CALIFORNIA DEPARTMENT OF EDUCATION
AUDITED FISCAL REPORT FOR CCIP CONTRACTS

Fiscal Year Ending June 30, 2019

Contract Number CCIP

Vendor Code

Full Name of Contractor

Section 1 - Revenue	Column A Cumulative CDNFS 9529-CCIP	Column B Audit Adjustments	Column C Cumulative Per Audit
Restricted Income - Match Requirement			
Restricted Income - County Maintenance of Effort (EC Section 8279)			
Restricted Income - Other:			
Restricted Income Subtotal			
Interest Earned on Child Development Apportionment Payments			
Unrestricted Income - Match Requirement			
Unrestricted Income - Other:			
Total Revenue			

Fiscal Year Ending June 30, 2019

Contract Number CCIP

Vendor Code

Full Name of Contractor

Section 2 - Reimbursable Expenses	Column A Cumulative CDNFS 9529-CCIP	Column B Audit Adjustments	Column C 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 Administrative Cost)			
Non-Reimbursable (State Use Only)			
Total Reimbursable Expenses			
Total Administrative Cost (included in section 2 above)			

Approved Indirect Cost Rate:

Comments:

☐ NO SUPPLEMENTAL REVENUE Check this box and omit Page 3.

Fiscal Year Ending June 30, 2019

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Section 3 - Supplemental Revenue	Column A Cumulative CDNFS 9529-CCIP	Column B Audit Adjustments	Column C Cumulative Per Audit
Enhancement Funding			
Other:			
Other:			
Total Supplemental Revenue			

Section 4 - Supplemental Expenses	Column A Cumulative CDNFS 9529-CCIP	Column B Audit Adjustments	Column C 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			
Non-reimbursable Expenses 6100-6500 Non-reimbursable Capital Outlay			
Total Supplemental Expenses			

Fiscal Year Ending June 30, 2019

Contract Number CCIP

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Full Name of Contractor

Section 5 - Summary	Column A Cumulative CDNFS 9529-CCIP	Column B Audit Adjustments	Column C Cumulative Per Audit
Restricted Program Income			
Match Requirement Restricted Income			
Match Requirement Unrestricted Income			
Interest Earned on Apportionment Payments			
Total Reimbursable Expenses			
Total Administrative Cost			