

Contractor Name:

**California Department of Education  
Audited Fiscal Report for  
California State Preschool Program Support Contracts**

Contract Number:

Fiscal Year Ended: June 30, 2023

Vendor Code:

**Section 1 – Revenue**

| Restricted Income                              | Column A<br>Cumulative FY<br>per CPARIS | Column B<br>Audit Adjustments | Column C<br>Cumulative per Audit |
|--|---|-------------------------------|----------------------------------|
| County Maintenance of Effort (EC Section 8260) |   |                               |                                  |
| Other:   |   |                               |                                  |
| <b>TOTAL RESTRICTED INCOME</b>                 |   |                               |                                  |

| Other Income                              | Column A<br>Cumulative FY<br>per CPARIS | Column B<br>Audit Adjustments | Column C<br>Cumulative per Audit |
|---|---|-------------------------------|----------------------------------|
| Interest Earned on Apportionment Payments |   |                               |                                  |
| Unrestricted Income – Other:              |   |                               |                                  |

Comments:

**Contractor Name:**

**Contract Number:**

**Section 2 – Reimbursable Expenses**

| Cost Category   | Column A<br>Cumulative FY<br>per CPARIS | Column B<br>Audit Adjustments | Column C<br>Cumulative per Audit |
|---|---|-------------------------------|----------------------------------|
| 1000 Certificated Salaries                            |   |                               |                                  |
| 2000 Classified Salaries                              |   |                               |                                  |
| 3000 Employee Benefits                                |   |                               |                                  |
| 4000 Books and Supplies                               |   |                               |                                  |
| 5000 Services and Other Operating Expenses            |   |                               |                                  |
| 6100/6200 Other Approved Capital Outlay               |   |                               |                                  |
| 6400 New Equipment (program-related)                  |   |                               |                                  |
| 6500 Equipment Replacement (program-related)          |   |                               |                                  |
| Depreciation or Use Allowance                         |   |                               |                                  |
| Indirect Costs (include in Total Administrative Cost) |   |                               |                                  |
| <b>TOTAL REIMBURSABLE EXPENSES</b>                    |   |                               |                                  |

| Specific Item of Reimbursable Expenses                        | Column A<br>Cumulative FY<br>per CPARIS | Column B<br>Audit Adjustments | Column C<br>Cumulative per Audit |
|---|---|-------------------------------|----------------------------------|
| Total Administrative Cost (included in Reimbursable Expenses) |   |                               |                                  |

NO SUPPLEMENTAL REVENUE / EXPENSES Check this box and omit page 3.

**Contractor Name:**

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**Section 3 – Supplemental Funding**

| Supplemental Revenue              | Column A<br>Cumulative FY<br>per CPARIS | Column B<br>Audit Adjustments | Column C<br>Cumulative per Audit |
|-----------------------------------|---|-------------------------------|----------------------------------|
| Enhancement Funding               |   |                               |                                  |
| Other:                            |   |                               |                                  |
| Other:                            |   |                               |                                  |
| <b>TOTAL SUPPLEMENTAL REVENUE</b> |   |                               |                                  |

| Supplemental Expenses                      | Column A<br>Cumulative FY<br>per CPARIS | Column B<br>Audit Adjustments | Column C<br>Cumulative per Audit |
|--|---|-------------------------------|----------------------------------|
| 1000 Certificated Salaries                 |   |                               |                                  |
| 2000 Classified Salaries                   |   |                               |                                  |
| 3000 Employee Benefits                     |   |                               |                                  |
| 4000 Books and Supplies                    |   |                               |                                  |
| 5000 Services and Other Operating Expenses |   |                               |                                  |
| 6000 Equipment / Capital Outlay            |   |                               |                                  |
| Depreciation or Use Allowance              |   |                               |                                  |
| Indirect Costs                             |   |                               |                                  |
| <b>TOTAL SUPPLEMENTAL EXPENSES</b>         |   |                               |                                  |

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**Section 4 – Summary**

| Description                               | Column A<br>Cumulative FY<br>per CPARIS | Column B<br>Audit Adjustments | Column C<br>Cumulative per Audit |
|---|---|-------------------------------|----------------------------------|
| Restricted Program Income                 |   |                               |                                  |
| Interest Earned on Apportionment Payments |   |                               |                                  |
| Total Reimbursable Expenses               |   |                               |                                  |
| Total Administrative Cost                 |   |                               |                                  |
| Non-Reimbursable Cost (State Use Only)    | N/A                                     | N/A                           |                                  |

Does the Contractor have an indirect cost rate approved by its cognizant agency? (Select YES or NO)      Yes      No

Approved Indirect Cost Rate: