

Instructions for Completing CDA 245

The HICAP Request for Funds form (CDA 245) is designed for requesting monthly advances or reimbursement for the Health Insurance Counseling and Advocacy Program (HICAP). All requests for funds entered into the CDA 245 should be rounded to the nearest dollar.

HEADER SECTION:

Enter the following information:

- Planning and Service Area (PSA) number [assigned two digit contract extension]
Example (HI 1819-##)
 - Remit to Name and Address will auto-populate once the PSA # is entered
- Fiscal Year – State Fiscal Year
 - Contract Number will auto-populate once the PSA # is entered
- Invoice Date – Date the report is being submitted

REQUEST FOR FUNDS:

Enter the month and year for which funds are being advanced or reimbursed. Reconcile Advances with Expenditures reported to determine actual Cash on Hand, and estimate Cash need. Enter exact amounts from Contract Expenditures line for each fund.

FOR STATE USE ONLY:

This section is to be completed by CDA staff.

SUBMISSION DUE DATES:

The completed CDA 245 must be sent as an e-mail attachment to the [Fiscal Email Address: FiscalTeam@aging.ca.gov](mailto:FiscalTeam@aging.ca.gov). Signatures of the AAA director and staff are not required.

In your email subject line, please identify your PSA ##, Program, and Current Month Expenditure Report being submitted (Example: PSA 34 HI 10 RFF FY 1819).

Once approved, you will receive a signed copy of the CDA 245, to include documentation reflecting any CDA adjustments, via email. Please adjust your records to reflect any CDA adjustments.