

## **Instructions for Completing CDA 230**

This Closeout template is for reporting all HICAP costs and funding utilized during the Contract period. 9 Month Federal Closeout costs previously reported must be included in the Contract Closeout and cannot vary from the amounts previously reported and approved. See your approved HICAP 9M Closeout for detail.

### **GENERAL INSTRUCTIONS**

Please include all HICAP and local dollars used to fund the HICAP activities in this Closeout.

Yellow-highlighted cells are locked, contain links and formulas that auto-fill.

To allow sufficient time for review and approval, submit one electronic copy via e-mail to [FiscalTeam@aging.ca.gov](mailto:FiscalTeam@aging.ca.gov) by the due date. One original signed copy must be mailed to:

California Department of Aging  
Attn: Fiscal Team  
1300 National Drive, Suite 200  
Sacramento, California 95834

### **Due Date: August 15**

#### **Signature Page**

- Enter Area Agency name, Closeout period being reported, PSA ## and Date Submitted.
- Complete Signature page for AAA Director signature once all amounts have been finalized and report is ready for submission.

#### **HICAP Closeout Summary**

- Input green highlighted Header info (CONTRACT NO - (Sample HI 1617-34) , Reporting Period, Submission Date, and PSA #).
- Header info will auto-fill to all support pages.
- The amounts on this page will auto-fill from support pages.

**AAA HICAP Administration**

For each Admin cost, enter all funding used (9 Month Fed, 3 Month Fed, HICAP Reimb, HICAP Fund and Local Funds). Amounts will auto-fill to Page 1.

**PERSONNEL COSTS**

- Enter Total Salaries & Wages for the period.
- Enter Staff Benefits for the period.

**OPERATING EXPENSES**

- Rent – Enter Total Rent costs for the period.
- Equipment - Enter Equipment costs for the period. (You will also list the equipment costs on the Property page.)
- Travel - Enter total travel expenses for the period.
- Training - Enter staff training cost for the period.
- Other Operating Expenses – Enter Total "Other" costs for the period.
- List the "Other" Operating costs included, using the lines below.
- Indirect Costs - Enter the amount of indirect Admin costs for the period. Reimbursement for Indirect Costs is limited to 10% of Direct Cash costs unless the AAA has an HHS Indirect Costs Rate approved at a higher rate.

**AAA HICAP Direct**

- Repeat above instructions for AAA HICAP DIRECT SERVICES
- Under HICAP Direct Services Operating Costs, please combine both Staff and Volunteer costs when reporting any Travel or Training items, as appropriate.
- Reimbursement for Indirect Costs is limited to 10% of Direct Cash costs unless the AAA has an HHS Indirect Costs Rate approved at a higher rate.

**Contractor Services**

- Enter all funding used for HICAP subcontracted services (9 Month Fed, 3 Month Fed, HICAP Reimb, HICAP Fund and Local Funds). Amounts will auto-fill to Page 1.
- Note: Subrecipient Indirect Cost reimbursement is limited to 10% of their Direct Cash costs unless the subrecipient has an HHS Indirect Costs Rate approved at a higher rate.
- Subrecipient Contractors - Enter the Contractor name, address, telephone number, and contact person for this service.
- TOTAL CONTRACTED SERVICES col - Cells will automatically calculate the totals.
- TOTAL HICAP CONTRACTED SERVICES line - Cells will automatically calculate the totals.