STATE OF CALIFORNIA CALIFORNIA DEPARTMENT OF AGING **TITLE V/SCSEP & OARR EXPENDITURE REPORT INSTRUCTIONS** CDA 29i (REV 02/2022)



Instructions for Completing CDA 29

The Expenditure Report form (CDA 29) is designed for reporting monthly expenses for the Title V SCSEP & OARR. All reported costs entered in CDA 29 should be rounded to the nearest dollar.

HEADER SECTION:

Enter the following information:

- Planning and Service Area (PSA) number [assigned two-digit contract extension]
- Fiscal Year State Fiscal Year
- Contract Number Will auto-populate once the Fiscal Year and PSA # are entered
- Invoice Date Date the report is being submitted

EXPENDITURES:

Enter the month and year for which expenditures are being reported. For each column, enter:

- Total Expenditures (Total Costs (Cash & In-Kind) expended during the reporting month)
- Recipient Local Share Cash (Cash contributed locally to support the program during the reporting month) Not Applicable for OARR funding
- Recipient Local Share In-Kind (Dollar value of goods and/or services donated locally to support the program during the reporting month) Not Applicable for OARR funding
- Program Income (Program participant contributions received locally to support the program during the reporting month)
- Federal Share will auto-calculate (Total Expenditures local funding sources = Federal Share)
- Total Admin, Total Program Other, and Total Program and Admin columns will auto-calculate.
- No PWFB will be funded for OARR FY2122

FOR STATE USE ONLY:

This section is to be completed by CDA staff.

SUBMISSION DUE DATES:

The completed CDA 29 must be sent as an e-mail attachment to the <u>Fiscal Email Address</u>: <u>Finance@aging.ca.gov</u> and is due by the last business day of each month. Submit Expenditures for the month ended 30 days prior (example: September expenses are due the last business day of October). Signatures of the AAA director and staff are not required.

In your email subject line, please identify your PSA *##*, Program, and Expenditure Month being submitted (Example: PSA <u>34</u> TV <u>Sep</u> EXP FFY 21).

Once approved, you will receive a copy of the CDA 29, to include documentation reflecting any CDA adjustments, via email. Please adjust your records to reflect any CDA adjustments.