STATE OF CALIFORNIA
DEPARTMENT OF AGING
DIGNITY AT HOME FALL PREVENTION REQUEST FOR REIMBURSEMENT
INSTRUCTIONS
CDA 259i (NEW 01/2020)

Instructions for Completing CDA 259

The CDA 259 is designed for requesting reimbursement of funds and for reporting monthly expenses for Dignity at Home Fall Prevention. All requests for reimbursement of funds entered into the CDA 259 should be rounded to the nearest dollar.

HEADER SECTION

Enter the following information:

- Planning and Service Area (PSA) number
    - Remit to Name will auto-populate once the PSA # is entered
- Fiscal Year - State Fiscal Year
- Invoice Date - Date the report is being submitted
- Remit to Address – Enter the remit to address, which must be on file with CDA
- Invoice # and FI$Cal PO # will be completed by CDA staff

PART I: EXPENDITURE REPORT

- Enter Request Month and Fiscal Year

A) Direct Costs:

- Enter Direct Program expenditures for each cost line item
    - Salaries/Benefits, Travel & Per Diem, Equipment/Supplies, Consultant Costs, Training, Other Capital Expenditures, Purchased Fall Prevention Services

B) Administration Costs:

- Enter Administration expenditures which include information technology, utilities, rent, and other overhead charges associated with administrative expenses.

C) Indirect Costs:

- Enter Indirect expenditures

D) Contractual Costs:

- Enter Contractors Total costs
    - Subcontractor cost detail

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PART II: MONTHLY REIMBURSEMENT REQUEST FOR FUNDS

- Request Month and Fiscal Year will auto-fill from Part I
  - Request Month = Expenditure Month
- Request amounts will auto-fill from Part I
  - Amount must agree with Part I

FOR CDA USE ONLY

This section is to be completed by CDA staff.

DUE DATES

The completed CDA 259 is due no later than the last business day of each month.

SUBMISSION

Submit electronically to fiscal.fallprevention@aging.ca.gov.