,000                 |                         |                         |                         | \$18,950         |
| Insurance   |                     |                  |                     |                 | \$9,600          |                         |                         |                         |                         | \$9,600          |
| Supplies/Expendable Equipment   |                     |                  |                     |                 | \$5,000          | \$5,000                 |                         |                         |                         | \$10,000         |
| Non-Expendable Equipment (per Exhibit AA)                               |                     |                  |                     |                 | \$3,250          |                         |                         |                         |                         | \$3,250          |
| Household Supplies  |                     |                  |                     |                 | \$3,100          |                         |                         |                         |                         | \$3,100          |
| Food Costs  |                     |                  |                     |                 | \$129,000        |                         |                         |                         |                         | \$129,000        |
| Linen Services  |                     |                  |                     |                 | \$5,000          | \$1,000                 |                         |                         |                         | \$6,000          |
| <b>TOTAL OPERATING COSTS (C)</b>  |                     |                  |                     |                 | \$299,000        |                         |                         |                         |                         | \$315,000        |
| <b>SUBTOTAL ANNUAL DIRECT EXPENSES (A+B+C)</b>                          |                     |                  |                     |                 | \$705,417        |                         |                         |                         |                         | \$705,417        |
| <b>D. TOTAL INDIRECT COSTS (15% of Subtotal Annual Direct Expenses)</b> |                     |                  |                     |                 | \$105,813        |                         |                         |                         |                         | \$105,813        |
| <b>E. PROFIT or SERVICE FEE (2% of Subtotal Annual Direct Expenses)</b> |                     |                  |                     |                 | \$14,108         |                         |                         |                         |                         | \$14,108         |
| <b>TOTAL BUDGET FOR FISCAL YEAR 02/03 (A+B+C+D+E)</b>                   |                     |                  |                     |                 | <b>\$825,338</b> |                         |                         |                         |                         | <b>\$825,338</b> |

- These Personnel changes should be noted on BTR narrative

(Rev. March 28, 2007)

|   |                                  |
|---|----------------------------------|
| <b>BUDGET TRANSFER REQUEST (Cost Reimbursement Budgets)</b> | DATE SUBMITTED (from Contractor) |
|---|----------------------------------|

|  |   |
|--|---|
| Office of Business Services (OBS)  |   |
| TO:<br><b>California Department of Corrections and Rehabilitation</b>                          | FROM: (CONTRACTOR'S OFFICIAL NAME AS WRITTEN ON CONTRACT) |
| CDCR DIVISION OR PROGRAM (MANAGING CONTRACT)   | PREPARED BY ( <i>PLEASE PRINT NAME LEGIBLY</i> )          |
| MAILING ADDRESS  | TELEPHONE NUMBER<br>(     )                               |
| CITY, STATE, ZIP CODE  | MAILING ADDRESS   |
| ATTENTION: (PROJECT/PROGRAM MANAGER)/ PHONE NUMBER<br><br>( <i>PLEASE PRINT NAME LEGIBLY</i> ) | CITY, STATE, ZIP CODE                                     |
|  | CONTRACT #/ AMENDMENT #/BTR #                             |
|  | FISCAL YEAR(S)  |

**BUDGET TRANSFER REQUEST (BTR) PROCESS**

A Budget Transfer Request (BTR) is an informal document used by the Contractor to indicate allowable budget transfers of existing project funds without the need to process a formal amendment. The BTR is only used when there is no increase in the total funding level. The BTR enables the Contractor to adjust the line item budget to reflect actual expenditures. The Contractor shall submit a BTR to the CDCR Program Manager reflecting budget transfer costs of existing project funds, provide justification/documentation for each budget transfer, and submit a revised budget for the affected fiscal years. The justification/documentation must accompany the BTR and be signed by the Contractor's Director. Budget Transfer Requests must be approved by the Section Chief of the program administering the contract. CDCR Program Managers must submit a copy of all approved BTRs, along with a revised budget, to the CDCR Accounting Office and OBS. The Accounting Office will not pay invoices exceeding the budgeted category amounts until an approved BTR and revised budget have been received from the CDCR Program Manager. The Accounting Office will only pay invoices for categories that are reflected in the current approved line item budget that have sufficient funds.

**TYPE OF BUDGET TRANSFER REQUEST (CHECK ONE OR MORE BOXES AS APPROPRIATE)**

Contractor indicates type of budget transfer request:  
THE FOLLOWING ACTIONS REQUIRE AN IMMEDIATE BTR AND **PRIOR APPROVAL FROM CDCR'S SECTION CHIEF OF THE PROGRAM**:

- adjusting budgeted costs across the established budget categories greater than 15% of original total for that category. ; e.g., operating costs; subcontractor/consultant costs, etc., but excluding Personnel category.)
- addition of new line item(s) in any one of the budget categories.
- benefit increases for the following **documented** circumstances **only**: 1) increase in employee health care or workers' compensation costs; 2) increase in social security or unemployment insurance costs; or 3) increase in employee payroll taxes. Documentation showing proof of increased costs must be provided (i.e., tax documents, invoices, etc.);
- addition of new budgeted positions that do not have a significant impact on contracted services or contract deliverables and do not require duties and/or qualifications to be identified in the scope of the project;
- increase in a budgeted position's time base (e.g., from 50% to 75%, etc.).

Prior written approval for any type of transfer or change not identified above must be requested from the Deputy Director or Assistant Director of the Program. If the request is approved, the Contractor will be given notification to process a BTR or amendment for the requested transfer or change.

**SECTION CHIEF OF PROGRAM APPROVAL/CERTIFICATION**

Approved  
 I hereby certify that this BTR is in compliance with Line Item Budget Guide policies and that the transfer of funds is consistent with the services requested in this contract.

|                                      |              |              |
|--------------------------------------|--------------|--------------|
| <input type="checkbox"/> Disapproved | Date         |              |
| Signature                            | Printed Name | Phone Number |

**REVISED LINE ITEM BUDGET**

**Attach a revised line-item budget.** All pages of the revised budget must include the contract and BTR number. If subsequent fiscal year budgets are affected, one must be completed for each year.

DISTRIBUTION: [   ] Program / Contractor    [   ] OBS, Contract Analyst    [   ] Accounting (original)  
 (Rev. March 28, 2007)

2/00 Revision added back the service fee for non-profits/misc. clarifications

2/00 Revision included Mgr Review revisions

4/00 Recreate document, system lost

9/00 Changed to reflect payment by category, not line item

Contractor's Name: \_\_\_\_\_

**Quarterly Budget Transfer Request  
(Cost Reimbursement Budget)  
Residential Service Center  
Fiscal Year 20\_\_/20\_\_**

Exhibit A.1

BTR No. \_\_\_\_\_

| A. PERSONNEL   | Number of Positions | Monthly Salary * | % of Project Time * | No. of Months * | Original Total | 1 <sup>st</sup> QTR BTR | 2 <sup>nd</sup> QTR BTR | 3 <sup>rd</sup> QTR BTR | 4 <sup>th</sup> QTR BTR | New Total |
|--|---------------------|------------------|---------------------|-----------------|----------------|-------------------------|-------------------------|-------------------------|-------------------------|-----------|
|  |                     |                  |                     |                 |                |                         |                         |                         |                         |           |
|  |                     |                  |                     |                 |                |                         |                         |                         |                         |           |
|  |                     |                  |                     |                 |                |                         |                         |                         |                         |           |
|  |                     |                  |                     |                 |                |                         |                         |                         |                         |           |
|  |                     |                  |                     |                 |                |                         |                         |                         |                         |           |
|  |                     |                  |                     |                 |                |                         |                         |                         |                         |           |
|  |                     |                  |                     |                 |                |                         |                         |                         |                         |           |
|  |                     |                  |                     |                 |                |                         |                         |                         |                         |           |
| <b>Total Staff Salaries</b>  |                     |                  |                     |                 |                |                         |                         |                         |                         |           |
| <b>Total Staff Benefits ( _____% of Total Staff Salaries)</b>                |                     |                  |                     |                 |                |                         |                         |                         |                         |           |
| <b>TOTAL PERSONNEL COSTS (A)</b>   |                     |                  |                     |                 |                |                         |                         |                         |                         |           |
| <b>B. SUB-CONTRACTORS/CONSULTANTS COSTS</b>                                  |                     |                  |                     |                 |                |                         |                         |                         |                         |           |
| <b>TOTAL SUB-CONTRACTORS/CONSULTANTS COSTS (B)</b>                           |                     |                  |                     |                 |                |                         |                         |                         |                         |           |
| <b>C. OPERATING COSTS</b>  |                     |                  |                     |                 |                |                         |                         |                         |                         |           |
| <b>TOTAL OPERATING COSTS (C)</b>   |                     |                  |                     |                 |                |                         |                         |                         |                         |           |
| <b>SUBTOTAL ANNUAL DIRECT EXPENSES (A+B+C)</b>                               |                     |                  |                     |                 |                |                         |                         |                         |                         |           |
| <b>D. TOTAL INDIRECT COSTS ( _____% of Subtotal Annual Direct Expenses)</b>  |                     |                  |                     |                 |                |                         |                         |                         |                         |           |
| <b>E. PROFIT or SERVICE FEE ( _____% of Subtotal Annual Direct Expenses)</b> |                     |                  |                     |                 |                |                         |                         |                         |                         |           |
| <b>TOTAL BUDGET FOR FISCAL YEAR _____ (A+B+C+D+E)</b>                        |                     |                  |                     |                 |                |                         |                         |                         |                         |           |

- *These Personnel changes should be noted on BTR narrative*

**MONTHLY INVOICE FOR CONTRACT EXPENDITURES  
(COST REIMBURSEMENT BUDGETS)**

**INVOICE NUMBER:** \_\_\_\_\_

|   |                            |                            |
|---|----------------------------|----------------------------|
| TO:<br><b>California Department of Corrections and Rehabilitation</b><br>CDCR DIVISION OR PROGRAM | PREPARED BY (NAME)         | TELEPHONE NUMBER<br>(    ) |
| MAILING ADDRESS   | CONTRACTOR'S OFFICIAL NAME |                            |
| CITY, STATE, ZIP CODE   | MAILING ADDRESS            |                            |
| ATTENTION<br><b>HEADQUARTERS ACCOUNTING SERVICES SECTION</b>                                      | CONTRACT NUMBER            | AMENDMENT NUMBER           |

In accordance with the above-referenced contract, payment is requested for satisfactory services provided in the MONTH of \_\_\_\_\_, 20\_\_\_\_

**AMOUNT DUE**  
\$

| PERSONNEL COSTS <i>(attach additional sheets if necessary)</i><br>STAFF POSITIONS & BUDGETED MONTHLY SALARIES<br><small>Employee's NAME, Position TITLE and TIME Base (% or Hours)</small> | PROJECT BUDGET | YEAR TO DATE EXPENDITURES<br>(EXCLUDE CURRENT MONTH) | CURRENT MONTH EXPENDITURES | BALANCE AVAILABLE |
|--|----------------|--|----------------------------|-------------------|
|  |                |  | \$                         |                   |
|  |                |  | \$                         |                   |
|  |                |  | \$                         |                   |
|  |                |  | \$                         |                   |
|  |                |  | \$                         |                   |
|  |                |  | \$                         |                   |
|  |                |  | \$                         |                   |
|  |                |  | \$                         |                   |
| <b>TOTAL STAFF SALARY =</b>  |                |  | <b>\$</b>                  | <b>\$</b>         |
| <b>STAFF BENEFITS</b> _____ % of Total Staff Salaries as stated in the budget  |                |  | <b>\$</b>                  | <b>\$</b>         |
| <b>TOTAL PERSONNEL COSTS =</b>   |                |  | <b>\$</b>                  | <b>\$</b>         |
| <b>SUB-CONTRACTORS/CONSULTANTS COSTS</b>   |                |  | <b>\$</b>                  | <b>\$</b>         |

**OPERATING COSTS** *(attach additional sheets if necessary)*

- \*Travel
- Facility Lease/Rent
- Maintenance/Repair
- Communications
- Utilities
- Insurance
- Supplies/Expendable Equipment
- Non-Expendable Equipment (per Exhibit AA)
- Line Item Additions:
- \_\_\_\_\_
- \_\_\_\_\_

|  |  |           |           |
|--|--|-----------|-----------|
|  |  | \$        | \$        |
|  |  | \$        | \$        |
|  |  | \$        | \$        |
|  |  | \$        | \$        |
|  |  | \$        | \$        |
|  |  | \$        | \$        |
|  |  | \$        | \$        |
|  |  | \$        | \$        |
|  |  | \$        | \$        |
|  |  | \$        | \$        |
|  |  | \$        | \$        |
| <b>TOTAL OPERATING COSTS =</b>                   |  | <b>\$</b> | <b>\$</b> |
| <b>INDIRECT COSTS</b> _____ % of \$ _____        |  | <b>\$</b> | <b>\$</b> |
| <b>PROFIT or SERVICE FEE</b> _____ % of \$ _____ |  | <b>\$</b> | <b>\$</b> |
| <b>TOTAL COSTS =</b>                             |  | <b>\$</b> | <b>\$</b> |

**FOR ACCOUNTING OFFICE USE ONLY**

|  |  |  |           |    |
|--|--|--|-----------|----|
| <b>LESS ADVANCE PAYMENT</b> (if applicable, advance payment must be deducted as set forth in the contract) |  |  | -         | \$ |
| <b>AMOUNT OF PAYMENT DUE</b> (must match "Amount Due" above)   |  |  | <b>\$</b> |    |

The undersigned certify, by review and verification of the attached documentation, satisfactory service has been provided in accordance with the above-referenced contract.

|  |             |             |
|--|-------------|-------------|
| SIGNATURE <u>AND</u> PRINTED NAME OF CONTRACTOR'S FISCAL OFFICER | DATE SIGNED |             |
| SIGNATURE <u>AND</u> PRINTED NAME OF CDCR PROGRAM MANAGER        | TITLE       | DATE SIGNED |

\* SUPPORTING DOCUMENTATION REQUIRED WITH SUBMITTAL OF MONTHLY INVOICE

[ ] CHECK THIS BOX ON THE LAST MONTHLY INVOICE OF THE QUARTER WHEN THERE HAS BEEN NO MOVEMENT OF FUNDS FOR THE QUARTER.

# MONTHLY INVOICE FOR CONTRACT EXPENDITURES (COST REIMBURSEMENT BUDGETS)

## INSTRUCTIONS

### **CONTRACTOR COMPLETES:**

**INVOICE NUMBER:** Enter an invoice number *(for tracking purposes)*.

**TO:** Enter the CDCR Division or Program administering the contract. Mail to the address identified in the contract's General Terms and Conditions, Attention: Accounting Department.

**PREPARED BY:** Enter the name and telephone number of the individual responsible for preparing the monthly invoice. Individual identified will serve as the contact person and should be able to answer questions regarding the monthly invoice.

**CONTRACTOR'S OFFICIAL NAME AND MAILING ADDRESS:** Enter the business name and mailing address as stated on the contract documents. If mailing address changes during the course of the contract, Contractor will be responsible for notifying CDCR of the new address.

**CONTRACT NUMBER AND AMENDMENT NUMBER:** Note on each monthly invoice submitted.

**WHEN SERVICES PROVIDED AND AMOUNT DUE:** Identify the month, year and the amount of payment due.

### **Project Budget Costs**

For the following budgeted costs, do not send supporting documentation with the monthly invoice, but retain files in the Contractor's headquarters office based in California or at the program service location where services are being provided.

**EXCEPTION: Required to submit supporting documentation for "Travel Costs" and "Sub-Contractors/Consultant Costs."**

**PERSONNEL COSTS:** List the name, position title, time base percentage (or hours worked). Each approved position must be listed whether staffed or vacant. To justify the use of salary savings, the Contractor must obtain prior approval through the Budget Transfer Request process. Monthly invoice for salary costs of vacant positions cannot be reimbursed, or claimed for personnel services not rendered during the vacancy period.

**STAFF BENEFITS:** Enter the percentage of Total Staff Salaries as stated in the budget. If a percentage range was established (due to some staff benefit premiums being paid on a quarterly or annual basis), the monthly amount paid can not exceed the established high range.

**SUB-CONTRACTOR/CONSULTANT COSTS:** Enter the associated costs. Submit supporting documentation for all expense reimbursements of associated costs claimed with the monthly invoice and retain a copy at the Contractor's headquarters or at the program service location where services are being provided for audit purposes.

### **OPERATING COSTS:**

**TRAVEL -** Enter the costs directly related to travel for the project. Travel costs must be supported by travel expense vouchers, purpose of travel, location (to and from destinations), dates, time of travel, rates claimed, mileage and any applicable receipts. Submit supporting documentation for travel costs claimed with the monthly invoices and retain a copy at the Contractor's headquarters or at the program service location where services are being provided for audit purposes.

**FACILITY LEASE/RENT -** Enter the monthly lease/rent costs applicable to the occupied space for the project. If Contractor occupies space(s) which will only be partially used by the CDCR project, the allowable space costs must be based on the percentage of space used for the project. If the facility is owned by the Contractor, the Contractor may be compensated for the use of buildings through depreciation and current interest expense related to the purchase of the facility. The computation of depreciation will be based on total facility acquisition cost, less land cost. Adequate property records must be maintained and a straight line method of computing depreciation must be used, in accordance with Internal Revenue Code. The method of computing depreciation must be consistently applied.

**MAINTENANCE/REPAIR -** Enter the costs that reflect expenses for the upkeep of the facility and/or the repair of non-expendable equipment.

**COMMUNICATIONS -** Enter the costs associated for the operation of the program. Costs include, but are not limited to, telephone service, postage costs and messenger service.

**UTILITIES -** Enter the costs associated for the operation of the program. Costs include, but are not limited to, gas, electricity, water and trash collection.

**INSURANCE -** Enter the costs associated in maintaining insurance coverage for the operation of the program.

**SUPPLIES/EXPENDABLE EQUIPMENT -** Enter the purchase price of office supplies and/or expendable equipment (acquisition cost of less than \$5000 per unit) necessary to meet the program's required services.

**NON-EXPENDABLE EQUIPMENT -** Enter the costs as indicated in the approved budget for the method of charge (rent/lease or depreciation).

**LINE ITEM ADDITIONS -** Enter those costs deemed necessary to provide contracted services as indicated in the approved budget.

**INDIRECT COSTS -** Will be allowed to the extent specified in the approved contract budget. Enter the associated costs and list the indirect cost rate (percentage of costs) which is based on the annual direct expenses.

**PROFIT or SERVICE FEE -** Will be allowed to the extent specified in the approved contract budget. Enter the profit or service fee rate (percentage of costs), which is based on the cost of operating the program, exclusive of indirect costs. Enter the associated total costs.

**FISCAL OFFICER'S SIGNATURE -** Contractor's fiscal officer must review and certify with their signature that expenditures claimed are in accordance with the provisions identified in the contract budget. Fiscal officer must print and sign their name and date each monthly invoice. **Send the signed original and two (2) copies to accounting.**

**IF NO BUDGET CHANGES OCCURRED DURING THE QUARTER -** If there were no movement of funds during the quarter, including amendments, the Contractor will indicate this on their last monthly invoice for that quarter by checking the box at the bottom of the invoice. If there were movement of funds, leave blank. *(Check only for last monthly invoice of the quarter).*

**CDCR STAFF COMPLETES:** The CDCR Program Manager or their authorized designee must review Contractor's monthly invoice and certify with their signature that based upon their review and verification of the attached documentation, satisfactory service as been provided in accordance with the provisions of the contract budget. Individual authorizing the payment of the monthly invoices must sign, enter their title and date of signature. Forward to accounting the approved invoice and retain support documentation for your project records. The CDCR Accounting Office will pay invoices based on monies available in the overall category and not by line item amount.

2/00 Updated PROFIT FEE to PROFIT/SERVICE FEE and equipment limit from \$500 to \$5000.

2/00 Revised changed PROFIT FEE to PROFIT/SERVICE FEE

2/00 Revision added CCRC to Monthly Invoices and re-paginated in TOC

2/00 Revision included Mgr Review revisions in TOC  
2/00 Revision to Attachment 1-D - added back the service fee for non-profits/misc. clarifications  
2/00 Revision to Attachment 1-D - included Mgr Review revisions  
4/00 Recreate document, system lost in TOC  
4/00 Recreate Attachment 1-D document, system lost  
9/00 changed payment method to category rather than line item: Accounting will pay invoices as long as there is money available in the overall category rather than by line item.  
9/00 Revise to reflect payment based on overall budget category rather than by line item in TOC  
9/00 Changed to Attachment 1-D - to reflect payment by category, not line item  
2/03 Revised to fit current LIBG document in TOC  
2/03 Revise Attachment 1-D Page # and move footer note to end of package document  
06/15/05 - Reorganization changes (SPPU #05-062 Ka)  
10/18/06 - Revised Supplies/Expendable Equipment Section and changed SOS to SOW (#06-1100 SAB)  
10/20/06 - Revised Supplies/Expendable Equipment Section and revised date (#06-1100 SAB)  
10/20/06- Revised Attachment A (JM)  
03/28/07 - Revised Capital Expenditure language (#07-1126 CH)



**Contractor's Name:**  
Community Solutions Inc

(Cost Reimbursement Budget)  
Santa Barbara Day Reporting Center  
Fiscal Year 2012/2013

| A. Personnel  | Number of Positions | Salary   | % of Project Time | No. of Months | Original Total   | 1st QTR BTR | 2nd QTR BTR | 3rd QTR BTR | 4th QTR BTR | New Total        |
|---|---------------------|----------|-------------------|---------------|------------------|-------------|-------------|-------------|-------------|------------------|
| Program Director  | 1                   | \$63,000 | 78.5%             | 12            | \$54,737         |             |             |             |             | \$54,737         |
| Comm. Srv. Coord.   | 2                   | \$61,880 | 80%               | 12            | \$22,790         |             |             |             |             | \$22,790         |
| Case Manager Supervisor II  | 1                   | \$50,000 | 50%               | 6             | \$7,529          |             |             |             |             | \$7,529          |
| Case Manager  | 2                   | \$78,998 | 100%              | 12            | \$79,126         |             |             |             |             | \$79,126         |
| Case Aide   | 2                   | \$54,080 | 100%              | 12            | \$54,010         |             |             |             |             | \$54,010         |
| Emply. Specialist   | 1                   | \$40,810 | 100%              | 12            | \$40,812         |             |             |             |             | \$40,812         |
| Admin Asst  | 1                   | \$31,200 | 100%              | 12            | \$31,616         |             |             |             |             | \$31,616         |
| Relief / Over time  | N/A                 | \$1,000  | 100%              | N/A           | \$1,000          |             |             |             |             | \$1,000          |
| <b>Total Staff Salaries</b>   |                     |          |                   |               | <b>\$291,620</b> | <b>\$0</b>  | <b>\$0</b>  | <b>\$0</b>  | <b>\$0</b>  | <b>\$291,620</b> |
| <b>Total Staff Benefits (23.65% of Total Staff Salaries)</b>              |                     |          |                   |               | <b>\$68,978</b>  |             |             |             |             | <b>\$68,978</b>  |
| <b>TOTAL PERSONNEL COSTS (A)</b>  |                     |          |                   |               | <b>\$360,598</b> | <b>\$0</b>  | <b>\$0</b>  | <b>\$0</b>  | <b>\$0</b>  | <b>\$360,598</b> |
| <b>B. SUB-CONTRACTORS/CONSULTANTS COSTS</b>                               |                     |          |                   |               | <b>\$86,878</b>  |             |             |             |             | <b>\$86,878</b>  |
| <b>TOTAL SUB-CONTRACTORS/CONSULTANTS COSTS (B)</b>                        |                     |          |                   |               | <b>\$86,878</b>  | <b>\$0</b>  | <b>\$0</b>  | <b>\$0</b>  | <b>\$0</b>  | <b>\$86,878</b>  |
| <b>C. OPERATING COSTS</b>   |                     |          |                   |               |                  |             |             |             |             |                  |
| Travel  |                     |          |                   |               | \$7,300          |             |             |             |             | \$7,300          |
| Facility Lease/Rent   |                     |          |                   |               | \$90,075         |             |             |             |             | \$90,075         |
| Maintenance/Repair  |                     |          |                   |               | \$5,981          |             |             |             |             | \$5,981          |
| Communications  |                     |          |                   |               | \$6,200          |             |             |             |             | \$6,200          |
| Utilities   |                     |          |                   |               |                  |             |             |             |             | \$0              |
| Insurance   |                     |          |                   |               | \$5,591          |             |             |             |             | \$5,591          |
| Supplies/Expendable Equipment   |                     |          |                   |               | \$53,028         |             |             |             |             | \$53,028         |
| Non-Expendable Equipment (per Exhibit AA)                                 |                     |          |                   |               |                  |             |             |             |             |                  |
| Personnel Costs i.e. Help wanted, Trainings, etc                          |                     |          |                   |               | \$10,120         |             |             |             |             | \$10,120         |
| Equipment Leases i.e. copier and van                                      |                     |          |                   |               | \$5,664          |             |             |             |             | \$5,664          |
| Food i.e. Client snacks and refreshments                                  |                     |          |                   |               | \$9,200          |             |             |             |             | \$9,200          |
| Unclassified Client Service Costs   |                     |          |                   |               | \$33,517         |             |             |             |             | \$33,517         |
| <b>TOTAL OPERATING COSTS (.C)</b>   |                     |          |                   |               | <b>\$226,676</b> | <b>\$0</b>  | <b>\$0</b>  | <b>\$0</b>  | <b>\$0</b>  | <b>\$226,676</b> |
| <b>SUBTOTAL ANNUAL DIRECT EXPENSES (A+B+C)</b>                            |                     |          |                   |               | <b>\$674,152</b> | <b>\$0</b>  | <b>\$0</b>  | <b>\$0</b>  | <b>\$0</b>  | <b>\$674,152</b> |
| <b>D. TOTAL INDIRECT COSTS (14.5% of Subtotal Annual Direct Expenses)</b> |                     |          |                   |               | <b>\$85,155</b>  |             |             |             |             | <b>\$85,155</b>  |
| <b>E. PROFIT or SERVICE FEE (N/A)</b>                                     |                     |          |                   |               | <b>\$0</b>       |             |             |             |             | <b>\$0</b>       |
| <b>TOTAL BUDGET FOR FISCAL YEAR 2011/2012 (A+B+C+D+E)</b>                 |                     |          |                   |               | <b>\$759,307</b> | <b>\$0</b>  | <b>\$0</b>  | <b>\$0</b>  | <b>\$0</b>  | <b>\$759,307</b> |

\_\_\_\_\_  
Linda Zhang, Director of Contracts

\_\_\_\_\_  
Date

|                   |           |
|-------------------|-----------|
| Total Expenses    | \$674,152 |
| Less Sub-Contract | \$587,274 |
| 14.5% Admin       | 85,155    |