# California Department of Education
# Audited Fiscal Report for CalWORKs, Alternative Payment or Family Child Care Home Programs

**A U D 9500AP Page 1 of 4**

| | |
|---|---|
| **Fiscal Year End** | **June 30, 2020** |
| **Contract Number** | |
| **Vendor Code** | |

**Full Name of Contractor**

**Section 1 - Revenue**

| | Column A1 Cumulative Prior Year AUD 9500AP (Multi-Year Contract Only) | Column A2 Cumulative Current Year CDNFS 9500AP | Column B Audit Adjustments | Column C Cumulative per Audit |
|---|---|---|---|---|
| Restricted Income - Child Nutrition Programs | | | | |
| Restricted Income - County Maintenance of Effort (EC Section 8279) | | | | |
| Restricted Income - Uncashed Checks to Providers | | | | |
| Restricted Income - Other: | | | | |
| **Restricted Income - Subtotal** | | | | |
| Transfer from Reserve (alternative payment only) | | | | |
| Family Fees for Certified Children | | | | |
| Interest Earned on Child Development Apportionment Payments | | | | |
| Unrestricted Income - Other: | | | | |
| **Total Revenue** | | | | |

**Contract Number**

**Full Name of Contractor**

**Section 2 - Reimbursable Expenses**

| | Column A1 Cumulative Prior Year AUD 9500AP (Multi-Year Contract Only) | Column A2 Cumulative Current Year CDNFS 9500AP | Column B Audit Adjustments | Column C Cumulative per Audit |
|---|---|---|---|---|
| Direct Payments to Providers | | | | |
| 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) | | | | |
| Non-Reimbursable (State use only) | | | | |
| **Total Reimbursable Expenses** | | | | |
| Total Administrative Cost (included in Section 2 above) | | | | |
| Days of Operation | | | | |

Approved Indirect Cost Rate:

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

**Contract Number**

**Full Name of Contractor**

**Section 3 - Supplemental Revenue**

| | Column A1 Cumulative Prior Year AUD 9500AP (Multi-Year Contract Only) | Column A2 Cumulative Current Year CDNFS 9500AP | Column B Audit Adjustments | Column C Cumulative per Audit |
|---|---|---|---|---|
| Enhancement Funding | | | | |
| Other: | | | | |
| **Total Supplemental Revenue** | | | | |

**Section 4 - Supplemental Expenses**

| | Column A1 Cumulative Prior Year AUD 9500AP (Multi-Year Contract Only) | Column A2 Cumulative Current Year CDNFS 9500AP | Column B Audit Adjustments | Column C Cumulative per Audit |
|---|---|---|---|---|
| Direct Payments to Providers | | | | |
| 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 | | | | |
| Non-Reimbursable Supplemental Expenses | | | | |
| **Total Supplemental Expenses** | | | | |

**Contract Number**

**Full Name of Contractor**

**Section 5 - Summary**

| | Column A1 Cumulative Prior Year AUD 9500AP (Multi-Year Contract Only) | Column A2 Cumulative Current Year CDNFS 9500AP | Column B Audit Adjustments | Column C Cumulative per Audit |
|---|---|---|---|---|
| Restricted Program Income | | | | |
| Transfer from Reserve (alternative payment only) | | | | |
| Family Fees for Certified Children | | | | |
| Interest Earned on Child Development Apportionment Payments | | | | |
| Direct Payments to Providers | | | | |
| Total Administrative Cost | | | | |
| Days of Operation | | | | |
| Total Reimbursable Expenses | | | | |

Comments: